ARKANSAS REGISTER

Transmittal Sheet

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Name of Agency Department of Career Education

Department Rehabilitation Services Division

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Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218)

Charles Lyford — charles.lyford@arkansas.gov — 12/21/2018

Contact Person — E-mail Address — Date

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.)

_____
Signature

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General Counsel, Dep't Career Education

Title

12/21/2018

Date

Revised 7/2015 to reflect new legislation passed in the 2015 Regular Session (Act 1258). This act changed the effective date from 30 days to 10 days after filing the rule.

ARKANSAS REHABILITATION SERVICES
POLICY AND PROCEDURE MANUAL
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I. INTRODUCTION

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The Agency went live with a new electronic case-management system on October 1, 2010. Our practice is that any information needed prior to that date will be retrieved from the manual file. All documentation after October 10, 2010, will be available for review in the electronic case file.

I. INTRODUCTION

LEGISLATION

This manual is based on:

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

WORKFORCE INNOVATION OPPORTUNITY ACT OF 2014

WIOA is designed to strengthen and improve the nation's public workforce development system by helping Americans with barriers to employment, including individuals with disabilities, achieve high quality careers, and by helping employers hire and retain skilled workers. Title IV of WIOA amended title I of the Rehabilitation Act of 1973.

HISTORY AND CURRENT LEGISLATION

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

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

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

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

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

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

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

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

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

Other Federal and State laws

PURPOSE

Arkansas Rehabilitation Services (ARS) receives a federal grant from the Rehabilitation Services Administration (U.S. Department of Education, Office of Special Education

and Rehabilitative Services) to operate a comprehensive, coordinated, effective, efficient and accountable program designed to assess, plan, develop, and provide vocational rehabilitation services for individuals with disabilities, consistent with their strengths, resources, priorities, concerns, abilities, capabilities, and informed choice, in order to prepare for and engage in gainful employment. 34 C.F.R. § 361.1

PUBLIC ACCESS TO ADMINISTRATIVE POLICY

Combined State Plan – This multi-year plan contains a collaborative description of Arkansas Rehabilitation Services (ARS), Arkansas Department of Workforce Services (ADWS), Adult Education (AE), and Arkansas Division of Services for the Blind (DSB). This multi-year plan seeks input from the public and others designated by the Workforce Innovation Opportunity Act.

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

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

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

II. REFERRAL, APPLICATION, AND ASSESSMENT

REFERRAL (STATUS 00)

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

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

ARS will provide outreach to underrepresented and under-served individuals in seeking referrals from non-profit and for profit agencies serving minorities, owned or controlled by minorities, and medical professionals who serve the minority community. ARS does not impose a residence duration requirement. 29 U.S.C § 19 (b.) §361.42(C)

LEGAL AND ILLEGAL IMMIGRANTS

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

Legal immigrants are individuals admitted to this country for the purpose of permanent residence. Immigrant aliens must possess a valid Registration Card issued by the United States Citizenship Immigration Service (USCIS) before they can be determined eligible for VR services.

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

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

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

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

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

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

PROCEDURES-REFERRAL (STATUS 00)

- Referral sources will be cultivated and considered partners in our communities.
- A referral will be keyed into the case management system using the demographics and referral specifics forms, which moves a client into a program of Status 00.
- The counselor will create a Status 00 ECF that includes all information received, the case management system printout, and case note of action taken.
- The counselor will attach into the system all information received at the time of receipt which is deemed pertinent to initiating the case. The counselor will create a case note of action taken within the case management system.
- Within 30 (from VR Management Review Form) days, the individual will be contacted and provided directions and information to prepare the individual to consider making an application.
- To expedite the application process, the individual will be provided a client handbook, and will be instructed to gather current information (medical, psychological, educational, vocational, SSI & SSDI and insurance verification).
- Verification of alien status. (See legal and Illegal Alien above.)
- The individual will be given an appointment and a contact person, or information to contact the Agency for an appointment.
- If the individual does not wish to receive VR services but needs work related services, the counselor will provide information and referral sources using an appropriate means of communication.
- Document in the case note the specific action taken.

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

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

APPLICATION (STATUS 02)

An individual is considered an applicant and placed in Status 02 when sufficient information to initiate an assessment is received, through written application or other

method, and the individual is available to complete the assessment process. If the individual definitely requests to make application or requests services, the individual is placed in Status 02 regardless of method of request, (including in-person, written, telephone, e-mail or internet)

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

The applicant's completion of the application process for vocational rehabilitation services is sufficient evidence of the individual's intent to achieve an employment outcome, and no additional demonstration on the part of the applicant is required.
34 C.F.R. § 361.42 (i)(ii)

PROCEDURES – APPLICATION

- Referrals on One-Stop applications will be placed in Status 02.
- The counselor or rehabilitation assistant will complete the ARS application. (See Appendix E)
- The counselor or rehabilitation assistant will secure a copy of the Social Security Card and driver's license or picture identification, and if applicable, a copy of the alien registration.
- Secure a copy of proof of insurance, if applicable.
- Informed Consent if under age 18.
- Complete voter registration form or decline form, if applicable.
- The individual will be provided the ARS Client Handbook.
- The counselor will discuss the agency's Substance Abuse Free Policy with the applicant and give the applicant a copy of the Policy. (See Appendix F)
- The applicant will acknowledge receipt of the Policy by signing the ARS Substance Free Policy Form. The form will be placed in the individual's file. (See Appendix F)
- (See Section X)
- Explanation of CAP/DUE PROCESS
- For each source where information is needed, the counselor will complete the Authorization for Release of Information Form and secure client's signature. (See Appendix E-24)
- Begin collecting existing data (medical, psychological, psychiatric, educational, or vocational reports and, if appropriate, SSI/SSDI verification.) Appropriate information will be attached into the case management system as it is received.

INFORMED CHOICE – APPLICATION

ARS will assure that applicants and eligible individuals or, if appropriate, their representatives are provided information and support services to assist them in exercising informed choice throughout the rehabilitation process. The counselor will inform each applicant and eligible individual through appropriate modes of communication about the availability of support services for individuals with cognitive or other disabilities who

require assistance in exercising informed choice in decisions related to the application process. Applicants will be given information, or assistance in acquiring the information, to assist in making an informed choice concerning vendors who provide services needed to establish eligibility for VR services. Counselor judgment and experience must be used to provide the appropriate information or, assistance in acquiring the information, to enable the applicant to make a responsible decision regarding the application process and program of services. A responsible decision is one that is realistic considering the unique strengths, resources, priorities, concerns, abilities, capabilities, and interests of the applicant that must lead to an employment outcome. 34 C.F.R. § 361.42

PROCEDURES – INFORMED CHOICE – APPLICATION

- The counselor will maintain a local, regional and statewide list of vendors who provide services needed to establish eligibility of VR services.
- To the extent available, the counselor will provide or assist the applicant in acquiring consumer satisfaction surveys and reports regarding the service providers.
- The counselor will provide or assist the applicant in acquiring accreditation, certification, or other information relating to the qualifications of the providers.
- The counselor will describe the consequences of assessment outcomes and the effect on the potential eligibility for services for the applicant.
- The counselor will document in the case note the specific action taken in the above procedures to assure that informed choice was provided.
- The counselor must be aware of the Ticket to Work Program. If the individual is an SSI/SSDI recipient, the counselor must follow guidelines outlined in Ticket to Work in Appendix B.
- Complete initial case note.
- Documentation of the need for an extension of time to determine eligibility must be made in the case notes. The counselor must document the specific period of time for the extension. If needed, under the Heading of 60-Day Extension in the case note record the dates of the Extension and specific reasons for the need for an extension of time to determine eligibility.

CONFLICT OF INTEREST

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

PROCEDURES – CONFLICT OF INTEREST

- Document any potential conflict of interest.
- Complete the form Disclosure of Possible Conflict of Interest. (Refer to Appendix E)
- Document action taken in the case note.

ASSESSMENT

Preliminary Diagnostic Study

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

In order to determine whether an individual is eligible for vocational rehabilitation services and the individual's priority under an order of selection for services (if ARS is operating under an Order of Selection), ARS must conduct an assessment for determining eligibility and priority for services. The assessment must be conducted in the most integrated setting possible, consistent with the individual's needs and informed choice.

The counselor will review existing data before determining what type of assessment is needed. Based upon counselor judgment, additional assessment may be necessary if the existing data is unavailable, insufficient or inappropriate in describing the current functioning of the individual. Trial work experiences, assistive technology devices and services, personal assistance services and other appropriate support services necessary to determine whether and individual is eligible for services will be provided.

PRESUMPTIVE ELIGIBILITY FOR SSDI/SSI RECIPIENTS

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

If an applicant for vocational rehabilitation services asserts that he or she is eligible for Social Security benefits under title II or title XVI of the Social Security Act (and, therefore, is presumed eligible for vocational rehabilitation services under paragraph (a)(3)(i)(A) of this section), but is unable to provide appropriate evidence, such as an award letter, to support that assertion, ARS must verify the applicant's eligibility under title II or title XVI of the Social Security Act by contacting the Social Security Administration. This verification must be made within a reasonable period of time that enables the State unit to determine the applicant's eligibility for vocational rehabilitation services within 60 days of the individual submitting an application for services in accordance with §361.41(b)(2).

Assessments for Eligibility are completed to determine the following:

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

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

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

PROCEDURES – ASSESSMENT

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

INFORMED CHOICE – ASSESSMENT

ARS will assure that applicants and eligible individuals or, if appropriate, their representatives are provided information and support services to assist them in exercising informed choice throughout the rehabilitation process. The counselor will inform each applicant and eligible individual through appropriate modes of communication about the availability of and opportunities to exercise informed choice, including the availability of

support services for individuals with cognitive or other disabilities who require assistance in exercising informed choice in decisions related to the assessment process. Applicants will be given information, or assistance in acquiring the information, to make an informed choice of vendors who provide assessment services needed to establish eligibility for VR services.

Counselor judgment and experience must be used to provide the appropriate information, or assistance in acquiring the information, to enable the individual to make a responsible decision regarding the assessment process and the program of services. A responsible decision is one that is realistic, considering the unique strengths, resources, priorities, concerns, abilities, capabilities, and interest of the individual and that must lead to an employment outcome. 34 C.F.R. § 361.52

PROCEDURES – INFORMED CHOICE – ASSESSMENT

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

TRIAL WORK EXPERIENCE (STATUS 06)

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

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

(1) There is sufficient evidence to conclude that the individual can benefit from the provision of vocational rehabilitation services in terms of an employment outcome; or

(2) There is clear and convincing evidence* that the individual is incapable of benefiting from vocational rehabilitation services in terms of an employment out come due to the severity of the individual's disability.

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

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

An Applicant may choose closure rather than enter or continue in either Trial Work Experience. ARS must provide assistive technology devices and services, personal assistance services, and other appropriate support services that are necessary to determine whether an individual is eligible.

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

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

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

The Trial Work Plan (TWP) will include only those services necessary to determine an employment outcome. Services must be provided in the most integrated setting possible and be consistent with informed choice.

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

PROCEDURES – TRIAL WORK EXPERIENCE

- Complete a Certificate of Eligibility/Ineligibility for Trial Work Experience.
- The counselor must be aware of the Ticket to Work Program. If the applicant is eligible under “presumptive eligibility,” the counselor must follow guidelines outlined in Ticket to Work in Appendix B.
- Write and TWP consistent with Informed Choice.
- The case management system will generate the case note and status move after required data us keyed for Status 06.
- The TWP for trial work/extended evaluation (status 06) is to be reviewed every 90 days. The counselor and the individual must complete a periodic review of the rehabilitation plan every 90 days to assess the individual’s progress. The Amendment to the TWP will be completed to document the periodic review.
- When a decision of work feasibility or non-feasibility is made, the appropriate action of case closure or case acceptance is taken in accordance with informed choice. (Refer to Closure Section VII or Eligibility Section III)
- The case management system will only allow 18 months for the case to remain in the Trial Work Experience. The Federal Regulations allow for an adequate period of time to make an eligibility determination in Status 06.

III. ELIGIBILITY AND INELIGIBILITY DETERMINATION

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III. ELIGIBILITY OR INELIGIBILITY DETERMINATION

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

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

Eligibility requirements will be applied in compliance with Titles VI and VII of the Civil Rights Act, The Americans with Disabilities Act and without regard to age, religion, disability, sex, race, color or national origin. The eligibility requirements are applicable without regard to the particular service need or anticipated cost of services required by an applicant or the income level of an applicant or applicant's family. Eligibility determination will be made within 60 days of the application date. Exceptional and unforeseen circumstances beyond the control of ARS that prevent the Agency from making an eligibility determination within 60 days will require ARS and the individual to agree on a specific extension of time. 34 C.F.R. §361.41 (b)(1)(i)

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, loss 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 documentation with clear and convincing evidence is obtained documenting, for example, the severity of the individual's disability would preclude the attainment of an employment outcome.

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

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

Correct medical documentation to support eligibility determination MUST BE IN THE FILE before COE.

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, the client must provide appropriate evidence, i.e. award letter, benefit check, verification from 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 will be attached to ECF, i.e. award letter, benefit check, verification from Social Security Administration.
- **Exception:** The counselor must document in the case record the justification for completing a Certificate of Eligibility/Ineligibility before verification is obtained. (See procedures on page III-3)
- Complete the Certificate of Eligibility/Ineligibility for VR or Trial Work Experience, (See Appendix E). The certification statement for the Certificate of Eligibility/Ineligibility is **"This individual meets the presumptive eligibility requirement."** Three areas of functional limitations should be included on the Certificate of Eligibility.
- 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 functional limitations if this information is needed in the development of the IPE.

COMPLETION OF PRELIMINARY DIAGNOSTIC STUDY

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

CERTIFICATION OF ELIGIBILITY/INELIGIBILITY

ELIGIBILITY

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

The Certificate of Eligibility/Ineligibility must be completed simultaneously with an individual's acceptance for VR services or Trial Work. At a minimum, the Certificate of Eligibility/Ineligibility will contain the client's name, date of eligibility, and a statement of primary or secondary disability with resulting limitations.

PROCEDURES – ELIGIBILITY

- To determine functional limitations, priority should be given to existing information.
- Complete the Certificate of Eligibility/Ineligibility for VR or Trial Work Experience services signed and dated by the counselor. (See Appendix E)
- The Certificate of Eligibility/Ineligibility will be generated by the case management system. (See Section X)
- The case management system will generate the status move after required data is keyed for Status 10 (VR) or Status 06. (Trial Work Experience)

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

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

PROCEDURES – INELIGIBILITY – See Closure Section VIII, Closed Not Rehabilitated

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. § 361.43(c)

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 if requested by the individual or, if appropriate, by the individual's representative. This review need not be conducted if the individual refuses to participate, 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)

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.

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 applicants to determine eligibility and category placement.

The Order of Selection status is changed by the Commissioner notifying the Rehabilitation Services Administration (RSA). Notification of this change to ARS staff is made available through a directive from the Chief of Field Services.

DESCRIPTION OF PRIORITY SELECTION

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

When applicable, 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 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 four 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 three 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 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***.

Definitions:

* Two (2) or more major VR services, i.e. counseling and guidance, assistive technology, physical or mental restoration, training, and placement.
** 90 days or more from the date services are initiated.
*** One or more physical or mental disabilities resulting from: amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation.

Definitions for functional Capacity Areas

- Mobility
  - The physical capacity to move freely from place to place in the community and at home.
    - Specifically involves gross motor skills. (skills used for arm, leg, and torso movements in a functional manner)
- Self-Direction
  - The capacity to adjust behavior in a purposeful manner, taking into account personal goals, environmental settings, and cultural values and expectations.
    - Personal independence.
- Self-Care
  - The capacity to care for one's self and their personal setting for example;
    - Perform normal activities of daily living, such as hygiene care and cooking
    - Perform normal instrumental activities of daily living, such as shopping and money management.
- Interpersonal Skills
    - The capacity to form and maintain positive relationships at home and in the community for the purpose of obtaining and maintaining employment. This includes appropriate response to social cues and adjusting to differing social and employment settings.
- Communication
  - The ability to impart or exchange information in order to convey meaning for example;
    - Using video/visual, language board, interpreter, TTY, written aids, real-time captions, etc.
- Work Tolerance
  - The capacity to maintain physical and psychological well-being while effectively completing work activities.
- Work Skills
  - The capacity to learn and complete job tasks. The capability to acquire and adapt to new skills necessary to obtain or maintain employment.

PRIORITY OF CATEGORIES RECEIVING VR SERVICES UNDER THE ORDER

When ARS is under an Order of Selection, this section will be utilized.

When applicable, 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 four 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 three 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 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.

At the counselor's discretion AND with the approval of the Manager, eligible individuals who require specific services or equipment to maintain employment, may be served regardless of whether they are receiving VR services under the Order of Selection.

PROCEDURES - ORDER OF SELECTION

When applicable, ARS Order of Selection follows the procedures outlined.

- 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 ECF. (See Appendix E)
- If under Order of Selection, document the Category in the case note. 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 ECF.
- The case will be closed in Status 30.
- The case management system will generate the status move after required data is keyed for Status 30.

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

- Documentation of the action taken will be made in the case note.
- Complete the Certificate of Eligibility/Ineligibility. (See Appendix E)
- The case management system will generate the status move after required data is keyed for Status 04.
- If funding becomes available, an IPE will be completed and the case moved to Status 12 and services will be provided without further delay.
- If funding is not available, any cases remaining in Status 04 at the end of the fiscal year will be closed in Status 38.

IV. INDIVIDUALIZED PLAN FOR EMPLOYMENT (IPE)

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

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

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

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

The IPE for each eligible individual should be developed as soon as possible, but no later than 90 days following determination of eligibility, unless the VR counselor and the individual agree to a specific extension of time.

The 90-day time period for IPE development begins once the counselor has deemed the client eligible for services and completed the certificate of eligibility.

Note: If circumstances preclude developing an IPE that addresses the mandatory components within 90 days, the counselor and individual must agree to a specific extension of time 34 C.F.R. § 361.45. In this instance the counselor should complete a case note labeled "IPE Extension." The case note should reflect the dates (timeframe) of the Extension and the specific reasons for the need for an extension.

The IPE is amended each time a substantial change or annual/periodic review is made in the individual's rehabilitation program. A substantial change could include: 1) a vocational goal change which may require a change in the evaluation criteria (intermediate objective); 2) deletion or addition of services; 3) the cost of services; 4) termination of the cost; 5) periodic or annual review of the case. A copy of all Amendments will be provided to the individual.

Counselor's Role:

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

The mandatory components that the IPE must contain are based on 34 C.F.R. § 361.45 and 34 C.F.R. § 361.46. See Procedures-Individualized Plan for Employment (IPE).

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

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

Annually, the counselor and the individual must review the rehabilitation plan to assess the individual's progress toward an employment outcome. The IPE Amendment is completed as appropriate to document the annual review in the ECF.

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

PROCEDURES – INDIVIDUALIZED PLAN FOR EMPLOYMENT (IPE)

- The counselor will inform the individual of the options for developing the IPE.
- The counselor will inform the individual of the required components of the IPE if the individual chooses to develop the IPE. The mandatory components that the IPE must contain:
  - a specific employment outcome consistent with informed choice,
  - criteria for evaluation of progress toward employment outcome,
  - specific rehabilitation services, (See Appendix E: IPE.)
  - projected timelines for initiation and duration of services,
  - schedule for periodic reviews and evaluations
  - entity to provide services and methods for procurement,
  - responsibilities of the individual,
  - need for post-employment services, and

- need for supported employment services. 34 C.F.R. § 361.45 and 34 C.F.R. § 361.46

- The counselor will inform the individual that the IPE must be completed and assistance in completing the forms is available upon request.
- Complete IPE (See Forms Appendix E).
- The case management system will generate the status move after required data is keyed for Status 12.
- The counselor will document in the case note the counseling provided at IPE development.
- Cost Estimate - Cost estimates cannot be for more than one year.
- Annual Review must be completed.

INFORMED CHOICE – IPE DEVELOPMENT

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

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

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

PROCEDURES – INFORMED CHOICE – IPE DEVELOPMENT

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

V. ECONOMIC NEEDS AND 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 cost 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, prior to developing the IPE. If the individual is a dependent, the resources of the parents will be determined. If the individual is 23 years of age or under and unmarried, the parent(s) assets must be verified with a copy of the parent(s) income tax forms. If the parent(s) do not support the individual, the individual must provide documentation of non-support. If the client's family states the client will not be claimed on next year's income tax, the client will no longer be considered a dependent. The client will be required to verify their source(s) of income to cover their expenses.

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

Provision of services conditioned on financial need entails:

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

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

NORMAL LIVING REQUIREMENT

Household Size	Monthly Income Limit
1	$3,200.00
2	$3,950.00
3	$4,700.00

($750.00 for each additional family member)

Special circumstances include anything that has changed from one year to the next and anything that distinguishes the family from the typical family.

Examples of special circumstances include:

- Tuition expenses at an elementary or secondary school
- Medical or dental expenses not covered by insurance
- Unusually high child care or dependent care including elder care costs
- A parent or another sibling enrolled in a training program

NOTE: When using a special condition, proof of payments being made monthly must be provided to the counselor. These payments must have been made prior to applying for ARS services.

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

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

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

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

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

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

assistance.

Evidence of approval of receipt of financial assistance may be documented through a financial aid award letter. This letter originates at the training institution and lists the type/amount received by semester (quarter). Federal law requires students to accept/reject awards by signing on this letter. Repayable loans should not be considered as a comparable benefit or resource.

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

PROCEDURES - UTILIZING FINANCIAL NEED

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

VI. SERVICES

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VI. SERVICES

The highest priority of Arkansas Rehabilitation Services is to provide individualized services to eligible individuals so they can work in competitive integrated employment.

Services will be provided in compliance with Title VI and VII of the Civil Rights Act and 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 substantiality of services in a case, the counselor must document the relationships of the provision of services, the criteria for evaluating 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 ECF is an ongoing process. This documentation must be found in case note entries; therefore, the case note must tell the story of the case and subsequently show the individual's participation and the services provided enabled the individual to become employed.

MINIMUM ANNUAL CONTACTS

There must be a minimum of three contacts annually, one of which will include the annual review. The case note should reflect the nature of the contact, i.e., direct face-to-face contact, e-mail conversation, phone conversation, or correspondence. If contact with the client is not possible, the counselor should send the client a letter to document the counselor's attempts to contact the client prior to initiating closure of the case due to loss of contact. Counselors must document counseling after services have been initiated at least once a year. To ensure reflection of substantiality of services, case notes must be updated and supplemented throughout the plan 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 the 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 in accordance with the definition of the term;
14) Personal assistance services;
15) Post-employment services necessary to maintain employment;
16) Occupational licenses (including any license, permit or other written authority) required by a State, city or other governmental unit to be obtained in order to enter an occupation or a small business, tools, equipment, initial stocks and supplies;
17) Rehabilitation technology services including vehicular modification, tele-communication, sensory, and other assistive technological aids, devices and services;
18) Transition Services in accordance with the definition of the term;
19) Technical assistance and other consultation services to individuals who are pursuing self-employment, telecommuting or establishing a small business operation as an employment outcome; and,
20) Other goods and services determined necessary for the individual with a disability to achieve an employment outcome. 34 C.F.R. § 361.48

PROVISION AND AUTHORIZATION OF SERVICES

Payment request will not be approved until documentation that the service has been received. Documentation may include medical reports, training progress reports, attendance forms, receipts and/or invoices. Payment will not be processed without an attached bill from the vendor.

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

The Authorization/Payment justification should be reflected in the case note explaining why the services were necessary.

Electronic authorization must be made for the provision of services or goods. **A verbal approval may be given in an emergency followed immediately by a written authorization.** An IPE must be completed 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 the provision of services.

Note: Comparable benefits are to be utilized prior to service provision by ARS. A client must apply for comparable benefits prior to service provision. Comparable benefits may include but are not limited to: Hospital Charity funding, Medicaid, VA benefits, housing, Pell Grant, etc. Comparable benefits should be explored throughout the VR process. A "comparable" benefit will be considered only to the extent that it is available and timely to meet the cost of the particular VR services.

SEGREGATION OF DUTIES

ARS require segregation of duties to assure effective internal control in regard to authorizing services. The implementation of the new Case Management System (CMS), System 7, enables staff to perform key functions required by their role. The authorization process is as follows:

- Support staff creates the authorization from the invoice.
- The counselor approves and dates the authorization.
- Service provision to client will be verified by staff and client satisfaction documented in the ECF.
- The support staff submits payment to accounts payable.

ACCOUNTS PAYABLE

- Verify proper invoice with authorization/payment.
- Verify dollar amounts, vendor and client name.
- Reject authorizations/payments that contain errors.
- Approve authorization for final payment.

ADDITIONAL PROVISIONS

- All authorizations must have a copy of the invoice attached.
- All new counselors' authorizations must have Manager approval.
- Authorization for $5,000.01 or more but less than $10,000 (tax excluded) will require Manager approval.

CHIEF OF FIELD SERVICES

Authorization for $10,000.01 or more but less than $25,000 (tax excluded) will require the approval of the Chief of Field Services through the Manager.

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 note.)
  - Document method of calculating cost of services (i.e., estimates, quotes, recommendations, fee schedule, etc.) and explain why the current service is needed.
  - How is the paperwork routed?
  - Determine if the vendor is in the case management system vendor list.
- Complete a W-9 if needed.
- The case management system will generate the status move after required data is keyed.
- The authorization is routed to the vendor. It can be emailed, copied, faxed or mailed and the copy is automatically generated in the ECF. The individual may be provided a copy.
- Key required information into the case management system for ARS Purchase Authorization.
- When billing statement is received, verify the individual received the service. Document in the ECF.
- Key required information into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.

VOCATIONAL REHABILITATION COUNSELING AND GUIDANCE

The counselor will include on an IPE services of "vocational rehabilitation counseling and guidance, placement and follow-up." The program will outline in the criteria for evaluation of progress toward the employment outcome the counseling process and anticipated results. Counseling and guidance is provided by the counselor throughout the

rehabilitation process. This enhances the client-counselor relationship as well as the opportunity for a successful employment outcome. 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 note the specific progress the individual is making toward the employment outcome.
- Counseling should be documented at a minimum once during the plan year.
- The Case note should be labeled Counseling and Guidance.
- Counseling and guidance must be documented in each successful closure.

EMPLOYMENT SERVICES (JOB FINDING/REFERRAL)

A job finding service is rendered when the individual is considered “job-ready” by the VR counselor. A job-finding service is also rendered when ARS directly refers or arranges for the direct referral of the individual to a prospective employer.

PROCEDURES - EMPLOYMENT SERVICES (JOB FINDING/ REFERRAL)

- The individual may be referred to either an ARS placement specialist or other vendors for employment services in status 12 or 18. The ARS placement specialist can assist the counselor at this stage in the planning process, but significant involvement of the ARS placement specialist may occur when the individual has completed services and is ready for employment.
- The counselor and ARS placement specialist will assist the individual, singly or in groups, in developing job-seeking skills which would include instruction on how to read the want ads, prepare job resumes, write cover letters and prepare for job interviews. These services should be documented monthly in the ECF.
- The counselor may refer the individual for services from other resources providing job-seeking skills, if appropriate.
- The counselor and/or placement specialist will document in the case note the specific progress the individual is making toward the employment outcome. With agreement from the counselor, the placement specialist will have access to the ECF (via worker assignment) for the purpose of documenting specific progress the individual is making towards employment on a monthly basis.

PLACEMENT SERVICES

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

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

PROCEDURES - PLACEMENT SERVICES

- The counselor will assist the individual with employment planning throughout the rehabilitation program.
- The counselor and the ARS placement specialist will document in the case note the specific progress the individual is making toward the employment outcome.

FOLLOW-UP

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

ASSESSMENT SERVICES

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 such as, CTs/MRIs require Medical Consultant recommendations; and

7) other medically recognized diagnostic services. (This does NOT include routine preventative tests. Example: Colonoscopy, routine mammogram, and other type test/studies.)

Vocational diagnostic or assessment services may include referral to the Arkansas Career Training Institute (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 of routine post-operative care.

PROCEDURES - PHYSICAL/MENTAL RESTORATION SERVICES

- Documentation of the action to be taken will be made in the case note.
- Medical reports and recommendations will be obtained from the attending physician and attached to the ECF.
- Medical Consultant's review is required and attached to the ECF, if needed. (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 attached to the ECF. Does not apply to IL/SDHH cases. (See Appendix E)
- Refer to ARS Fee Schedule. (See Appendix I)
- The case management system will generate the status move after required data is keyed for Status 18 if needed.

- Key required information into the case management system for ARS Purchase Authorization.
- When billing statement is received, verify the individual received the service. Document in the ECF.
- Key required information into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.

PHYSICAL RESTORATION 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 note.
- Medical reports and recommendation will be obtained from the attending physician and attached to the ECF.
- Medical Consultant's review is required and attached to the ECF, if needed. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule. (See Appendix I)
- The case management system will generate the status move after required data is keyed for Status 18 if needed.
- Key required information into the case management system for ARS Purchase Authorization.
- When billing statement is received, verify the individual received the service. Document in the ECF.
- Key required information into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.

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 and attached to the ECF.

The medical consultant's role is to assess medical information for the provision of guidance on the medical aspects of the client's disability to include; symptoms, functional limitations, treatment and diagnostic tests, standards of care, and to provide clarification of medical reports.

Medical consults may be provided by ARS personnel, obtained elsewhere at no cost to ARS or purchased by ARS. This will be contingent on the availability of ARS personnel.

PROCEDURES - MEDICAL CONSULTANT

- The medical consultant will review medical/psychiatric reports and make recommendations.
- The medical consultant will complete the Medical Consultant form.
- The form will be attached to ECF.

MEDICAL, SURGICAL, AND PSYCHIATRIC TREATMENT

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 up to 90 days (three (3) months). If additional treatment is needed, a new medical evaluation/prescription is required.

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. Treatment is initially approved for up to 12 visits. If additional is needed, this should be suggested by the specialist.

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

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

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

Physical, Occupational, or Speech Therapy (PT/OT/ST): ARS will pay for PT/OT/ST 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 12 visits **a new evaluation/prescription should be done.**

Podiatrist or Chiropractor: ARS will pay for the services of a Podiatrist or Chiropractor only with Medical Consultant approval up to 12 visits. If greater time is needed, a new evaluation and prescription must be obtained.

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 or cosmetic dental procedures. Provided dental services must be directly connected to disabling conditions documented during eligibility process. Recommendation by the dental consultant will be required. A specific treatment plan and estimated cost must be obtained. An LMC is required and approval by the Chief of Field Services is needed. Services will be purchased consistent with the ARS fee schedule. (See Appendix I)

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

PROCEDURES - MEDICAL, SURGICAL, PSYCHIATRIC TREATMENT

- Documentation of the action to be taken will be made in the case note.
- Medical reports and recommendations will be obtained from the attending physician and attached to the ECF.
- Medical Consultant's review is required and attached to the ECF if needed. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule. (See Appendix I)
- The case management system will generate the status move after required data is keyed for Status 18 if needed.
- Key required information into the case management system for ARS Purchase Authorization.
- When billing statement is received, verify the individual received the service. Document in the ECF.
- Key required information into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.
- Refer to Out-of-State Policy limitations, if necessary.
- UAMS requires special payment.
- Dental Services require recommendation by the Dental Consultant.

BREAST REDUCTION INFORMATION/GUIDELINES

Listed below are guidelines for breast reduction surgery for ARS:

- There must be verification of back/neck pain for at least six months by a medical physician (not just the cosmetic surgeon), which has not responded to conservative treatment.
- There should be no other etiology of back pain other than enlarged breast – such as scoliosis, morbid obesity (BMI 40 or above), degenerative disc disease, etc.
- There should be no family history of breast cancer in first degree maternal relatives. If this is present, a mammogram shall be performed prior to breast reduction.
- Liposuction is considered cosmetic surgery and is not covered by ARS.

DIRECTED THERAPY FOR WEIGHT LOSS

ARS may provide services for structured weight loss programs for 12 months such as Weight Watchers, TOPS, etc. or other medically directed programs. The counselor will maintain monthly contact with the client to ensure proper follow-up. The counselor should make every effort to seek out programs in the community that provide behavior

modification counseling and address significant lifestyle changes including diet, exercise and behavior modification. Prior to service provision, the client must compare at least three programs and discuss with counselor. If program does not offer behavior modification counseling, there must be documentation of participation with another provider. Behavior modification counseling must occur throughout the entirety of the client's case. Program must provide reports outlining expected progress within a designated amount of time.

The counselor will consult with the 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 attached to the ECF.
- Medical Consultant's review is required and attached to the ECF. (See Appendix E)
- Counselor will negotiate reasonable fees with the vendor.
- The counselor will make monthly contact with client.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- The case management system will generate the status move after required data is keyed for Status 18 if needed.
- Key required information into the case management system for ARS Purchase Authorization.
- When billing statement is received, verify the individual received the service. Document in the ECF.
- Key required information into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.
- Refer to Out-of-State Policy limitations, if necessary.
- UAMS requires special payment.
- If non-compliance is documented, directed therapy may be discontinued.

SUPPORTED COUNSELING RELATED TO WEIGHT

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

TREATMENT FOR MORBID OBESITY (MORBID OBESITY SURGERY)

Individuals requesting assistance from ARS for a surgical procedure 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 morbid obesity 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 five 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 one year. This documentation must be within the last two 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 specific morbid obesity surgical procedure. Re-enrollment in a structured weight loss program should be explored.

PROCEDURES - MORBID OBESITY 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 one year (this documentation must be within the last two years.) and the presence of morbid obesity for at least five 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 the specific morbid obesity surgical procedure being requested.
- Obtain an examination from a surgeon proficient in the specific morbid obesity surgical procedure 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 recommendation by the Medical Consultant.
- The Counselor will submit a request to the Manager with the reports and all required documentation requesting approval for the procedure. As a part of the request the counselor will provide the Manager the counseling issues to be addressed during the restoration and recovery process.
- If the 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 Manager will note approval in the ECF.
- If the Manager does not agree the individual meets eligibility and Order of Selection criteria, is not an appropriate candidate for the requested morbid obesity surgical 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 and noted in the ECF.
- If the 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 three 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.
- Reports and recommendations will be obtained from the attending physician and attached to the ECF.

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

Individuals requesting assistance from ARS for cochlear implant surgery as a method of treatment to provide a sense of sound to a person who is profoundly deaf or severely hard-of-hearing must meet the following:

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

Reports and recommendations will be obtained from the attending Physician, Audiologist, and other required healthcare team members and attached to the ECF.

Follow general ARS guidelines for bill payment processes such as using Health Care Common Procedures Coding System (HCPCS) codes. ARS is the payer of last resort.

PROCEDURES - COCHLEAR IMPLANTS

1. Medical clearance provided by ENT.
2. Evaluation conducted by either an ENT or licensed audiologist to assess the type and severity of client's hearing loss as measured by the PTA or SRT. PTA is calculated using only 0.5, 1, 2, and 3 kHz.
3. Medical consultant reviews the client's case.
4. ENT recommendations, psych report recommendations, medical consultant recommendations, client's vocational goals, and client's financial details will be considered by the counselor while considering client's eligibility for services.
5. If client is cleared to proceed with cochlear implant surgery, the ARS Hearing Aid Order Form must be submitted by the ENT or audiologist. Document that counseling was conducted by either the ENT or licensed audiologist about realistic expectation, surgery, typical costs, and expected follow up care. Aural rehabilitation plan must be documented as well.
6. Surgery occurs (typically outpatient).
7. Itemized invoice sent to counselor.
8. For reimbursement, the counselor will follow guidelines related to reimbursement based on HCPCS policies and all other reimbursement policies of ARS. ARS is the payer of last resort.
9. Follow-up care provided by ENT and audiologist as needed.
10. Aural rehabilitation plan implemented.
11. Counselor support continues – refer client for assistive technology assessment.

BONE ANCHORED AUDITORY IMPLANT (BAAI)

Individuals requesting assistance from ARS for Bone Anchored Auditory Implant (BAAI) as a method of treatment to provide a sense of sound to a person who is hard-of-hearing must meet the following:

- Documented evidence from the individual or employer that the procedure would remove any significant vocational impediment.
- Documented evidence from medical personnel in regard to the type and severity of the hearing loss.
- Documented counseling from medical personal in regard to the surgery process, the after effects, and the adjustment to the procedure.
- Refer required documentation to Manager, Deputy Chief of Field Services and Chief of Field Services for approval ONLY if needed for payment procedures.
- Reports and recommendations will be obtained from the attending Physician and Audiologist and attached to the ECF.
- Follow general ARS guidelines for bill payment processes such as using HCPCS codes.

- ARS is the payer of last resort.

Considerations for the BAAI/Baha Technology

- Minimally invasive surgery
- No occlusion of ear canal
- No risk to damage residual hearing during surgery process
- Able to test the product before undergoing surgery (real-time results) since the BAAI can be worn on a headband

How to Qualify (Candidacy Guidelines)

Individuals requesting assistance from ARS for Bone Anchored Auditory Implant (BAAI) as a method of treatment must have a PTA or SRT of 41 dB or greater. PTA shall be calculated using only 0.5, 1, 2, and 3 kHz. Clients must also meet the requirements below based on whether they have conductive or mixed hearing loss OR single sided deafness. Please refer to the appropriate section below for additional guidelines:

Conductive

- Conductive hearing loss with an air-bone gap of more than 30 dB

Mixed

- Air-bone gap of more than 30-35 dB, or
- Mild to moderate sensorineural loss. “The BAAI sound processor can compensate for some of the sensorineural loss…[with] only modest amplification required – much less than is necessary with conventional hearing aids. The most powerful BAAI processor can compensate for a sensorineural element of up to 65 dB HL (measured at 0.5, 1, 2, and 3 kHz).”

Single-Sided Deafness (SSD)

- “Candidates with SSD and normal hearing in their good ear may benefit from a BAAI System. The BAAI sound processor picks up sound on the deaf side and sends it via bone conduction to the contralateral cochlea, overcoming the head shadow effect. This gives improved speech understanding and 360° sound awareness.”

BAAI vs CROS for SSD

- BAAI does not occlude the ear canal
- CROS system requires hearing device on both ears. BAAI only requires hearing device on one side.

Comorbid Condition Considerations

For some indications, such as chronic otitis media and allergies, implantable bone conduction may be [a great] solution regardless of the size of the air-bone gap.

- Skin allergies - may be aggravated by ear molds of some hearing aids
- Congenital malformations – facial anatomy may limit AC hearing aid placement
- Draining ears – ear canal remains open at all times with BAAI system
- Ear Canal Stenosis – ear canal is bypassed
- Previous ear surgery – especially if they struggle with feedback issues post-surgery with AC aid
- Radical cavity – at higher risk for ear canal to become occluded – BAAI bypasses canal
- Syndromic hearing losses – e.g. clients with Down, Goldenhar and Treacher Collins – for some clients and their caretakers, a BAAI may be a more optimal solution due to maintenance and other considerations

PROCEDURES - BAAI

1. Medical clearance provided by ENT.
2. Evaluation conducted by either an ENT or licensed audiologist to assess the type and severity of client's hearing loss. All clients must have a hearing loss of 41 dB or greater as measured by either their PTA or SRT for ARS to purchase hearing aids for them. PTA is calculated using only 0.5, 1, 2, and 3 kHz.
3. Medical consultant reviews the client's case.
4. ENT recommendations, medical consultant recommendations, client's vocational goals, ARS hearing loss level requirements (measured in dB), and ARS financial requirements will be considered by the counselor while considering client's eligibility for services.
5. If client is cleared to proceed with BAAI, the ARS Hearing Aid Order Form must be submitted by the ENT or audiologist.
6. Document that counseling was conducted by either the ENT or licensed audiologist about realistic expectation, surgery, typical costs, and expected follow-up care.
7. Surgery occurs (typically outpatient).
8. Itemized invoice sent to counselor.
9. For reimbursement, counselor will follow guidelines related to reimbursement based on HCPCS policies and all other reimbursement policies of ARS. ARS is the payer of last resort.
10. Follow up care provided by the ENT and audiologist as needed.
11. Counselor support continues.
12. Refer client for assistive technology assessment IF client still experiences vocational difficulties after BAAI implementation.

SURGICAL AND HOSPITAL INSURANCE

Insurance benefits must be used first in paying for surgical and medical services. ARS will pay the billed amount after comparable services, similar benefits and insurance are applied. The authorized payment will be based on 80% of the most current Blue Cross Blue Shield Fee Schedule.

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 for Cochlear Implant and Bone-Anchored auditory implant procedures to obtain a post-operative report or 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

Medication can be provided throughout the program and 90 days following placement.

The counselor must verify the need for ongoing medication with documentation from either the Medical Consultant or the individual's personal care physician. The counselor will provide assistance with generic medications unless medically necessary for non-generic brands. Client will be responsible for cost associated for non-generic brands if not approved by ARS.

PROCEDURES - MEDICATION

- Documentation of the action to be taken will be made in the case note.
- Medical reports and recommendations including prescription will be obtained from the attending physician and attached to the ECF
- Medical Consultant's review is required and attached to the ECF. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- The case management system will generate the status move after required data is keyed for Status 18 if needed.
- Required information must be keyed into the case management system for ARS Purchase Authorization.
- When the billing statement is received, verify the individual received the service. Document in the ECF.
- Key required information into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.
- Refer to Out-of-State Policy limitations, if necessary.
- UAMS requires special payment.

SPEECH AND HEARING THERAPEUTIC SERVICES

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 note.
- Medical reports and recommendations will be obtained from the attending physician and attached to the ECF. After 90 days of therapy services, a new evaluation/prescription is needed.
- Medical Consultant's review is required and attached to the ECF. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule. (See Appendix I)
- The case management system will generate the status move after required data is keyed for Status 18 if needed.
- Key required information into the case management system for ARS Purchase Authorization.
- When billing statement is received, verify the individual received the service. Document in the ECF.
- Required information must be keyed into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.
- Refer to Out-of-State Policy limitations, if necessary.
- UAMS requires special payment.

HOSPITALIZATION, CONVALESCENT CARE, AND NURSING SERVICES

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 note.
- Medical reports and recommendations will be obtained from the attending physician and attached to the ECF.
- Medical Consultant's review is required and attached to the ECF. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule. (See Appendix I)

- The case management system will generate the status move after required data is keyed for Status 18 if needed.
- Key required information into the case management system for ARS Purchase Authorization.
- When the billing statement is received, verify the individual received the service. Document in the ECF.
- Required information must be keyed into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.
- Refer to Out-of-State Policy limitations, if necessary.

TRAINING

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

Training services are those services needed to prepare an eligible individual without transferable and/or marketable skills 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

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 meets the admissions criteria to enter the training program. If the training program is a college or university program, the individual must meet the admissions criteria to enter into a State of Arkansas public institution which confers the degree being sought.
4. If the individual has no marketable or transferable skills which, within the limitations of the disability, can be used to reach the employment goal specified in the IPE; and
5. If there is adequate labor market demand for which the individual is to be trained

Labor market demand can be found on ONET, Department of Labor and local workforce centers. If there is no evidence of adequate labor market demand or demand is unknown, training will require justification and documentation to support potential competitive integrated employment outcome and requires Manager's approval.

It is the policy of ARS to perform assessments and require evaluations and/or testing to ensure "individual-appropriate" training services feasible to achieve employment. Individual-appropriate services reflect the unique strengths, priorities, concerns, abilities, capabilities, and career interests of each eligible individual. These assessments and evaluations should show that the individual is a good candidate for the training program. It should also address the individual's potential for success, including identifying and addressing the potential barriers.

To the extent needed, the following should be addressed:

1) An analysis of pertinent medical, psychiatric, psychological, neuro-psychological, and other pertinent vocational, education, cultural, social, recreational, and environmental factors, and related functional limitations, that affect the employment and rehabilitation needs of the individual;
2) 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;
3) 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
4) 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.

FINANCIAL AID

The role of ARS is not to act as the primary funding source for training programs. All clients pursuing training programs are required to explore, and when appropriate, apply for funding from sources other than ARS. Federal VR funds cannot be used to pay training costs in institutions of higher education unless every effort has been made to secure financial assistance, in whole or in part, from other funding sources. In all training cases, the record of services must include evidence that applications were made and the individual will or will not receive assistance. Evidence of approval of receipt of financial assistance may be documented through a financial aid award letter. This letter originates at the training institution and lists the type/amount received by semester (quarter). Federal law requires students to accept/reject awards by signing this letter.

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

If the student has defaulted on a Guaranteed Student Loan, the student will be denied a Pell Grant and other forms of financial aid. Before spending ARS funds for training, the consumer must arrange to repay the defaulted loan, and provide supporting documentation of progress throughout the plan year.

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

Please see the policy guidance on maintenance and transportation for information on the application of these separate policies to training cases. Maintenance may only be considered for those expenses incurred that are directly related to attending college and are in excess of normal living expenses. Expenses such as housing may be considered at a rate of 70% of the lowest double occupancy dorm room cost per term.

ARS will finance Arkansas state tuition costs as an Arkansas resident for all training programs found within the State of Arkansas. This includes programs that have the same exit degree, diploma, or certificate awarded. The individual will be responsible for all fees in excess of the cost of the in-state fees.

ARS will only sponsor individuals at institutions that are fully accredited by the appropriate accrediting authority.

Every effort will be made to secure training nearest where the individual's primary residence is located. Individuals who choose to attend a school outside of the commuting distance (50-mile radius) will incur the additional costs associated with that choice.

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.

COLLEGES AND UNIVERSITIES

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.

ARS will only sponsor an individual to the bachelor's degree level unless sufficient justification is provided in writing that demonstrates that the individual is unable to reach the desired employment goal without additional training and education. This information should be obtained from an employer or other credentialed professional in the field for which the individual is seeking an advanced degree.

The individual will provide a yearly degree audit signed by an academic advisor or program supervisor. This degree audit will be used to ensure that the required course work is being taken for consideration of continued ARS funding. The yearly audit will also ensure that the classes are being taken that lead to the degree and employment goal listed on the IPE.

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 on a case-by-case basis.

If training is available within the State of Arkansas 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 individual must attend on a full-time basis. The cost of tuition, fees, textbooks, will not exceed the institution's established education costs.

The application of maintenance and/or transportation costs will be applied according to the maintenance and transportation policies. Maintenance may only be considered for those expenses incurred that are directly related to attending college and are in excess of normal living expenses. Expenses such as housing may be considered at a rate of 70% of the lowest double occupancy dorm room cost per term.

The cost of private school training will not exceed the cost of State of Arkansas 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 $5,000 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 form refer to Appendix G.

Required Time Frames for Completion of Academic Training

ARS sponsorship of academic training is limited to the following time frames:

- An associate's degree must be completed within three years.
- A bachelor's degree must be completed within a total of six years (including time at a junior college or community college).

- A master's degree must be completed within three years (this does not include time to complete the bachelor's degree before beginning the master's degree program).

When a consumer has spent time in a college or university before ARS sponsorship, prorate the time frames according to the remaining hours needed to complete the degree. This information can usually be found on the student's individualized degree plan from the college or university. Document the justification for the prorated and agreed upon time frame in the ECF.

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.

ARS may assist clients beyond the Bachelor level in occupations that require advanced training for entry level, such as medicine, dentistry, law, science, technology, engineering and mathematics, and this need must be determined at the time of plan development. ARS will sponsor advanced degrees beyond the bachelor's level with sufficient justification provided in writing that demonstrates that the individual is unable to reach the desired employment goal without additional training and education. This information should be obtained from an employer or other credentialed professional in the field for which the individual is seeking an advanced degree.

FULL-TIME STUDENT

Undergraduate

A full-time student receiving financial support from ARS is one who completes 12 per semester hours or six (6) semester hours per summer term at the college level. ARS will follow the same timeline for completion of an undergraduate program as established by Federal Student Aid. Individuals will have no more than six (6) years or 12 semesters to complete an undergraduate degree.

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 ECF.

Graduate Level

An individual taking nine (9) semester hours or six (6) quarter hours is considered a full-time graduate student. Individuals seeking a master's level program must be enrolled on a full-time basis. The individual has no more than three (3) years to complete the graduate level program.

Doctorate Level

Doctorate programs differ in programming and requirements. A yearly audit of the coursework and progress towards the doctoral level program is required. An individual has seven (7) years to complete an approved and accredited doctorate program.

Summer Courses

At the counselor's discretion, ARS will pay for summer courses for students classified as a junior or higher.

Remedial Courses

ARS will pay for a total of six (6) semester hours of remedial courses to fulfill academic requirements within the first year of college. The counselor will review the above policy with the client and document in a case note using the "description": ARS Policy on Remedial Course.

SATISFACTORY PERFORMANCE - COLLEGE AND UNIVERSITIES

Any full-time college student who does not complete 12 hours of course work during the regular semester or six (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. More than one probationary period during the student's entire training program will require the Manager's approval. 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 from student to document satisfactory progress. This responsibility should be delegated to the student. The 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 payment for tuition for the next semester. The Responsibilities of College Students Form must be signed by the individual and counselor and placed in the individual's record of services prior to the initial semester and each following fall semester.

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

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

PROCEDURE - COLLEGE AND UNIVERSITY TRAINING

- Documentation of the action to be taken will be made in the case note.
- The individual will provide the counselor with documentation of any financial aid awards and scholarships. This documentation can include: college award letter, Student Financial Aid grant response letter, on-line Student Financial Aid printouts, or copies of Student Financial Aid grant application forms. Attach documents to the ECF.
- The individual will provide a copy of an official degree plan at IPE to the counselor. Attach documents to the ECF.
- The individual will provide yearly a degree audit signed by an academic advisor or program supervisor, and will be used to ensure that the required course work is considered for ARS funding and that good progress is made toward the training outcome.
- The counselor will review the grade report each period.
- The counselor will review all planned courses the consumer will take during the next period to ensure that they are a part of the consumer's required coursework.
- The counselor and the individual will complete the College Student's Responsibilities Form prior to the first semester and then each fall semester.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- If specialized equipment, i.e., computers, software, etc., is purchased a title of retention will need to be completed. (See Appendix E)
- The case management system will generate the status move after required data is keyed for Status 18.
- Key required information into the case management system for ARS Purchase Authorization.
- When billing statement is received, verify the individual received the service. Document in the ECF.
- Key required information into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.
- Refer to Out-of-State Policy limitations, if necessary.
- Complete Annual Review documenting any changes to the IPE.
- Update the RS16 Financial Resources Form at Annual Review, if appropriate.

COLLEGE TEXTBOOKS

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. Payments for textbooks must fall within the $5,000 threshold unless an exception is approved. 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 note.

- The individual will provide the counselor with documentation of any financial aid awards and scholarships. This documentation can include: college award letter, Student Financial Aid grant response letter, online Student Financial Aid printouts or copies of Student Financial Aid grant application forms. Attach documents to the ECF.
- 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.
- The case management system will generate the status move after required data is keyed for Status18.
- Key required information into the case management system for ARS Purchase Authorization.
- When billing statement is received, verify the individual received the service. Document in the ECF.
- Key required information into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.
- Refer to Out-of-State Policy limitations, if necessary.
- Complete Annual Review documenting any changes to the IPE.
- Update the RS16 Financial Resources Form at Annual Review, if appropriate

BUSINESS SCHOOLS OR COLLEGES

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.

PROCEDURES - BUSINESS SCHOOLS OR COLLEGES

- Documentation of the action to be taken will be made in the case note.
- The individual will provide the counselor with documentation of any financial aid awards and scholarships. This documentation can include: college award letter, Student Financial Aid grant response letter, online Student Financial Aid printouts or copies of Student Financial Aid grant application forms. Attach documents to the ECF.
- The counselor and the individual will complete the College Student's Responsibilities Form prior to the first semester and then each fall semester.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- If specialized equipment, i.e., computers, software, etc., is purchased a title of retention will need to be completed and attach the documents to the ECF. (See Appendix E)
- The case management system will generate the status move after required data is keyed for Status 18.
- Key required information into the case management system for ARS Purchase Authorization.
- When billing statement is received, verify the individual received the service. Document in the ECF.

- Key required information into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.
- Refer to Out-of-State Policy limitations, if necessary.
- Complete Annual Review documenting any changes to the IPE
- Update the RS16 Financial Resources Form at Annual Review.

VOCATIONAL SCHOOL

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

PROCEDURES - VOCATIONAL SCHOOL

- Documentation of the action to be taken will be made in the case note.
- The individual will provide the counselor with documentation of any financial aid awards and scholarships. This documentation can include: college award letter, Student Financial Aid grant response letter, online Student Financial Aid printouts or copies of Student Financial Aid grant application forms. Attach documents to the ECF.
- The counselor and the individual will complete Responsibility of Vocational Training Students prior to the first semester and then each fall semester.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- The case management system will generate the status move after required data is keyed for Status 18.
- Key required information into the case management system for ARS Purchase Authorization.
- When billing statement is received, verify the individual received the service. Document in the ECF.
- Key required information into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.
- Refer to Out-of-State Policy limitations, if necessary.
- Complete Annual Review documenting any changes to the IPE.
- Update the RS16 Financial Resources Form at Annual Review

COSMETOLOGY/BARBER SCHOOL

ARS may purchase training for qualified individuals in cosmetology/barber schools capable of providing training necessary for the individual to attain the vocational objective. Cosmetology/Barber Schools must have the ability to accept federal financial aid as a comparable benefit. ARS requires a copy of the school's program costs and Student Financial Aid grant eligibility or ineligibility be placed in the individual's ECF 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 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. For an exception form refer to Appendix G.

Satisfactory performance in a non-academic program will be documented by a progress report.

PROCEDURES - COSMETOLOGY/BARBER SCHOOL

- Documentation of the action to be taken will be made in the case note.
- A copy of the school's program costs will be attached to the ECF by the time of plan development. Tuition will be paid at an hourly rate.
- 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 attached to the ECF.

Responsibility of Vocational Training Students

- Refer to ARS Vendor List or secure W-9 from new vendor.
- The case management system will generate the status move after required data is keyed for Status 18.
- Key required information into the case management system for ARS Purchase Authorization.
- When billing statement is received, verify the individual received the service. Document in the ECF.
- Key required information into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.
- Refer to Out-of-State Policy limitations, if necessary.
- Complete Annual Review documenting any changes to the IPE.
- Update the RS16 Financial Resources Form at Annual Review.

ON THE JOB TRAINING

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, and
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 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 can pay the individual's salary or wages at a negotiated rate.

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 TRAINING

- The counselor will utilize the ARS approved On-the-Job (OJT) contract.
- 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 note.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- The case management system will generate the status move after required data is keyed for Status 18.
- Key required information into the case management system for ARS Purchase Authorization.
- When billing statement is received, verify the individual received the service. Document in the ECF.
- Key required information into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.
- The training vendor will provide a monthly 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

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 note.
- Complete applicable vendor referral form.

- Refer to ARS Vendor List or secure W-9 from new vendor.
- The case management system will generate the status move after required data is keyed for Status 18.
- Key required information into the case management system for ARS Purchase Authorization.
- When billing statement is received, verify the individual received the service. Document in the ECF.
- Key required information into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.
- The training vendor will provide a monthly progress report to the counselor with appropriate billing forms. The counselor will not process payment for the adjustment training without proper progress reports. Attach documents to ECF.

MISCELLANEOUS TRAINING

This category includes academic and other specialized training that will prepare an individual with a disability to be employed. This training may include correspondence and online study.

The correspondence/online 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) living arrangements cannot be made to secure training by any other method.

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

1) an intense interest in the chosen work field;
2) standardized tests or past academic performance indicate the individual may complete the training;
3) some previous knowledge of, or experience in, the chosen field;
4) adequate time to devote to course study; and
5) the labor market reflects employment possibilities upon completion of the training.

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/online courses other than college, the total cost of the training will be divided by the number of lessons or the parameters set out by the course work. Counselors are responsible for negotiating with the vendors to ensure agreement with this payment plan. If correspondence training is selected, the counselor must obtain the Manager’s approval.

PROCEDURES - MISCELLANEOUS TRAINING

- Documentation of the action to be taken will be made in the case note.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- The case management system will generate the status move after required data is keyed for Status 18.
- Key required information into the case management system for ARS Purchase Authorization.
- When billing statement is received, verify the individual received the service. Document in the ECF.
- Key required information into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.
- 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.
- Complete Annual Review documenting any changes to the IPE.
- Update the RS16 Financial Resources Form at Annual Review.

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. ARS will not furnish computers as training materials. Computers purchased for training needs will be considered only when the computer is required as an accommodation based on the nature of the individual's disability and will be utilized as assistive technology. An AT evaluation, assessment, and recommendation will be documented and placed in the ECF.

TRANSPORTATION

Transportation costs may be reimbursed to the client at the state allowed rate. Transportation costs may be paid to an approved vendor at the rate set forth in the Vendor Transportation Service Agreement. The vendor shall agree to the fees by signing the Vendor Transportation Service Agreement prior to providing services. The terms are listed below.

ARS shall provide the Vendor, at least 24 hours in advance and no more than 30 days in advance, with the time and location of pickups and discharges as well as the names, telephone numbers and special needs (e.g. vans with wheelchair lift) of the clients to be served.

ARS shall provide the Vendor with adequate notice of cancellation of prescheduled transportation. "Adequate Notice" is defined as two hours. ARS will be charged $15.00 for each cancellation when less than two hours' notice is provided.

ARS shall reimburse the vendor using the following rates: pick up fee of $8.00, $1.05 per mile ambulatory rate and wheelchair rate at $1.60 per mile. Transportation is reimbursed from the point of pick-up to the destination and back. In the event that the client is brought to a training program and a return trip is not scheduled in the same day, the return trip for the Vendor will be reimbursed at a flat rate of $15.00 for trips exceeding a 30-mile radius from the drop off location. This is based on an average cost of transportation vendor rates across the State.

Transportation is not to exceed 300 miles in one trip without an approved exception from the Manager.

ARS shall reimburse the Vendor for transportation services within thirty (30) days from the date of the monthly statement is submitted to ARS.

The case note will document justification for the need of the service, an estimate will be provided to counselor prior to transport. An invoice and receipt showing the individual received the service is required before the payment is processed.

PROCEDURES - TRANSPORTATION

- Documentation of the action to be taken with justification for the service will be made in the case note.
- The Vendor Transportation Service Agreement Form will be completed and signed prior to providing the service.
- A copy of the estimate will be provided prior to transport. Estimates are requested per client and can be for one trip or multiple trips, depending on what is required as per the Individualized Plan for Employment of the individual.
- Receipts and invoices verifying the individual received the service will be attached in the case management system, a case note will be entered. Invoices will be provided upon completion of the service. The invoice will outline the following:
    - Name of the Client
    - Date and Times of pick-up and return
    - Invoice date
    - From and to destination
    - Total number of miles billed, which must be based on mileage as indicated by Google Maps
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key required information into the case management system for ARS Purchase Authorization.
- When billing statement is received, verify the individual received the service. Document in the ECF.
- Key required information into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.

MAINTENANCE

Maintenance is a supportive vocational rehabilitation service in the form of cash payments which should be made first to a vendor, maintenance payments written directly to clients for basic living expenses such as food, shelter, clothing, or other incidental needs so a consumer may participate in a specific service. In all cases the most cost effective solution as well as comparable services must be applied.

Maintenance is a support which is provided, if necessary, so that the consumer can derive full benefit of vocational rehabilitation services, accomplish the vocational goal, and achieve a successful employment outcome. Progress towards the employment goal must be maintained in order to continue maintenance as a supportive service.

The counselor must first exhaust the assistance available through consumer resources and any other comparable services or benefits programs before funding maintenance support.

Maintenance for Training

To participate in vocational, prevocational, or college training, the consumer may need maintenance assistance for supplies, room and board in excess of normal living expenses. ARS will provide maintenance assistance in the event the client is moved outside of a 50-mile radius of his/her existing domicile to participate in an approved training program. Training programs nearest the client's primary residence will first be considered for cost effectiveness. Maintenance is to cover the additional costs incurred in excess of normal living expenses. Maintenance assistance is temporary and is not meant to cover the cost of the client's primary living situation.

Guidelines

A consumer living in their own residence (house or apartment), will not receive maintenance for living expenses they would normally incur if they were not involved in a rehabilitation program.

Consumers are to provide the counselor with a copy of the most current rental or lease agreement in order for maintenance payments for the purpose of rent to be authorized.

The Counselor must first utilize comparable services/similar benefits such as community resources and consumer resources before any ARS funds can be committed for rental assistance payments. Individuals who receive SSI or SSDI benefits are expected to use those funds for their normal living expenses, but not for payment of VR services. If an individual receiving SSI or SSDI benefits is authorized by ARS to receive maintenance support, the individual will not be required to contribute the SSI/SSDI benefits toward the maintenance support.

All maintenance payments will not exceed the cost of subsistence, provided in connection with VR services at any time from the date of initiation of services. After job placement, maintenance may be paid at subsistence level for job retention.

Maintenance payments for rent, mortgage, and room and board will be paid based on Fair Market Rent documentation system by Housing and Urban Development (HUD). Maintenance will be made in accordance with the IPE with a maximum of three (3) months of payment per plan year.

College Training

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 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 ACTI.

Full-Time Vocational Training

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

Placement

After job placement, maintenance may be paid at subsistence level at the counselor discretion.

PROCEDURES - MAINTENANCE

- Documentation of the action to be taken with justification for the service will be made in the case note.
- Documentation of the method used to calculate the cost of the service will be made in the case note.
- Receipts or other documentation verifying the individual received the service will be made in the case note.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key required information into the case management system for ARS Purchase Authorization.
- When billing statement is received, verify the individual received the service. Document in the ECF.
- Key required information into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.
- Complete Annual Review documenting any changes to the IPE.
- Update the RS16 Financial Resources Form at Annual Review.

SUPPORTED EMPLOYMENT SERVICES

Supported Employment means competitive integrated employment, including customized employment, or employment in an integrated work setting in which an individual with a most significant disability, including a youth with a most significant disability, is working on a short-term basis toward competitive integrated employment that is individualized and customized, consistent with the unique strengths, abilities, interests, and informed choice of the individual.

A) For whom competitive integrated employment has not historically occurred, or for whom competitive integrated employment has been interrupted or intermittent as a result of a significant disability; and
B) Who, because of the nature and severity of their disabilities, need intensive supported employment services and extended services after the transition from support provided by the designated State unit, in order to perform this work.

Supported Employment is a “place then train” model, which is a two-part process:

1. Place an individual with the most significant disabilities in a competitive job, and then:
2. Provide training and support directly related to the job.

Unlike the traditional VR model, which provides job readiness and other training activities to prepare an individual for employment, this model is more appropriate for an individual with the most significant disabilities. Problems transferring knowledge from an artificial training situation to a real job are eliminated because the focus is on finding the best job match and providing training for that particular job.

ARS typically does not consider temporary employment or seasonal work as competitive integrated employment, but may be an exception by the manager.

ARS will provide supported employment services to any individual who is determined eligible for services who has a most significant disability and for whom competitive employment has not traditionally occurred or has been interrupted or intermittent as a result of their disability. The individual has:

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

Supported Employment - Short Term Basis

Manager approval is required. For purposes of supported employment, an individual with a most significant disability, whose supported employment in an integrated setting does not satisfy the criteria of competitive integrated employment, as defined in 34 CFR 361.5(c)(9), is considered to be working on a short-term basis toward competitive

integrated employment so long as the individual can reasonably anticipate achieving competitive integrated employment:

1. Within six months of achieving a supported employment outcome; or,
2. In limited circumstances, within a period not to exceed 12 months from the achievement of the supported employment outcome, if a longer period is necessary based on the needs of the individual, and the individual has demonstrated progress toward competitive earnings based on information contained in the service record.

The six-month short-term basis period, and the additional six months that may be available in limited circumstances, begins after an individual has completed up to 24 months of supported employment services (unless a longer period of time is necessary based upon the individual's needs) and the individual has achieved a supported employment outcome, meaning that the individual is stable in the supported employment placement for a minimum period of 90 days following the transition to extended services. At this point, the individual has achieved a supported employment outcome in accordance with the criteria set forth in § 363.54.

Supported Employment involves full- or part-time employment averaging at least 15 hours per week for each pay period. If the individual's disability limits the hours, a justification memo is required for requesting manager approval.

Ongoing support services are provided weekly. This includes visits to the worksite, or face to face, by the Supported Employment Vendor at least twice monthly. Under special circumstances at the request of the individual and documented in the IPE, the vendor may provide off-site monitoring meetings until the ARS case is closed. Extended Services are provided by a vendor after ARS case closure monthly throughout first year of employment. If not available through another source, ARS will provide extended services for youth under the age of 25 for up to four (4) years or until the age of 25 after the youth has obtained competitive integrated employment.

Individuals employed through Supported Employment services must meet the following criteria:

1. Be engaged in employment paid at or above minimum wage;
2. Work performed must be compensated with the same benefits and wages as other workers in similar jobs receive. This includes sick leave, vacation time, health benefits, bonuses, training opportunities, and other benefits.
3. Need and be provided ongoing, support services in order to maintain employment, which may include natural supports provided by the employers; and
4. Be employed in an integrated setting.

After the ARS case is closed and a letter is provided to the vendor, an individual eligible for waiver-funded services must seek Extended Services (ongoing long-term employment support i.e., ongoing job coaching) through the Department of Human Services - Developmental Disabilities Services (DDS) with the Provider-led Shared Savings Entity (PASSE) being the funding source.

Manager approval required: The 24-month limitation on the provision of supported employment services may be amended to permit extension of this service on a case-by-case basis as determined by the counselor with a documented justification in the case note and on the IPE.

NOTE: Supported Employment Services shall be provided for a period of time not to exceed 24 months, unless under special circumstances the eligible individual and the rehabilitation counselor jointly agree to extend the time to achieve the employment outcome identified in the individualized plan for employment. The counselor will provide a justification memo in the ECF stating why the individual's disability requires an extended period of time approved by the manager.

When a job is lost after the case is closed, the counselor should take a new referral. The counselor can reinitiate supported employment services for a former individual in instances of job destabilization or potential upgrade.

SUPPORTED EMPLOYMENT - YOUTH EXTENDED SERVICES (YES)

Youth Extended Services (YES) shall be available for youth under the age of 25 through Individual Job Coaching Services on an as needed basis after job placement. Youth Extended Services are available for up to 200 hours during the Individual Plan of Employment per year not to exceed four years. The service supports youth to ensure job longevity and includes onsite visits to both the individual and the employer. The Extended Services requirement for onsite contact is at minimum monthly. Once the individual reaches the age of 25, ARS must assure extended service funding resources are available through another source.

PROCEDURES - SUPPORTED EMPLOYMENT SERVICES

- 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. If the youth needs extended services, individual job coaching service will be included on the IPE.
- ARS sends an RS-315 for each Milestone service.
- ARS will purchase services on an outcome or fee-for-service basis.
- Attach monthly progress reports to the ECF.
- Required information must be keyed into the case management system for ARS Purchase Authorization.
- When Milestone billing statement is received, verify the individual received the service. Document in the ECF.
- After Milestone 3 – Stabilization, ARS will provide the vendor with documentation indicating the estimated closure date and the need for continued extended services, upon closure.
- Required information must be keyed into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.

ARS/DDS WAIVER SUPPORTED EMPLOYMENT PARTNERSHIP

ARS and the Department of Human Services, Developmental Disabilities Services have created a joint partnership specifically to provide supported employment services to individuals receiving waiver services. The service of Discovery and/or Employment Path is funded by the Provider-led Shared Savings Entity (PASSE) prior to ARS service provision.

The counselor will utilize Status 06 Trial Work Experience for the initial service of Discovery to be funded through the PASSE.

PROCEDURES - ARS/DDS WAIVER SUPPORTED EMPLOYMENT PARTNERSHIP

- Complete Referral
- Complete Intake Process.
- Follow procedures for Trial Work Experience (TWE) (Section II).
    - DDS Supported Employment Services is the vendor with zero cost for ARS.
- Provide the vendor with letter #1 – DDS letter SE Employment Path and Discovery,
- Vendor submits a completed Discovery Staging Record (1-5). (See Appendix C)
- Review the Discovery Staging Record for eligibility determination.
- End the TWP.
- Follow procedures for Individualized Plan of Employment (Section IV) including Supported Employment Milestones (Appendix C)

In case of potential ineligibility:

- Reviews of the Discovery Staging Record and with clear and convincing evidence determines the individual would not benefit from VR services for employment.
- End the TWP.
- Refer the client back to the vendor utilizing the letter #2 – DDS Trial Work Experience Ineligible letter.
- Complete the certificate of ineligibility

Milestone Specifics

Milestone 1 – Referral/Job Development (Status 18): completed when the provider referral acceptance letter/email is obtained by counselor.

Milestone 2 – Job Match/Placement (Status 20): completed at the time job placement occurs and the individual receives the first paycheck*;* a copy of the first paycheck is required for payment*.*

Milestone 3 – Stabilization (Status 22): is completed when the individual remains on the job 30 days or more at a 15 hours+/ a week, and the job coach/employment specialist support fades to less than 20 percent. Once Stabilization is completed and after payment,

the individual transfers to Extended Services while pursuing Milestone 4 Closure/Extended Services. The vendor provides documentation indicating the estimated closure date and the need for continued extended services, upon closure. The vendor will complete and SE-3 form indicating extended services is available, the funding entity identified and if it is a youth needing extended services (YES).

Milestone 4 – Closure/Extended Services (Status 22): is completed when the individual has been employed for an additional 90 days after the 30-day stabilization period. The vendor must assure the individual and their employer is satisfied with the employment outcome before billing that the individual is eligible for a successful Status 26 closure.

INDIVIDUAL JOB COACHING

Individual Job Coaching Services may be provided to students with a disability and individuals who, because of their disabilities, need intensive job coach supports to obtain and maintain a job in competitive integrated or customized employment or trial work experiences. This service is available for up to 200 hours. See Appendix I for the fee. If additional time is required, the counselor will send a justification to the Manager for approval.

The outcome of this service is sustained paid employment at or above the minimum wage in an integrated setting in a job or self-employment opportunity that meets personal and career goals. Employment must be in an integrated work setting for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid for the same or similar work performed by individuals without disabilities

Job Coaching activities may include the following:

- Assisting on the job site with the completion of job duties, and task analysis.
- Assisting the individual in learning how to do the job with the least intrusive method.
- Developing compensatory strategies if needed to cue the individual to complete the job.
- Analyzing work environment during initial training/learning of the job and making determinations regarding modifications or assistive technology needs.

PROCEDURE - INDIVIDUAL JOB COACHING SERVICES

- Complete the ECF. (See Appendix E)
- Complete the IPE utilizing informed choice. The counselor will indicate the service and provider on the IPE at plan development.
- ARS will purchase services on a fee-for-service basis.
- The counselor is required to obtain the individual's paycheck with the first report. The reports required are: JC-1 Job Coach Time Log and JC-2 monthly progress reports to the ECF.
- Required information must be keyed into the case management system for ARS Purchase Authorization.

- When JC-4 Billing Form along with the Job Coach Time Log is received, the counselor approves payment after verifying individual is satisfied with the service. Document in the ECF.
- Billing for case closure, when the billing form for the completed individual job coaching, requires these reports: JC-3 ALL 26 Closure Final Report, JC-3a Individual Job Coaching Services Final Summary Report 2016 Pre-ETS and Youth and JC-4 Individual Job Coach Billing Form.
- Required information must be keyed into the case management system for payment.
- Support staff finalizes payments. Payment will not be processed without an attached reports and bill from the vendor.

Job Coaching Specifics

JC-1 Job Coach Time Log for ARS
JC-2 ALL Services Job Match/Placement Monthly Report
JC-3 ALL 26 Closure Final Report
JC-3a Individual Job Coaching Services Final Summary Report 2016 Pre-ETS and Youth
JC-4 Individual Job Coach Billing Form

LIMITATION ON USE OF SUBMINIMUM WAGE

If a youth with a disability has completed secondary education and is 24 years old or younger, he/she cannot start working for less than minimum wage until he/she has had the opportunity to:

1. Receive Pre-Employment Transition Services under WIOA or transition services under IDEA;
2. Apply for ARS services, and either
   a) was determined ineligible OR
   b) was determined eligible AND
      i. had an IPE developed, AND
      ii. worked toward an employment outcome for a reasonable period without success, AND
      iii. the case was closed unsuccessful despite having reasonable supports;
3. Receive career counseling, including information and referrals to other state and federal entities that provide employment services, from ARS.

In addition, individuals with disabilities regardless of their age who are employed by a 14(c) must be provided career counseling and information by ARS. These individuals also must be provided, by ARS or a community rehabilitation program, information about self-advocacy, self-determination, and peer mentoring training opportunities available in the individual's geographic area every six months for the first year they are employed, and annually thereafter.

If an individual is referred by a 14(c) subminimum wage certificate holder with fewer than 15 employees, ARS must inform within 30 days of self-advocacy, self-determination, and peer mentoring training opportunities available in the individual's community.

Career counseling must include information and referrals to Federal and State programs and other resources in the individual's geographic area that offer employment-related services and supports designed to enable the individual to explore, discover, experience, and attain competitive integrated employment, must not be for subminimum wage employment and must not directly result in subminimum wage employment.

ARS must provide the counseling within 30 days of the VR ineligibility or case closure, and must generally provide documentation of the services to the youth within 45 days after completion.

CUSTOMIZED EMPLOYMENT

Customized employment means competitive integrated employment for an individual with a significant disability that is based on: an individualized determination of the unique strengths, needs, and interests of the individual with a significant disability; is designed to meet the specific abilities of the individual with a significant disability and the business needs of the employer; and is carried out through flexible strategies, such as:

1. Job exploration by the individual; and
2. Working with an employer to facilitate placement including:
    - Customizing a job description based on current employer needs or on previously unidentified and unmet employer needs;
    - Developing a set of job duties, a work schedule and job arrangement, and specifics of supervision (including performance evaluation and review), and determining a job location;
    - Using a professional representative chosen by the individual, or if elected self-representation, to work with an employer to facilitate placement; and
    - Providing services and supports at the job location.

ARS Employment First (E1st) Career Pathways are available through external certified employment vendors, known as Community Rehabilitation Programs (CRPs) and/or Supported Employment Providers. An individual's employment can occur during any Benchmark service timeframe; vendors are encouraged to place individuals who are work ready as efficiently as possible. The following services can be provided through these entities.

Benchmark 1: Discovery Process Service (up to 60 hours over a four- to six-week timeframe)

Discovery Process service is a person-centered, comprehensive employment planning service to assist ARS clients to determine their employment preferences, career direction and result in the development of the Individual Career Profile. The Discovery Process Service is a time-limited service consisting of gathering information about the individual's interests, strengths, likes, dislikes, skills, abilities, types of preferred work environments and supports available if needed for successful employment.

The following activities may be a component of Discovery Process Services:

- Person-centered comprehensive employment planning
- Information-gathering sessions in the individuals' natural environment
- Interviewing friends, family or other supports systems familiar with the individual
- Determining supports of family, friends or other
- Identifying employment preferences (interests, strengths, likes, dislikes, skills, abilities, types and supports)
- Functional /Situational assessments in multiple environments in community integrated settings
- Job exploration
- Job shadowing
- Job and task analysis activities
- Employment preparation (i.e., soft skills: resume development, interviewing, work attire, hygiene, etc.)
- Benefits counseling
- Business plan development for self-employment
- Time limited

OUTCOME: Individual Career Profile (Discovery Staging Record). The Individual Career Profile must include specific recommendations regarding the individual's employment support needs, preferences, abilities, and characteristics of an optimal work environment. It must specify if education, training or skill development is necessary to achieve the individual's employment or career goals and how to address as applicable.

Benchmark 2: Employment Path (Pre-vocational) Services up to 20 days

Employment Path Services provide learning opportunities, including soft skills, work based experiences/internships, including volunteer opportunities, where the individual can develop work-related strengths and skills contributing to employability in integrated community settings. This service will be available after the individual has attempted two job experiences and the vendor has identified extensive work skills are essential for the individual to work successfully.

The following activities may be a component of Employment Path Services:

- Assessments determining learning styles and behaviors.
- Work Habits: Attendance, punctuality, industriousness, effort, following instructions and adaptability,
- Communication skills: Office etiquette, frustration level, accepting feedback and constructive criticism.
- Appearance: Grooming, appropriate dress, and personal hygiene
- Work Attitudes: Interest, self-confidence, dependability, initiative, motivation, and cooperation.
- Interviewing skills (mock interview.)
- Work Tolerance: Attention span, handling pressure, and flexibility to change task.
- Life Skills: Independent living and self-advocacy

OUTCOME: Determination for continued service path leading to an employment outcome.

Benchmark 3: Job Development/Placement Service

Job Development/Placement service focuses on creating job opportunities by utilizing the Individual Career Profile with the goal of obtaining employment. The process of obtaining a job may involve one or more of three approaches: independent job searches, assisted job search, and arranged job searches. Once an approach is identified, a Job Development Plan is jointly created by the individual and his/her support team to outline the specific activities for pursing employment.

The following Job Development services activities may be a component of the plan:

- Business and labor market research
- Identifying and creating job opportunities
- Assist the individual with a job search
- Informational interviewing about the business.
- Arrange job tours.
- Contact employers known to work with people with disabilities
- Cold call potential employers
- Network with potential employers and employer education
- Network with family and friends for job leads
- Research current minimum wage and labor laws at http://www.dol.gov/
- Soft Skills Training, if not provided through Employment Path services:
    - Create letters of introduction
    - Resume development
    - Job search abilities and interview skills
    - Workplace attire (hygiene) and work behaviors expectations
- Define accommodations/job restructuring, such as:
    - Job analysis
    - Work schedule
    - Job sharing or job carving
    - Work responsibilities
    - Work materials and equipment
    - Assistive technology
- Work site modifications - identifying, modifying and eliminating environmental barriers
- Benefits counseling

Vendors are required to hold a staffing every 90 days if employment has not been secured. Once employed, the vendor is to inform the counselor. Individual must receive their first paycheck and a copy must be sent with billing form to the counselor. Monthly reports are required.

OUTCOME: Job Placement Completed. Individual obtains a job in competitive integrated employment, working 20 hours or more a week and making not less than the higher of

the Fair Labor Standards Act or the rate specified in the applicable State or local minimum wage law.

Benchmark 4, Employment Closure (90 Days): Successful Competitive Integrated Employment.

The individual has stayed employed for a minimum of 90 days, working 20 hours a week and not less than the higher of the Fair Labor Standards Act or the rate specified in the applicable State or local minimum wage law. Monthly reports are required.

OUTCOME: Successful employment for 90 days. The individual and employer are satisfied with the employment outcome and the ARS counselor agrees this qualifies as a successful closure.

PROCEDURES - CUSTOMIZED EMPLOYMENT

- 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.
- For services to begin Benchmark 1, Counselor sends a referral letter and the Provider sends an acceptance letter
- ARS sends an RS-315 for each Benchmark services.
- Benchmark 1 and Benchmark 3 requires the Discovery Staging Record for documentation as reports in the ECF.
- Benchmark 2 - Employment Path requires justification memo based on need from the provider to the counselor for approval and for this service to be authorized. Document in the ECF.
- Benchmark 3 - Job Development/Placement requires a copy of the individual's first paycheck with the billing form. Document in the ECF.
- Required information must be keyed into the case management system for ARS Purchase Authorization.
- When the billing statement is received, verify the individual received the service. Document in the ECF.
- Required information must be keyed into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.

Benchmark Specifics

Benchmark 1 – ARS received the Discovery Staging Record with stages 1-5 completed. No monthly reports required. Providers can bill each component (referral and each job experience) or wait until completion of Benchmark 1.

Benchmark 2 – Employment Path (Status 18): A justification memo based on need from the provider to the counselor for this service to be authorized. Up to 100 hours within 20 days of training for career readiness, soft skills, self-determination, self-advocacy,

and/or independent living skills related to employment (as in accessing transportation or AT.) Monthly report(s) required, signed by the individual.

Benchmark 3 – Job Development/Placement (Status 18 – Status 22 once employed): ARS receives the Discovery Staging Record (DSR) stages 6-7 pages 9-12 of the DSR as the monthly report, signed by the individual until employed. Once employed, the provider is to notify the counselor. ALL Services Job Match/Placement form is used for monthly reporting. Employment must be in a competitive integrated setting for 20 hours or more at minimum wage or above for 90 days. A copy of the individual's first paycheck must be received with the billing form for payment.

Benchmark 4 – Closure (Status 22): Individual has been employed for 90 days successfully. The individual and their employer must be satisfied with the employment outcome; the individual is eligible for a successful Status 26 closure using ALL Services Employment Closure Final Report form. Monthly reports required signed by the individual.

SERVICES TO FAMILY MEMBERS

Services may include childcare (up to three months), training, transportation (up to three months), and relocation of the family to an area where work is available for the individual (up to three months). Services may be authorized for greater than three months on a case-by-case basis, as determined by the counselor in consultation with the individual and the individual's family.

Services to family members must be included on the IPE. 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 note 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.
- The case management system will generate the status move after required data is keyed for appropriate status.
- Required information must be keyed into the case management system for ARS Purchase Authorization.
- When billing statement is received, verify the individual received the service. Document in the ECF.
- Required information must be keyed into the case management system for payment.
- Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.

POST-EMPLOYMENT SERVICES

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

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

NOTE: Procedures to develop a Status 32 closure are covered in the Closure Section VIII. Post-employment services will not exceed 18 months; however, an extension of time can be requested from the Manager, Deputy Chief of Field Services and Chief of Field Services.

PROCEDURES - POST-EMPLOYMENT SERVICES

- 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 note 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.
- Required information must be keyed into the case management system for ARS Purchase Authorization.
- When billing statement is received, verify the individual received the service. Document in the ECF.
- Required information must be keyed into the case management system for payment.

Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor

TOOLS, EQUIPMENT, INITIAL STOCK, AND CONSTRUCTION

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) The individual is self-employed or self-employment is the most suitable method of placing the individual in a remunerative occupation.
5) A warranty should be taken out on the tools on a case by case basis.

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

Exceptions: 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

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 Manager. The counselor will obtain at least three written quotes, complete the RS-357 with a Memo, and submit this information to the 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 Manager. The counselor will obtain at least three or more verbal or written quotations and submit this information to the 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 $25,000.01 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.

TITLE RETENTION/RELEASE/REPOSSESSION

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

PROCEDURES - TITLE RELEASE

- Complete the Release of Title for Tools and/or Equipment
- The original will be attached to the ECF 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 note should reflect the action taken.

- The counselor will be responsible for storage of the equipment.

RETURNED OR DONATED ITEMS

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

ASSISTIVE TECHNOLOGY SERVICES AND ENGINEERING

Assistive technology services (including hearing services, aids and assistive listening devices such as telecoils) may be considered for each individual in terms of his or her Employment Plan. Assistive technology services are defined as the systematic application engineering methodologies and scientific principles to meet the needs of, and address the barriers confronted by, individuals with disabilities. Assistive technology services may be useful in areas including education, rehabilitation, employment, transportation, independent living, and recreation. Likewise, 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.

If the individual's VR counselor deems assistive technology or rehabilitation engineering services appropriate, the counselor may refer the individual for evaluation and assessment by Access and Accommodations section. In order to refer Access and Accommodations section, the counselor will follow the procedures for evaluation and assessment found in Appendix B (Special Programs Access and Accommodations) and Appendix E (Forms Access and Accommodations).

PROCEDURES - ASSISTIVE TECHNOLOGY SERVICES/ REHABILITATION ENGINEERING

- Check for appropriate status in the case management system.
- Documentation of the action to be taken will be made in the case note.
- Complete referral procedures for Access and Accommodations for an evaluation/assessment. (See Forms Appendix E and Special Programs Appendix B)
- Counselor meets with individual to discuss findings of assistive technology/ rehabilitation engineering evaluation in accordance with informed choice and with similar benefits.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key required information into the case management system for ARS Purchase Authorization.
- Verify that the individual received the device/service and is able to use the device/service. Document in ECF.
- Invoices for assistive technology/rehabilitation engineering services must be itemized. Each line item must correspond to the device or service authorized for

the individual in his or her Access and Accommodations evaluation. Non-itemized or bundled invoices will be rejected and returned to the vendor.

- Each line item on the invoice must correspond to an appropriate billing code from the HCPCS. ARS may request further documentation to support a given billing code, and reserves the right to refuse payment if the vendor cannot provide the documentation requested.
- ARS will issue payment for assistive technology/rehabilitation engineering services according to the price indicated in the Blue Cross Blue Shield fee schedule (current as of the date of the invoice) for a given HCPCS line item. ARS will pay 80% of the price indicated in the Blue Cross Blue Shield fee schedule for a given HCPCS line item.
- For individuals with insurance coverage for assistive technology/rehabilitation engineering services, ARS will issue payment after that coverage has been applied. In no event will ARS pay an amount greater than 80% of the price indicated in the Blue Cross Blue Shield fee schedule for a given HCPCS line item.
- Refer to Out of State Policy limitations, if necessary.

PROSTHETICS AND ORTHOTIC DEVICES

Prosthetics are artificial appliances used for functional or corrective reasons, or both. Orthotics means an orthopedic appliance or apparatus used to support, align, prevent, or correct deformities or to improve the function of movable parts of the body. For an original of 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 which the basic examination report indicated no pathological change, this report may be sufficient medical basis for rendering their service.

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

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

In selecting the vendor, the counselor will consider:

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

PROCEDURES - PROSTHETIC AND ORTHOTIC DEVICES

- Check for appropriate status in the current case management system.
- Documentation of the action to be taken will be made in the case note.
- Complete referral procedures for Access and Accommodations (See Forms Appendix E and Special Programs Appendix B)
- Counselor will meet with individual to discuss findings of Access and Accommodations in accordance with informed choice with similar benefits.
- Medical Consultant's review is required and in the ECF.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key required information into the case management system for ARS Purchase Authorization.
- When device/service is received, verify the individual received device/service and can use device. Document in the ECF.
- When billing statement is received, key required information into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.
- UAMS requires special payment.
- Refer to Out-of-State Policy limitations, if necessary.

HEARING AID SERVICES

Hearing aid services may be considered as part of an individual's Employment Plan when the individual requires amplification to manage the required communication on the job. The technology involved with hearing aids changes rapidly, and it is important that counselor and client understand the employment related communication requirements, and the available options when providing amplification. The Access and Accommodations Program can provide recommendations as to listening devices and expertise regarding medical evaluations and reports. To make a referral to Access and Accommodations, see Appendix B (Special Programs-Access and Accommodations) and Appendix E (Forms-Access and Accommodations).

To determine eligibility, the counselor will utilize medical reports issued within the past year by a licensed otologist, otolaryngologist, or ENT. A report from the individual's primary-care physician may be utilized at the counselor's discretion and with the approval of the manager. In all events, the individual must have an audiological or hearing aid evaluation performed or approved by a licensed audiologist or hearing instrument specialist with national board certification. This evaluation must not be more than one-year old at the time of the eligibility determination. A hearing instrument specialist must have three (3) years of experience and must have passed the NBC-HIS National Certification (see http://www.nbc-his.com) in order to be an approved vendor.

In order for an individual to be eligible for hearing aid services, the audiological or hearing aid evaluation must document significant improvement (with the addition of hearing aids) in speech reception, speech recognition, and discrimination awareness as to environmental sounds. The evaluation must demonstrate unaided hearing loss of 41 decibels or greater as measured by the Speech Reception Threshold (SRT) or Pure Tone

Average (PTA) (measured at 0.5, 1, 2, and 3 kHz). Thus, hearing loss must be at least moderate on the following hearing-loss scale, listed in decibels:

Normal: 10 to 15
Slight: 16 to 25
Mild: 26 to 40
Moderate: 41 to 55
Moderately severe: 56 to 70
Severe: 71 to 90
Profound: 91+

If hearing aids are indicated, the evaluation must specify the suitable type of aid (analog or digital), provide the make and model, and state whether the individual would benefit from monaural or binaural aids. Hearing aid adjustments will be included as part of the ARS purchase, subject to informed choice and the individual's Employment Plan. The evaluation must also include information on warranties, service plans, accessories and other recommended services, if any. All hearing aids should include a telecoil, unless the audiologist or hearing instrument specialist can provide justification for why the client preferred an aid without telecoil connectivity.

PROCEDURES - HEARING AID SERVICES

Preliminary and Diagnostic

- Documentation of the action to be taken will be made in the case note.
- Counselor will utilize medical reports issued within the past year by a licensed otologist, otolaryngologist, or ENT. A report from the individual's primary-care physician may be utilized at counselor discretion and supervisory approval. To the extent such diagnostic services are not covered by medical insurance available to the individual, ARS may purchase the services.
- Counselor will utilize audiological or hearing-aid evaluation issued within the past year from a state licensed audiologist or nationally certified hearing instrument specialist. To the extent such evaluations are not covered by medical insurance available to the individual, ARS may purchase the evaluations.
- The ARS Hearing Aid Order form will be completed by the audiologist or hearing instrument specialist, in order to provide the client and counselor a written estimate of hearing aid cost, make, model, type, warranty, service plan and related information.
- Counselor will meet with individual to discuss the medical reports and audiological/ hearing-aid evaluation.

Comparable Benefits and Selection of Vendor

- If the reports and evaluation conclude that hearing aids are indicated for the individual's hearing loss, the counselor will discuss potential hearing-aid vendors and comparable benefits. If hearing aids are not indicated, hearing-aid services will not be provided (subject to further medical and audiological evaluation of the individual, as needed).

- Services are based on financial need and comparable benefits will be utilized. Counselor will verify whether the individual is covered by medical insurance that pays for hearing aids in whole or in part. ARS will authorize purchase of the hearing aids recommended by the audiologist/hearing instrument specialist only after the counselor has reviewed written documentation of the amount of coverage or lack of coverage. Any available coverage will be used as the required comparable benefit. Social Services Block Grants to defray the cost of hearing aids must also be considered.
- For purposes of informed choice, the counselor will refer to ARS Approved Vendor List and discuss possible vendors with the individual. If the evaluation from the audiologist/hearing instrument specialist recommends a type or brand of hearing aid that cannot be purchased from an approved vendor, the counselor may consider securing a W-9 from a new vendor that can fill the order. Regardless of the vendor selected, ARS will issue payment based on the criteria below.

Payment for Hearing Aids

- Invoices for hearing aids must be itemized. Each line item must correspond to the recommendations for the individual in the audiology/hearing aid evaluation.
- Line items for devices not recommended for the individual in the audiology/hearing aid evaluation may be rejected if inconsistent with the individual's Employment Plan. Non-itemized or bundled invoices will be rejected and returned to the vendor.
- Each line item for a hearing aid or related device must include the appropriate billing code from the L or V sections of the HCPCS. ARS may request further documentation to support a given L or V code, and may refuse payment if the vendor cannot provide the documentation requested.
- Used devices, if provided, must be disclosed on the invoice as "refurbished," "used," or "rebuilt." Failure to disclose a refurbished device or to follow the FDA procedures may result in removal of the vendor from the ARS Approved Vendor List.
- Counselor will verify that the individual received the device and is able to use it. Document in the ECF. Counselor will key required information into the case management system for ARS Purchase Authorization.
- ARS will issue payment for hearing aids and related devices according to the price indicated in the Blue Cross Blue Shield fee schedule (current as of the date of the invoice) for the appropriate L or V code. ARS will pay 80% of the price indicated in the Blue Cross Blue Shield fee schedule for the appropriate L or V code. For used devices, ARS will pay 70% of the price indicated for the appropriate L or V code.
- For individuals with insurance coverage for hearing aids and related devices, ARS will issue payment after that coverage has been applied. In no event will ARS pay an amount greater than 80% of the price indicated in the Blue Cross Blue Shield fee schedule for a given HCPCS line item.
- Counselor may refer client for assistive technology assessment if client still experiences vocational difficulties with hearing aids.

HEARING AID REPLACEMENT

- If an individual who is already a hearing aid user requests replacement aid(s), the individual must bring a report from an audiologist or hearing-instrument specialist explaining why a replacement is required.
- Reasons for hearing-aid replacement include: the individual's hearing aids are no longer working up to specifications and repairs will not restore them to that condition; the individual's hearing loss has changed significantly, requiring different amplification; and, the individual's on-the-job communication needs have changed notably, requiring different amplification.
- Any case where the counselor believes that there may be other reasons for replacement of hearing aids must be reviewed by the Manager.
- Hearing aid replacement will follow the steps for vendor selection and payment stated under "Procedures—Hearing Aid Services."
- Replacement of cochlear implants and bone-anchored auditory implants will follow relevant portions of the Cochlear Implant and Bone Anchored Auditory Implant sections.

WHEELCHAIRS

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

PROCEDURES - WHEELCHAIRS

- Documentation of the action to be taken will be made in the case note.
- Complete referral procedures for Access and Accommodation 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's review is required and in the ECF. (See Forms Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- If wheelchairs or other durable medical equipment are purchased, a title of retention will be completed and attached to the ECF. (See Appendix E)
- The case management system will generate the status move after required data is keyed for appropriate status.
- When device/service is received, verify the individual received device/service and can use device. Document in the ECF.
- Key required information into the case management system for ARS Purchase Authorization.
- When device/service is received, verify the individual received device/service and can use device. Document in ECF. When billing statement is received, key

required information into the case management system for payment authorization. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.

REPAIR OF WHEELCHAIRS

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

PROCEDURES - REPAIR OF WHEELCHAIRS

- Documentation of the action to be taken will be made in the case note.
- Check with Access and Accommodations for parts in inventory for repair. If not, refer to Durable Medical Equipment Vendor for repairs.
- Complete referral procedures for Access and Accommodations for an evaluation/assessment. (See Forms Appendix E and Special Programs Appendix B)
- Refer to the ARS Vendor List or secure W-9 from new vendor.
- The case management system will generate the status moves after required data is keyed for appropriate status.
- Key required information into the case management system for ARS Purchase Authorization.
- When device/service is received, verify the individual received device/service and can use device. Document in the ECF.
- When billing statement is received, key required information into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.
- Refer to Out of State Policy limitations, if necessary.
- UAMS requires special payment.

BRACES

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 or 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.

PROCEDURES - BRACES

- Documentation of the action to be taken will be made in the case note.
- Check with Access and Accommodations for parts in inventory for repair. If not, refer to Durable Medical Equipment Vendor for repairs.
- Complete referral procedures for Access and Accommodation for an evaluation/assessment. (See Forms Appendix E and Special Programs Appendix B)
- Refer to the ARS Vendor List or secure W-9 from new vendor.
- The case management system will generate the status moves after required data is keyed for appropriate status.
- Key required information into the case management system for ARS Purchase Authorization.
- When device/service is received, verify the individual received device/service and can use device. Document in the ECF.
- When billing statement is received, key required information into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.

GLASSES AND ARTIFICIAL EYES

NOTE: Individuals with blindness as a primary disabling condition must be referred to Division of Services for the Blind.

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 AND ARTIFICAL EYES

- Documentation of the action to be taken will be made in the case note.
- 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’s review is required and attached to the ECF. (See forms Appendix E)
- Refer to the ARS Vendor List or secure W-9 from new vendor.
- The case management system will generate the status moves after required data is keyed for appropriate status.

- Key required information into the case management system for ARS Purchase Authorization.
- When device/service is received, verify the individual received device/service and can use device. Document in the ECF.
- When billing statement is received, key required information into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.

PERSONAL ASSISTANCE SERVICES - MEDICAID

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:

- Attendant
- Interpreter
- Reader

ATTENDANT SERVICES

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 in one or more of a work, home or community environment 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. An attendant can be someone unrelated to the individual or a family member. Rules for attendant qualifications are set by the state. The individual must apply for a Medicaid Wavier. ARS will pay based on Medicaid rates.

- Non-medical services supporting Activities of Daily Living (ADL), such as movement, bathing, dressing, toileting, personal hygiene. Instrumental Activities of Daily Living include meal preparation, money management, shopping and telephone use, etc.
- Disability expected to continue indefinitely and disability constitutes a substantial limitation to person’s ability to function without supports existing with concurrent deficits in activities of daily living.
- Recertification of services annually, prescribed by an attending physician including an adaptive functional level assessment.
- Weekly supports that may be needed daily but no more than eight (8) hours/day and seven (7) days a week.
- Supports are not long term; provided for a maximum of six (6) months per calendar year with required outcome of employment with an allowable extension of 60 days, post-employment.

- Services will be rendered within an allowable 40-hour work week, with submission of timesheets reflecting hours worked.
- Maximum reimbursement $160.00/day.
- Individuals or their representatives have decision-making authority over personal attendant services and take direct responsibility to manage their services with assistance of a system of available supports.
- A qualified personal attendant services agency and/or individual hires, fires, pays and trains PAs to provide services to individuals.

PROCEDURES - ATTENDANT SERVICES

- Documentation of the action to be taken will be made in the case note.
- Medical Consultant's review is required and attached to the ECF. (See Forms Appendix E)
- Refer to the ARS Vendor List or secure W-9 from new vendor.
- The case management system will generate the status moves after required data is keyed for appropriate status.
- Key required information into the case management system for ARS Purchase Authorization.
- When billing statement is received, verify the individual received the service. Document in the ECF.
- Key required information into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.

INTERPRETER SERVICES

ARS may purchase interpreter services for a deaf or hearing-impaired individual 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 note.
- Refer to the ARS Vendor List or secure W-9 from new vendor.
- The case management system will generate the status moves after required data is keyed for appropriate status.
- Key required information into the case management system for ARS Purchase Authorization.
- When billing statement is received, verify the individual received the service. Document in the ECF.
- Key required information into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.

READER SERVICES

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 SERVICES

- Documentation of the action to be taken will be made in the case note.
- Refer to the ARS Vendor List or secure W-9 from new vendor.
- The case management system will generate the status moves after required data is keyed for appropriate status.
- Key required information into the case management system for ARS Purchase Authorization.
- When billing statement is received, verify the individual received the service. Document in the ECF.
- Key required information into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.

MOTOR VEHICLES

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

SPECIAL EQUIPMENT AND MODIFICATION FOR MOTOR VEHICLES

The counselor will follow the State Purchasing guidelines. 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 on an IPE amendment.
4. A vehicle more than five (5) years old and/or a vehicle with more than 50,000 miles that 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 evaluation from the Access and Accommodations has been completed upon a counselor's request.
6. The individual has been instructed in safe operation and/or use of equipment through a training course.
7. A threshold of $5,000 has been established for van modifications, including lift. For an Exception form refer to Appendix G.

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

PROCEDURES - SPECIAL EQUIPMENT AND MODIFICATION FOR MOTOR VEHICLES

- Documentation of the action to be taken will be made in the case note.
- Complete referral procedures to Access and Accommodations for an evaluation/assessment.
- Counselor will meet with individual to discuss findings of assistive technology evaluation in accordance with informed choice and 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.
- The case management system will generate the status move after required data is keyed for appropriate status.
- Key required information into the case management system for ARS Purchase Authorization.
- When device/service is received, verify the individual received device/service and can use device. Document in the ECF.
- When billing statement is received, key required information into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.

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 the 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 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 note.
- Complete referral procedures to Access and Accommodations 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 required information into the case management system for ARS Purchase Authorization.
- When the home modification is completed the Counselor will verify the individual's need has been met. Document in ECF.
- When billing statement is received, key required information into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill form the vendor.
- Refer to Out-of-State Policy limitations, if necessary.
- Adhere to the IL procedure, including obtaining a copy of the contractor's business license.
- All submitted bids are to be reviewed by Access and Accommodations.

VII. INDEPENDENT LIVING REHABILITATION SERVICES

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 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. An individual’s eligibility for ILRS services is based in part on the expectation that the individual will be present and able to participate in services. If/when an individual is in an institution at the time of referral or enters an institution after they have applied for services, the counselor may conclude that the person will not be available to take part in a rehabilitation program and will affect the individual’s ability to meet the reasonable expectation that ILRS may significantly assist to improve his/her ability to function independently in family or community. The projected length of stay in the institution is another concern of the counselor and will need to be taken into consideration. Examples of long term institutional stay would be: home placements, human development centers, prisons, nursing homes, and psychiatric hospitals

ILRS CASE STATUS CLASSIFICATIONS

70 Referral/Applicant Status
Counselor will complete Demographic, Referral (status 00), Application, ILRS Unplanned Authorization, and Case Information Form
71 Closure from Referral/Ineligibility Status
72 Eligibility Status/IWILP
73 Closure from Active Status (Services Not Completed) Complete RS-600C See Appendix E-49
74 IWILP Progress/Closure from Active Status (Services Provided)

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.

Title XX program provides social services for low income families and individuals. Eligibility is determined by two factors: monthly income of the family and size of the family living on this income. Income requirements do not include: money borrowed, gifts, educational grants, food stamps, earnings of a child under 14. Clients must be eligible for Title XX to receive services except: Counseling and guidance, placement and follow-up, and initial diagnostic study.

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 counselor. The counselor is required to establish documentary evidence to support the decision and must execute a Certificate of Eligibility/Ineligibility for ILR Services. In every case, the Certificate of Eligibility/Ineligibility 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.

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. In all cases, comparable benefits must be considered. If assistive technology is needed, referral to Access and Accommodations is required for consideration of comparable benefits. (Refer to Appendix B). Note for hearing aids and related services: Title XX SSBG must be considered as the priority funding source if available.

CERTIFICATION OF ELIGIBILITY/INELIGIBILITY

The counselor is required to complete the ILRS Certificate of Eligibility/Ineligibility for services in the individuals ECF. The certificate shall contain the individual's name; eligibility date, and signature of the counselor. The counselor shall complete a case note. The certificate must be completed simultaneously with, an individual's acceptance for services. (See Forms Appendix E)

INELIGIBILITY

When it has been determined that an individual is ineligible for ILR services, the counselor is required to initiate a Certificate of Eligibility/Ineligibility to close the ECF. 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. 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 an appeal can occur, including informal and formal due process procedures, such as administrative review, mediation and review by an impartial hearing officer. The counselor will also provide the individual with information regarding services available from the Client Assistance Program and how to contact the Client Assistance Program.

The basic reasons for ineligible determinations are:
1) The diagnostic evaluation fails to establish a significant disability.
2) There is no functional limitation to independent living.
3) There is no potential for independent living because the prognosis is unfavorable, services were refused or unavailable, the individual is uncooperative, institutionalized, dies, or cannot be located.

4) The counselor should be sure the individual understands the purpose of the program and the services that are available.

ILRS INDIVIDUALIZED PLAN

The counselor must complete a plan for services. The 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 counselor is the approving authority; therefore, the counselor's signature indicates approval of the ILRS individualized plan.

PROCEDURES - ILRS INDIVIDUALIZED PLAN

• The counselor will inform the individual of the options available for development of an Individualized Living Rehabilitation Services Plan.
• The counselor will inform the individual of the required components of the ILRS Plan.
• The case management system will generate the status move after required data is keyed for status 72(ILS).
• Document the counseling provided at ILRS Plan development in the case note.

TERMINATION OF SERVICES UNDER AN ILRS INDIVIDUALIZED PLAN

When it has been determined that an individual cannot meet the projected goals, the counselor is required to initiate an Amendment to the ILRS Plan. The reasons for initiating an 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, his/her whereabouts are unknown, or deceased. The individual or representative's participation in the decision shall be recorded in the ILRS Plan. The rationale will be recorded on an Amendment to the ILRS Plan certifying that the

provision of ILR services has demonstrated that the individual is not capable of functioning more independently in family or community. The date of annual review will also be recorded on the Amendment.

RE-OPENING A CASE

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

REVIEW OF INELIGIBILITY DECISION

Review within 12 months and annually thereafter if requested by the individual or, if appropriate, by the individual's representative any ineligibility determination that is based on a finding that the individual is incapable of achieving an employment outcome. This review need not be conducted in situations in which the individual has refused it, the individual is no longer present in the State, the individual's whereabouts are unknown, or the individual's medical condition is rapidly progressive or terminal.

SERVICES

1) Counseling services, including psychological and psychotherapy, and related services;
2) Housing service, including appropriate accommodations to and modifications of any space utilized to serve, or occupied by individuals with significant disabilities;
3) Mobility Training and Provision of needed prostheses and other appliances and devices
4) Transportation; including referral and assistance for such transportation
5) Services and training for individuals with cognitive and sensory disabilities, including life skills training, and interpreter and reader services.
6) Consumer information programs on rehabilitation and IL services available under this Act, especially for minorities and other individuals with disabilities who have traditionally been unserved or underserved by programs under this Act.
7) Education and training necessary for living in the community and participating in community activities.
8) Referral services;
9) Rehabilitation Technology
10) Training to develop skills for youth who are individuals with significant disabilities to promote self-awareness and esteem, develop advocacy and self-empowerment skills, and explore career options
11) Information and referral, IL Skills training, Peer Counseling, Individual and systems advocacy

MOTOR VEHICLE MODIFICATION POLICY

Administrative exception must be obtained to provide vehicle modification or van lifts for ILRS cases. For an exception refer to Appendix G. If an Administrative Exception is granted the following procedures are to be used.

MODIFICATION FOR MOTOR VEHICLES

Purchase and installation of special equipment and/or vehicle modification may be provided to enable the individual to drive their vehicle, or to enable 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 amendment.
4) A vehicle more than five (5) years old and/or a vehicle with more than 50,000 miles have 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 through a training course.
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

• This service cannot be planned on the ILRS plan or Amendment until an assistive technology evaluation has been performed.
• Documentation of the action to be taken will be made in the case note.
• Complete referral procedures to the Access and Accommodation program for an evaluation/assessment.
• Secure the Access and Accommodation 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 Section VI, Services)
• Refer to ARS Vendor List or secure W-9 from new vendor.
• The case management system will generate the status move after required data is keyed for appropriate Status.
• Key required information into the case management system for ARS Purchased Authorization.
• When device/service is received, verify the individual received device/service and can use device. Individual will sign the Receipt/Release for Equipment and Title Agreement Instructions (See Appendix E-81). Document in ECF.
• When billing statement is received, key required information into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.

VIII. CLOSURE

CASES CLOSED FROM STATUS 00/02 - CLOSED NOT REHABILITATED BEFORE/DURING EVALUATION

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

PROCEDURES - CLOSED NOT REHABILITATED BEFORE/DURING EVALUATION

• Complete Certificate of Eligibility/Ineligibility. (See Forms Appendix E)
• The case management system will generate the status move after required data is keyed 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 Eligibility/Ineligibility will be dated and signed by the counselor. Ineligibility determination will be made only after full participation and an opportunity for consultation with the individual or, if appropriate, the individual's representative. In such cases, the counselor will notify the applicant in writing of the action taken, or by other appropriate modes of communication consistent with the informed choice of the individual, including the reasons for the ineligibility determination. When appropriate, referral will be made to other agencies and programs that are part of the One-Stop service delivery system under the Workforce Innovation and Opportunity 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 Eligibility/Ineligibility if closed Status 08 from Status 02. (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 Innovation and Opportunity Act.
• The case management system will generate the status move after required data is keyed for Status 08 Closure.

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

CLOSED REHABILITATED (Status 26)

An individual's record of service will be closed as successfully rehabilitated when the individual has achieved an employment objective consistent with informed choice, substantiality of services has been documented in the case notes, and the following requirements have been met:
1) The individual has achieved the employment outcome described in the IPE.
2) The employment outcome is consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.
3) The employment outcome is in the most integrated setting possible, consistent with the individual's informed choice.
4) The individual has maintained the employment outcome for a period of at least 90 days.
5) The individual and the VR counselor consider the employment outcome to be satisfactory.
6) The individual is informed through appropriate modes of communication of the availability of post-employment services. 34 C.F.R. § 361.56

Additional information is required and must be included in the closure document:
1) Name and address of the employer
2) Type of work performed (Occupation)

3) Gross weekly earning and hours worked per week
4) Medical insurance coverage at closure
5) Public assistance at closure
6) The individual is compensated at or above minimum wage.
7) The wage and level of benefits are not less than that customarily paid by the employer for the same or similar work performed by non-disabled individuals.
8) How did the services provided contribute substantially to the individual's achievement of the employment outcome consistent with informed choice.
Note: An individual will not be closed "Rehabilitated" more than once in any fiscal year.

PROCEDURES - CLOSED REHABILITATED (Status 26)

• Pay or cancel any outstanding encumbrance.
• The counselor must demonstrate through documentation in a summary case note that substantial services provided under the individual's IPE contributed to the achievement of the employment outcome.
• If there is a need for an IPE goal change, an amendment must be completed 90 days prior to closure.
• Case must be in Status 22 for 90 days.
• If the counselor has information concerning employment of the individual, but cannot obtain the individual's signature that is required on the closure amendment, the counselor may close the case by using the method described in the next bullet.
• A minimum of three written attempts (2 letters and one registered letter) must be made to contact the individual is required. (See Forms Section)
• The receipt verification (card) signed by the client must be attached to the ECF. If the card is not signed by the client, the case cannot be closed "26."
• Complete VR Case and Closure/Amendment Information Form (See Forms Appendix E).
• The VR Case and Closure/Amendment Information Form will be generated in the case file and a copy will be given to the individual.
• If the individual received services at ACTI, the VR Case and Closure/Amendment Information Form will be available through the case management system for the Center Counselor's review.
• The case management system will generate the status move after required data is keyed for Status 26.
• The individual will complete the Consumer Satisfaction Survey form. This form can be given to the individual, mailed emailed or accessed online.

CLOSED NOT REHABILITATED (Status 28)

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

PROCEDURES - CLOSED NOT REHABILITATED (Status 28)

• Pay or cancel any outstanding encumbrance.
• The counselor must document in the case notes the reason for closure.
• Complete the VR Case and Closure/Amendment Information Form (See Forms Appendix E).
• The VR Case and Closure/Amendment Information Form will be generated in the case file and a copy will be given to the individual.
• If appropriate, the individual will be referred to other agencies, programs, WIOA One Stop Partners.
• The case management system will generate the status move after required data is keyed for Status 28.
• The individual will complete the Consumer Satisfaction Survey form. This form can be given to the individual, mailed, emailed 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 VR Case and Closure/Amendment Information Form (See Forms Appendix E).
• The VR Case and Closure/Amendment Information Form will be generated in the case file and a copy will be given to the individual.
• The individual will be referred to other agencies, programs, or WIOA One Stop Partners.
• The case management system will generate the status move after required data is keyed for Status 30.

POST-EMPLOYMENT (Status 32)

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

The counselor and individual must agree on the services planned to maintain the individual in employment. The purpose of this status is to avoid the necessity of reopening a case in order to provide a minor service that can be provided quickly, expeditiously, at a minimum cost and with little counselor effort. For example, these may include minor repair to prosthesis or a small amount of retraining in the use of prosthesis, weekly or biweekly counseling and guidance or a spinal cord injured individual who suffers from an acute kidney infection and needs immediate medical treatment.

If the counselor is aware of the need for Post-Employment services at the time of the 26 Closure, all planned and anticipated services must be documented in the ECF. If a need for post-employment services is determined several weeks after the 26 Closure, an IPE amendment 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 to be identified after the 26 Closure, and documented in the ECF (See Forms Appendix E). Reopen the case directly into Status 32 by keying in the Social Security Number.
• The VR Case and Closure/Amendment Information Form will be generated in the case file and a copy will be given to the individual.
• A case note entry must document progress.

CLOSED FROM POST-EMPLOYMENT (Status 34)

Decisions to terminate post-employment services should be made in consultation with the individual and documented in the amended IPE. 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.
• The case management system will generate the status move after required data is keyed 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 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.
• The case management system will generate the status move after required data is keyed for Status 36.
• Initiate a new Application (RS-4) and follow procedures for a new referral.

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

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

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

• Pay or cancel any outstanding encumbrances.
• The counselor must document in the case notes the reason for closure.
• The case management system will generate the status move after required data is keyed for Status 38.

CLOSED FROM POST-EMPLOYMENT (Status 39)

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

PROCEDURES - CLOSED FROM POST-EMPLOYMENT (Status 39)

• Pay or cancel any outstanding encumbrances.
• The counselor must document in the case narrative the reason for closure.
• The case management system will generate the status move after required data is keyed for Status 39.

IX. CASELOAD MANAGEMENT

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CASELOAD MANAGEMENT

Thereafter, the counselor is accountable for the case management system each time there is a status change.

CASE STATUS CLASSIFICATIONS

Referral Status

00 Referral

Application Status

02 Applicant

Trial Work Experience

06 Evaluation Status

Closures from Referral (00)/Applicant (02)

08 Closed before, during, or after Evaluation

Closures from Trial Work Experience

08 Closed after Evaluation

ACTIVE STATUSES

Pre-Service Statuses

04 Service Delayed/Order of Selection

10 Certificate of Eligibility/Ineligibility Completed

12 IPE Completed

Service Statuses

18 Receiving Service Status

Counseling and Guidance

Physical Restoration

Training, etc.

20 Ready for Employment

22 In Employment

24 Service Interrupted

Closures from Active Status

26 Closed Rehabilitated (After 90 days in Status 22)

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

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

32 Post-Employment

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

CLOSURES FROM POST-EMPLOYMENT SERVICES

34 Employment Maintained

36 Placed back in 02

39 Other

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

STATUS 00 – REFERRAL

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

STATUS 02 – APPLICANT

Status 02 represents an individual's entrance into the VR process. When an individual signs a document requesting VR services, the counselor must place the individual into Status 02. At that point, the individual is considered an applicant after completing an Agency application form. 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. An individual can only remain in Status 02 for 60 days unless the counselor

and applicant agree to a specific extension of time. If needed, under the Heading of 60-Day Extension in the case note, record the dates of the Extension and the specific reasons for the need for an extension of time to determine eligibility.

Example (60-Day Extension): This client will be placed in status 02 for an additional 30 days April 1-30 due to the fact that more testing and medical records re needed in order to determine eligibility.

STATUS 04 – SERVICE DELAYED/ORDER OF SELECTION

If under, the Order of Selection the counselor moves an applicant into Status 04 when the Preliminary Assessment justifies writing a Certificate of Eligibility/Ineligibility. However, the individual cannot receive services because the individual does not meet the Order of Selection priorities. Status 04 identifies the individuals who are 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

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

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

STATUS 08 – CLOSED FROM EVALUATION

Status 08 identifies all individuals not accepted for VR services whether closed from referral Status (00) applicant Status (02) or Trial Work Experience.

STATUS 10 – CERTIFICATION OF ELIGIBILITY/INELIGIBILITY

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

STATUS 12 – INDIVIDUALIZED PLAN FOR EMPLOYMENT

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

STATUS 18 – RECEIVING SERVICE STATUS

Status 18 is used when the individual begins receiving services.

Counseling and Guidance

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

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

Physical And/Or Mental Restoration

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

Training

The counselor moves an individual into Status 18 when training services are 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

STATUS 20 – READY FOR EMPLOYMENT

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

STATUS 22 – EMPLOYED

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

STATUS 24 – SERVICES INTERRUPTED

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

STATUS 26 – CLOSED REHABILITATED

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

STATUS 28 – CLOSED NOT REHABILITATED AFTER IPE INITIATED

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

STATUS 30 – CLOSED NOT REHABILITATED BEFORE IPE INITIATED

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

STATUS 32 – POST-EMPLOYMENT SERVICE

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

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

STATUS 34 – CLOSED FROM POST-EMPLOYMENT

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

STATUS 36 – CLOSED FROM POST-EMPLOYMENT TO BE REOPENED

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

STATUS 38 – CLOSED FROM SERVICE DELAYED/ORDER OF SELECTION

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

STATUS 39 – CLOSED FROM POST-EMPLOYMENT/OTHER REASONS

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

TRANSFER OF CASES

Cases Transferred will retain their status and the date of the transfer.

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 client should contact the current counselor to initiate the case transfer.
- The transferring counselor prior to the transfer will discuss the case with the receiving counselor as well as notifying the ~~District~~ Managers; to ensure that case information is current and prepared for transfer. Both counselors, ~~District~~ Managers and client should be in agreement before the case is transferred.
- Discuss the transfer with the client, providing in writing the receiving counselor's name, field office's address and phone number.
- 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.
- Contact the appropriate case management administrator to transfer ECF in the case management system.
- Document in case note under "TRANSFER OUT", a case summary for transfer.

PROCEDURES – CASES TRANSFERRED IN

- After the case has been transferred in the case management system, the receiving counselor will meet with the individual.
- Document in the case note, under "TRANSFER IN," a case summary 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 closed, requests services the counselor will follow the same procedures for new applicants (02). Counselors cannot reopen cases for 30 days after closure.

Exception: When necessary to reopen a case before the 30 days from the closure date the counselor will submit a memorandum to the Chief of Field Services through the 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, Section VIII.

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X. RECORD OF SERVICES DEVELOPMENT, MAINTENANCE, AND RETENTION

RECORD OF SERVICES

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

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

ELECTRONIC CASE FILE (ECF)

The individual's electronic case file (ECF) is the official record of services. The ECF will contain all relevant correspondence, reports, forms, financial records and documentation of the individual's rehabilitation program. The ECF will be maintained uniformly across the State. The case management system will file chronologically by the most recent date:

Intake
Assessment
Eligibility
IPE
Progress Report
Authorizations
Correspondence
Closure
Case Reviews

RECORD OF SERVICES (ECF) DOCUMENTATION

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

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

Documentation should be clear, objective, and limited to information that is significant and pertinent to the individual's vocational rehabilitation needs. Documentation should lead to

a plan of action by including evaluation summaries, work history, medical/behavior assessments and other relevant resources.

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

INDIVIDUAL RECORD OF SERVICES - ECF PROCEDURES

Intake

- SS Card
- Driver's License/ID
- Application for Services
- Informed Consent (if under age 18)
- Release of Information Form
- Conflict of Interest Form
- Copy of Voter Registration Form or Declination Form
- Substance Abuse Policy Signature Form

Assessment

- Copies of existing medical or mental health information
- Medical Records/Reports (ARS/ACTI)
- RIDAC referral form
- RIDAC/ARS/ACTI medical and psychological reports
- RIDAC Medical consultation form
- RIDAC Psychological consultation form
- Local Medical Consultant Form
- Memo from ACTI Staff Physician
- Neuropsychological Reports
- Consultations
- 60-day assessment
- Copies of school transcripts
- Copies of psycho-educational testing conducted in schools or in the private sector
- IEP information
- Copies of medical reports
- Assistive Technology Reports
- Recommendations for Special Accommodations or Equipment

Eligibility

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

IPE

- Individualized Plan for Employment IPE
- Individualized Written Client Plan (ACTI)
- Amendments
- Annual reviews completed
- Exception to Service Provision Policy

Authorizations

- Authorizations (ARS/ACTI)
- Attached billing statements/invoices
- CRP Statements of Account and CPD Verification Payment Forms

Correspondence

- Referrals, internal and external
- ACTI, CRP, SE, Employment Services/Job Placement, and Job Services-VR only referral forms
- Copies of letters, e-mails
- Transition referral forms
- Letters to clients/Client Follow-up Information Form
- Referrals from Social Security
- Medical Release request forms and letters
- Copies of forms mailed to client
    a. Due Process Forms
    b. Receipt/Release of Tools and Equipment
    c. Consumer Satisfaction Surveys
- Internal memos and policy requests
- Small Business referral information
- Employment Services/Job Placement referral forms

Progress Reports

- ACTI vocational training monthly report forms
- Training progress reports
- Letters from Trainee forms
- Counseling reports
- PT, OT, ST Reports (ARS/ACTI)
- Social Services Reports
- Supported Employment monthly progress reports forms
- Employment Services/Job Placement closure forms
- CRP monthly progress reports for Work Adjustment and Extended Services
- Responsibilities of College Students
- Documentation of Job Development and Placement Activities
- Job Services-VR Only monthly progress reports forms

Closure

- Certificate of Eligibility/Ineligibility
- VR Case and Closure/Amendment Information Form
- Documentation of Registered Letter to Client prior to closure

Case Review

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

Items listed under Case Review may not be included in every case. This is not a comprehensive list.

RECORD RETENTION

With the exception of certain files in Status 00, ARS will retain all records of services for a period of seven (7) years. *See* 34 C.F.R. § 80.42; Ark. Code Ann. § 25-18-601 and current Arkansas Record Retention Schedule. The seven-year retention period will commence upon case closure, defined as files assigned Statuses 08, 26, 28, 30,34, 36, 38 39, 73, and 74. Files associated with closed cases will be destroyed after the seven-year period. Files in Status 00 (new referrals) may be destroyed if the case does not progress beyond the referral stage by the end of 180 days from the time the file was opened.

XI. RELEASE AND CONFIDENTIALITY OF INFORMATION

GENERAL DUTY TO SAFEGUARD CONFIDENTIALITY

ARS employees are responsible for protecting the confidentiality of a client or applicant's record of services, including all identifying information contained in reports, lists, and other paper or electronic documents. Likewise, ARS employees are responsible for preventing unauthorized access to client records. All ARS employees must respect the confidential nature of such records, and refrain from conversations that might reveal information concerning individuals receiving services from ARS to unauthorized persons.

RECORDS TREATED AS CONFIDENTIAL

This section applies to "personal information," as that term is used in 34 C.F.R. § 361.38 and related regulations. Personal information includes photographs; lists of names; medical, psychological, and diagnostic data; and any other notes, reports, or documentation maintained by ARS in a client's record of services. For purposes of this section, client includes both eligible individuals and applicants.

Subject to the more specific guidelines below, ARS will release or disclose confidential personal information in four situations:

1) when authorized by the client, so long as such disclosure would not be harmful to the client;
2) in response to a valid subpoena; judicial or administrative order; warrant or other demand in connection with an active law-enforcement investigation, or demand by an agency authorized to investigated fraud or abuse (unless expressly prohibited by federal or state law);
3) for purposes of audit, evaluation, or research, so long as the personal information so disclosed would be used for purposes directly connected to the administration of VR services or would significantly improve the quality of life for ARS clients; or
4) when necessary in order to protect the client or others if the client poses a threat to his or her safety or to the safety of others.

RELEASE TO THE CLIENT OR THE CLIENT'S REPRESENTATIVE

If requested in writing by a client or a client's representative, ARS will generally make all personal information in that client's record of services directly accessible to the client or the client's representative. Medical, psychological, or other information that ARS determines may be harmful to the client must be provided to a third party of the client's choosing, unless the client has a court-appointed representative, in which case ARS will release the potentially harmful information only to the court-appointed representative. If ARS obtains personal information from another agency or organization, release of that information will be governed by conditions for release that the other agency or organization has established.

RELEASE FOR PURPOSES OF AUDIT, EVALUATION, OR RESEARCH

ARS may release personal information to an organization, agency, or individual engaged in audit, evaluation, or research, but only for purposes directly connected with administration of ARS's vocational rehabilitation program, or in order to significantly improve quality of life for ARS clients. Before release of personal information under this section, the organization, agency, or individual must:

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

RELEASE TO OTHER PROGRAMS OR AUTHORITIES

If requested in writing by the client or the client's representative, and supported by a written agreement between ARS and the third party agency, ARS may release personal information to another agency or organization. Information released to a third party agency must be used for that agency's program purposes and necessary for those purposes, and may only be released to the extent the information could have been disclosed to the client or the client's representative. Medical or psychological information that ARS determines may be harmful to the client may be released if the other agency or organization provides assurances that the information will be used only for the purpose for which it is being provided, and will not be further released to the individual. However, ARS must release personal information if required by federal law or regulations. ARS may also release personal information to a third party agency in order to protect the client or others, if the client poses a threat to his or her safety or to the safety of others.

XII. REFUNDS/CONTRIBUTIONS

CURRENT YEAR REFUNDS

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

PRIOR YEAR REFUNDS

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

INDIVIDUAL'S CONTRIBUTION

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

WARRANT (CHECK) PICKUP POLICIES AND PROCEDURES

The coding of agency vendor warrants for hard copy pickup is a "by exception only" procedure that requires the Commissioner's approval via the Chief Fiscal Officer. The vast majority of warrants are processed and mailed out through the state's Treasury department to the address listed on the vendor's W-9 form. Warrant pickups should be limited to situations that require hand delivery such as program stipend or scholarships presented at awards ceremonies, or other similar situations. Again, ultimate approval of each case rests with the Commissioner of the agency.

A justification memo from the Manager requesting to the Commissioner is required. The memo should explain fully the requirement and sufficient justification to support approval. All memos should be routed to the Chief Fiscal Officer for review prior to submission to the Commissioner.

XIII. PRIOR APPROVAL

Prior approval is defined as the rehabilitation program and other record of services materials are reviewed and approved by a Manager or his/her designee before the services planned for are initiated. The Manager or his/her designee will review all cases requiring prior approval. A counselor may request prior approval on a particular case, on types of cases, or on all cases.

PRIOR APPROVAL - NEW COUNSELORS

A Manager's or designee's 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

XIV. DUE PROCESS

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XIV. DUE PROCESS

Due Process begins once an applicant/client makes a request verbally or in writing for review of a determination affecting the provision of vocational rehabilitation services. Due Process will normally progress in the following sequence:

STEPS	PROCEDURES
1	Applicant/client will discuss the issue(s) with the counselor. A written determination will be issued to the client. The counselor will advise the applicant/client of the Client Assistance Program (CAP.)
2	If dissatisfied with the determination, the applicant/client can ask for administrative review from a District Manager.
3	Mediation is available after administrative review, but participation is voluntary on the part of the applicant/client and ARS.
4	If dissatisfied with the decision on administrative review (or if mediation was unsuccessful), the applicant/client can ask for an impartial hearing.
5	The applicant/client may file a civil action if dissatisfied with the result of the impartial hearing.

Unless the parties agree to an extension of time, any impartial hearing must be held within 60 calendar days of the date that the client/applicant requests review of the determination in question.

IMPACT ON PROVISION OF SERVICES

ARS shall not suspend, reduce, or terminate services (including evaluation and assessment services and IPE development) being provided to the applicant/client pending a resolution through Due Process. However, services may be suspended, reduced or terminated if those services were obtained through misrepresentation, fraud, collusion, or criminal conduct on the part of the individual or the individual's representative. Services may also be suspended, reduced, or terminated if the applicant/client, or their representative, so requests.

NOTIFICATION OF RIGHTS

The applicant/client will be notified of their rights at each of the due-process steps.

In addition to the procedural safeguards discussed elsewhere in this section, the applicant/client is entitled to the following rights during Due Process:

1. The right to be represented by an attorney; the Client Assistance Program; a parent or guardian, friend, relative; or any other representative of the client/applicant’s choice. However, ARS will not reimburse attorneys’ fees or the fees of any other representative.

2. The right to present evidence and witnesses, and to cross-examine all witnesses and other relevant sources of information and evidence.

3. The right to object to the introduction of evidence, witnesses, and other sources of information.

4. The right, at any stage of Due Process, to reasonable accommodations such as an interpreter or reader, if notice of the accommodation is given to ARS at least three (3) business days prior to the administrative review, mediation, or impartial hearing. ARS reserves the right to propose an alternative, reasonable accommodation.

5. The right, following an impartial hearing, to a written report of the grounds for the decision. The hearing officer will provide this report to all parties within thirty (30) days of the hearing's conclusion.

STEP 1 - DETERMINATION OF COUNSELOR

Whenever a determination is made by ARS that affects the provision of vocational rehabilitation services, the applicant/client can request a review of that determination. *See generally* 34 C.F.R. § 361.57; Ark. Code Ann. § 20-79-215. The applicant/client can make this request verbally or in writing, but must do so within thirty (30) days of the determination to initiate Due Process. It is the responsibility of ARS staff to immediately notify the appropriate District Manager if staff have a reasonable belief that an applicant/client seeks review of a determination. If a verbal request is received, ARS staff will ensure the correct form is completed, which may require assisting the applicant or client with the form. However it is completed, the form ("Request for Administrative Review") must include both the date of the determination in question, and the date of the request for review.

The counselor will advise the applicant/client of the Client Assistance Program. All forms documenting a request for review will immediately be given to the District Manager. If the issue cannot be resolved between the client/applicant and the counselor, the District Manager will follow the procedures in Step 2.

STEP 2 - ADMINISTRATIVE REVIEW

The District Manager/ACTI Director will hold an Administrative Review within ten (10) calendar days of the applicant/client's request for review of the counselor's determination. Subject to the ten-day limitation, the Administrative Review will be scheduled at a date, time and place convenient to the applicant/client, during business hours at the local ARS field office. If possible, the date and time will be agreed upon by the applicant/client and the ARS supervisory staff member conducting the review. The supervisory staff conducting the review must have no previous knowledge of the details of the determination in question; must conduct the administrative review in an unbiased way; and must have a broad working knowledge of ARS policies and procedures and the State Plan for VR services. If the applicant/client fails to appear for the Administrative Review

or is more than 30 minutes late, the matter may be dismissed at the discretion of the supervisory staff. An Administrative Review may be rescheduled if the applicant/client notifies ARS staff that they are no longer available. Rescheduling an Administrative Review in this manner does not extend the sixty (60) day time-period for completion of an Impartial Hearing, unless the parties agree otherwise.

The applicant/client will receive a written decision from the supervisory staff member within five (5) business days following completion of the Administrative Review.

STEP 3 - MEDIATION (OPTIONAL)

Mediation is available to the applicant/client before an impartial hearing is requested. Mediation is not used to deny or delay the right of an individual to a hearing, or to deny any other right afforded by law or ARS Policy.

Mediation is a voluntary process that allows the parties to resolve disputes regarding the provision of vocational rehabilitation services. Mediation is informal, non-adversarial, and the parties may present whatever evidence they wish in support of their position. in a neutral setting. The mediation process relies on the good faith-efforts of the participants to reach their own agreement as to how the dispute should be resolved.

Although mediation does not involve fact-finding or the strict weighing of evidence, mediation participants should be prepared to describe the factual background behind the dispute and to discuss their desired outcome. Discussions that occur during the mediation process are confidential, and may not be used as evidence in any subsequent hearing or civil proceedings. The parties will be required to sign a confidentiality statement prior to commencement of the mediation.

MEDIATION PROCEDURES

ARS will notify applicants, clients, or their representatives in writing of the opportunity for mediation when:

1. An individual applies for vocational rehabilitation services;
2. Order of Selection is utilized;
3. An individualized plan for employment is developed; or
4. The individual is determined ineligible for services/services are reduced, suspended or terminated.

Mediation is voluntary for both parties. At any time during the mediation process, either party or the mediator may elect to terminate the mediation. If mediation is terminated, either party may continue to an impartial hearing. However, terminating a mediation does not extend the sixty (60) day time-period for completion of an Impartial Hearing, unless the parties agree otherwise.

REQUEST FOR MEDIATION

The supervisory staff member who conducted the Administrative Review will provide the

applicant/client with an “Information on Mediation” handout when the staff member renders the written, administrative decision. If interested in mediation, the applicant/client will complete and submit the “Request for Mediation” form to the District Manager. The District Manager will submit the Request for Mediation to the Chief of Field Services or designated deputy. The Chief of Field Services or designated deputy will review the relevant documentation and determine, within five (5) business days of receiving the Request for Mediation, whether ARS consents to mediation. If ARS does not consent to mediation, a certified letter will be sent to the applicant/client informing them of their right to request an impartial hearing.

If ARS consents to mediation, the agency’s Program Planning Development & Evaluation (PPD&E) Section will coordinate the mediation session and inform the applicant/client of their Due Process rights. The PPD&E Section is responsible for all Mediation forms after a request is received. As expeditiously as possible (and keeping in mind the 60-day deadline to complete any impartial hearing) PPD&E staff will communicate with the applicant/client, ARS staff, and mediator to establish the date, place, time, and participants for the mediation. The PPD&E staff completes the “Mediation Scheduling” and “Agreement to Mediate” forms.

MEDIATION WITHDRAWAL

An applicant/client may withdraw from the mediation process at any time by completing the “Cancellation of an Appeal” form.

SELECTION AND ROLE OF MEDIATOR

The mediation will be conducted by a qualified and impartial mediator, as defined in 34 C.F.R. § 361.5(b)(43). The mediator will be selected from a list of qualified and impartial mediators maintained by the State of Arkansas. Selection will be by agreement between ARS and the applicant/client, or their representative; on a random basis; or by a procedure established by the State of Arkansas for assigning qualified, impartial mediators.

PPD&E staff will present no more than five names of mediators and their qualifications to the applicant/client. The applicant/client, or their representative, may choose the mediator from those names. If the applicant or client does not have a preference, the mediator will be randomly selected from the entire list of qualified and impartial mediators. In mediation, decision-making authority rests with the parties agreeing to mediate. The role of the mediator includes but is not limited to: assisting the parties to identifying issues, facilitating communication, focusing the parties on their interests, maximizing the exploration of alternatives, and helping the parties reach voluntary agreements. The mediator may offer options for the parties to consider as to settlement terms, but will not impose settlement terms on the parties.

MEDIATION DAY - REACHING AN AGREEMENT

The mediator will introduce him or herself and the parties involved; discuss the mediator’s neutrality in the process; and confirm the confidentiality of the proceedings. Generally,

the mediation will proceed as follows:

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

All parties must have a clear understanding of what each will do in carrying out the agreement. The mediator will compose the agreement and ask the parties to sign a "Final Mediation Agreement Form" before leaving the mediation. The agreement will be implemented as soon as possible, and copies will be provided to all parties. Although information exchanged at the mediation is confidential, ARS staff may enter the mediation agreement and supporting documents in the applicant/client's case file, which is itself subject to confidentiality protections. After the agreement is reached, PPD&E will send the "ARS Mediation Feedback Survey" form to the applicant/client, their representative, ARS staff involved, and the mediator. The parties' signed Final Mediation Agreement Form ends the Due Process steps and resolves the determination under review.

NO AGREEMENT REACHED

If mediation does not result in a final agreement between the parties, the applicant or client may request an Impartial Hearing by submitting a "Request for an Impartial Hearing" form within five (5) calendar days of the completion of the mediation

STEP 4 - IMPARTIAL HEARING

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

The Impartial Hearing will be conducted by an Impartial Hearing Officer (IHO). The PPD&E Section will maintain a list of qualified impartial hearing officers, who are knowledgeable in laws and regulations relating to the provision of vocational rehabilitation services. The individuals on this list will be identified jointly by the ARS Commissioner and the State Rehabilitation Council. The individuals will not be employees of a public agency or members of the State Rehabilitation Council. The IHO will be selected on a random basis from the list of qualified impartial hearing officers.

IMPARTIAL HEARING PROCEDURES

An applicant/client or their representative may request the impartial hearing by submitting a "Request for Impartial Hearing" form. The form must be submitted to the PPD&E Section no later than five calendar (5) days after the administrative review decision is issued or the mediation is completed. The applicant/client may seek an extension of time to submit the Request for Impartial Hearing, by notifying ARS of the reason for the extension within five (5) calendar days of the administrative review decision/completion of mediation. The ARS Commissioner will determine whether to grant the request.

When the ARS Commissioner receives a request for an impartial hearing, the PPD&E Section will gather information from the applicant/client's ECF.

The ECF will contain a memorandum summarizing the basis for the administrative review decision. It will also contain a statement of issues and a summary of all facts supporting the administrative review decision. The memorandum will be sent to the applicant/client, to the appropriate ARS Staff member, and to the PPD&E Section.

The counselor shall notify applicants/clients in writing that they or their representatives have the right to review the client's ECF at the local ARS field office.

IMPARTIAL HEARING WITHDRAWAL

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

REQUEST FOR WITNESSES

The applicant/client and/or their representative will be advised via certified mail, return receipt requested, that he/she has ten (10) days from the date of signature on the certified return receipt to request witnesses from ARS, or to notify ARS of the witnesses the applicant/client will call. The request or notice must be given in writing. Also within ten (10) days of the signature on the certified return receipt, ARS must notify the applicant/client, in writing, of any witnesses ARS will call at the hearing.

SCHEDULING THE HEARING

The PPD&E Section will coordinate with the applicant/client, ARS staff and the Impartial Hearing Officer to schedule of the hearing. PPD&E shall issue a letter advising the applicant/client of the time, date, place of hearing, and the name of the IHO who will conduct the hearing.

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

RESCHEDULING AND NON-ATTENDANCE

A request for rescheduling by either ARS staff or the applicant/client prior to the date of

the hearing must submitted to the ARS Commissioner, who will determine if good cause exists to grant such a request. A hearing may also be rescheduled (and the 60-day deadline for completing the hearing extended) by mutual agreement. If the applicant/client fails to appear for the hearing, and does not provide notice prior to the date of the hearing, the matter may be dismissed at the discretion of the IHO. If an emergency arises, the applicant/client must justify in writing his/her reasons for non-appearance. The IHO will review the emergency justification and decide whether to dismiss the matter or reschedule the hearing.

ARS RESPONSIBILITIES

The appropriate ARS staff will present the agency's case. This staff usually includes the counselor, the District Manager, and legal counsel representing the agency. ARS may request representation by the Arkansas Attorney General's Office. ARS may offer witnesses and documentary evidence. The applicant/client and their representative will be given an opportunity to object and cross-examine as needed, subject to the rulings of the IHO. ARS likewise will have the opportunity, subject to the rulings of the IHO, to object and cross-examine.

CONFIDENTIALITY REQUIREMENTS

In light of laws protecting the disclosure of information related to vocational rehabilitation applicants/clients, the Impartial Hearing will be closed. *See* 34 C.F.R. § 361.38; Ark. Code Ann. § 20-79-216. To ensure the confidentiality of the hearing, before taking testimony or evidence the IHO will inquire if there is anyone present with whom the applicant/client is not familiar. Should the applicant/client answer in the affirmative, the person in question will identify him or herself and state the reason for attending the hearing.

Should the applicant/client object to the person's attendance at the hearing, the IHO will decide whether the person may remain. A ruling that the person may remain at the hearing will not prejudice a later objection, by either party, as to the relevance of the person's testimony.

CONDUCT OF THE HEARING

The hearing will be conducted by the IHO. The IHO's responsibility is to maintain a professional atmosphere and to ensure the proceedings are conducted in a fair and impartial manner. The IHO will explain hearing procedures and swear in witnesses. The IHO shall allow both parties the opportunity to be heard and to present their evidence and testimony. The applicant/client may have an attorney or representative present testimony on their behalf. The applicant/client may have an interpreter or personal-care attendant present, subject to the three-business-day notice requirement discussed in the "Notification of Rights" section, above.

The IHO will make an opening statement at the outset of the hearing. The opening statement will include an introduction of the IHO; assurances of impartiality and confidentiality; a brief description of the IHO's role and authority with respect to the

hearing; and a summary of the determination under review. The IHO can pose questions at any time during the proceedings. Questioning of all parties will be confined to the issue(s) involved. The IHO is to ensure only relevant information is permitted at the hearing. Arkansas Rules of Evidence will serve as general guidance as to the admissibility of evidence. The IHO shall not fraternize with either party prior to or during the hearing. The IHO is restricted from communicating with either party privately. The IHO may need to explain that all facts are to be heard by both parties to assure impartiality. The IHO should provide for reasonable recesses in lengthy hearings.

PARTIES' OPENING STATEMENTS

Both parties will state their names, whom they represent, and their addresses. The applicant/client's opening statement will be a summary of his/her reasons for requesting a hearing and the issues related to the underlying determination. The ARS opening statement will be a summary of the applicant/clients rehabilitation case and the reasons for the determination under review.

QUESTIONS THAT MIGHT BE DIRECTED TO ARS

1. If records, reports, and files were requested, were they made available?
2. Are copies available for the record?
3. Are all appropriate personnel in attendance?
4. Was applicant/client informed in writing that he/she has the right:
   a. to bring counsel, or a representative;
   b. to provide witnesses;
   c. to examine all ARS records upon which the Agency based its decisions;
   d. to request certain ARS personnel be present at the hearing and of their right to cross examine the Agency witnesses; and
   e. The role of the IHO includes:
   f. hearing both sides;
   g. limiting evidence presented at the hearing to relevant information;
   h. making a decision based on evidence presented; and
   i. engage in fact finding.

QUESTIONS THAT MIGHT BE DIRECTED TO THE APPLICANT/CLIENT

1. Have you had an opportunity to examine your VR Record of Services, reports and files regarding your rehabilitation status?
2. Have you had an opportunity for an informal administrative review by the District Manager?
3. Have you had an opportunity to call witnesses?
4. Have ARS assured you that your rehabilitation status would not change until all proceedings were completed?

IHO'S DECISION

The IHO will prepare a report and decision based on a comprehensive review of the information presented at the hearing, as well as provisions of the approved State plan;

the Rehabilitation Act and federal vocational rehabilitation regulations; and State regulations and policies that are consistent with Federal requirements. The report will consist of an Introduction, Findings of Fact, Conclusions of Law, and Decision. The IHO's written report must be provided to the applicant/client and ARS within thirty (30) calendar days of the completion of the hearing. The decision stated in the IHO's report will be final, except that any party to the hearing may bring a civil action as described under Step 5, below.

STEP 5 - AVAILABILITY OF CIVIL ACTION

Any party who disagrees with the findings and decision of the IHO has a right to bring a civil action with respect to the determination under review. The action may be brought in any district court of the United States without regard to the amount in controversy, or in any State court of competent jurisdiction.

APPENDIX A
SELF-EMPLOYMENT/SMALL BUSINESS PROGRAM

The ARS Self-Employment/Small Business Program is designed to assist clients to achieve an employment outcome through self-employment or small business operation.

Purpose

The role of ARS is to provide technical assistance and other consultation services to review market analysis, assist in developing business plans and otherwise provide resources that are authorized to be provided through the statewide workforce centers and their partners. ARS will assist the client in making informed decisions, to reduce or eliminate barriers created by disabilities with training in self-employment/small business development and operations and to identify possible funding sources that may assist the business. **The role of ARS is not to act as the primary funding source for self-employment or small business endeavors.** ARS may participate in partially funding small business start-up fees or assistance for retention of an existing business as approved by ARS.

ARS values self-employment as a viable vocational outcome. Self-employment is available within the repertoire of vocational options and may be considered by clients and their VR counselors as they work toward the development of an appropriate vocational goal. There may be a need for VR services prior to a commitment from ARS on a self-employment plan. If appropriate, ARS can assist the client by providing services, such as training needed for certain skills, or business knowledge before the decision is made by the client and their counselor to pursue the development of a business plan. Through initial exploration of personal and business feasibility assessment, the client and their counselor will be equipped to make an informed decision about self-employment as a vocational goal.

Individuals that are successful in becoming self-employed or operating a small business demonstrate a wide array of skills and abilities including, but not limited to, business organization, financial management, business marketing and/or other talents, as well as, knowledge and expertise regarding the goods or services being produced or provided. Such individuals are well aware of the potential risks involved when being self-employed or operating a small business and attempt to minimize such risks to the greatest extent possible.

The Self-Employment/Small Business Consultant

The counselor will refer the client to the Consultant in those situations where self-employment or small business operation is being considered by the client and their counselor as a possible employment outcome. This referral will occur prior to the approved development of the vocational goal or an amendment of the IPE to include self-employment as a service. The Consultant will be responsible for completing a report as it relates to being self-employed or operating a small business and an evaluation of the feasibility of the business endeavor.

The role of the Consultant includes but is not limited to providing assistance to the client as follows:

1. Recommendation of training and technical assistance from appropriate organizations consisting of subjects such as exploring entrepreneurship, small business development, business plan development, small business management, accounting for business, and business financing.
2. Referral of the client to an appropriate resource as it relates to the development of a business plan defining the concept of the business and the business market and competition analysis.
3. Assist in identifying resources for the capitalization of the business.
4. The Consultant will develop a report upon completion of these activities. The report will summarize the findings and provide recommendations as it relates to the operation of a new or existing business prior to the VR counselor developing an approved IPE.
5. The Small Business Consultant only approves the plan. He/she does not approve funding assistance amounts or allotments for small business. The VR Counselor will review proposed funding assistance in the plan and approve amount ARS can assistance with along with client participation and/or comparable benefits.

Definitions

1. Self-employment – refers to an employment outcome in which a client works in a business that s/he owns, operates, and manages with the intention of being profitable and becoming self-sufficient.

2. Form of Organization – refers to the way the client legally organizes the business.

    a. Sole Proprietorship – one person who owns the business alone, but may have employees. S/he will have unlimited liability for all debts of the business, and the income or loss from the business will be reported on his or her personal income tax return along with all other income and expense s/he normally reports (although it will be on a separate schedule)

    b. Corporation – requires a legal filing with the Internal Revenue Service for corporate status. Corporate organization provides limited liability for the investors. Shareholders in a corporation are obligated for the debts of the corporation; creditors can look only to the corporation's assets for payment. The corporation files its own tax return and pays taxes on its income.
        - Clients who legally organize their businesses as a corporation, and are employed by their corporation may be eligible while in the start-up phase of operations.

    c. General and Limited Partnerships – two or more individuals, one of which is a client of ARS with the controlling share.

d. Limited Liability Company – limited liability for all of its members (business partners), with the ARS client as the controlling member.

Eligibility Requirements

Participation in self-employment or small business operation as a vocational goal requires that:

1. The client has been found eligible as a client of ARS and received a positive assessment from RIDAC as capable of running a small business (see Small Business workflow).
2. Small business/feasibility plan required before complete IPE (see Small Business workflow).
3. The business venture is, at a minimum, 51% owned, controlled and managed by the client.

    - Businesses organized as Sole Proprietorships, Corporations, General and
    - Limited Partnerships, and Limited Liability Companies, as noted in Definitions-Forms of Organization.
4. The business venture must be considered legal in Arkansas.
5. The business venture is accurately reported to appropriate government agencies including the Internal Revenue Service, the Arkansas Department of Finance and Administration, and the Arkansas Secretary of State, local City, or County Business licenses.
6. The business venture is organized as a for-profit entity.
7. Only one approved small business plan is allowed with ARS. Returning small business client(s) will not be allowed to submit another business plan through ARS. * Only one small business plan can be submitted per fiscal year. After the second denial, the client **will not be allowed** to submit another small business plan with ARS.

Role of Counselor:

When working with clients expressing an interest in self-employment, the role of the counselor is to:

- The client has been found eligible as a client of ARS and received a positive assessment from RIDAC as capable of running a small business (see Small Business workflow).
- Provide relevant information regarding the availability of services supported by the agency.
- Assess the client's disability as it relates to the vocational goal.
- Review of the client's skills and abilities regarding self-employment or small business operation.
- Reduce or eliminate barriers to self-employment created by the disability.

- Authorize for the provision of external technical assistance including, but not limited to, business feasibility, training, business planning, market analysis and post start-up monitoring.
- Coordinate training and technical assistance services.
- Provide technical assistance as deemed appropriate at post start-up of the business.
- Monitor business development at post start-up.
- Regular follow up with Small Business Consultant to follow timelines prior to development of IPE (see Small Business plan workflow)

Role of the Client:

Exercising informed choice in the rehabilitation process has attendant responsibilities for the client. These responsibilities include, but are not limited to:

- Determining the concept of the business.
- The client will be notified that he/she has found eligible as a client of ARS. Client will need to participate in the assessment process and receive a positive assessment from RIDAC as capable of running a small business (see Small Business workflow).
- Assisting in the identification of existing and potential barriers created by the disability.
- Exploring the feasibility of the business venture by conducting research and gathering information, in collaboration with the technical assistance provider, including:
    - develop business plan
    - the business concept,
    - market feasibility, and
    - Financial feasibility
    - Client will need to follow timelines for completing business plan before approval/denial
- Researching the availability of financial resources.
- Making application for financial assistance.
- Developing skills and abilities necessary to operate and sustain the business venture.
- Business implementation and management.
- Contributing financially to the capitalization of the business venture by utilizing all available financial resources including personal investment, microloans, commercial and consumer loans, loans from family, forgivable loans, equity grants, and personal property (inventory and equipment) essential to the operation of the business. Providing regular financial and other necessary documentation to the agency for post start-up monitoring.
- Fulfilling participation in the business plan assistance as noted in the Individualized Plan of Employment (IPE).

Small Business Workflow

The case record will reflect the following workflow:

1. The counselor determines that the individual is eligible for VR services and meets the Order of Selection, if the agency is under an Order of Selection.
2. Client undergoes required scheduled referral to RIDAC evaluation for small business capability within 30 days (VR counselor will list in referral area the proposed area of business along with job specifications, if needed)
    a. Assessment of client's readiness for considering self-employment includes evaluation of the client's interests, skills, aptitudes and personal qualities as they relate to self-employment or small business operation. This may include use of data gathering instruments, and vocational assessment to the degree necessary to ensure the client has the basic skills necessary to operate and manage a small business.
3. Following RIDAC evaluation, client completes Small Business plan/feasibility statement that includes labor market analyses, with target deadline of 15 business days from RIDAC approval date.

    a. The client has attended appropriate training session/s, as recommended by the Consultant, through the Arkansas Small Business and Technology Development Center or other appropriate provider to affirm advantages and disadvantages of business ownership, explore preparedness from a personal perspective, and assess skills related to the business venture.

    b. Examination of the client's financial goals related to self-employment should include consideration of issues such as terminating government benefits, supplementing family income versus primary source of support, and earning sufficient funds to maintain competitive employment standards.

    c. The client's expectations relative to the financial support s/he anticipates/expects from ARS should be discussed at the onset. It is important that the client understands that **ARS will not be the sole source of start-up capitalization** and that any funding allocated to an existing business or to the startup of a business will be consistent with ARS policy related to financial participation.

    d. Clients may be referred to outside resources for assistance in examining the concept, market and financial feasibility of the business. Examples of resources may include: the Arkansas Small Business Development Centers, and other local/regional microenterprise organizations and community economic development programs. If the business idea is deemed feasible, the information developed at this stage will provide some of the basic data that will be used in completing the Business Plan to be written later.

Concept Feasibility: Clear description of the business idea; client's background related to the business concept including education, training, direct experience and transferable skill sets; a summary statement identifying issues of concern regarding the feasibility of the concept; and a recommendation as to whether the business concept if feasible.

- Market Feasibility: Geographic description of market area; description of competitors working in or marketing to potential customers in geographic area; definition of target markets including size and scope of each market; zoning issues/requirements for establishing a business at intended location.

- Financial Feasibility: Capitalization requirements (startup funding may not exceed 6 months) consistent with the client's business concept; identification of resources for startup funding and ongoing capitalization. Twelve months of projected sales/expenses may be included, when appropriate. A monthly update will be required upon authorization.

Training:

a. All clients may be expected to attend training, and participate in technical assistance services related to self-employment or business operation as recommended by the Consultant. This includes options such as training and technical assistance from: Arkansas Small Business and Technology Development Centers, local/regional microenterprise development service providers, or community economic development programs consisting of subjects such as exploring entrepreneurship, small business development, business plan development, small business management, accounting for business, and business financing.

b. Clients may require business specific skill training to eliminate skill gaps or prepare for the operation of the business. This could include coursework such as accounting/bookkeeping, using computers in business, human resources in business, etc. Skill-building courses should be noted in the IPE as necessary.

c. Upon approval of the Consultant a client may substitute training or technical assistance previously completed for this requirement if sufficient documentation is provided.

Additional Information on Small Business Plan:

a. A comprehensive Business Plan will be required for all clients as they request financial assistance for a business venture. The content for a comprehensive Business Plan is defined in the Client Business Plan Checklist (see Attachment 1). Clients should use the Client Business Plan Check List as a

guide for preparing the business plan to ensure that all the critical areas are addressed.

b. Benefits counseling may be provided with a focus on the projected impact of revenues and expenses as noted in the Business Plan.
c. All clients pursuing self-employment are **required to explore, and when appropriate, apply for funding from sources other than ARS.** These may include microloans, commercial and consumer loans, loans from family, forgivable loans, equity grants, and work incentives for Social Security recipients including Plans to Achieve Self Support (PASS) and personal property (inventory and equipment) essential to the operation of the business (PESS).

4. Small Business Consultant reviews and approves/denies plan within 5 business days of plan submission. The Small Business Consultant will include approval/denial in a report.
5. If plan is approved, Small Business Consultant will review with VR Counselor and can move forward with IPE. If plan is denied, Small Business Consultant will state reasons in a report and follow up with VR Counselor to review other options. *Please note: Only one small business plan can be submitted per fiscal year. After the second denial, the client will not be allowed to submit another small business plan with ARS.

Review of Business Plans for Funding Consideration:

The client's goal toward self-sufficiency and the level of the agency's financial participation in the start-up capitalization of the business will determine the level of review and approval required.

a. The Consultant will review the plan for completeness.

b. When the client's vocational goal is self-employment and his/her request does not exceed $2,500, the VR counselor, **with the recommendation of the Consultant**, can approve the Business Plan for financial assistance.

c. When the request for financial assistance exceeds $10,000, Business Plan review and approval by the Self-Employment Panel (Panel) is required. The Self-Employment Panel will make recommendation to Commissioner for final decision.

d. In cases where feasibility of the plan is in question as it relates to the funding request, ARS may have the Business Plan reviewed by an outside resource with expertise in small business, micro enterprise development and/or business finance.

Note: The recommendation of the outside resource will contribute to, but not define, the agency's final determination as to business feasibility.

1. Total startup costs.
2. Feasibility of the Business Plan in all aspects.
3. Potential for other financial resources, and
4. Availability of agency funds.

e. Process for Review by Self-Employment Panel:

- The Consultant will review the Business Plan, and complete the Business Plan Checklist.
- A Release of Information will be obtained from the client and will be submitted as part of the Business Plan review package.
- The Consultant will distribute the Business Plan review package that includes the workflow process and timelines to the Self-Employment Panel and schedule the review.
- The Self-Employment Panel will convene and conduct its review at a scheduled meeting after receiving the Business Plan review package.
- The Self-Employment Panel will provide an opportunity for the client, or a designated representative, to present information about the Business Plan.
- The Panel will review the Business Plan in terms of its feasibility, offer suggestions for improvement if necessary, and make recommendations for approval or disapproval.
- The review Panel will provide a written response with recommendations to the client within ten (10) working days of their review.

6. The decision of the Panel is forwarded to the appropriate approval parties i.e. Counselor, District Manager, Chief of Field Services, and/or Commissioner - please see Financial Participation Requirements.

7. If the client does not agree with the decision regarding the proposed Business Plan, the ARS appeal process is available to the client.

8. If approved the counselor completes the IPE or Amendment with the client with the vocational goal of self-employment or small business operation with the appropriate services.

9. The case is followed by the counselor and Consultant through post start-up and business stabilization.

10. The case is reviewed for closure within 90 days by the VR counselor per the VR process. If appropriate, with the agreement of the Client and with the recommendation of the Consultant, the case can be closed successfully after 90 days. However, the counselor and consultant will need to review the business and report if it has been operating for a period of time long enough to adequately assess the stability of the business before closure. If required a small business

case be closed after **a minimum of six months and/or a maximum of one year (recommended).**

Financial Participation Requirements

For those clients pursuing self-sufficiency through self-employment, they will be required to participate in the start-up capitalization of the business through documented investment of funds from personal investment, microloans; commercial and consumer loans; loans from family; forgivable loans; equity grants; equipment; or inventory critical to the business operation.

a. In consideration of the business start-up capitalization noted in the Business Plan, financial participation by ARS and client is required as follows:

Business Capitalization	ARS Assistance	Client Participation	Approval
Up to $10,000	90%	10%	Consultant
$10,001	90%	10%	Self-Employment Panel

Client participation towards the business capitalization requirements can include equipment or inventory provided or purchased in an existing business or current business before the approval of the current business plan. The Consultant/Panel will determine the value of the items and have final approval of the items proposed to be included in the client participation in business capitalization in the current business plan.

Limitations and Restrictions

Financial assistance for business start-up capitalization does not include:

1. Funding for speculative real estate development.
2. No Utility deposits are refundable to the client or business.
3. Cash.
4. Salary or benefits for the client, partners in ownership, or employees of the business that are members of the client's immediate family.
5. Purchase of real estate.
6. Erection of buildings.
7. Inventory or business supplies that include tobacco, firearms or alcoholic beverages.
8. Refinancing of existing debt - business or personal.
9. ARS is not responsible for any self-employment or business expenses incurred by the client prior to approval or denial of the business plan.
10. No Multi-Level Marketing Business will be considered.

Exceptions

If the Consultant/Panel determines that there are circumstances in a client's case that warrant consideration for an exception to financial participation policy, a full explanation with justification should be presented to the District Manager for review and decision by the Chief of Field Services and/or ARS Commissioner.

Approval

Final approval will be determined by the Chief of Field Services and/or the ARS Commissioner, as outlined in Financial Participation Requirements above, after positive recommendation of the Self-Employment Panel.

Property Agreements

Plans that include non-real property purchased by the agency must designate that such property will be released to the client at closure.

a. Equipment necessary for the self-employment or business operation as outlined in the approved Business Plan will be listed by the client.
b. All purchases of equipment with ARS funds will be subject to State purchasing requirements.
c. All bids for equipment as required by State purchasing guidelines will be obtained by the client.
d. Equipment cannot be sold, consigned, or otherwise disposed of without the written consent of the District Manager.
e. Clients are legally responsible for damaged, lost or stolen equipment.
f. Clients are required to carry adequate insurance to cover all property involved in the self-employment or business operation.
g. Clients are required to carry adequate liability insurance appropriate to the self-employment or business operation.
h. In the event that the business is unsuccessful or that equipment is no longer useful or appropriate for the business, ARS may pick-up or dispose of the equipment according to the decision of ARS.

Client Checklist for Self-Employment

The Client Checklist should accompany a completed business plan and be submitted to the ARS Consultant for consideration of financial assistance.

___ **Description/dates of training and technical assistance for feasibility & business planning**

___ **Copy of Feasibility Assessment**

___ **Completed Business Plan that includes:**

Executive Summary: One to two-page review of the business summarizing the most important points of the plan:

- Business description
- Business objectives
- Form of organization
- Product description
- Summary of business owner's qualifications

Industry/Business Analysis: Analysis of the current status of the industry in which the business operates:

- Definition (description of the economic sector that the industry occupies)
- Industry size and growth rate
- Key growth factors
- Analysis of industry in the geographic area where you will operate

Competition Analysis: Review of three to five direct competitors with a comparative analysis to your business

- Image
- Location
- Products & Services
- Pricing
- Advertising methods

Marketing Plan: Detail how business will identify, attract, and retain customers

- Customer profile: Comprehensive description of primary and secondary customer groups including the number of customers in market area
- Description of product attributes and why customers will want to purchase it
- Plan for distributing product (if applicable)
- Promotional schemes for initial 12 months of business
    - Low cost and no cost advertising
    - Buying advertising: Media type, frequency, intensity

Management: Description of the management of the organization including position responsibilities, salary/wages

- Management organization chart
- Personnel

Financial Plan: Total business capitalization request with supporting documentation

- Source and use of all funds for business development
    - Total dollars needed to adequately capitalize business
    - Identify all resources (banks, micro lenders, ARS, etc.) and confirm participation including personal financial participation
    - Details of how all capital will be used (what it will buy)
        - Specify use of “operating capital”
- Cash flow projection for 24 months
- Income/Expense projection for 2 years
- Profit/loss statement for 2 years
- Break-even analysis
- Personal financial statement for business owner
- Personal financial statement(s) for all business principals 20% or above

Supporting Documents: Documents that will strengthen the business plan

For example:

- Survey results
- Letters of commitment from funding sources
- Contracts
- Leases
- Letters of intent
- Sales agreements
- Resumes
- Personnel policies
- Job descriptions
- Credit report

Client Signature Date

Consultant Checklist for Self-Employment

___Case Summary Feasibility Statement by the counselor: Detail the participant's ability to pursue the proposed plan based on academic and personality assessments (if applicable) and client readiness for considering self-employment.

Include: evaluation of client's interest, skills, aptitude and personal qualities related to self-employment; examination of client's financial goals related to self-employment; review of client's expectations to anticipated financial support from ARS; assessment of client's disability as it relates to the potential self-employment goal.

$___Business Start Up/Expansion Capitalization (total as presented in business plan)

$___ Financial Request to ARS

Self-Employment Panel Review Needed: ____Yes ____No

___Copy of Feasibility Assessment

___ Completed Business Plan that includes:

Executive Summary: One to two-page review of the business summarizing the most important points of the plan

- Business description
- Business objectives
- Form of organization
- Product description
- Summary client' qualifications
-

Industry/Business Analysis: Analysis of the current status of the industry in which the business operates

- Definition (description of the economic sector that the industry occupies)
- Industry size and growth rate
- Key growth factors
- Analysis of industry in the geographic area where you will operate

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    - Identify all resources (banks, micro lenders, ARS, etc) and confirm participation including personal financial participation
    - Details of how all capital will be used (what it will buy)
        - Specify use of “operating capital”
- Cash flow projection for 24 months
- Income/Expense projection for 2 years
- Projected business balance sheet for 2 years
- Break-even analysis
- Personal financial statement for business owner
- Personal financial statement(s) for all business principals

Supporting Documents: Documents that will strengthen the business plan
For example

- Survey results
- Letters of commitment from funding sources
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- Sales agreements
- Resumes
- Personnel policies
- Job descriptions
- Credit report

Consultant Signature Date

APPENDIX B
SPECIAL PROGRAMS

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TICKET TO WORK

Clients between 18 and 64 who receive Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) as a disabled adult may be eligible for the Ticket to Work Program. A minor child of a disabled worker or a disabled adult child is not eligible for the Program.

1. **Verification of Ticket Assignability from SSA.**

   a. Counselors should verify Ticket assignability with client while present, by having client call the SSA Beneficiary Helpline at 1-866-968-7842. The SSA representative can tell the client if they have a ticket, if it is assignable, or if the ticket is assigned to another agency. If the Ticket is assigned to another agency, then the counselor should ask the client if he/she will assign the ticket to ARS.

   b. If the ticket is assigned to another VR agency, the client will need to call the counselor he/she worked with at the other VR agency and ask that the case be closed and the ticket unassigned.

   c. If the ticket is assigned to an Employment Network (EN), then the counselor can complete the Ticket Unassignment form, have the client sign and date it, and then fax it to the number listed on the form.

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 who enter status 12 is forwarded to SSA by the Central Office.
   b. The client then enters an “In-use SVR” status and receives Social Security Continuing Medical Disability Review protection as long as the Ticket is assigned to ARS and the client is meeting the IPE goals.
   c. The Ticket also provides other work incentives and benefits such as maintaining health insurance (Medicare and Medicaid) when benefit checks stop due to wages and expedited reinstatement of benefits. Counselors should refer clients to Project AWIN for benefits counseling. Contact Project AWIN at 1-866-284-7521.
   d. Ticket assignment allows ARS to collect reimbursement for services when the client works nine (9) months with wages over Substantial Gainful Activity (SGA). ARS is reimbursed for both actual expenses and administrative, counseling, and placement and tracking costs as long as comparable services and benefits were considered and the costs have not been paid by or will be paid by another source.
   e. Each month a list of closed SSI/SSDI cases are forwarded to SSA by Central Office.
   f. Ticket protection from Continuing Medical Disability Review is terminated after 90 days if the client’s ticket is not reassigned.

3. **When ARS closes a client's case, the client is offered a Referral to Project AWIN for benefits counseling and clients are informed about a private Employment Networks (ENs).**

    a. Ticket protection is extended if the client assigns his/her Ticket within 90 days of case closure to an Employment Network.
    b. ENs can provide follow-along services to the client to support employment outcomes, which can help the client reach and maintain wages over the SGA level.
    c. ARS has entered into Partnership Plus agreements with a number of ENs operating in the state of Arkansas. Those ENs are listed in the Ticket to Work Case Closure brochure.

4. **Ticket clients are subject to Timely Progress Review (TPR) every 12 months whether their tickets are assigned to VR or to an EN.**

    a. TPRs are SSA's way of verifying Ticket clients are making progress toward self-sufficiency.
    b. TPRs are generally conducted every 12 months in the month the Ticket was first assigned. For example, if a client assigns his/her Ticket for the first time in June, the TPRs will be scheduled in June each year thereafter. It is important to note, SSA does not always conduct a TPR at the first 12-month point. Many clients do not receive a TPR until their Tickets have been assigned for 36 months. However, SSA will always be looking at the client's last 12-month period and the milestones he/she should have completed during that last 12-month period.
    c. SSA requires that certain milestones be met in order to successfully pass a TPR. These milestones are based upon how long the Ticket has been assigned, and will change each 12-month period a Ticket is in use. Therefore, if SSA doesn't conduct a TPR until month 36, the client must have completed the required milestones for months 25 through 36. A breakdown of these requirements can be found at https://yourtickettowork.ssa.gov/.
    d. SSA sends the client a TPR form, which must be completed and returned to SSA. If the client brings the TPR to the field office, the counselor can complete information and return the form to SSA.
    e. If the TPR form is not completed and returned to SSA. PPD&E will be contacted.
    f. If Ticket clients do not meet the TPR milestones for any reason including failure to respond, they will be subject to a Continuing Disability Review.

Glossary of Terms

Employment Networks (ENs) - Employment Networks are private or public organizations, approved by SSA, that provide employment services to beneficiaries with

disabilities. ENs can provide job retention services and other types of post-employment services and supports to help clients keep their jobs and increase their earnings.

Project AWIN – Project AWIN is the Work Incentives Planning and Assistance (WIPA) Program for the state of Arkansas. Project AWIN is designed to help Ticket to Work clients understand Social Security work incentive rules and how to access work incentives available under the Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) program. Benefits counselors can meet with clients individually to discuss how returning to work will affect their benefits as well as recommend work incentives that can maximize their income and healthcare options as they return to work.

Ticket to Work Program – The purpose of the Ticket to Work Program is to expand the employment opportunities for most individuals receiving benefits and reduce their dependency on SSA benefits.

Ticket Assignment – SSDI/SSI beneficiaries eligible for a Ticket have the choice of placing their Ticket In-Use with ARS or assigning their Ticket to an Employment Network (EN). The beneficiary may decide to come directly to ARS for services or may be referred to ARS by another agency or EN. When the beneficiary signs the IPE, the beneficiary has placed his/her ticket “In-use SVR.” A beneficiary cannot use both ARS and an EN at the same time.

REHABILITATION INITIAL DIAGNOSIS AND ASSESSMENT FOR CLIENTS (RIDAC)

Rehabilitation Initial Diagnosis and Assessment for Clients (RIDAC) is a support unit for the Field Program. Its goal is to provide diagnostic services to counselors working with individuals during the initial stages of case development and planning. Services are provided at the RIDAC Office, local field offices, or a setting arranged by the counselors and/or District Managers. Services include general medical examinations and consultations, mental health assessments, psychoeducational and vocational evaluations, and case consultation. 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, an informed consent for the RIDAC assessment is signed by the appropriate parent / legal guardian with a copy attached to the RIDAC Service Authorization Form. Referring rehabilitation counselors are to insure that all individuals referred to the RIDAC assessment consent to the evaluation process.

- When individuals are over the age of majority but have been determined incompetent by the courts, an informed consent for the RIDAC assessment is signed by the appropriate parent / legal guardian with a copy attached to the RIDAC Service Authorization Form. Additionally, the guardianship paperwork from the court should be 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.

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 regularly works in collaboration with the Access and Accommodations program regarding the need of assistive technology accommodations for clients with physical, sensory, or learning 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.

ACCESS AND ACCOMMODATIONS REFERRAL

Date:

Contact: 501-683-3009 Send Referral to Email: AccessAr@Arkansas.gov

Client is: ( ) Vocational Rehabilitation ( ) IL Other (explain)_____
Client is: ( ) Student / where_____ ( ) Employed / where_____
( ) Assistive Technology Evaluation for learning, cognition, vision deficits, etc.
( ) Assistive Technology, Ergonomic Evaluation for Students & Job Seekers
( ) Hearing Technology
( ) Home Modification
( ) Vehicle Modification
( ) Accommodation Consultation (Ergonomic, Workplace Modification)(Job Retention)
( ) Wheelchair or Prosthetic

Counselor Information

Name:
Office:
Phone:
Email:

Client Information

Name:
Address:
City: **Zip:**
Phone:
Email:

Disability(s):

Reason for Referral

Please Make Sure to Assign the Client to Access and Accommodations in the Case Management System.

ASSISTIVE TECHNOLOGY AT WORK

The Assistive Technology at Work (AT@Work) program is designed to assist Arkansas Rehabilitation Services's clients and referring Vocational Rehabilitation Counselors in selecting and obtaining the appropriate assistive technology to facilitate the achievement of their established vocational goals and attain successful, competitively integrated employment.

Services through the AT@Work program include assistive technology and accommodation evaluation and assessment, assistive technology device selection and procurement, training, and technical assistance. These services are primarily directed as it relates to education, school, training programs, and vocational and technical education programs.

AT@Work is a statewide program that is staffed by Occupational Therapists, Access and Accommodations Specialist, and Administrative Assistant. AT@Work can also recruit the assistance of the Physical Therapist and Speech Language Pathologist stationed at the Arkansas Career Training Institute (ACTI) in Hot Springs if these services are in the best interest of the ARS client and referring counselor.

REFERRAL AND ASSESSMENT PROCESS

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.
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.

STAY-AT-WORK/RETURN-TO-WORK (SAW/RTW)

Program Description

SAW/RTW is designed to provide support to employers and employees when an employee experiences an injury or illness that results in disability, inhibiting the employee from remaining at work or returning to work as soon as it is safe and medically feasible. Program staff has the expertise to assist in the areas of: Vocational counseling to assist an employee in the process of adjusting to a disability and the importance of remaining positive as it relates to stay and work/return to work efforts; Specialized vocational assessments that help identify and employee's vocational strengths and weaknesses as it relates to successful job performance; Job site assessment to determine how an employee's presenting disability interferes with task performance with identification of potential modifications to the work environment; Job analysis to identify the specific functions of a job and the mental and/or physical requirements needed for successful job performance; Individualized employee training regarding the correct use of any new technology or equipment introduced to assist in work performance; Staff can also provide general ergonomic assessments and training targeted toward employees in jobs that may present the likelihood of occurrence of injury or illness that leads to disability.

Development of a stay at work/return to work plan that, if required, addresses the need for accommodation in the workplace; with employer assistance, an investigation to determine potential assignments for transitional employment.

Referral and Assessment Process

1) Initial contact/referral with Access and Accommodations (A&A) is made through accessar@arkansas.gov.
2) Counselor will assign A&A to the client in the case management system so they have access and are able to review all necessary documents.
3) The client will be assigned to the appropriate A&A evaluator, and the evaluator will confirm the receipt of the referral with the counselor, and gain further information if necessary.
4) The A&A evaluator will contact the employee to gather additional data and schedule an on-site assessment. This will then be coordinated with the counselor, employer contact, and the employee.
5) The A&A evaluator will conduct the on-site assessment and communicate the

results of the on-site assessment with the employer contact.

6) The A&A evaluator will generate an official report and provide the report to the employer contact as well as the counselor. This is then discussed between the employer contact, the counselor, and the employee. (Evaluator and A&A staff are available upon request or if necessary) (Closing data added to the A&A database by the evaluator)
7) If accommodations are acquired and installed. (Evaluator and A&A staff are available upon request or if necessary)
8) A&A staff will provide follow-up training if necessary or upon counselor request.

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, their family members, caregivers, therapists, educators, employers, professionals and other interested parties.

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. Wheelchairs, standers and walkers require a doctor's or therapist prescription. ICAN requires a Speech and language therapist or an occupational therapist to check out any AAC (Augmentative and Alternative Communication device) over $3000. ICAN requires State ID to receive the equipment.

Donation: Used AT in good condition can be donated to ICAN. These donations are repaired (ICAN can only do minor repairs) 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 or Toll Free: 800-828-2799

TELECOMMUNICATIONS ACCESS PROGRAM

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

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

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

ARKANSAS KIDNEY DISEASE COMMISSION

HISTORY AND LEGISLATIVE AUTHORITY

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

SERVICES AND PROGRAMS

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

PRESCRIPTION DRUGS

The AKDC may pay for a limited number of ESRD related and post-kidney transplant prescriptions. With certain medications prior-approval is required. There are patient co-payments for all allowable medications. 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.

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.

AKDC Phone: (501) 686-2807| Fax: (501) 686-2831.

GOVERNOR'S COMMISSION ON PEOPLE WITH DISABILITIES

In 1985, Act 911 created the Governor's Commission on People with Disability (AGCPD) and made it part of Arkansas Rehabilitation Services (ARS). The enacted legislation outlines the criteria for the commission membership, is governor appointed and meets quarterly.

Purpose

1. Advise and assist the Governor in developing policies designed to meet the needs of citizens with disabilities.

2. Help coordinate state and private provider programs and activities relating to people with disabilities.

3. Cooperate with state agencies and private providers to assure that the services which the Governor and the Arkansas General Assembly have authorized for people with disabilities are, in fact, provided.

4. Cooperate with and assist political subdivisions of the state and private providers in the development of local programs for people with disabilities including, but not limited to, coordination and community planning, information services, counseling, services, discrimination of information and volunteer activities.

5. Stimulate community interest in the problems of people with disabilities and promote public awareness of resources available for such people.

6. Refer people seeking advice, assistance and available services in connection with particular problems of people with disabilities to the appropriate departments and agencies of the State and Federal governments or to agencies providing services by contract with such governmental entities as well as other private providers.

7. Consult and cooperate with universities, colleges, and educational institutions in the private programs for people with disabilities.

8. Make or cause to be made such studies of needs of people with disabilities as may be appropriate.

9. Serve as a clearinghouse for information relating to the needs of people with disabilities.

10. Sponsor conferences relating to problems of, and services for, people with disabilities.

11. Assist state and local governments in eliminating obstacles to dignity and achievement which people with disabilities may face as a result of a government and society unaware of or insensitive to their needs.

12. Examine Federal, State, and local programs for people with disabilities, and provide assistance where greater coordination between Federal, State, and local programs are needed.

13. Cooperate with Arkansas General Assembly and the President Committee on Employment of the People with Disabilities.

AGCPD provided scholarships

The AGCPD scholarship program is an activity the commission has elected to undertake. The AGCPD provides educational scholarships specifically for people with disabilities. The amount and number of the scholarships provided are approved by the commission members. These scholarships are funded by private donation, and through fines associated with accessible parking law. Scholarship applications are made available at the beginning of December each year, are due by the end of February, and are awarded every summer. These scholarships are a one-time award and are awarded per the recommendation of the scholarship sub-committee.

Phone: (501) 682-5317| **Fax:** (501) 296-1883.

ASSISTIVE TECHNOLOGY ALTERNATIVE FINANCING PROGRAM

The Arkansas Assistive Technology Alternative Financing Program (AFP) provides Arkansans with disabilities access to extended-term, below market interest rate loans for the purchase of assistive technology. The AFP is a loan program (not a grant program) provided in partnership by Arkansas Rehabilitation Services (ARS) and the Governor appointed Technology Equipment Revolving Loan Fund (RLF) Committee. The AFP is funded by a one-time federal grant through the US Department of Education's National Institute on Disability and Rehabilitation Research.

To be eligible for the AFP an individual must be an Arkansas resident with a disability and in need of assistive technology. For program purposes, a disability is defined as a physical or mental impairment that substantially limits one or more major life activities. Assistive technology is devices or services that assist people with disabilities to live more independently and productively and to improve quality of life at work, in school, at home, or in recreation or leisure activities.

ARS is the lead agency for the AFP and has the primary responsibilities of policy/procedure and program guidelines development and implementation; marketing; and the initial application review process. ARS has assumed all responsibilities related to review of applications, developing closing documents, closing for loans approved, and servicing loans made. The Governor appointed RLF Committee had and continues the responsibilities of providing program oversight and approving/denying all applications for loans.

Phone: (501) 296-1663| **Fax:** (501) 296-1655.

APPENDIX C
COMMUNITY REHABILITATION PROGRAMS

ARKANSAS CAREER TRAINING INSTITUTE (ACTI)

MISSION

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

SELECTION OF CLIENTS

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

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

ADMISSION GUIDELINES

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

GENERAL REFERRAL CONSIDERATIONS

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

1) The reported needs of the individual.
2) The stability of the disabling condition and prognosis.
3) Capability of existing staff and facilities to meet the individual's service needs.
4) The ability of the individual to adapt to a group living experience.
5) Reasonable assurance that enrollment will not be harmful to the individual nor to other students.
6) Medically Stable.
7) No pending legal issues.
8) Individual will commit to an employment outcome.
9) Status as a registered sex offender (note: if registered at a level higher than two the individual is not eligible for services at ACTI).

BEHAVIOR CONSIDERATIONS FOR GROUP LIVING

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

Therefore, admission of any individual having the following anti-social patterns is not eligible for services at ACTI.

A. Physical Aggression
B. Deliberate use of abusive and provocative language.
C. Willful destruction of property.
D. Overt sexual behavior.

GUIDELINES FOR SPECIFIC DISABILITIES

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

1) **Epilepsy** - Persons with seizures who are candidates for vocational programs must be stabilized on medication and possess a level of seizure control consistent with participation in a six hour per day learning environment. Persons interested in vocational programs such as Auto Technology, Auto Collision, Construction Technology, Outdoor Power Equipment Technology and Welding that require the use of dangerous equipment must be seizure free for one year.

2) **Psychiatric Disabilities** - Psychological and psychiatric services at ACTI are not equipped to provide primary mental health care. The psychiatric and psychological services available are designed to support and maintain those individuals who enter an ACTI program. For admission, individuals must meet the following criteria:
    A. A current psychological or psychiatric assessment and report of mental disability and prognosis. There must be full disclosure of mental and/or psychiatric illness. (Completed within the last 6 months.)
    B. The report of clear documented series of primary psychiatric or psychological treatment.
    C. Stabilized on medication or otherwise determined stable by attending psychiatrist/psychologist. The reasonable assurance that enrollment will not be harmful to client or others.

3) **Cognitive Disabilities** - ACTI does not provide close 24-hour supervision, nor are students confined to the facility environment. Students requiring close supervision and monitoring are not candidates for ACTI services. For admission, individuals must meet the following criteria:
    A. Have demonstrated a capacity to function independently and appropriately in-group living situations.
    B. Follow a prescribed schedule.
    C. Appropriately respond to direction.
    D. Manage free time, both within a structured environment and in the community.

4) **Alcoholism, Drug Dependence, Abuse or Addiction** - ACTI is not a primary treatment program for alcoholism, drug dependence, abuse or addiction. Its mission is to continue the vocational rehabilitation of these individuals after the primary condition is well controlled. For admission, individuals must meet the following criteria:
    A. A medical diagnosis of the condition is present and on record.
    B. The individual has successfully participated in a primary treatment program and/or the individual has not engaged in alcohol or drug abuse for a period of six (6) months and has a good, medically documented prognosis.
    C. Participate in NA/AA Programs as recommended by ARS/ACTI Staff and submit to drug screens.

5) **Medication Management -** Students will be capable of self-administering their own medication or capable of learning this skill.

ARKANSAS CAREER TRAINING INSTITUTE DRUG POLICY

Students enrolling at Arkansas Career Training Institute (ACTI) must sign the Arkansas Rehabilitation Services Substance Free Policy with their 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 ARKANSAS REHABILITATION SERVICES CLIENTS

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

ACTI REQUEST FOR SERVICES FORM (SEE APPENDIX E)

This referral document will be submitted for entry into ACTI for an evaluation not to exceed 60 calendar days in (Status 06) or Vocational Rehabilitation, services (Status 10 - 22). The

Request for Services form will interpret the Field Counselor's impressions and opinions of the individual's abilities, personality, background, social and behavior assets and limitations, giving particular attention to describing the rehabilitation problem. The Field Counselor will identify any specific problem areas, including the need for special diet and medication with copies of the physician's prescriptions. The Request for Services form is the primary means for the Field Counselor to provide substantial and meaningful knowledge to ACTI personnel and should also include such information as the ~~consumer~~ individual'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 individuals who are alcohol dependent, a statement should be included that the individual has not consumed alcohol for a 6-month period and/or has successfully completed treatment in a recognized treatment facility. A similar statement is required for individuals with a known history of substance abuse. If the individual has previously been an ACTI student, include the name(s) used at each enrollment if known.

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

For Status 06 referrals

If referred to ACTI in 06 Status cases must be moved to Status 19 when the student is enrolled in Vocational Training or other training related Support Services. A completed Individualized Plan for Employment (IPE) for_Extended Services will be submitted prior to the individual's admission for evaluation services as an authorizing document.

For Status 12 and above referrals

A completed Individual Plan for Employment (IPE) will be submitted prior to the individual's admission for Vocational Rehabilitation Services as an authorizing document. The case MUST be in status 18 at the time of admission or moved into status 18 prior to enrollment into Vocational Training or Other Training Related Support Services.

CHECKLIST FOR CASES SUBMITTED TO ACTI ADMISSIONS COORDINATOR

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

1) RS-344 Request for ACTI Service
2) General Medical Examination Record, if appropriate
3) Client Referral and Survey Information

4) PHS-3 Living at ACTI
5) PHS-2 Medical Supplement (those cases with limited mobility and/or limited activities of daily living capabilities)
6) IPE, plus Amendments for VR services other than EE
7) Specialists Reports (medical, psychological, psychiatric)
8) Case Note (demographic info)
9) Test Results (including WAIS profile sheet results and RIDAC.)
10) School Records
11) Background and Social Information
12) Medication taken to include prescriptions (if applicable*)
13) Individual's preference of limb maker (limb cases only)
14) Demographic Referral Form
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.
19) A referral from the clients' primary care physician for medical services if they receive Medicaid benefits.
20) Provide a list of accommodations.

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

SHORT-TERM ADMISSION FOR ACTI MEDICAL SERVICES

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

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

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

PROSTHETIC/ORTHOTICS AT ACTI

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

ready for fitting; the signed Application for Services; and the completed Request for ACTI Services.

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

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

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

The details of measurement and fitting will be arranged by agreement between the Field Counselor, the individual, and the vendor. If the individual cannot travel to the limb company for the measurement and/or initial fitting, the prosthetists should contact the Field Counselor. A copy of the IPE will be submitted to the Admissions Coordinator prior to the individual's returning to ACTI for the final fitting.

A prosthesis should be made and returned to ACTI 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 ACTI Amputee Clinic.

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

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

CASE PROCESSING

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

Each individual is assigned to an ACTI Counselor upon arrival. The ACTI Counselor

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

All Statements of Account and related documents will be attached to the authorization in the case management system and payment entered for checks to be issued after the ACTI Counselor has verified that services have been rendered. The ACTI Counselor will be responsible for following up to verify that payment has been completed.

CLOTHING PRIOR TO ENROLLMENT

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

CLOTHING AFTER ENROLLMENT

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

TRANSPORTATION TO ACTI

When ARS provides transportation, planning should include the need for a round-trip. The Field Counselor should remind clients of the date to report to ACTI approximately two weeks prior to the scheduled reporting date. Recommended time to arrive at ACTI is on Sunday between 10AM and 3PM. unless otherwise specified in the admissions letter. This allows the student an opportunity to begin the orientation program on a timely basis. Students must be at ACTI in this time frame as orientation begins in the afternoon. Parents, guardians, or other family members should plan to stay for the 5:30 PM Orientation class. If any changes are necessary, ACTI should be notified. The Field Counselor should instruct the client to report to the Reception Office at ACTI immediately upon arrival.

TRANSPORTATION WHILE ENROLLED

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

INCREASED PER DIEM COSTS

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

MEDICAL TREATMENT OUTSIDE OF ACTI

The ACTI Counselor, upon recommendation by the ACTI physician, will authorize emergency medical treatment and non-emergency medical diagnosis. If the ACTI Counselor has current information that indicates medical services are necessary and recommended by a physician outside ACTI, the Field Counselor must be notified by telephone followed or email followed by a case note in the case management system explaining the situation. The ACTI Counselor and the Field Counselor will confer and a determination will be made based on the circumstances, of which the Field Counselor will be responsible for payment and completing the need IPE Amendment and authorization.

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

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

INCIDENTAL EXPENSES

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

FINANCIAL PARTICIPATION

The Field Counselor, in accordance with ARS Policy and Procedure Manual, will determine financial participation. Refer to Appendix I. Fees for the ACTI Fees and Training Hours.

LEAVE POLICY FOR ACTI STUDENTS

Students enrolled in ACTI are expected to remain until services outlined in the IPE are completed or otherwise terminated. However, leave may be granted to students when the ACTI Counselor and/or Field Counselor deem it necessary. Leave may be granted to a student due to illness, personal or family problems, positive drug screen, suspension or the need to return home to plan with the Field Counselor.

If a student does not return at the end of his/her designated leave, contact will be made with the Field Counselor by the ACTI Counselor and a decision will be made to either extend the leave up to an additional 30 days or discharge the student.

Students on leave will be discharged at the end of 30 days unless an extension of leave time has been requested and agreed upon by the Field and ACTI Counselor, and approved by ACTI Counseling Supervisor. After a student has been discharged, an application must be submitted to the Admissions Coordinator before consideration for re-enrollment.

NON-RESIDENTS AT ACTI

ACTI is a residential facility. Exceptions may be for non-resident enrollment under certain conditions and upon specific request by the Field Counselor. These conditions are:

1) Students residing in Garland County and immediate area may be admitted for services as a non-resident student of the Field Counselor.
2) ACTI has no family facility or living quarters for students with family or dependents. In the event two students become married to each other; they will be required to become non-residents as soon as arrangements can be made.

Non-residents are authorized to eat a noon meal in the ACTI's cafeteria on Monday through Friday as part of the usual ACTI services. After analyzing the individual's financial needs, the Field Counselor may request the individual be provided additional meals per day on maintenance services. The request for additional meals per day must be specified and authorized in the IPE and requested on the RS-344. These guidelines should be reviewed with and understood by students prior to admission.

Non-resident students will be provided normal/routine health care services from 7: 00 a.m. to 3 p.m. Monday through Friday. Non-resident students will be required to arrange for their own emergency care other than these specified hours, unless special arrangements are made on an individual basis with appropriate ACTI staff.

COMMUNITY REHABILITATION PROGRAMS

External Employment Services are provided by Community Rehabilitation Programs (CRPs) in the community through vocational rehabilitation services, supported employment services and other employment oriented services (, discovery process, job exploration, career readiness skills, individual job coaching, job placement and pre-employment transition services) The primary purpose for utilizing the CRP's services is to assist individuals with disabilities to be successful at work and live independently the community.

GOAL OF THE COMMUNITY PROGRAM DEVELOPMENT SECTION

ARS Community Program Development Section (CPDS) primary responsibility is to identify the service needs, along with the Field Services staff, which can be met through purchasing of performance based services from a non-profit or public CRP's. Once the needs are defined, ARS establishes Purchased Services Agreements with CRP's. The ARS Community Program Development Section guidelines must be followed by all parties to assure the timely provision of quality rehabilitative services to eligible individuals'. ARS works with CRP's to develop new initiatives and to update their programs to assure ARS ~~consumer~~ individuals with disabilities are moving towards competitive integrated employment outcome.

The Community Program Development Section provides continuous fiscal and programmatic oversight of contract agreement guidelines, and technical assistance.

COUNSELOR LIAISONS

ARS Manager will assign a vocational rehabilitation counselor to act as the liaison to each CRP. The counselor liaison's role is to establish and foster relationship, which encourage collaboration, increase referrals to the CRP and job placements opportunities for referred individuals. The counselor liaisons are required to visit the assigned CRP once a month providing a monthly report to the assigned CPD Rehabilitation Program Specialist by the first Friday of each month. This report addresses activities at the CRP, the relationship between the ARS and the CRP, bridging any existing gaps, and addressing any concerns. 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.

COMMUNITY REHABILITATION PROGRAM SERVICES

Supported Employment Services
Individual Job Coaching
Employment First (E1st) Career Pathways Job Placement Services
Pre-Employment Transition Service

Individuals who utilize the CRP services may be unsure of their career field interest or be ready for work and in search of a job. The individual may need job supports (job coaching) to learn and keep a job. Students and youth can receive pre-employment services from certified CRP's.

JOB PLACEMENT SERVICES

Job Placement Services are available through External Employment Vendors. The counselor has made the determination the individual is job ready and only needs placement services. Typically, the individual has works skills from previous job experiences, or the individual completed a training program and needs assistance with job seeking and placement in competitive integrated employment.

Before referral to an External Employment Vendor, the counselor is required to refer a job ready clients to the Business Engagement Representative in their District, if available. If the Business Engagement Representative determines the internal job placement services are not available at this time. The counselor refers the individual to an External Employment Vendor. **Note:** The client has the right to informed choice and may chose a vendor over the Business Engagement Representative. Informed choice is mandated by federal law, even if the Vendor refers an individual to ARS for services.

The Vendor is required to meet with the individual at a minimum twice monthly leading to closure, unless an exception has been granted through memo justified by ARS.

JOB REFERRAL

- The counselor makes a referral to the vendor chosen by the individual by sending the Job Placement Services Referral Form and RS-315.
- The vendor acceptance to serve the individual begins when Referral Form is signed by the individual and returned to the counselor. If the Vendors does not accept the referral, the counselor will assist the individual to select another vendor.
- The Vendor is required to provide a completed Job Placement Services Activities Log (JP-1a) during the job seeking phase.

JOB PLACEMENT: The Vendor assist an individual to obtain a job in an **competitive integrated** setting based on their preference, interests, abilities, needs, and informed choice to be successful employed long-term.

- The Vendor will provide two forms during this service and once employed a copy of the individuals first paycheck.
- The forms are the Job Placement Services Activities Log (JP-1a) during the job seeking phase and the Job Match/Placement Monthly Progress Reports (JP-2).
- Once placed in a job, the Job Match/Placement Monthly Progress Reports (JP-2) is required through the 90 days towards successful employment.

JOB CLOSURE (90 DAYS): The individual is being compensated commensurate with others in their similar positions, working preferably 20 hours a week at the federal minimum wage or higher for consecutive 90 days.

The Vendor will provide the Employment Closure Final Report (JP-3) reporting at the completion of 90 days employed.

PROCEDURES - JOB PLACEMENT SERVICES

- Amend the IPE for these services utilizing informed choice.
- ARS sends the Job Placement Services Referral Form, and a RS-315 for Job Placement Services.
- Vendor returns the Referral Form signed by the individual as acceptance for service. Document in ECF.
- ARS will purchase services on a fee-for-service basis.
- Attach monthly progress reports to the ECF.
- When billing statement is received, verify the individual received the service. Document in the ECF.
- Key required information into the case management system for payment. Support staff will be responsible for making payments. Payment will not be processed without an attached bill from the vendor.

Competitive Integrated Employment Case by Case Determination

Prior to job placement, an ARS Counselor, Business Engagement Representative or an External Employment vendor may seek assistance from the ARS Community Program Development Section as to whether a position qualifies as Competitive Integrated Employment. As stated in 29 U.S.C. § 705(5), "competitive integrated employment" means full- or part-time work:

> for which an individual is compensated at a rate that shall be not less than the higher of the rate specified in section 6(a)(1) of the Fair Labor Standards Act of 1938 ... or the rate specified in the applicable State or local minimum wage law; and ...
>
> is not less than the customary rate paid by the employer for the same or similar work performed by other employees who are not individuals with disabilities, and who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills; or ...
>
> in the case of an individual who is self-employed, yields an income that is comparable to the income received by other individuals who are not individuals with disabilities, and who are self-employed in similar occupations or on similar tasks and who have similar training, experience, and skills; and ... is eligible for the level of benefits provided to other employees; [and]
>
> that is at a location where the employee interacts with other persons who are not individuals with disabilities (not including supervisory personnel or individuals who are providing services to such employee) to the same extent that individuals who are not individuals with disabilities and who are in comparable positions interact with other persons; and ...

that, as appropriate, presents opportunities for advancement that are similar to those for other employees who are not individuals with disabilities and who have similar positions.

Establishment Defined

Establishment, development, or improvement of a public or nonprofit community rehabilitation program means:

> The establishment of a facility for a public or non-profit community rehabilitation program (as defined in 34 CFR 361.5(b)(18) to provide vocational rehabilitation (VR) services to applicants or eligible individuals. 34 CFR 361.5(c)(16)(i).

Establishment Authority

Section 103(b)(2)(A) of the Rehabilitation Act of 1973, as amended and 34 CFR 361.49(a)(1) authorize the use of VR funds to support "[t]he establishment, development, or improvement of a public or other nonprofit community rehabilitation program that is used to provide vocational rehabilitation services that promote integration into the community and prepare individuals with disabilities for competitive integrated employment, including supported employment and customized employment, and under special circumstances, the construction of a facility for a public or nonprofit community rehabilitation program. The authority is used to provide financial support to community rehabilitation programs to establish or develop service programs, or improve them and to increase their effectiveness in providing VR services to applicants or eligible individuals.

In serving groups of individuals with disabilities, ARS is authorized to establish, develop, or improve a public or private CRP, pursuant to section 103(b)(2)(A) of the Rehabilitation Act and 34 CFR 361.49(a)(1). ARS is permitted under the VR program to alter or remodel a CRP and install fixed or movable equipment, as necessary, to establish, develop, or improve the facility for a CRP (34 CFR 361.5(c)(10)(iv) and (vi)).

Community Rehabilitation Program

Section 7(5) of the Rehabilitation Act of 1973, as amended and 34 CFR 361.5(c)(7) defines CRP as a program that provides directly or facilitates the provision of one or more VR services to individuals with disabilities to enable those individuals to maximize their opportunities for employment, including career advancement.

Vocational Rehabilitation Services

Vocational rehabilitation (VR) services are those services provided to an individual pursuant to an Individualized Plan for Employment in accordance with 34 CFR 361.48 or to groups of individuals with disabilities in accordance with 34 CFR 361.49 (section 103 of the Rehabilitation Act of 1973, as amended and 34 CFR 361.5(c)(57)). Section 111(a)(1) of the Rehabilitation Act of 1973, as amended and 34 CFR 361.3 require that VR funds be used solely for the provision of VR services or for the administration of the VR program.

Establishment Activities

The need for establishment, development or improvement of a CRP must be determined through the ARS Comprehensive Statewide Needs Assessment (CSNA).

Plans to establish, develop and improve CRPs through establishment activities must be included in the ARS State Plan in the following attachments, if applicable:

- CSNA (Attachment 4.11(a))
- State Goals and Priorities (Attachment 4.11(c)(1))
- State's Strategies (Attachment 4.11(d))
- Cooperative Agreements with Private Nonprofit Organizations (Attachment 4.8(b)(3))
- Arrangements and Cooperative Agreements for the Provision of Supported Employment Services (Attachment 4.8(b)(4))
- Evaluation and Report of Progress (as the project moves forward) (Attachment 4.11(e)(2))

Comprehensive Statewide Needs Assessment

ARS and the State Rehabilitation Council conduct the Comprehensive Statewide Needs Assessment (CSNA) every three (3) years, or update the CSNA as needed. ARS and the rehabilitation council conduct the CSNA for the purpose of describing the rehabilitation service needs of individuals with disabilities residing within the state. The CSNA must include an assessment of the need to establish, develop, or improve community rehabilitation programs (CRPs) within the state (34 CFR 361.29(a)(1)(ii)). Any update to the CSNA is required to be reported to the Rehabilitation Services Administration (34 CFR 361.29 (a)(2).

The CSNA particularly focuses on the vocational rehabilitation services needs of:

- Individuals with the most significant disabilities, including their need for supported employment services;
- Individuals with disabilities who are minorities;
- Individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program; and
- Individuals with disabilities served through other components of the statewide workforce investment system.

Expenditures

Other expenditures are permitted if related to establishment, development, or improvement of a CRP that are necessary to: Make the program functional or increase its effectiveness in providing VR services to applicants or eligible individuals, but are not ongoing operating expenses of the program. 34 CFR 361.5(c)(16)(iii).

The acquisition of an existing building and, if necessary, the land in connection with the acquisition is permitted, if the building has been completed in all aspects for a least one (1) year prior to the date of the acquisition and the Federal share of the cost of acquisition is not more than $300,000. 34 CFR 361.5(c)(17)(i).

The remodeling or alteration of an existing building is permitted, provided the estimated cost of remodeling or alteration does not exceed the appraised value of the existing building. 34 CFR 361.5(c)(17)(i)

The expansion of an existing building is permitted provided that:

- The existing building is complete in all respects;
- The total size in square footage of the expanded building, notwithstanding the number of expansions, is not greater than twice the size of the existing building;
- The expansion is joined structurally to the existing building and does not constitute a separate building; and
- The costs of the expansion do not exceed the appraised value of the existing building. 34 CFR 361.5(c)(17)(iii)

Other expenditures allowed:

- Architect's fees, site survey, and soil investigation, if necessary in connection with the acquisition, remodeling, alteration, or expansion of an existing building; and
- The acquisition of fixed or movable equipment, including the cost of installation of the equipment, if necessary to establish, develop, or improve a community rehabilitation program. 34 CFR 361.5(c)(10)(v) and (vi)

Financial Impact

- The non-federal share of an establishment project is 21.3 percent. 34 CFR 361.60(a)(1) and (b)(1); 2 CFR 200.306(b).
- The match may be made, in whole or in part, by the state VR agency or contributions by private entities (private organizations, agencies, individuals). 34 CFR 361.60(b)(3)(i)
- Contributions from private entities used to meet the non-federal share of an establishment project must be deposited in the account of the state agency in accordance with state law. 34 CFR 361.60(b)(3)

Allowable Costs

- The federal share of the cost of acquiring a building, if the building has been completed in all respects for at least one year prior to the date of acquisition, to be used for community rehabilitation program purposes cannot exceed $300,000.
- Acquisition includes land and is subject to the $300,000 Federal Fund Participation limitation.
- Remodeling or alteration costs of an existing building provided that the estimated cost does not exceed the appraised value of the building.
- The expansion of an existing building, provided that the existing building is complete in all respects; and the total square footage of the expanded building is not greater than twice the size of the existing building.
- The expansion of an existing building, provided that the expansion is joined structurally to the existing building; and the costs of expansion do not exceed appraised value of the existing building.

- Architect's fees, site survey, soil investigation. (If necessary in conjunction with the acquisition, remodeling, alteration, or expansion of an existing building)
- Fixed or moveable equipment, including the cost of installation of the equipment. (If necessary to establish, develop, or improve a community rehabilitation program) 34 CFR 361.5(c)(17)(i) - (v)

Staffing

- Federal financial participation is limited to a total of 48 months.
- The total percentage of costs in which the federal government will participate is reduced each year during the 4-year period.
- Staffing limit is imposed to preserve the amount of funds available to ARS for providing services to eligible individuals, while preserving ARS's authority to expend VR funds to support necessary development or expansion of community rehabilitation facilities.
- If necessary to establish, develop or improve a CRP to serve applicants or eligible individuals, funding for staffing is permitted for a period of four (4) years, with financial participation available at the applicable matching rate for the following levels of staffing costs. 34 CFR 361.5(c)(16)(ii)

Staffing Costs

Year 1	100%
Year 2	75%
Year 3	60%
Year 4	45%

State Purchasing Requirements

ARS must comply with all State of Arkansas purchasing requirements including solicitation of bids, if applicable, in the provision of establishment activities.

Effect of Costs on Maintenance of Effort

Non-Federal expenditures incurred for the establishment, development, or improvement of a facility for a CRP are exempt from the calculation of the State's maintenance of effort requirement pursuant to 34 CFR 361.62(a), (b).

Pursuant to section 111(a)(2)(B) of the Rehabilitation Act and 34 CFR 361.62, a State must ensure that non-Federal expenditures under the VR State plan for any given fiscal year must equal or exceed the non-Federal expenditures from two years prior to that year. For example, non-Federal expenditures incurred in FY 2013 would have to equal or exceed the agency's non-Federal expenditures incurred in FY 2011. Costs classified as administrative costs count towards the maintenance of effort requirement; however, costs classified as the establishment, development, or improvement of a facility for a CRP do not count towards the maintenance of effort requirement. 34 CFR 361.62(b).

Required Pre-Planning Activities

- The need for the establishment activities must be identified in the approved Comprehensive Statewide Needs Assessment jointly developed and agreed to

by ARS and the State Rehabilitation Council and approved by the ARS Commissioner. 34 CFR 361.29(a)(1)(ii); 34 CFR 361.13

- The development of goals, priorities, and strategies related to the establishment activities must be included and discussed in the ARS State Plan. 34 CFR 361.29 (a)(1)(ii), (c)(1), and (d)(6)
- The establishment, development, or improvement of a public or other nonprofit community rehabilitation program that is used to provide vocational rehabilitation services must promote integration and competitive employment. 34 CFR 361.49(a)(1)

- ARS must ensure that it satisfies all pre-planning requirements before engaging in these activities.
- ARS also must ensure that it monitors all establishment expenditures to ensure compliance with Federal requirements pursuant to 34 CFR 80.40(a),), for VR grants issued prior to December 26, 2014, and 2 CFR 200.328, for VR grants issued after December 26, 2014.
- ARS will only consider requests to use establishment activities to develop a CRP if the needs for particular VR services are identified in the Comprehensive Statewide Needs Assessment (CSNA) and unavailable through other programs including the Arkansas Career Training Institute (ACTI). If the need for a VR service is identified, ARS will first determine if ACTI programs can be adapted to provide the service. If a VR need is identified in the CSNA and unavailable through other programs or ACTI or ACTI programs cannot be adapted to provide the services, then ARS will advertise for Request for Proposals. Unsolicited proposals will not be considered for establishment activities to provide the establishment, development, or improvement of a public or other nonprofit community rehabilitation program.

WIOA SECTION 511 REQUIREMENTS

The Workforce Innovation and Opportunity Act (WIOA) enacted Federal Regulations on July 22, 2014, which established Section 511 requirements impacting services to students, youth, and individuals with disabilities, their family members, local school districts, Arkansas Rehabilitation Services (ARS) personnel, Community Rehabilitation Programs (CRPs), other service providers, consumer organizations and employers who hold 14(c) subminimum wage certificates.

Specifically, Section 511 added new requirements for employers who hold special wage certificates, commonly known as 14(c) certificates, under the FLSA (29 U.S.C. 214(c)). These new requirements must be satisfied before an employer hires a youth with disabilities at subminimum wage or continues to employ individuals with disabilities of any age at the subminimum wage level.

YOUTH WITH A DISABILITY

A youth with a disability is an individual between the ages of 14 and 24. If the youth has completed secondary education and is younger than 24 years old, he/she cannot start working for less than minimum wage until he/she has had the opportunity to:

1. Receive Pre-Employment Transition Services under WIOA or transition services under IDEA;
2. Apply for ARS services, and either
    a. be determined ineligible OR
    b. be determined eligible AND
        i. had an IPE developed, AND
        ii. worked toward an employment outcome for a reasonable period without success, AND
        iii. the case was closed unsuccessful despite having reasonable supports;
3. Receive career counseling, including information and referrals to other state and federal entities that provide employment services, from ARS.

In addition, individuals with disabilities regardless of their age who are employed by a 14(c) must be provided career counseling and information by ARS. These individuals also must be provided, by ARS or the CRP, information about self-advocacy, self-determination, and peer mentoring training opportunities available in the individual's geographic area every six months for the first year they are employed, and annually thereafter.

14(c) CERTIFICATE HOLDERS EMPLOYMENT

Employers with a 14(c) certificate who employ individuals with disabilities that earn less than minimum wage have the following responsibilities:

1. Comply with all US Department of Labor 14(c) requirements;
2. Do not employ any students with disabilities who are enrolled with a school district earning less than minimum wage;
3. Arrange with ARS for the semiannual reviews and annual review thereafter to be completed for individuals being paid less than minimum wage who have been made known to ARS;
4. Maintain documentation from the reviews.

PROCEDURES - SECTION 511:

1. ARS will ensure that youth with disabilities and individuals working in subminimum wage receive Career Counseling, Information and Referral.
2. The counselor will receive referrals of individuals who indicate they wish to go to work.
3. The individual shall be contacted by the counselor to proceed with an application for services.
4. The counselor and individual will jointly work to determine which services, including external employment services, the individual may need to be successfully employed.

APPENDIX D
DEFINITIONS

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

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

A review of existing data:

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

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

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

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

Case Note/Narrative - Case notes document the VR process from the initial contact of an individual through the eventual closure of a case. They are written, in such a manner, to allow a clear understanding as to the individual's interest, informed choice, rationale for decision making, and critical steps in advancing the rehabilitation process.

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

Congenital disorder, or **congenital disease**, is a condition existing at birth and often before birth, or that develops during the first month of life (neonatal disease), regardless of causation.

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

Criminal Act – means any crime, including an act, omission or possession under the laws of the United States or a state of general government that poses a substantial threat of personal injury, notwithstanding that by reason of age, insanity, intoxication, or otherwise, the person engaging in the act, omission or possession was legally incapable of committing a crime.

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

Deaf/Blind

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

Degenerative disease is a disease in which the function or structure of the affected tissues or organs will progressively deteriorate over time, whether due to normal bodily wear or lifestyle choices such as exercise or eating habits.

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

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

A. A determination that the individual has a physical or mental impairment.
B. A determination the individual's physical or mental impairment constitutes or results in a substantial impediment to employment for the individual.
C. A presumption that the individual can benefit in terms of an employment outcome from the provision of VR services.
D. A determination that the individual requires VR services to prepare for entrance into, engage in, or retain gainful employment consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities and informed choice.

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

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

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

Family Member – means an individual who is a relative or guardian of an applicant or eligible individual; or lives in the same household as an applicant or eligible individual; who has a substantial interest in the well-being of that individual; and whose receipt of vocational rehabilitation services is necessary to enable the applicant or eligible individual to achieve an employment outcome.

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

Pre-lingual hearing impairment - An impairment that is known or is assumed to have occurred prior to the third birthday.

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

Post-vocational hearing impairment - An impairment that is known or is assumed to have occurred on or after the 19th birthday.

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

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

Integrated Setting – as referenced by RSA, “integrated setting” is intended to mean a work setting in a typical labor market site where people with disabilities engage in typical daily work patterns with co-workers who do not have disabilities; and where workers with disabilities are not congregated.

Further clarification on the definition of Integrated Setting: RSA points out that entities that are set up specifically for the purpose of providing employment to individuals with disabilities will likely not satisfy the definition of "integrated setting." The high percentage of individuals with disabilities employed with these entities most likely would result in little to no opportunities for interaction between individuals with disabilities and non-disabled individuals. These entities, therefore, would be considered sheltered or non-integrated employment sites.”

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

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

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

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

Occupational License - means any license, permit or other written authority required by a state, city or other governmental unit to be obtained in order to enter an occupation or enter a small business.

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

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

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

Physical and mental restoration services means:

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

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

Qualified and impartial mediator – means an individual who:

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

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

Rehabilitation technology – the systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of, and address the barriers confronted by, individuals with disabilities in the areas that include education, rehabilitation, employment, transportation, independent living, and recreation. The term includes rehabilitation engineering, assistive technology devices, and assistive technology services.

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

Significant disability – means an individual with a disability:

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

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

Supported employment – See Appendix C.

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

Transition Services - Transition services are activities designed for a student to promote movement from school to post-school activities. These activities must be coordinated, goal-oriented, and based on the student's needs and interests. The services include post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, and/or community participation. Transition services must promote or facilitate the achievement of the employment outcome identified in the student's individualized plan for employment (IPE). 34 CFR Section 361.5(b)(55)

Pre-Employment Transition Services - Pre-Employment Transition Services (Pre-ETS)

are provided to individuals meeting the **student with a disability** definition. Pre-Employment Transition Services (Pre-ETS) are the earliest set of vocational rehabilitation services that a student can receive. The student must, at a minimum, meet the potentially eligible guidelines set forth in WIOA (361.48 (a)(1) meaning all students with disabilities regardless of whether they have applied or been determined eligible for vocational rehabilitation services. The term potentially eligible is applicable *ONLY* when implementing the requirements governing Pre-ETS.

504 Plan - A school's written statement of services provided in accordance with Section 504 of the federal Rehabilitation Act of 1973 is called a 504 Plan. Section 504 requires school districts that receive federal funding to provide a "free and appropriate public education" (FAPE) to each qualified student with a disability who is in the school district's jurisdiction, regardless of the nature or severity of the disability. Appropriate educational services are designed to meet the individual needs of such students to the same extent as the needs of students without disabilities are met. Pre-Employment Transition Services can be provided to students who are receiving 504 services in a traditional or non-traditional high school setting. 34 CFR Part 104, Subpart D, Sections 104.31–104.39

Individualized Education Plan (IEP) - The school's written plan to meet educational goals and objectives for a student with a disability is called an Individualized Education Plan (IEP). The IEP must include a statement of the student's present levels of academic achievement and functional performance. It must also include how the student's disability affects his or her involvement and progress in the general education curriculum, that is, the same curriculum as for students without disabilities. 34 CFR Section 300.320

Student with a Disability - A student with a disability is defined by the Workforce Innovation and Opportunity Act (WIOA) as anyone age 16-21 years old who is attending school, receiving services through the Individuals with Disabilities Education Act (Special Education) or are considered 504 eligible (including those individuals who are working with Vocational Rehabilitation or VR).

An individual is considered to be a student with a disability up to their 22nd birthday while they are high school. *If the student turns 22 years of age during the school year (while in high school), they continue to be considered a student with a disability until they finish the school year.

The only group of consumers who will receive services considered Pre-Employment Transition Services (Pre-ETS) are those who meet this WIOA definition. The same services can be provided to those not meeting this definition; however, they are not counted as Pre-ETS and should not be paid with Pre-ETS budget.

Workforce Innovation and Opportunity Act - The Workforce Innovation and Opportunity Act (WIOA) is a federal law that became effective in 2014 and reauthorizes and amends the Workforce Investment Act and the Rehabilitation Act of 1973. The law consists of five titles, and Title IV contains the requirements for the Vocational Rehabilitation program.

The underlying principle behind Title IV is that too many individuals are leaving high school unprepared for work and independence. With that in mind, WIOA prescribes certain service provision requirements discussed below.

Youth with a Disability - Youth with a disability is defined as anyone ages 14-24 with the most significant disabilities. The Workforce Innovation and Opportunity Act (WIOA) requires that 50 percent of our Supported Employment funding be spent on the provision of Supported Employment services for youth with disabilities.

Minor - Arkansas code AR Code § 9-25-101 states: All persons of the age of eighteen (18) years shall be considered to have reached the age of majority and be of full age for all purposes. Until the age of eighteen (18) years is attained, they shall be considered minors.

Definitions for functional Capacity Areas

Mobility

- The physical capacity to move freely from place to place in the community and at home.
- Specifically involves gross motor skills. (skills used for arm, leg, and torso movements in a functional manner)

Self-Direction

- The capacity to adjust behavior in a purposeful manner, taking into account personal goals, environmental settings, and cultural values and expectations.
- Personal independence.

Self-Care

- The capacity to care for one's self and their personal setting for example;
- Perform normal instrumental activities of daily living, such as shopping and money management
- Perform normal activities of daily living, such as hygiene care and cooking

Interpersonal Skills

- The capacity to form and maintain positive relationships at home and in the community for the purpose of obtaining and maintaining employment. This includes appropriate response to social cues and adjusting to differing social and employment settings.

Communication

- The ability to impart or exchange information in order to convey meaning for example;

- Using video/visual, language board, interpreter, TTY, written aids, real-time captions, etc.

Work Tolerance

- The capacity to maintain physical and psychological well-being while effectively completing work activities.

Work Skills

- The capacity to learn and complete job tasks. The capability to acquire and adapt to new skills necessary to obtain or maintain employment**.**

ARKANSAS REHABILITATION SERVICES
ASSESSMENT FOR DETERMINING PRIORITY CATEGORY FOR SERVICES

NAME: _____ SSN_____
(LAST) (FIRST) (MI)

1. This individual has one or more impairments that are considered significant:
☐ Yes ☐ No

2. As a result of these impairments, the individual is significantly limited from maintaining or achieving employment due to chronic loss in the following capacity areas (as described and defined):

MOBILITY

- ☐ Regularly requires any of the following to get around in the community:
  Modifications, adaptive technology, accommodations, and assistance from others
- ☐ Range of travel is severely limited due to a cognitive and/or physical impairment
- ☐ Unable to use upper and/or lower extremities

SELF DIRECTION

- ☐ Requires supervision on a frequent or ongoing basis to begin and carry through with goals and plans, perform job tasks, monitor own behavior or make decisions
- ☐ Highly distractible/short attention span/severe difficulty concentrating on work/difficulty shifting focus
- ☐ Unable to work independently
- ☐ Unable to provide informed consent for life issues without assistance of a court appointed legal representative or guardian
- ☐ Unaware of consequences of behavior

SELF CAE

- ☐ Places self and/or others at risk due to poor decision-making/reasoning~~,~~ or judgment
- ☐ Requires extra attention or monitoring to prevent accident or injury
- ☐ Unable to perform normal activities of daily living, such as hygiene care and cooking and/or perforr
  normal instrumental activities of daily living, such as shopping and money management
  Unable to use upper extremities.
  Unable to control and coordinate fine and/or gross motor movements such as button buttons, wind watch, et.

INTERPERSONAL SKILLS

- ☐ Has not acquired cultural or age appropriate social skills, which will impede employer/co-worker interaction
- ☐ Work history includes recent negative references, firings, multiple short-term jobs or other evidence of work adjustment problems due to disability.
- ☐ Social isolation, withdrawal, or rejection by co-workers

COMMUNICATION

- ☐ Unable to participate in conversation without accommodation or assistive technology (Video/visual, language board, interpreter, TTY, written aids, real-time captioning, etc.)
- ☐ Unable to understand telephone conversation even with amplification, including tactile or visually enhanced sign systems
- ☐ Expressive and receptive primary mode of communication is unintelligible to non-family members or general public
- ☐ Unable to access printed/visual information without assistive technology and/or accommodation

WORK TOLERANCE

- ☐ Requires frequent or extended periods of time from work due to necessary treatments or medical problems.
- ☐ Unable to climb a flight of stairs or walk 100 yards on level surface without pause
- ☐ Unable to lift 20 pounds (occasionally) or carry more than 10 pounds (frequently)
- ☐ Requires modification, adaptive technology and/or accommodations not typically required for others in terms of capacity or endurance (i.e. extra work periods, shorter workday or week, adjustments in starting and quitting times)
- ☐ Unable to sit/stand for more than two hours
- ☐ Unable to perform tasks at a competitive work pace

WORK SKILLS

- ☐ Unable to obtain or maintain employment usually available to persons of equivalent age and education
- ☐ Have few general skills, which could be readily used in a job, existing in the economy and/or job specific skills are largely unusable due to disability or other factors.
- ☐ Requires accommodation or rehabilitation technology to participate in training to develop work skills

  Below the 5th grade level in reading or written expression

  Unable to perform tasks or job duties that require executive level functioning. (i.e. flexible thinking, working memory, self-monitoring, planning and prioritizing, task initiation, organization, etc.)

Are multiple services over an extended period of time expected: ☐ **Yes** ☐ **No**

Category

This individual meets the criteria for Priority for Services: ☐**I** ☐**II** ☐**III**

☐ Status 10 ☐ Status 04

(Please check appropriate box)

_____

Dear

When you applied for Rehabilitation Services, I explained Order of Selection. This means that individuals who are most significantly disabled will receive priority for paid-for services. Based upon medical, psychological, and/or mental health information obtained and a review of your rehabilitation potential, you are eligible and are being placed in:

- ☐ Category I (Most Significantly Disabled)
- ☐ Category II (Significantly Disabled)
- ☐ Category III (Non- Significantly Disabled)

If you are listed in Category I or II, you should keep this letter for your records and contact me immediately to plan your Rehabilitation Program.

If you are listed in Category III, you must choose to (check one):

- ☐ Assistance with referral to other workforce investment programs/benefits
- ☐ Be placed on a deferred services list until more funds are available
- ☐ Request that your case be closed

_____ _____

Client Signature Date

Only return this letter if you are placed in Category III. You should contact me immediately of your decision or if you do not understand this letter.

If you are not satisfied with your category placement, you may request an administrative review. Your request must be in writing within 30 days of the date of this letter to:

Sincerely,

_____ _____

SIGNATURE Date

_____ _____

SIGNATURE Date

DUE PROCESS FORMS

Request for Administrative Review

Request for Mediation

Request for an Impartial Hearing

Agreement to Mediate

Cancellation of Due Process Review

Final Mediation Agreement

Mediation Scheduling

Consumer Information on Mediation

Mediator Guidelines

ARS Mediation Feedback Survey

ARKANSAS REHABILITATION SERVICES
REQUEST FOR ADMINISTRATIVE REVIEW

Name _____

Social Security _____

Counselor _____

Please describe the counselor's determination(s) that you are asking to review:

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

Disability Rights Arkansas
400 West Capitol, Suite 1200
Little Rock, AR 72201
Telephone: (501) 296-1775
1-800-482-1174

_____ _____

Applicant/Client/Guardian Date

ARKANSAS REHABILITATION SERVICES
REQUEST FOR MEDIATION

Name_____

Social Security _____

Counselor_____

Please describe the issue(s) you would like the mediator to address:

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

Disability Rights Arkansas
400 West Capitol, Suite 1200
Little Rock, AR 72201
Telephone: (501) 296-1775
1-800-482-1174

_____ _____

Applicant/Client/Guardian Date

ARKANSAS REHABILITATION SERVICES
REQUEST FOR AN IMPARTIAL HEARING

Name_____

Social Security _____

Counselor_____

Please describe the counselor's determination(s) that you are asking to review:

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

Disability Rights Arkansas
400 West Capitol, Suite 1200
Little Rock, AR 72201
Telephone: (501) 296-1775
1-800-482-1174

_____ _____
Applicant/Client/Guardian Date

PPD&E Form

ARKANSAS REHABILITATION SERVICES
AGREEMENT TO MEDIATE

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

THE MEDIATION PROCESS

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

CONFIDENTIALITY

The entire mediation process is confidential. The mediator agrees not to reveal any information conveyed by either party during private caucus sessions. The Parties, the mediator and all mediation participants agree not to disclose any information made by any Parties or their representatives, whether oral or written. This information includes, but is not limited to: offers, promises, statements made, or settlement terms made or rejected, evaluations regarding the parties, their good faith efforts, and in the case of mediation session being terminated before a resolution is achieved. No record (stenographic, written, electronic, video or otherwise) shall be made of the proceeding. The Parties will not introduce communications made during the mediation session as evidence in any administrative, civil, judicial or other forum. Each Party shall not subpoena the mediator, mediator assistants or mediator notes in any subsequent investigation, action or proceeding arising out of this mediation session. The Parties acknowledges they have read and agree to abide by the confidentiality regulations found in 34 CFR § 361.38 and other applicable laws or regulations.

DUTIES AND OBLIGATIONS

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

Applicant/Client Date

Representative Date

ARS Representative Date

ARS Representative Date

Mediator Date

Other (Define Relationship) Date

Other Date

Other Date

Other Date

Other Date

PPD&E Form

ARKANSAS REHABILITATION SERVICES
CANCELLATION OF DUE PROCESS REVIEW

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

____ Administrative Review with the District Manager

____ Mediation

____ Impartial Hearing

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

____ Administrative Review with the District Manager

____ Mediation

____ Other_____

Or:

____ I am terminating my request for review without a resolution.

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

_____ _____

Applicant/Client Date

PPD&E Form

FINAL MEDIATION AGREEMENT

Date: _____

Arkansas Rehabilitation Services (ARS) District Office: _____

Party Requesting Mediation: _____

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

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

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

Applicant/Client or Representative (print and sign) Date

Mediator Date

PPD&E Form

MEDIATION SCHEDULING

DATE:

TO: Names and addresses of all participants

FROM: ARS

RE: Mediation Scheduled on (date and time)

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

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

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

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

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

CONSUMER INFORMATION ON MEDIATION

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

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

Q. Who pays for it? Arkansas Rehabilitation Services

Q. Where does it happen? The client chooses a reasonable location.

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

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

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

Q. What do mediators actually do? Mediators are trained to encourage open communication in a confidential setting. They assist the parties by facilitating the development of mutually-agreeable solutions to disagreements. Since there is no one method available to solve these concerns or disagreements, the mediator will be flexible in their approach to explore options and to respect the different individual personalities

involved in the session.

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

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

*For more information contact the Arkansas Rehabilitation Services Program Planning, Development and Evaluation Section at 501.296.16

MEDIATOR GUIDELINES

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

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

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

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

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

4. **Mediator Qualifications –** Upon request, a mediator's qualifications and experience constitute the foundation upon which the mediation process depends; therefore, if

there is any objection to the mediator's qualifications to mediate the dispute, the mediator should withdraw from the mediation. Likewise, the mediator should decline to serve if the mediator feels unqualified to do so.

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

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

1. The mediation is private (Unless otherwise agreed by the participants, only the mediator, the parties and their representatives are allowed to attend.);
2. The mediation is informal (There are no court reporters present, no record is made of the proceedings, no subpoena or other service of process is allowed, and no rulings are made on the issues or the merits of the case.); and
3. The mediation is confidential to the extent provided by law.

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

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

8. **Professional Advice -** A mediator should not give legal or other professional advice to the parties. In appropriate circumstances, a mediator should encourage the

parties to seek assistance from a disability advocate, legal counsel, or other professional advisor before, during, or after the mediation process. A mediator should explain generally to pro se parties that there may be risks in proceeding without independent counsel or other professional advisors.

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

10. **Termination of Mediation Session -** A mediator may postpone, recess, or terminate the mediation process if it is apparent to the mediator that the case is inappropriate for mediation or either party is unwilling or unable to participate meaningfully in the mediation process or if the mediation process is being used to further illegal conduct.

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

PPD&E Form

ARS MEDIATION FEEDBACK SURVEY

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

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

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

Arkansas Rehabilitation Services

Hearing Aid Order Form

(to be completed by licensed ENT, Audiologist, or NBC-HIS)

Date:

Clinic Name, Address, & Phone Number:

Client Name: DOB:

Address:

City, State, Zip:

Manufacturer (Make): Model:

Description & Features:

Does the hearing aid model include a **telecoil** (state recommended)? ☐ YES ☐ NO

If NO, then provide justification for why client preferred devices without telecoil connectivity:

Have **difficulties with school and work** been discussed with the client? ☐ YES ☐ NO

Have **alerting needs** for safety been discussed with the client? ☐ YES ☐ NO

Has **assistive technology** been discussed to address those needs? ☐ YES ☐ NO

Does client have **medical insurance**? ☐ YES ☐ NO

If YES, attach a copy of insurance card, front & back, and provide the benefit details for hearing-related coverage (including deductible info):

For Reimbursement, fill out the following chart (include HCPCS code whenever possible). The information in these boxes <u>MUST</u> match the final invoice. If the information does not match, then a new Hearing Aid Order Form must be submitted prior to VRC authorization.

Item/Service Name	*Item or Service Description*	*HCPCS Code (monaural codes only if applicable)*	*Price*
Left Make/Model			
Right Make/Model			
Warranty*			
Service Plan			
Accessories			
Assistive Technology (non-hearing aid)			
Other Services/ MISC.			
TOTAL COST:			

**Please put "$0.00" in "Price" column if the cost of the warranty is included in the cost of the hearing aid purchase.*

Date Submitted:

Date Received by VRC:

Authorization # (VRC to complete):

Responsibilities of College Students

Please review the required information in order for college training to be provided by Arkansas Rehabilitation Services. Continued assistance will depend upon your cooperation and acceptance of the following responsibilities.

A. You will be expected to apply for Student Financial Aid on an annual basis and provide copies of the results to this office.

B. Reports to your counselor:

Name	
Address	

1. Immediately after enrollment and registration, report the following
   a. Semester Class schedule
   b. Transcript
   c. Student Aid Report
   d. Financial Aid Award or Denial
   e. Statement of Account
   f. Degree Audit (Once a year)

The reports listed above will be required for each semester or term.

C. Other responsibilities:

1. It is required that each full-time student carry a minimum load of 12 semester hours. Enrollment in less than 12 semester hours is permissible only upon special written permission from your counselor prior to enrollment. You will be expected to maintain a "C" average per semester.
2. Any anticipated change in your major field of study or vocational objective must be reported to your counselor prior to changing the degree plan.
3. You must contact your counselor prior to dropping of any course or dropping out of school must be reported.
4. Any disciplinary action in which you are involved must be reported to your counselor.
5. You must make arrangement for a face-to-face with your counselor during the summer months to evaluate your progress.
6. You must complete an annual review
7. Upon completion of your college work, it is your responsibility to keep in touch with your counselor and notify him/her when you accept employment.
8. Please be aware that if you are placed on probation more than once your assistance will be terminated.

Individual's Signature	Date	Counselor's Signature	Date

Responsibilities of Vocational Training Students

You have been approved for assistance with vocational training by the Arkansas Rehabilitation Services. Continued assistance will depend upon your cooperation and acceptance of the following responsibilities.

A. Reports to your counselor:

B. Required documents for enrollment:

1. You will be expected to apply for Student Financial Aid (when appropriate) on an annual basis and provide copies of the results to this office.
2. Award/denial letter from Student Financial Aid (when appropriate) annually.
3. Enrollment contract or program plan that outlines program fees.
4. Proof of comparable benefits i.e. check stub, taxes, etc.

C. Required documents for continued training:

1. Monthly progress report/training plan verifying satisfactory performance.
2. Any anticipated absences from your vocational training program must be reported to your counselor.
3. Any disciplinary action in which you are involved must be reported to your counselor.
4. You must make arrangement for a personal contact with your counselor upon completing your vocational training.
5. You must contact your counselor prior to changing your vocational goal.
6. Upon completion of your vocational training program, it is your responsibility to keep in touch with your counselor and notify him/her when you accept employment.

_____ _____ _____ _____

Individual's Signature Date Counselor's Signature Date

APPENDIX F
SUBSTANCE FREE POLICY

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SUBSTANCE FREE POLICY

PURPOSE

ARS desires to create an environment that protects the public health and safety of ARS customers and staff as it relates to substance use. The purpose of this policy is to ensure that ARS customers have available vocational rehabilitation services to assist them in becoming employed without the risk of being affected by others utilizing drugs, alcohol or other substances. It is our obligation to customers as well as employees that the ARS experience is provided in the safest and most positive settings possible.

SCOPE

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

POLICY

Unlawfully manufacturing, distributing, dispensing, possessing, or using a controlled or illegal substance while an ARS customer is participating in vocational-rehabilitation services is prohibited. Use of prescription drugs other than those prescribed to an ARS customer by a licensed health care professional is likewise prohibited. Any ARS customer violating this policy will be subject to remedial action.

ARS CUSTOMER RESPONSIBILITY

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

ARS customers residing at ACTI may be required to return to their field counselor for assistance with counseling and/or treatment.

ARS customers who reside at ACTI may randomly have their premises searched by a drug dog or designated personnel as deemed necessary by the ACTI Administrator. The customer will be asked to be present at the time of the search.

ARS customers are required to inform the agency within five (5) business days after a conviction related to substance use. A conviction means a pleading or finding of guilt (including a plea of nolo contendere) by a court of competent jurisdiction.

ARS customers may be required, as part of resuming services under their Individual Plan of Employment, to successfully finish a substance abuse rehabilitation program, sponsored by an approved private or governmental institution. ARS may, on a case-by-case basis and through agreement between the customer and counselor, provide financial assistance with such a program.

ARS customers entering a training, internship, apprenticeship or employment-related program that requires drug or alcohol screening as part of the process will be subject to remedial action if they fail the drug or alcohol screening.

ARS customers who are high school students are subject to both their school policies and this policy while actively participating in an ARS program.

DRUG OR ALCOHOL SCREENINGS

Drug or alcohol screening may be conducted pursuant to the Substance Free Policy based on (1) the customer's self-disclosure that he or she is currently using illegal drugs, or (2) the reasonable suspicion of ARS staff, including the customer's counselor, that the customer is currently using illegal drugs. ARS staff will ensure that any drug or alcohol screens are performed by a certified laboratory and interpreted, if deemed necessary by the counselor, by a licensed health-care professional. ARS will cover the costs of required drug or alcohol screens. Such screens may involve urine, saliva, or blood samples, and breath analysis when screening for alcohol. Students at ACTI will have samples collected by the ACTI Hospital Laboratory during working hours, or by a certified laboratory after hours, with screening completed by a third-party, certified laboratory.

REMEDIAL ACTIONS

ARS customers found to have violated this policy may be subject to one or more of the following remedial actions:

- a behavioral contract
- referral for substance abuse counseling
- referral to a substance abuse rehabilitation program
- referral to a 12-Step Program of Recovery
- suspension or termination of services, in accordance with 29 U.S.C § 705(20)(c) (Impact on Provision of Services).

ARKANSAS REHABILITATION SERVICES
SUBSTANCE FREE POLICY

As a customer of Arkansas Rehabilitation Services (ARS), I hereby certify, from my signature below, that I have received a copy of the agency's Substance Free Policy. I understand that the unlawful manufacturing, distributing, dispensing, possession of, or the use of a controlled substance, and the illegal use of substances like prescription drugs and alcohol, while actively participating in an ARS program is prohibited. I understand a violation of this policy will subject me to remedial action.

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

Customer's Signature: _____

Parent/Guardian _____

Customer's Printed Name:_____

SSN: _____

Date: _____

SUBSTANCE FREE POLICY DEFINITIONS

ARS refers to Arkansas Rehabilitation Services.

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

Drug means a controlled substance, as defined in Schedules I through V of section 202 of the Controlled Substances Act. See 29 U.S.C. § 705(10)(A).

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

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

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

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

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

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

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

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

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

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

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

APPENDIX G
EXCEPTIONS TO SERVICE PROVISION POLICY

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

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

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

PROCEDURES – EXCEPTIONS

- When the counselor becomes aware of the client's extenuating circumstances, the counselor will inform the individual of the procedure to request an exception to a service provision policy.

- The counselor will complete Part 1 of the Request for Exception to Service Provision Policy form to inform the Manager of the extenuating circumstances that might justify an exception to the service provision policy. (See Request for Exception to Service Provision Policy form)

- After a review of the request for the exception, the Manager will respond to the Counselor with the decision by completing Part 2 of the Request for Exception to Service Provision Policy form. The District Manager will provide a copy to the Chief of Field Services.

- The counselor will contact the client by telephone, letter or email to arrange an appointment to discuss the District Manager's decision.

- The counselor will document in the case notes the action taken.

- The individual will be informed of the right to appeal the outcome of the decision if not in agreement

Request for Exception to Service Provision Policy

Part 1 (To be completed by the Counselor):

Client Name _____ SSN _____

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

Counselor Signature _____ Date

Part 2 (To be completed by the Manager):

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

Manager Signature _____ Date

APPENDIX H
Pre-Employment Transition Services

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PRE-EMPLOYMENT TRANSITION SERVICES

Pre-Employment Transition Services (Pre-ETS) are the earliest set of vocational rehabilitation services that a student can receive. The student must at a minimum meet the potentially eligible guidelines set forth in 361.48 (a)(1) meaning all students with disabilities regardless of whether they have applied or been determined eligible for vocational rehabilitation services is provided to individuals meeting the student with a disability definition. The term potentially eligible is applicable ONLY when implementing the requirements governing Pre-ETS. WIOA requires the following five categories be provided to students in Pre-Employment transition:

1. Job exploration counseling.

Job exploration and assessments designed to determine career direction are intended to foster motivation, consideration of opportunities and informed decision-making. Real-world activities ensure that students recognize the relevance of high school and post-school education to their futures, both in college and/or the workplace. Career exploration must be done utilizing industry recognized assessments that will assist the student to choose a career path based on interests, skills, and strengths.

2. Work-based learning experiences.

This may include in-school or after school opportunities, or experience outside the traditional school setting (including internships), that is provided in an integrated environment in the community to the maximum extent possible. Work Based Learning will be done in an integrated setting utilizing work experiences where the student works and earns a wage at or above minimum wage. It is expected that supervision will be provided on job sites. Supervision of multiple students on a worksite is allowable so long as the students have individualized work. The number of student work experiences hours shall not exceed 20 hours per week per school year and/or the number of hours per work experience, as set forth by the department of labor. If additional time is required, the counselor will send a justification to the District Manager for approval. For an exception form refer to Appendix G. Students may receive a stipend through Arkansas Rehabilitation Services for time worked during a work experience; however, all stipends must be paid at minimum wage and adhere to Pre-ETS procedures.

3.Counseling on opportunities for enrollment in comprehensive transition or post-secondary educational programs at institutions of higher education.

Training to inform about career options, and the types of academic and occupational training needed to obtain the careers identified in the job exploration assessments. Training to learn about, prepare for, and/or apply for opportunities outside of high school that will lead to employment. This may include test preparations and testing for entry into post-secondary training.

4. Workplace readiness training to develop social skills and independent living.

Workplace readiness will focus on teaching soft skills needed in the work environment, communicating at work, and learning independent living skills. Curriculums, strategies, and activities will be documented monthly on the ARS monthly progress report form, indicating what skills were taught and how the students apply the skills they have acquired.

5.Instruction in self-advocacy (including instruction in person centered planning), which may include peer mentoring.

Self-advocacy can include how to communicate, convey, negotiate or asserting interests and/or desires. Additionally, curriculums can include disability understanding, disability disclosure, decision making, goal setting, evaluate options, identifying accommodations, requesting & utilizing accommodations, providing the knowledge of how to request & accept help, assisting the students in developing intrinsic motivation, developing problem solving skills, assisting with developing positive self-talk.

DEFINITIONS

Individualized Education Program

The school's written plan to meet educational goals and objectives for a student with a disability is called an Individualized Education Program (IEP). The IEP must include a statement of the student's present levels of academic achievement and functional performance. It must also include how the student's disability affects his or her involvement and progress in the general education curriculum, that is, the same curriculum as for students without disabilities. 34 CFR Section 300.320.

Student with a Disability

Student with a disability is an individual with a disability in a secondary, postsecondary, or other recognized education program who:

A) Is not younger than the earliest age for the provision of transition services

B) Is not older than 21 years of age

C) Is eligible for, and receiving, special education or related services under Part B of the IDEA

Youth with a disability: An individual with a disability who is not:

A) Younger than 14 years of age: and

B) Older than 24 years of age.

Youth with a Disability

Youth with a disability is defined as anyone ages 14-24 with the most significant disabilities. The Workforce Innovation and Opportunity Act (WIOA) requires that 50

percent of our Supported Employment funding be spent on the provision of Supported Employment services for youth with disabilities.

Potentially Eligible

Guidelines set forth in WIOA (361.48 (a)(1)) state: All students with disabilities regardless of whether they have applied or been determined eligible for vocational rehabilitation services is provided to individuals meeting the student with a disability definition. The term potentially eligible is applicable ONLY when implementing the requirements governing Pre-ETS.

PRE-ETS PROCEDURE

The intent of Pre-ETS is to provide pre-employment services to high school student prior to determining eligibility and to expose high school students to the world of work.

1. Students must be in the ARS case management system prior to the initiation of Pre-ETS services.
2. Counselors will utilize the case management system in providing pre-employment transition services for potentially eligible students in status 00.
3. Transition students who receive Pre-ETS services must have the following documentation uploaded into the clients ECF:
    a. informed consent
    b. copy of the SS Card and/or documentation verifying social security number
    c. photo ID *(Drivers License, State issued ID, and/or school ID)*
    d. A copy of the students IEP, 504, or documentation to support disability
4. The following documents are required in the electronic case management system:
    a. demographic form.
    b. Referral specifics
    c. PETS document
5. Counselors should document all Pre-Employment Transition Services through a case note. The case note should include:
    a. Description of the Pre-employment transition service
    b. Length of Pre-Employment transition service
    c. Any pertinent information related to the student and the Pre-employment transition service received.
6. Evaluation of students' progress in the Pre-ETS program at least twice a year, documented through a case note.

PRE-ETS REFERRAL

Students with disabilities will generally will be referred by school staff in the service area utilizing the pre-employment transition services referral document. Students with disabilities regardless of whether they have applied or been determined eligible for

vocational rehabilitation services are eligible to receive Pre-employment transition services. Students must meet the definition of a student with a disability. Transition students who receive Pre-ETS services must have the following documentation uploaded into the clients ECF: Informed consent, copy of the SS Card and/or documentation verifying social security number, photo ID *(Driver's License, State issued ID, and/or school ID),* A copy of the students IEP, 504, or documentation to support disability.

Once the Transition counselor receives a Pre-ETS referral and all documentation to initiate services has been received; the counselors will provide verification (via email) to the referral source when the student is ready to begin Pre-Employment transition services.

If a student needs a service outside of the five core areas of Pre-ETS the transition counselor will need to initiate the process to develop an Individualized Plan for Employment (IPE).

If it has been determined a student needs a service outside of the five core areas of Pre-Employment Transition Services the transition counselor will need to initiate the process to develop an Individualized Plan for Employment (IPE)

Two contacts a year

There must be two contacts a year, evaluating and monitoring a student's progress in pre-employment transition services. The case note should reflect direct face-to-face contact, email conversation, phone conversation with the client, or a letter from the client. The case note should be labeled "guidance and counseling" and reflect which of the 5 core services the guidance and counseling is targeting in the body of the case note. If contact with the client is not possible, use a letter to document the counselor's attempts to contact the client.

Allowable PRE-ETS Services

Allowable expenditures are those incurred in carrying out any of the 5 core Pre-ETS services. Allowable expenditures must fit within the scope of itemized Pre-ETS activities. "Allowability" is dependent on the facts of each situation. Any service outside of the allowable Pre-ETS services will require that the student move from potentially eligible to eligible for vocational rehabilitation services status and an Individualized Plan for Employment must be developed.

Procedures for authorizing Pre-Employment Transition Services

Students who are enrolled in a Pre-ETS program and are receiving any of the 5 core Pre-ETS services the following is necessary for authorizing Pre-Employment transition services:

1. Students must be in the ARS case management system prior to authorizing Pre-ETS services

2. Individual progress reports shall be submitted to the local ARS field office utilizing the Pre-ETS progress report on a monthly basis.
3. Progress reports shall reflect the individual's monthly attendance, participation, and activities within the five core areas of pre-employment transition services. Pre-ETS progress reports should be submitted no later than the 10th of the month.
4. Invoices should accompany all progress reports. Invoices must reflect individual Pre-ETS service(s) received, total number of hours participated, and hourly rate *(based on Pre-ETS fee schedule)* in the five core areas of Pre-employment transition service activities.

GENERAL VR AND TRANSITION SERVICES

Transition services are activities designed for a student to promote movement from school to post-school activities. These activities must be coordinated, goal-oriented, and based on the student's needs and interests. The services include post-secondary education, vocational training, integrated employment (including supported employment and job coaching), continuing and adult education, adult services, independent living, and/or community participation. Transition services must promote or facilitate the achievement of the employment outcome.

Any service that fall outside the scope of the five core Pre-employment transition services will require development of an individualized plan for employment (IPE). Transition services may be provided to a broader population-both students and youth with disabilities; transition services are a continuum and represent the next set of vocational rehabilitation services available to students and youth with disabilities.

Transition student may receive concurrent services which includes VR services and pre-employment transition services. If a transition student has moved through the VR process, and has been determined eligible for VR/transition services, the transition Counselor will:

1. Follow all documentation requirements as set for by ARS policy for facilitating movement from status 00 to status 12 or 18
2. The transition counselor will complete the PETS document in the case management system
3. All services including pre-employment transition services will be documented in the IPE
4. Track measurable skills gains by uploading into the client's ECF: the students secondary school diploma or its recognized equivalent, transcripts and/or report cards.

If a student is participating in a work experience through Pre-ETS and needs additional supports such as job coaching that will require the student to move from potentially eligible to eligible for vocational rehabilitation services adhering to policy and procedures for determining eligibility and development on an individualized plan for employment.

Individual Job Coaching Services and Transition

Individual job coaching may be provided to students with a disability and individuals who, because of their disabilities, need intensive job coach supports to obtain and maintain a job in competitive or customized employment, trial work experiences, and/or Pre-ETS work experiences. Individual job coaching is not a Pre-ETS services and will require a student to move from potentially eligible to eligible for VR services. Job Coaching is available for up to 200 hours (unless an exception from the district manager is provided).

For a student to receive job coaching Substantial documentation is required. Substantial documentation can include but is not limited to: Individualized education plan, transition plan and/or other school records which substantiate the need for job coaching.

See Appendix I for the job coaching fee schedule. If additional time is required, the counselor will send a justification to the Manager's for approval. For an exception form refer to Appendix G.

MEMORANDA OF AGREEMENT

The purpose of the Memorandum of Agreement is to define the allowable activities and procedures for receiving payment for services rendered through vendors. The agreements define what services, curriculums and activities a vendor is approved to provide through fee-for-service arrangements with Arkansas Rehabilitation Services. It also lists the roles and responsibilities of the vendor and ARS in service delivery and receipt of payment for services rendered.

MEMORANDA OF UNDERSTANDING WITH LEA'S

The purpose of the MOU is to set the parameters for providing pre-employment transition core services in the school. The goal of the MOU is to establish access times, number of students to be served, and the required documentation and/or records needed to operate in the school system.

Should the high school be providing any of the 5 core services listed above as part of the school's transition program under IDEA, those services will be listed in the high school's responsibility section and be carried out by the school.

Students will be served who meet IEP, 504 criteria or who have a documented disability. The school will determine what course code to apply to the services, if any and determine how credits will be applied to the services, as appropriate. The school will also ensure that students enrolled in the program will meet graduation credit requirements.

Once all parties have signed the MOU with the school, it is distributed to all parties to begin service provisions following the steps outlined in the MOA and the Letter of Engagement (found on the ARS data drive).

The Counselor will signal to the service provider when all documentation and case management processes have been received and completed to initiate services. The counselor will receive the monthly report forms and timesheets for payment processing.

511 SUBMINIMUM WAGE FUNCTIONS AND RESPONSIBILITIES

ARS has developed a subminimum wage flow process and forms located on the ARS shared drive. If a youth with a disability is seeking subminimum wage and has completed secondary education and is 24 years old or younger, he/she cannot start working for less than minimum wage until he/she has had the opportunity to:

1. Receive Pre-employment transition services under WIOA, or
2. Transition services under the Individuals with Disabilities Education (IDEA)
3. Applied for ARS services, in accordance with 34 CFR 361.41(b), and determined—
   (i) Ineligible for vocational rehabilitation services, in accordance with 34 CFR 361.43; or
   (ii) Eligible for vocational rehabilitation services, in accordance with 34 CFR 361.42; and
   A. The youth with a disability had an approved individualized plan for employment, in accordance with 34 CFR 361.46; and
   B. The youth with a disability was unable to achieve the employment outcome specified in the individualized plan for employment, as described in 34 CFR 361.5(c)(15) and 361.46, despite working toward the employment outcome with reasonable accommodations and appropriate supports and services, including supported employment services and customized employment services, for a reasonable period of time; and
   C. The youth with a disability's case record, which meets all of the requirements of 34 CFR 361.47, is closed.

ARS has a contract in place to ensure that youth with disabilities receive career counseling, and information and referrals supports designed to enable the individual to explore, discover, experience, and attain competitive integrated employment.

Youth Known to be Seeking Subminimum Wage – Procedures

1. If a youth is known to be seeking subminimum wage, the Pre-Employment Transition Services and/or Services through IDEA Documentation for Students/Youth Subminimum Wage Employment Form must be completed and uploaded in the clients ECF.

2. If a student has not completed Pre-Employment Transition Services prior to the student exiting the secondary setting the Transition Counselor will place student/youth in Trial Work Experience (Status 06) adhering to the ARS policy and procedures manual. Once the student completes his/her trial work experience and documentation has been obtained and uploaded in the clients ECF, the ARS Transition Counselor will determine the student/youth eligible or ineligible for VR services:
    a. If a student is determined ineligible the transition counselor will complete the ARS 511 documentation reflecting clear and convincing evidence and follow policy and procedures for closing a case file.
    b. A signed copy of the ARS 511 SMW document will be uploaded in the clients ECF and a copy will be provided to the student and/or guardian.
3. If a student has participated in Pre-Employment transition services and/or transition services through IDEA and there is clear and convincing evidence the transition counselor will complete the ARS 511 SMW: Pre-Employment Transition Services and/or Services through IDEA Documentation for Students/Youth Subminimum Wage Employment form and close the case file adhering to policy and procedure for closing a case file.

Refusal of Services – Procedures

In the event a youth with a disability, or the youth's parent or guardian, refuses through informed choice to participate in services offered by ARS, and that youth is known to be seeking subminimum wage employment, the transition counselor will document the refusal of services by:

1. Completing the ARS Transition Services: Student/Youth Refusal of services document
2. Creating an electronic case utilizing the Demographic form.
3. Uploading the ARS Transition Services: Student/Youth Refusal of services document in the clients ECF.
4. Documenting all activities through a case narrative indicating refusal of services.
5. Providing a signed copy of the ARS Transition Services: Student/Youth refusal of services document to the youth, parent, and/or guardian.

The ARS forms are provided in an accessible format when needed/requested to the youth no later than 45 calendar days after the determination or completion of the required activity or service. It can be as much as 90 calendar days, if additional time is necessary due to extenuating circumstances.

Extenuating circumstances should be interpreted narrowly to include circumstances such as the unexpected lengthy absence of the educational or designated State unit personnel

necessary for the production of the documentation or the transmittal of that documentation due to illness or family emergency, or a natural disaster.

Forms when a youth has refused to participate are provided to the youth within 10 calendar days of the youth's refusal to participate.

COMPLIANCE AND MONITORING

Arkansas Rehabilitation Services and its staff will monitor program performance at least annually. A random sample of individual case records will be reviewed to monitor program compliance.

ARS will have access to training sites and training documents and records; ARS will access documents and/or records as well as documents or records created by any agent or contractor authorized to work or to provide services to Pre-Employment Transition participants. Arkansas Rehabilitation Services has the right to conduct confidential interviews with participants and staff that administer the program. Monitoring will also occur upon receipt of a concern from a counselor, participant, parent, program staff or State level personnel.

PERFORMANCE AND ACCOUNTABILITY

A scaled performance rubric will be used to measure the effectiveness of the program. The scale will take into account all documentation from the monthly reporting forms, records of the vendor, information gathered from interviews, and information gathered from the ARS case management system. The performance rubric takes into account the services that were provided, the timeframes that services were provided and the overall compliance with the activities and curriculums originally agreed upon in the Memorandums of Agreement. The minimum requirements to meet satisfactory performance are as follows:

1. All reports are due following the service provision as indicated on the performance rubric of the program providing the service.
2. All areas on the monthly report forms and timesheets must be completed.
3. All measures must be met in a rating category in order to achieve that category.
4. The overall score of the Vendor Performance Rubric is based on an average of all of the services that vendor provides.

The Pre-Employment Vendor Performance Rubric and the School Contracted Services Performance Rubric can both be found in the Pre-ETS procedures section of the ARS shared information drive.

Vendors are monitored on a yearly basis unless a compliance form is completed (ARS VC Form 1). The list of complaints and corrective action plans are maintained on the Transition Sharepoint Site at http://acesp.arkansas.gov/agdiv/ars/transition/default.aspx.

Implementation of Corrective Action or Termination

If ARS finds that corrective action is required, ARS will provide written notice to the vendor identifying of the requirement requiring corrective action. The vendor will have sixty (60) days from the date of notice to institute policy/procedural changes to rectify the corrective action and present a report to ARS on the corrective action that was taken. Additional time, as is reasonable due to the nature of the issue, and agreed upon by all parties will be negotiated on a situational basis.

At the end of the sixty day period, or such additional time as is reasonable due to the nature of the issue and agreed upon by the parties, in the event that Arkansas Rehabilitation Services determines that appropriate corrective action has not been applied, the Agreement will be brought forward for an administrative review to the Chief of Field Services.

Final disposition on the administrative review will be provided in writing no later than thirty (30) days from the date of the review. Final disposition may include continuation of the service agreement with corrective action or termination of the agreement.

APPENDIX I
RATES OF PAYMENT FOR PURCHASED VR SERVICES

ARS MEDICAL FEES

ARS Fee Schedule is referenced in Section VI. Descriptions of procedures, devices, and other related medical services along with the associated fees are found in the Arkansas Health Information Network's annual Blue Cross/Blue Shield Physician Fee Schedule, Hospital Fee Schedule and Outpatient Fee Schedule to determine the agency's cost for Physical/Mental Restoration or other medical services. This Fee Schedule can be located on the ARS network. ARS counselors are first to determine if Comparable Benefits are available, including all health insurance plan coverage.

34 § 361.5 (b)(10) Comparable services and benefits means—(i) Services and benefits that are—

(A) Provided or paid for, in whole or in part, by other Federal, State, or local public agencies, by health insurance, or by employee benefits;

(B) Available to the individual at the time needed to ensure the progress of the individual toward achieving the employment outcome in the individual's individualized plan for employment in accordance with § 361.53; and

(C) Commensurate to the services that the individual would otherwise receive from the designated State vocational rehabilitation agency. (ii) For the purposes of this definition, comparable benefits do not include awards and scholarships based on merit.(Authority: Sections 12(c) and 101(a)(8) of the Act; 29 U.S.C. 709(c) and 721(a)(8))

EXTERNAL EMPLOYMENT VENDOR SERVICES FEES

ARS EMPLOYMENT FIRST CAREER PATHWAYS
(E1st Services Total $7750)

Benchmark 1. Total Discovery/Career Planning - Discovery Staging Record (1- 5)

Benchmark 2. Employment Path

Benchmark 3. Job Development/Placement - Discovery Staging Record (6-7)

Benchmark 4. Employment Closure (90 Days)

ARS Employment First (E1st) Career Pathways	**Fee**	**System 7**
Benchmark 1. Discovery/Career Planning Discovery Staging Record (1 - 5)	$1750	Assessment - Discovery (E1st)
Benchmark 2. Employment Path	$2000	Job Readiness- Employment Path
Benchmark 3. Job Development/Placement Discovery Staging Record (6 - 7)	$1000	Job Placement (E1st)

Benchmark 4. Employment Closure (90 Days)	$3000	E1st 26 Closure

SUPPORTED EMPLOYMENT MILESTONE FEES (Total $8000)

Milestone 1. Supported Employment (SE-1)

Milestone 2. Supported Employment (SE-2

Milestone 3. Supported Employment (SE-3)

Milestone 4. Supported Employment (SE-4)

Supported Employment Services	**Fee**	**System 7**
Milestone 1. Referral (SE-1)	$1,000	Referral (SE)
Milestone 2. Job Match/Placement (SE-2)	$3,000	Job Placement (SE)
Milestone 3. Stabilization (SE-3)	$1,000	Stabilization (SE)
Milestone 4. Closure (SE-4)	$3,000	Closure (SE)

INDIVIDUAL JOB COACHING SERVICE/YOUTH EXTENDED SERVICES
Individual Job Coaching $26 an hour (System 7 Job Coaching).

JOB SERVICES-VR ONLY PER DIEM FEES

Job Referral (JP-1) - VR Only - $250
Job Placement (JP-2) - VR Only - $500
Job Closure (JP-3) – VR Only (90-Days) - $1500

Training/Evaluation Area	Hours	Weeks	Months	Training Costs/Hour	Room and Meals/Month	Comprehensive Client Services/Month	Student Issue	Tuition Fees	Total
Auto Collision Repair	2400	80	18.48	$25	$1,100	$1,100	$547	$60,000	$101,203
Auto Maintenance Tech	720	24	5.54	$25	$1,100	$1,100		$18,000	$30,188
Business Ed. Account Clerk	720	24	5.54	$25	$1,100	$1,100	$332	$18,000	$30,520
Business Ed. Med. Office Tech.	1080	36	8.31	$25	$1,100	$1,100	$256	$27,000	$45,538
Business Ed. Office Assistant	1080	36	8.31	$25	$1,100	$1,100	$268	$27,000	$45,550
Business Ed. Billing and Coding	480	16	3.7	$25	$1,100	$1,100		$12,000	$20,140
Business Ed. Computer Applications	480	16	3.7	$25	$1,100	$1,100	$186	$12,000	$20,326
Business Ed. QuickBooks	360	12	2.77	$25	$1,100	$1,100	$166	$9,000	$15,260
Certified Nursing Assistant	450	20	4.62	$25	$1,100	$1,100	$143	$11,250	$21,557
Construction Technology	1680	56	14	$25	$1,100	$1,100	$155	$42,000	$72,955
Cosmetology	1500	50	11.55	$25	$1,100	$1,100	$161	$37,500	$63,071
Cosmetology Instructor	600	20	4.62	$25	$1,100	$1,100	$357	$15,000	$25,521
Cosmetology Nail Tech	600	20	4.62	$25	$1,100	$1,100	$427	$15,000	$25,591
Food Service Cafeteria	570	19	4.39	$25	$1,100	$1,100	$150	$14,250	$24,058
Food Service Baking	460	15	3.46	$25	$1,100	$1,100	$310	$11,500	$19,422
Food Service Cooking	615	21	4.85	$25	$1,100	$1,100		$15,375	$26,045
Food Service Salad Making	150	5	1.15	$25	$1,100	$1,100		$3,750	$6,280
Welding	1680	46	14	$25	$1,100	$1,100		$42,000	$72,800
Printing and Bindery	960	32	7.39	$25	$1,100	$1,100	$90	$24,000	$40,348
Printing /Offset Press	1440	48	11.09	$25	$1,100	$1,100	$90	$36,000	$60,488
Printing/Graphic Communication	1440	48	11.09	$25	$1,100	$1,100	$70	$36,000	$60,468
Printing/Screen Printing	600	20	4.62	$25	$1,100	$1,100	$90	$15,000	$25,254
Sales and Marketing	720	24	5.54	$25	$1,100	$1,100	$75	$18,000	$30,263
Outdoor Power Equipment Tech.	1200	40	9.24	$25	$1,100	$1,100	$752	$30,000	$51,080
Career Readiness Certificate	120	4	1	$25	$1,100	$1,100		$3,000	$5,200
10-Day Vocational Assessment	60	2	0.5	$25	$1,100	$1,100		$1,500	$2,600
OSHA Training	40	1	0.25	$25	$1,100	$1,100		$1,000	$1,550
Vocational Evaluation	120	4	1	$25	$1,100	$1,100		$3,000	$5,200
Driver's Education	33	4	1	$40	$1,100	$1,100		$1,320	$3,520
Vocational Prep	120	4	1	$25	$1,100	$1,100		$3,000	$5,200
Job Club	30	1	0.25	$25	$1,100	$1,100		$750	$1,300

POLICY GOVERNING THE RATES OF PAYMENT FOR PURCHASED VR SERVICES

1. VOCATIONAL REHABILITATION SERVICES

Vocational rehabilitation services are any services described in CFR 361.48, and necessary to assist an individual with a disability in preparing for, securing, retaining, or regaining an employment outcome consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual.

2. REQUIREMENTS FOR REHABILITATION SERVICE PROVISION

See ARS Policy Manual Section 6 for Service Provision Guidelines and Excluded Services for Purchased VR Services.

3. RATES OF PAYMENT

When determining model rates for provider reimbursement, ARS utilizes approved standards of compensation that are recognized authorities or accrediting bodies in the applicable field and establishes that rate for its certified vendors providing goods or services. For example, licensure by the state is recognized by ARS as a criterion for approval of all health care providers. Rates of payment for licensed physician or other authorized health care professionals are set at 80% of the Arkansas Blue Cross Blue Shield rate of pay. Similarly, ARS recognizes national accreditation for the approval of colleges and universities as providers.

4. ARS PURCHASING REQUIREMENTS

PROCEDURES – PURCHASING

The Arkansas Office of State Procurement requires competitive bids for commodities or services that cost over $20,000 (State of Arkansas Procurement Manual 6/1/2018. In order to ensure that the cost is reasonable ARS further requires competitive bids for purchases over $5,000. Rates of payment for goods or services under $5,000 are based on fee schedules or compared in the local market in order to ensure a reasonable price.

If the cost of one item or the total cost of like items amount to:

4.01 Tier 1

$5,000.01 or more but less than $10,000 (tax excluded) will require the approval of the District Manager. Within 30 calendar days, the counselor will obtain at least three written quotes, complete the Request for Purchase form (RS-357) with a Memo explaining the need for purchase, and submit this information to the District Manager. The District Manager will approve the lowest bid in accordance with the State of Arkansas procurement laws, rules, and regulations. 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. If the District Manager approves the lowest vendor, a copy of the RS-357 will be returned to the counselor. Upon receipt, the counselor may issue an authorization.

4.02 Tier 2

$10,000.01 or more but less than $25,000 (tax excluded) will require the approval of the Chief of Field Services and the District Manager. Within 30 calendar days, the counselor will obtain at least three written quotes, complete the Request for Purchase form (RS-357) with a Memo explaining the need for purchase, and submit this information to the District Manager. The District Manager will approve the lowest bid in accordance with the State of Arkansas procurement laws, rules, and regulations. 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 final approval. If approved by the Chief of Field Services and the District Manager, a copy of the RS-357 will be returned to the counselor. Upon receipt, the counselor may issue an authorization.

4.03 Tier 3

$25,000.01 or more requires the approval of the Chief of Field Services and the Commissioner. Within 30 calendar days, the counselor will obtain at least three or more verbal or written quotes, and submit this information to the District Manager. If the counselor is unable to obtain three quotes, a statement of explanation must accompany the purchase request. Quote specification details will be consistent to all vendors. The counselor/District Manager must be satisfied the price is fair and reasonable based on the following:

- Evaluation of the work to be performed
- Bids including consolidated price summary of material (list items) quantities
- Labor hours/rate of pay
- Reflect fair market value – price a buyer would ordinarily pay.

The counselor completes the Request for Purchase form (RS-357) with a Memo explaining the need for purchase, and submits to the District Manager. If the District Manager approves the need for purchase, he or she will forward the Request for Purchase to Central Office to arrange for the purchase in accordance with the State of Arkansas procurement laws, rules, and regulations. The bid process ensures costs are reasonable, and the segregation of duties ensures internal control. The Central Office will complete the purchase and notify the counselor, who will note the justification in the IPE.

5. MEDICAL REHABILITATION SERVICES

The rate of payment for physician services, dental treatment, glasses, optical aids, and artificial eyes, hearing aids, hospitalization, nursing services, orthotic devices, physical and occupational therapy, prosthetic devices, psychotherapy, speech and hearing therapy, and surgical implants/appliances are based at 80% of the Arkansas Blue Cross and Blue Shield fee schedule. Arkansas Blue Cross and Blue Shield uses the Resource Based Relative Value System (RBRVS) as a guide for establishing fees. The RBRVS was developed with input from thousands of providers, and has become industry standard for establishing physician payments.

ARS utilizes health care professionals and facilities that have agreed to accept the Arkansas Blue Cross and Blue Shield fee schedule as their maximum payment, and cannot collect amounts greater than the schedule for covered services to those insured by Arkansas Blue Cross and Blue Shield.

With hospitals, Arkansas Blue Cross and Blue Shield determines hospital payment rates using the Diagnosis Related Groups (DRGs) classification system which groups hospital patients according to similar diagnostic criteria and other characteristics.

5.01 Physician Services

Rates of payment for medical services provided by physicians are set at 80% of the Arkansas Blue Cross/ Blue Shield rate as of July 1st of each year, updated annually. Services are identified by CPT code and reimbursed using the fee schedule set by Arkansas Blue Cross/ Blue Shield.

5.02 Dental Treatment

Rates of payment for dental services are set at 80% of the Arkansas Blue Cross/ Blue Shield rate as of July 1st of each year, updated annually. Services are identified by CPT code and reimbursed using the fee schedule set by Arkansas Blue Cross/ Blue Shield. If no qualified vendor agrees to accept the rate established for dental services, the counselor may, with the written permission of the district manager that is entered into the client case file, negotiate a reasonable fee based on the lowest of three competitive estimates from vendors in the local area.

Insurance benefits must be used first in paying for surgical and medical services. The amount allowed by the ARS Fee Schedule will be authorized followed by the statement "Rehabilitation Services will pay only that part of the authorized amount not covered by the insurance policy up to the maximum amount allowed by the ARS Fee Schedule." **(See Appendix I-1.)**

The file must document the rational use in price decision: previously proposed prices, contracted prices, market research for the same items.

5.03 Glasses, Optical Aids, and Artificial Eyes

Rates of payment are set at 80% of the Arkansas Blue Cross/ Blue Shield rate for prescription glasses, optical aids, and artificial eyes.

Rates of payment are set at the published list price for a non-prescription item, e.g., closed circuit television, magnifiers, etc. The ARS assistive technology team, here and after referred to as Access and Accommodations, reviews purchases to ensure the price is reasonable in the market. If no qualified vendor agrees to accept the published rate of payment, the counselor may, with the written permission of the district manager that is entered into the client case file, negotiate a reasonable fee based on the lowest of three competitive estimates from vendors in the local area.

5.04 Hearing Aids

Invoices for hearing aids must be itemized. Each line item must correspond to the recommendations for the individual in the audiology/hearing aid evaluation.

Line items for devices not recommended for the individual in the audiology/hearing aid evaluation may be rejected if inconsistent with the individual's Employment Plan. Non-itemized or bundled invoices will be rejected and returned to the vendor.

Each line item for a hearing aid or related device must include the appropriate billing code from the "L" or "V" sections of the Health Care Common Procedures Coding System (HCPCS). ARS may request further documentation to support a given L or V code, and may refuse payment if the vendor cannot provide the documentation requested.

Used devices, if provided, must be disclosed on the invoice as "refurbished," "used," or "rebuilt." Failure to disclose a refurbished device or to follow the FDA procedures may result in removal of the vendor from the ARS Approved Vendor List.

Counselor will verify that the individual received the device and is able to use it. Document in the ECF. Counselor will key required information into the case management system for ARS Purchase Authorization.

ARS will issue payment for hearing aids and related devices according to the price indicated in the Blue Cross Blue Shield fee schedule (current as of the date of the invoice) for the appropriate L or V code. ARS will pay 80% of the price indicated in the Blue Cross Blue Shield fee schedule for the appropriate L or V code. For used devices, ARS will pay 70% of the price indicated for the appropriate L or V code.

For individuals with insurance coverage for hearing aids and related devices, ARS will issue payment after that coverage has been applied. In no event will ARS pay an amount greater than 80% of the price indicated in the Blue Cross Blue Shield fee schedule for a given HCPCS line item.

5.05 Hospitalization

Rates of payment for inpatient hospital services are set at 80% of the Arkansas Blue Cross Blue Shield Hospitalization per diem for that facility. The rate of payment for surgery is set at the Medicaid rate.

5.06 Nursing Services

Rates of payment for nursing services provided in in-home or outpatient settings are included in the Arkansas Blue Cross Blue Shield physician fee schedule or the outpatient fee schedule.

5.07 Orthotic Devices

Rates of payment for orthotic devices are set at 80% of the Arkansas Blue Cross Blue Shield Fee Schedule, L codes cover orthotic devices.

5.08 Physical and Occupational Therapy

Rates of payment for physical and occupational therapy services are set at the Arkansas Blue Cross Blue Shield Physician Fee Schedule as of July st of each year, updated annually.

5.09 Prescription Drugs

Rates of payment for prescription drugs are based on the average wholesale price plus a dispensing fee of $5.00 or the usual and customary list price, whichever is less. ARS has a preference for generic over brand unless the prescribing medical professional indicates otherwise.

The file must document the invoice includes vendor name, address, invoice date, the name of the prescribed medication, quantity, and the agreed/previously priced for the same or similar prescription drugs. The price is reasonable considering the charge/cost is the same for all customers, and reflects fair market price value for comparable goods or services in the local area.

5.10 Prosthetic Devices

Rates of payment for prosthetics are set at the Medicaid rate. All prosthetic requests are reviewed by the Access and Accommodations physical therapist to ensure the prosthesis and its components are consistent with the client's expressed vocational goal. As part of the report the physical therapist will document 80% of the allowable Arkansas Blue Cross Blue Shield rate for the device.

ARS will purchase prosthetic and orthotic devices from certified professionals in the area of expertise by the American Board of Certification on Orthotics and Prosthetics in accordance with informed choice. Artificial arms, legs, and components must be purchased through prosthetics certified by the American Board of Certification on Orthotics and Prosthetics. A list of approved vendors will be maintained **(Policy Manual Section IV: Services, Prosthetic and Orthotic device, page VI-40.)**

5.11 Psychotherapy

Rates of payment for psychotherapy services are set using the most cost-effective means available considering the needs of the individual. Community mental health providers are utilized, as appropriate, and the rate of payment will be consistent with the facility's sliding schedule.

If services are not available or feasible from a community health provider, psychotherapy must be provided from a psychiatrist, licensed psychologist, psychological examiner, licensed clinical social worker, or licensed clinical professional counselor. Counselors preauthorize all services to ensure rate of payment matches the established Medicaid rate for the State of Arkansas as approved the by the General Assembly (the Medicaid rate), which is set as of July 1st of each year, updated annually. Services are identified and reimbursed by CPT code. Invoices are validated by the counselor to match the CPT code.

5.12 Speech and Hearing Therapy

Rates of payment for speech and hearing therapy are at the Medicaid rate as of July 1st of each year, updated annually.

5.13 Surgical Implants/Appliances

Rates of payment for surgical implants/appliances are reimbursed 80% of the Arkansas Blue Cross Blue Shield rate as of July 1st of each year, updated annually. Services are identified and reimbursed by CPT code. If no qualified vendor agrees to accept the rate established for surgical implants/appliances, the counselor may, with the written permission of the district manager that is entered into the client case file, negotiate a reasonable fee based on the lowest of three competitive estimates from vendors in the local area.

5.14 Wheelchairs

ARS will purchase wheelchairs consistent with a physician's prescription and upon review and recommendation by Access and Accommodations. A minimum of three bids from recognized vendors is required with the award going to the lowest bidder.

6. SERVICES RELATED PRIMARILY TO SENSORY AND COGNITIVE DISABILITIES

6.01 Assistive Aids and Devices

Rates of payment for assistive technological aids and appliances are set at the published list price. The Access and Accommodations assessment team reviews purchases to ensure that the price is reasonable in the market.

6.02 Auxiliary Aids

Agency interpreters will be utilized when available. Payment rates for non-agency interpreter services are set at the common and customary rate of pay used in colleges or universities. Payment rates for reader services and note taking services are set at the standard rates of the college, university, or institution the client is attending.

6.03 Auxiliary Aids/Reasonable Accommodations in Institutions of Higher Education

Reasonable accommodations will be provided by the agency, as appropriate, for out-of-class use in support of the educational program, such as reader services needed to complete homework assignments in a dormitory or at home. Rates of payment for the particular service are set at the standard rates of the college, university, or institution the client is attending.

7. RESIDENTIAL ARCHITECTURAL MODIFICATIONS

Rates of payment for approved architectural modifications to a consumer's residence will be consistent with recommendations of an Access and Accommodations assessment. Finding contractors familiar with construction with ADA requirements can be difficult in rural areas, especially for low cost projects. Counselors will work with Access and Accommodations staff and the client to find licensed contractors to provide quotes on the cost of construction to ensure reasonable cost on projects under $5,000.

8. COMPUTERS

Computers that are necessary for an accommodation for a disability will be consistent with recommendations of an Access and Accommodations assessment. Rates of payment for computers are set at the published list price. The Access and Accommodations assessment team reviews purchases to ensure the price is reasonable in the market.

9. VEHICLE MODIFICATION SERVICES

Rates of payment for vehicle modifications will be consistent with the recommendation of an Access and Accommodations assessment and set at the vendor's published list price. The Access and Accommodations assessment team will review purchases to ensure that the price is reasonable in the market. As part of the review the Access and Accommodations evaluator may contact other vendors to determine if the quoted cost is reasonable. If the cost of vehicle modifications exceeds $5,000, counselors must adhere to the procedures outlined in Section 4. It will be the practice of ARS to utilize National Mobility Equipment Dealers Association (NMEDA) certified dealers whenever possible.

10. VEHICLE REPAIR

Rates of payment for vehicle repair are set at the published list price for the needed repair. The counselor obtains three price quotes and compares prices in the local market to ensure the price is reasonable. The following research price comparison in the local area is used to document the rational used in the price decision:

- Get a written estimate and work order
- Receive a clear copy of the invoice
- Invoice includes the shop's name and address, client's name, and car's license number and mileage. It includes the labor charge, the name, number, and price of each part replaced, and whether parts are new or rebuilt.
- The shop's warranty should be printed on the bill.

11. JOB PLACEMENT SERVICES

Rates of payment for job placement services by private vendors are negotiated by agency representatives and vendors. The approved standard rate is utilized throughout the state for all placement services: Job Referral – VR Only - $250; Job Placement – VR Only - $500; and Job Closure – VR Only (90 Days) - $1,000.

12. SELF-EMPLOYMENT SERVICES AND HOME-BASED EMPLOYMENT SERVICES

The role of ARS is not to act as the primary funding source for self-employment or small business endeavors. (Refer to ARS Policy Manual Appendix B on the Small Business Program.) Refer to specific VR services addressed in this policy for rates of payment for services required for self-employment and home-based employment.

13. SUPPORTED EMPLOYMENT SERVICES

Supported employment services include job development, job placement, job coaching, job stabilization, and successful closure. SE services include subsequent extended services funded by another entity than ARS. Rates of payment for Supported Employment Service were established by the agency with input from the vendors that provide these services. There was a determination made that ARS needed to put an emphasis on placement and closure based on recommendation from RSA. The approved standard rate is utilized throughout the state for all CRP invoices.

Supported Employment Milestone (SE-1) Referral/Job Development - $1,000
Supported Employment Milestone (SE-2) Job Match/Placement - $3,000
Supported Employment Milestone (SE-3) Job Stabilization - $1,000
Supported Employment Milestone (SE-4) Closure - $3,000

14. VOCATIONAL COUNSELING AND GUIDANCE

The counselor will provide discrete, substantial counseling services that are vocational in nature and are specifically designed to assist the individual to reach an employment outcome.

Vocational counseling and guidance is provided directly by agency staff at no cost to the consumer.

15. VOCATIONAL TRAINING SERVICES

15.01 Personal Vocational Adjustment

Rates of payment are based on the published fee schedule of the provider. The counselor reviews and compares cost for the particular services in the local market to ensure the price is reasonable.

15.02 Vocational Training

Rates of payment for vocational training are set based on the type of vocational training services rendered. For Institutions of Higher Education and Community Colleges for Associate Degrees please refer to 15.08 below. Rates of payment for vocational training for non-degree programs are set at the fee schedule of the institution or entity providing the training. Out-of-state training fees will not exceed the rate paid for in-state training fees for the same degree, certification, or course of study available at an institution within the state.

15.03 Books, Uniforms, and Supplies for Vocational Training

Rates of payment for books, uniforms, and supplies for vocational training are set at the fee schedule of the institution or entity providing the training.

15.04 Occupational Tools for Training

Rates of payment for occupational tools are set at the fee schedule of the institution or entity providing the training.

15.05 General Education Diploma (GED)

GED training and testing are provided through the Arkansas Department of Career Education, Adult Education programs in each county set at the fee rate of the Adult Education program.

15.06 Tutorial Services

The majority of universities in the state of Arkansas provide tutoring services for free as part of the disability support services on each campus. The agency encourages clients to utilize this benefit. If tutoring services are not available, rates will be determined in accordance with the level of course requirements and based on teaching credentials or qualifications of the tutorial services provider.

15.07 On-The-Job Training

On-the-job training (OJT) offers the opportunity for individuals to learn a job directly at the job site with the business owner or an assigned co-worker providing training specific to that position. Rates of payment for OJT are set at the entry level rate in the local market.

15.08 Training in Institutions of Higher Education and Community Colleges

Rates of payment for educational expenses are set on the tuition fee schedule of the institution or community college. Out-of-state tuition will not exceed the rate paid for in-state tuition for the same degree, certification, or course of study available at a public institution within the state.

16. OCCUPATIONAL TOOLS FOR EMPLOYMENT

Rates of payment for occupational tools for employment are set at the published list price. The counselor reviews purchases and compares prices in the local market to ensure the price is reasonable.

17. SUPPORT SERVICES

17.01 Interpreter Services

Agency interpreters will be utilized when available. Payment rates for non-agency interpreter services are set at the common and customary rate of pay used in colleges or universities.

17.02 Personal Assistance Services

Personal Assistance Services, also referred to as attendant care, refers to a range of services provided by one or more persons designed to assist an individual with a disability to perform daily living activities on or off the job the individual would typically perform without assistance if the individual did not have a disability.

Payment for personal assistance services are determined on the basis of what activities are necessary and reasonable to meet the needs of the consumer. Rates of payment are based on the level of care prescribed by the attending physician. Personal assistance services must be reviewed and approved by the ARS Local Medical Consultant. Amounts of service and rates will be established on a case-by-case basis not to exceed Medicaid rates. Personal assistance services are not subject to financial means testing.

17.03 Maintenance

Rates of payment for maintenance are determined by ARS on a case-by-case basis of what is necessary and reasonable to meet the needs of the consumer.

17.04 Services to Family Members

Rates of payment for services to family members are determined by ARS on a case-by-case basis of what is necessary and reasonable to meet the needs of the family.

17.05 Transportation

The amount and type of funding for transportation is determined with the individual with consideration given to actual expense anticipated using the most cost-effective means of transportation consistent with the individual's needs. Rates of payment for private transportation assistance may include provision of gas money/mileage allowance not to exceed the current state reimbursement rate per mile. Public transportation will be utilized when possible.

17.06 Exception to Service Provision Policy

As stated in the ARS Policy Manual, Appendix G, Exceptions to Service Provision Policy, Page 1: The provision of VR services is based on the rehabilitation needs of the individual, as those needs are identified in the IPE and consistent with the individual's informed choice. Although it is not the intent of ARS to limit services to any individual, thresholds (maximum allowable amounts) have been established for some services. ARS recognizes some individuals with disabilities have unique needs, which may need to be considered as an exception to the normal policy. These individuals are informed and provided an opportunity to request an exception to service provision policies due to extenuating circumstances.

Please refer to the ARS Policy Manual, Appendix G, Pages 1-2 for the procedure to request an exception to a service provision policy.

PRE-EMPLOYMENT TRANSITION FEE SCHEDULE

ARS External Vendor for Pre-Employment Transition Service Fees

School programming based on 36 weeks	Measures/ Service	Fee
1. Job Exploration 2. Workplace readiness training to develop social skills and independent living 3. Counseling on opportunities for enrollment in comprehensive transition or post-secondary training opportunities 4. Self-advocacy	Training to develop Social and independent living skills; Career awareness; informational interviews; Career Speakers; Job clubs; Job shadowing; Career student organizations; Volunteering; Workplace simulations; Workplace tours/field trips; Labor Market studies to determine in-demand occupations Assessing vocational interest should be a component of job exploration. Minimum 3 inventories plus pre & post career readiness test. Interest inventories should assist in determining a student's work skill level, career interest, and career pathways Information on course offerings; Occupational training needed to succeed in the workplace; Provide information on postsecondary opportunities needed to succeed in the workplace & opportunities associated with career fields or pathways; Advising students on academic curricula; Assist with College application and admissions processes; Providing resources that may be used to support student success in education and training; Provide information disability support services; Document academic accommodations; Advocate for needed accommodations & services; Identify interest, abilities, talents, needs, learning styles, preferences and goals; promote use of executive functioning skills; Id admissions test accommodations; College fairs and tours; Assist with College and career exploration	$19.50 per hour **COMBINED TOTAL**: 7 hours per week
Work based learning/paid work experiences	Utilizes the workplace or real work to provide students with the knowledge and skills that will help them connect school experiences to real-life work activities and future career opportunities. It is essential that direct employer or community involvement be a component of the WBL to ensure in-depth student engagement (Max 360 hours or 10 hours per week)	$28.00 per hour total reimbursement fee for student wages; out of the total reimbursement the vendor must pay student for work experiences no less than minimum wage rolled into the total fee For purposes of ARS vendor programming, work-based learning applies to student work experiences only.

Summer programming **maximum 8 weeks** **minimum 4 weeks**	**Measures/Service**	**Fee**
1. Job Exploration Counseling 2. work place readiness training to develop social skills and independent living 3. Counseling on opportunities for enrollment in comprehensive transition or post-secondary training opportunities 4. Self-advocacy	**Assess Vocational interest** Minimum 3 inventories plus pre & post career readiness test. Interest inventories should assist in determining a student's work skill level, career interest, and career pathways Training to develop Social and independent living skills; Career awareness; informational interviews; Career Speakers; Job clubs; Job shadowing; Career student organizations; Volunteering; Workplace simulations; Workplace tours/field trips; Labor Market studies to determine in-demand occupations Information on course offerings; Occupational training needed to succeed in the workplace; Provide information on postsecondary opportunities needed to succeed in the workplace & opportunities associated with career fields or pathways; Advising students on academic curricula; Assist with College application and admissions processes; Providing resources that may be used to support student success in education and training; Provide information disability support services; Document academic accommodations; Advocate for needed accommodations & services; Identify interest, abilities, talents, needs, learning styles, preferences and goals; promote use of executive functioning skills; Id admissions test accommodations; College fairs and tours; Assist with College and career exploration	$19.50 per hour **COMBINED TOTAL**: 7 hours per week
Work based learning/ paid work experiences	**Paid work experiences:** Utilizes the workplace or real work to provide students with the knowledge and skills that will help them connect school experiences to real-life work activities and future career opportunities. It is essential that direct employer or community involvement be a component of the WBL to ensure in-depth student engagement (Maximum 20 hours per week)	$28.00 per hour total reimbursement fee for student wages; out of the total reimbursement the vendor must pay student for work experiences no less than minimum wage rolled into the total fee. For purposes of ARS vendor programming, work-based learning applies to student work experiences only.

Pre-Employment Transition Services (Pre-ETS) Programming information

- Once a student has completed Job Exploration counseling through vocational assessments the Pre-ETS provider may submit the completed assessments to the transition counselor at the local ARS office and receive reimbursement for services at $19.50 per hour not to exceed 10 hours per student per Pre-ETS program
- Job exploration is a billable service designed to assist a student in developing an understanding of the job market through career exploration; job shadowing; worksite tours and fieldtrips, mock interviews, and career speakers.
- Job Coaching is not a Pre-Employment Transition Service funded through this fee schedule. If a student needs 1:1 supports in a work experiences the provider will need to contact the transition counselor at the local ARS office and discuss the need for 1:1 supports.
- Transportation is not a Service funded through the Pre-ETS fee schedule. Transportation is the responsibility of the Pre-Employment Service provider
- Pre-ETS providers will receive a (1) time work experience development fee paid per student upon placement in students first integrated work experience.
- Pre-ETS providers will be responsible for submitting documentation of student's placement in a work experience to the transition counselor at the local ARS office indicating the students' worksite, job duties (or title), and projected number of work experience hours student will receive per week
- Pre-ETS providers will be responsible for paying student wages in the work experience at minimum wage or higher for a maximum reimbursement of $10.00 per hour (this fee includes administrative cost and benefits)