PROGRAM SERVICES
POLICY AND PROCEDURES MANUAL

for

VOCATIONAL REHABILITATION PROGRAMS

LIFE SKILLS PROGRAMS

AND

SUPPORTED EMPLOYMENT

DETR
NEVADA REHABILITATION DIVISION

——

BUREAU OF VOCATIONAL REHABILITATION

And

BUREAU OF SERVICES TO THE BLIND AND VISUALLY IMPAIRED

——

This Program Services Policy and Procedures Manual replaces all previous
Client Services Policy and Procedures manuals.

Received by: ____________ Date: ______ Acknowledged by: ____________ Date: ______ Staff
Member District Manager

SFY 2004

*This manual must be printed on light blue paper only*
<table>
<thead>
<tr>
<th>SECTION</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 1</td>
<td></td>
</tr>
<tr>
<td>LAW, REGULATION AND STATE PLAN</td>
<td>1</td>
</tr>
<tr>
<td>Section 2</td>
<td></td>
</tr>
<tr>
<td>BUREAU MISSION STATEMENTS</td>
<td>2</td>
</tr>
<tr>
<td>Section 3</td>
<td></td>
</tr>
<tr>
<td>EQUAL RIGHTS</td>
<td>3</td>
</tr>
<tr>
<td>Section 4</td>
<td></td>
</tr>
<tr>
<td>INFORMED CHOICE</td>
<td>4</td>
</tr>
<tr>
<td>CITATIONS</td>
<td></td>
</tr>
<tr>
<td>POLICY STATEMENT</td>
<td></td>
</tr>
<tr>
<td>LEGAL REQUIREMENTS</td>
<td></td>
</tr>
<tr>
<td>IMPLEMENTATION OF INFORMED CHOICE</td>
<td></td>
</tr>
<tr>
<td>ROLES AND RESPONSIBILITIES</td>
<td></td>
</tr>
<tr>
<td>Section 5</td>
<td></td>
</tr>
<tr>
<td>RESIDENCY</td>
<td>7</td>
</tr>
<tr>
<td>Section 6</td>
<td></td>
</tr>
<tr>
<td>REFERRAL OF PARTICIPANTS</td>
<td>8</td>
</tr>
<tr>
<td>REFERRAL OF EMPLOYEES OR RELATIVES OF EMPLOYEES</td>
<td></td>
</tr>
<tr>
<td>Section 7 RAISON</td>
<td>9</td>
</tr>
<tr>
<td>SYSTEM MALFUNCTION</td>
<td></td>
</tr>
<tr>
<td>Section 8</td>
<td></td>
</tr>
<tr>
<td>APPLICATION FOR SERVICES</td>
<td>10</td>
</tr>
<tr>
<td>PARTICIPANT BILL OF RIGHTS</td>
<td>11</td>
</tr>
<tr>
<td>Section 9</td>
<td></td>
</tr>
<tr>
<td>THE IDENTIFICATION AND REPORTING OF SSDI/SSI RECIPIENTS</td>
<td>12</td>
</tr>
<tr>
<td>Section 10</td>
<td></td>
</tr>
<tr>
<td>ELIGIBILITY FOR VOCATIONAL REHABILITATION SERVICES</td>
<td>13</td>
</tr>
<tr>
<td>INELIGIBILITY CERTIFICATION</td>
<td></td>
</tr>
<tr>
<td>Section 11</td>
<td></td>
</tr>
<tr>
<td>ORDER OF SELECTION</td>
<td>17</td>
</tr>
<tr>
<td>Section 12</td>
<td></td>
</tr>
<tr>
<td>ASSESSMENT OF ELIGIBILITY/ CERTIFICATE OF ELIGIBILITY</td>
<td>26</td>
</tr>
<tr>
<td>Section 13</td>
<td></td>
</tr>
<tr>
<td>ASSESSMENT OF VOCATIONAL REHABILITATION NEEDS</td>
<td>27</td>
</tr>
<tr>
<td>Section 14</td>
<td></td>
</tr>
<tr>
<td>TRIAL WORK EXPERIENCE/EXTENDED EVALUATION</td>
<td>28</td>
</tr>
<tr>
<td>Section 15</td>
<td></td>
</tr>
<tr>
<td>SUPPORTED EMPLOYMENT</td>
<td>30</td>
</tr>
<tr>
<td>Section 16</td>
<td></td>
</tr>
<tr>
<td>INDIVIDUALIZED PLAN FOR EMPLOYMENT (IPE)</td>
<td>34</td>
</tr>
<tr>
<td>STUDENTS RECEIVING SPECIAL EDUCATION SERVICES</td>
<td></td>
</tr>
</tbody>
</table>
Section 17

CONTENT OF THE INDIVIDUALIZED PLAN FOR EMPLOYMENT .......................36
IPE FUNDING ESTIMATE PROCEDURES
IPE FUNDING ALLOCATION FORM
DOT OCCUPATIONAL INFORMATION

Section 18

SCOPE OF VOCATIONAL REHABILITATION SERVICES .................................38
VENDOR REQUIREMENTS FOR PROVISION OF SERVICES
C MEDICAL/DENTAL/PSYCHOLOGICAL/PSYCHIATRIC TREATMENT ....39
C EXTREME MEDICAL RISK.................................................................40
C SELF EMPLOYMENT PLANS.........................................................40
C BUSINESS PLAN CHECKLIST....................................................43
C SERVICES TO GROUPS...................................................................46
C SUBSTANCE ABUSE DISORDERS..................................................47
C HEARING, DEAFNESS, HEARING AIDS.......................................50
C BLINDNESS..................................................................................52
C WORKERS COMPENSATION FOR MOBILITY, REHABILITATION TEACHING, & RECREATION .................................................................52
C BIOPTICS.......................................................................................53
C CBA’s .........................................................................................54
C WORKERS COMPENSATION FOR CBA’S......................................55
C TRAINING.....................................................................................55
C OJT...............................................................................................56
C OJT1
C OJT2
C OJT3
C JOB READINESS AND JOB DEVELOPMENT PLAN
C MAINTENANCE..............................................................................63
C TRANSPORTATION.......................................................................63
C VEHICLE REPAIR..........................................................................63
C VR1
C VR2
C VR3
C VR4
C VEHICLE MODIFICATION
C VM1
C VM2
C VM3

March 24, 2004
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C VEHICLE PURCHASE/LOAN PAYMENTS</td>
<td>76</td>
</tr>
<tr>
<td></td>
<td>C PROVISION OF OTHER GOODS AND SERVICES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C HOME MODIFICATION</td>
<td>76</td>
</tr>
<tr>
<td></td>
<td>C FORMAL CASE REVIEW PROCESS</td>
<td></td>
</tr>
<tr>
<td>Section</td>
<td>COOPERATION AND COORDINATION OF BENEFITS WITH OTHER AGENCIES</td>
<td>83</td>
</tr>
<tr>
<td>Section</td>
<td>INTER-BUREAU CASE RELOCATIONS</td>
<td>84</td>
</tr>
<tr>
<td>Section</td>
<td>CLOSURES</td>
<td>85</td>
</tr>
<tr>
<td>Section</td>
<td>THE PARTICIPANT’S SERVICE RECORD</td>
<td>89</td>
</tr>
<tr>
<td></td>
<td>C REQUIRED DOCUMENTATION</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C REQUIRED CONTACT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C CASE FILE ORGANIZATION</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C ELECTRONIC CASE FILE ORGANIZATION</td>
<td></td>
</tr>
<tr>
<td>Section</td>
<td>AUTHORIZATIONS AND PURCHASES</td>
<td>95</td>
</tr>
<tr>
<td></td>
<td>X SPENDING AUTHORITY</td>
<td></td>
</tr>
<tr>
<td></td>
<td>X CPT Codes</td>
<td></td>
</tr>
<tr>
<td>Section</td>
<td>FINANCIAL NEED AND DETERMINATION OF THE AVAILABILITY OF COMPARABLE BENEFITS AND SERVICES</td>
<td>108</td>
</tr>
<tr>
<td></td>
<td>C FINANCIAL PARTICIPATION ASSESSMENT FORM</td>
<td></td>
</tr>
<tr>
<td>Section</td>
<td>FAIR HEARING AND MEDIATION PROCEDURE</td>
<td>115</td>
</tr>
<tr>
<td></td>
<td>X PARTICIPANT GUIDE TO THE FAIR HEARING PROCESS</td>
<td>121</td>
</tr>
<tr>
<td>Section</td>
<td>PROTECTION, USE AND RELEASE OF PERSONAL INFORMATION</td>
<td>122</td>
</tr>
<tr>
<td>Section</td>
<td>TICKET TO WORK</td>
<td>129</td>
</tr>
<tr>
<td>Section</td>
<td>LIFE SKILLS PROGRAMS</td>
<td>133</td>
</tr>
<tr>
<td>Section</td>
<td>RECREATION PROGRAM</td>
<td>143</td>
</tr>
<tr>
<td>Section</td>
<td>FORMAL CASE REVIEW PROCESS</td>
<td>153</td>
</tr>
</tbody>
</table>

March 24, 2004
Section 31  JOB DEVELOPMENT AND PLACEMENT FEE FOR SERVICE PROCEDURES…………………………………………………………………………..154
Section 32  PURCHASE OF TOOLS/EQUIPMENT AND COMPUTERS………………..159
    X  EQUIPMENT CONTRACT.................................................................161
    X  COMPUTER PURCHASES OVER $5,000.00.........................................162
Section 33  MEDICAL CONSULTATION.................................................................163

DEFINITION OF TERMS..................................................................................164
SECTION I: LAW, REGULATION AND STATE PLAN

This manual relies on the authorities, which include the following:

- PL 220-105, Rehabilitation Act Amendments of 1998
- 34 CFR Parts 361, 363 and 365
- 20 CFR Part 652 et al., Workforce Investment Act
- Nevada Revised Statutes chapters 232, 426 and 615
- State Plan for the Vocational Rehabilitation Services Program with supplement for the Supported Employment Services Program

The Administrator of the Rehabilitation Division (Division) is responsible for the administration, through the bureaus of the Division, of the provisions of NRS 426.520 to 426.720, inclusive, chapters 458 and 615 of NRS, NRS 232.360 to 232.390, inclusive, and all other provisions of law relating to the functions of the Division and its bureaus but does not directly manage the professional line activities of the bureaus except as specifically provided by law; is responsible for the preparation of a consolidated State plan, which serves as the basis for Nevada's operation and administration of the vocational rehabilitation program for the Bureau of Services to the Blind and Visually Impaired, the Bureau of Vocational Rehabilitation and any other program administered by the Division which the Administrator considers appropriate to incorporate into the consolidated State plan before submission to the Federal government; is responsible, upon receiving Federal approval of the State plan, for the distribution of copies of the approved State plan to every field office operated by either bureau and other appropriate entities.

The State plan will be developed and updated annually or when there is a significant and relevant change in the information or the assurances contained in the plan, the administration or operation of the plan or in the organization, policies or operation of the Designated State Agency or the Designated State Unit. In developing and revising State plans, the Administrator shall consider, among other things, the amount of funding available from the Federal government for the programs of the Division, the conditions under which such funds are accepted and the limitations of Nevada legislative appropriations for the programs.

The Bureaus of Vocational Rehabilitation and Services to the Blind and Visually Impaired are agencies of the Rehabilitation Division, the Designated State Unit, which is primarily concerned with vocational and other rehabilitation needs of individuals with disabilities. The Rehabilitation Division functions under the Department of Employment, Training and Rehabilitation. Bureau personnel must meet the minimum qualifications established by each bureau through the Nevada Department of Personnel and as required under the Rehabilitation Act. Each bureau employs rehabilitation counselors and support staff to assist program participants in understanding the rehabilitation process, applying for and receiving services. The Division employs staff whose purpose is to conduct program planning and evaluation, provide for staff development and determine the extent of rehabilitation facility utilization and the need for facility development.
SECTION 2: BUREAU MISSION STATEMENTS

The Bureau of Services to the Blind and Visually Impaired exists to provide information or services needed to improve a visually impaired individual’s ability to become independent, productive and where appropriate, employed.

The mission of the Bureau of Vocational Rehabilitation is to bridge the gap between disability and employment.
SECTION 3: EQUAL RIGHTS

Eligibility requirements are applied without regard to race, age, creed, color, gender, sexual orientation, national origin or type of disability. No upper or lower age limit is established which will, in and of itself, result in a finding of ineligibility for any person who otherwise meets basic eligibility requirements.
SECTION 4: INFORMED CHOICE

Citations:
The Rehabilitation Act of 1973, as amended:
Sections 2©(1), 100(a)(3)(C): 101 (a)(6)(C), (8)(A), (9)(B), and (19); 102(b)(1)(A), (2)(B) and (C), (3)(A) and (3)(E)(i) and (ii); 102(d); and 103(a) and (a)(2);
34 CFR 361.52;
RSA Policy Directive-PD-01-03

It is the policy of the Rehabilitation Division that its Vocational Rehabilitation (VR) programs “must provide applicants and individuals eligible for VR services with the opportunity to exercise informed choice throughout the VR process, including making decisions about the employment goal, VR services, service providers, settings for employment and service provision, and methods for procuring services. To enable an individual to make such decisions, the Division’s VR programs must provide information, support and assistance needed by the individual. The Division and its VR programs have the responsibility to implement policies, procedures, and practices, and to develop resources that enable applicants and individuals eligible for VR services to exercise informed choice throughout the entire VR process; these policies, procedures, and practices must be consistent with Federal statutory and regulatory requirements.” Individuals who are applicants or eligible for VR services must be active and full partners in the VR process, making meaningful and informed choices. The informed choices made by individuals are not binding but must be seriously considered by the VR programs in the development and provision of services.

Legal Requirements:
• inform each applicant and individual eligible for VR services, through appropriate modes of communication, about the opportunities to exercise informed choice throughout the VR process, including the availability of support services for individuals who require assistance in exercising informed choice;
• assist applicants and eligible individuals in exercising informed choice in making decisions related to the provision of assessment services;
• provide or assist eligible individuals in acquiring information that enables them to exercise informed choice in the development of their Individualized Plans for Employment (IPE) with respect to the selection of the employment outcome, VR services and service providers, the employment setting and the setting in which the services will be provided, and the methods for procuring services;
• develop and implement flexible procurement policies and methods that facilitate the provision of services and afford eligible individuals meaningful choices among procurement methods; and
• ensure that the availability and scope of informed choice is consistent with the obligation of the VR programs.
• counseling and guidance services include information and support services to assist an individual in exercising informed choice, reinforcing the facilitative and supportive role of the VR counselor.

34 CFR 361.52 (c) specify the minimum information about services and service providers that must be provided by the VR programs to applicants and eligible individuals during the process of developing the IPE. The information includes: the cost, accessibility, and duration of services; the types of
services; the degree to which service settings are integrated; the qualifications of services providers; and to the extent available, information about participant satisfaction with those services. These regulations also suggest various methods and sources for acquiring information about service providers. These methods may include agency lists of services and service providers; periodic participant satisfaction surveys or reports; referrals to other participants, participant groups, or disability advisory councils qualified to discuss the services or service providers; relevant accreditation, certification, or other information relating to the qualifications of service providers; and opportunities for individuals to visit or experience various work and service provider settings. Rehabilitation counselors may also assist the individual in the identification of information resources and information gathering techniques. The Division and its VR programs may also refer individuals to other participants, participant groups, disability representatives or reference sources identified as qualified to discuss vocational goals, objectives, vocational rehabilitation services.

Implementation of Informed Choice:
Implementation of informed choice should ensure that the individual, or if appropriate, the individual, through his or her representative:

- has a range of options from which to make decisions or, to the extent possible, the opportunity to create new options that will meet the individual’s specific rehabilitation needs;
- has access to sufficient information about the consequences of various options;
- has skills for evaluating the information and for making decisions, or, to the extent possible, the opportunity to develop such skills or support and assistance in carrying out these functions;
- makes decisions in a way that reflect the individual’s strengths, resources, priorities, concerns, capabilities, and interests; and
- takes personal responsibility, to the extent possible, for implementing the chosen options.

Roles and Responsibilities:
Effective implementation of informed choice depends on efforts of the individual and, as appropriate, people important in the individual’s life, working jointly with the VR counselor.

The Applicant and/or Eligible Individual:
Exercising informed choice and taking more responsibility in the VR process makes demands on individuals with disabilities, and may also make demands on other people in their lives. To be fully engaged in the VR process, including development of the IPE, the individual must gather and use information to the extent possible, participate in planning and problem solving, make and implement decisions, and seek or identify needed resources. Once the IPE has been signed by both the individual and the VR counselor, the individual assumes the responsibilities identified in the IPE for implementing the decisions and achieving the employment outcome.

The VR Counselor:
Implementation of informed choice has changed the role of the participant-counselor relationship, and in many cases counselors will serve more as facilitators of plan development. (House Report 105-659, p. 355). The VR counselor facilitates the process with the knowledge of the rehabilitation and VR process, an understanding of informed choice, information regarding rehabilitation resources and current labor market trends, and the experience of assisting other individuals through the VR process.

It is generally the responsibility of the VR counselor to inform the individual about available options.
for developing the IPE and for exercising informed choice and to assure that the individual understands the options. The counselor assists the individual during the assessment process to discover the individual’s strengths, abilities, capabilities, and interests. If appropriate, the counselor encourages the participation of family members and others in the VR process.

The counselor also assists the individual in exercising informed choice, informs the individuals of services that support the individual in exercising informed choice, and helps the individual link with any necessary support services. The counselor facilitates the development of the individual’s ability to gather information and supports individuals in making decisions to the best of the individual’s ability.

The counselor works with the individual to build relationships and to align resources that will enable the individual to exercise informed choice and to work toward the employment outcome.

**The Division and Its VR Programs:**
The Division is responsible to administer the VR programs in a manner that supports the joint efforts of the individual and the VR counselor. The Division can provide such support by implementing policies and procedures that provide the maximum opportunity for individuals to exercise informed choice, for the VR counselor to support individuals in that effort, and for the development of employment and service options that meet a wide range of individual needs.
SECTION 5: RESIDENCY

There is no residency requirement, durational or other, imposed, which excludes from services any individual who is present in any political subdivision of Nevada. All applicants must, however, be available to participate in all phases of the eligibility determination process, Assessment of Vocational Rehabilitation Needs (AVRN), and their Individualized Plan for Employment (IPE). Any participant receiving services from an office located outside the county in which they reside, requires written justification by the district manager and prior approval by the Program Chief.
SECTION 6: REFERRAL OF PARTICIPANTS

Referral Information

Inquiries regarding vocational rehabilitation or other services will be answered by the involved staff member, referred to a more knowledgeable staff member or referred to the Client Assistance Program.

Each field office of both bureaus will maintain accurate and updated listings of Federal, State, local governmental, private and private non-profit agencies and organizations which assist and/or provide services to individuals with disabilities and their families. To the extent possible, when referring persons for assistance and/or services from another agency or organization, staff of each bureau will utilize existing information/referral systems in Nevada such as those available through the Client Assistance Program (CAP) and the Centers for Independent Living (CIL).

Employees and or Relatives of Employees

Applicants that are VR employees or relatives of VR employees will be referred to a counselor outside of the office in which the employee works. The specific office the case will be handled from will be determined by the Rehabilitation Manager (District Manager) prior to intake.

If for some reason an employee or employee’s relative has a case currently open in the same office as the employee, the case will be immediately transferred to another location. That location will be determined by the rehabilitation manager.

The rehabilitation manager will notify the Deputy Chief of any employee or employee relatives who have applied for services to ensure compliance with this policy and procedures.

The employee may not access case file documentation electronically or by hard copy at any time unless the request for information goes through appropriate channels, via the rehabilitation counselor and an authorization to release confidential information has been completed. When a request for information has been properly executed, the information will be provided to the employee via the rehabilitation counselor.

The employee may not discuss the status of the case with the rehabilitation counselor or other VR staff during work hours. Break times or lunchtime is the appropriate time to contact VR staff unless the employee chooses to take annual leave.
SECTION 7: RAISON

The Division uses an automated electronic case management system named “Rehabilitation Automated Information System of Nevada” (RAISON) to maintain statistical information and other data on the vocational rehabilitation programs, older blind and life skills programs. There is a technical manual on the use of RAISON to provide guidance on RAISON functions titled the “RAISON Users Manual“ (RUM).

System Malfunction
In the event the RAISON system malfunctions and staff are unable to process documentation the following forms will be utilized, in hard copy:

- Application
- Authorizations
- COE
- IPE
- Closure Form

This information will be maintained in hard copy until RAISON is functioning again and will be input within 5 workdays to bring the system current. Exceptions to the 5-day requirement may be obtained with approval from the Rehabilitation Manager, particularly if the system is down for several days.
SECTION 8: APPLICATION FOR SERVICES, ELIGIBILITY, ELIBILITY EXTENSION

An application is a signed and dated request for services. It may be an agency form, an Internet application, a letter or other equivalent. Evidence of signature may be, as appropriate, a witnessing mark, audiotape or TDD/TTY record.

The formal date of application is the date that the Rehabilitation Counselor or Rehabilitation Technician receives the application. A date stamp will be affixed to the application upon receipt. Any lag time between the receipt of the application (mailed in, handed in after orientation, etc.) and intake interview is counted toward the 60-day eligibility determination timeframe.

A Rehabilitation Counselor or designee may review and screen an applicant, who is seeking service, preferably within 30 days, to learn if the person would be more suitably served by another employment-focused or social services program. Referrals to other appropriate outside entities will be made. If an application is submitted, a standardized intake summary will be completed. Referrals to other appropriate outside entities will be made if the individual is found to be ineligible, or if the individual decides that appropriate services would be better provided through another service provider.

The qualified rehabilitation professional will determine whether an individual is eligible for vocational rehabilitation services or accepted for an extended evaluation within a reasonable period of time not to exceed 60 days after receipt of an application or from the date the individual is available to participate in the assessment process. The qualified rehabilitation professional will notify the applicant that exceptional and unforeseen circumstances exist beyond the control of the bureau precluding the completion of the determination within the prescribed time frame and if the applicant agrees the time period can be extended. The rehabilitation counselor and participant attest to the extension as evidenced by both of their signatures on the eligibility extension form.

Application Process
To generate a new case, the Rehabilitation Technician will enter the Caseload Browse screen through the Participant Module. By clicking the “New Case” button, it will bring you to the New Case screen titled “New Case” form. Participant information is then entered into all required fields. When information is saved, you will automatically be brought to the “New Case Verification” form, where you can check the accuracy of the entered information and either “Confirm” or “Cancel” the data. After the information is confirmed, you will go to a “New Case Completed” screen, where you can continue with the application process, or exit. Exiting will bring you back to the Participant Caseload Browse. Usually the Technician will continue to enter the following fields: “Personal Information” and “Application Information”, including the “Basic”, “Financial”, “Education”, “Employment”, and “Work History” forms. The Rehabilitation Counselor will then complete the “Application Documentation” form, “Disability” form, and “Special Programs” form.

If eligibility is not able to be determined within the prescribed timeframe, the Eligibility Determination Extension form must be completed.

The Participant Bill of Rights will be provided to each applicant during intake.
PARTICIPANT BILL OF RIGHTS

A vision of the Rehabilitation Division is for participants to be responsible for, and to actively participate in, their own rehabilitation. Rehabilitation staff assists participants to reach their goals by helping them explore their options and supporting them with appropriate services.

As a participant, you can expect:
- To have reasonable access to Rehabilitation staff, and to have your calls returned and commitments honored;
- To have complete and accurate information about the application process, eligibility, VR program goals, and planning and service policies;
- To be actively and fully involved in the entire rehabilitation process;
- To receive assistance from the counselor in identifying interests, aptitudes and skills;
- To know the range of available service options, and to be supported in your choices within the range of service options available based on program policy;
- To be provided opportunities for adjusting to your disability and for exploring work options before being asked to set vocational goals or make employment commitments;
- To have decisions made, plans developed and services provided in a timely manner;
- After determination of eligibility and the identification of rehabilitation needs, there will be an Individualized Plan for Employment (IPE) written. The IPE will be developed together by the rehabilitation counselor and the participant or the participant and their parent, guardian or authorized representative, including other suitable professionals and informed advisors. The IPE must be mutually agreed upon by both, between the participant and the counselor;
- To be treated equally, without regard to the nature or severity of your disability, age, race, ethnicity, gender, or sexual orientation;
- To have all decisions and their reasons communicated in an understandable manner, using an appropriate mode of communication;
- To have the process for resolving service problems fully explained and to receive assistance in accessing this process, if necessary;
- To have Rehabilitation staff follow the *Rehabilitation Division Code of Ethics which requires counselors to conduct themselves in a legal, ethical and moral manner with respect, courtesy, honesty and fairness.

As a participant, I understand that Rehabilitation staff expect me:
- To actively participate in my own rehabilitation program;
- To follow through and honor the commitments I have made;
- To work towards goals and objectives that have been agreed on and to make preparing and looking for work a full time effort;
- To develop and maintain a positive and effective working relationship with Rehabilitation staff;
- To communicate honestly and give complete and accurate information;
- To respond to communications from Rehabilitation staff in a timely manner;
- To cooperate with Rehabilitation staff regarding rules and procedures under which they have to work;
- To resolve problems honestly and openly using the existing problem resolutions options (mediation, informal review, impartial hearings);
- To conduct myself appropriately with Rehabilitation staff. I also recognize that I am expected to conduct myself in a legal, ethical and moral manner with respect, courtesy, honesty and fairness.
  - The Rehabilitation Division has adopted the Code of Professional Ethics for Rehabilitation counselors from the Commission on Rehabilitation Counselor Certification. The following organizations have adopted the same Code for the memberships: the American Rehabilitation Counseling association, the National Rehabilitation Counseling association, and the National Council of Rehabilitation Education.
Portions of the Code are derived from the American Psychological Association’s Ethical Principals of Psychologists.
SECTION 9: THE IDENTIFICATION AND REPORTING OF SSDI/SSI RECIPIENTS

The rehabilitation counselor or technician is responsible for:

1. identifying and reporting the recipient or potential recipient (an individual who has applied for SSDI/SSI, but is pending a decision); and,

2. verifying SSDI/SSI benefits.

The thorough and accurate completion of reporting documents is essential since this information is required to verify and track recipients for the SSA/VR Reimbursement Program.

HOW TO IDENTIFY THE SSDI/SSI STATUS OF APPLICANTS
An inquiry about Social Security benefits should be made during the intake interview. Recipients or potential recipients may be identified by asking the participant, parent or guardian if the individual receives SSDI/SSI benefits; the type and amount of the benefits; how long the individual has received benefits; and which, if any, medical benefits are received (from the medical card). Additional sources of information to identify benefits include a copy of an award letter, viewing the monthly benefit check, or SSA referral information from the Bureau of Disability Adjudication. If the participant receives SSDI benefits under an insured worker parent or spouse, such as survivor's benefits to a disabled spouse or child, document both the social security number of the insured relative and the participant.

WHERE TO REPORT THE SSDI/SSI STATUS

These instructions are an adjunct to the RAISON Users Manual (RUM).

Rehabilitation counselors and technicians are to be diligent in following up with participants who have been awarded benefits after application for vocational rehabilitation services.

1. Note briefly the following information in the financial section of the intake interview summary; the source, the type and amount of benefits, medical benefits, and the social security number of an insured parent worker if pertinent.

2. Rehabilitation Technicians and Rehabilitation Counselors will complete the application. The Rehabilitation Counselor will complete the intake components of the application and/or narrative. Check the appropriate code for the primary source of support:

   Public Assistance, at least partly with Federal funds (SSI) and/or Social Security Disability Insurance (SSDI)

3. Complete the CLOSURE form for every case, which is closed. This is done by going through Caseload Browse, then Forms and click on Closure and complete all required fields in each of the tabbed areas, in particular, the financial tab. Substantial Gainful Activity (SGA) is reported in the “Employment” section of RAISON.

VERIFICATION FOR SSA/VR REIMBURSEMENT PROGRAM
Verification of the SSDI/SSI benefits of all individuals reported as recipients at any time during the rehabilitation process and closed in an employment outcome will be requested according to the Third-Party Query Agreement between the Nevada Rehabilitation Division, the Nevada Welfare Division and the Social Security Administration (SSA).

Please see the instructions provided by SSA.
SECTION 10: ELIGIBILITY DETERMINATION FOR VOCATIONAL REHABILITATION

An applicant is eligible for vocational rehabilitation services if the individual:

A. 1. is an individual with a disability, and,

2. has a physical or mental impairment which for such individual constitutes or results in a substantial impediment to employment; and can benefit in terms of an employment outcome from vocational rehabilitation services; and,

B. requires vocational rehabilitation services to prepare for, secure, or retain employment; and,

C. has legal status to allow employment in the United States.

The Bureau of services to the Blind and Visually Impaired will serve those applicants who have a primary disability of blindness or other visual impairment. Eligibility is determined in accordance with A., B., and C. above. Those individuals whose vision can be restored to normal with correcting lenses do not meet the criteria of blind or visually impaired.

An applicant who is allowed Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) under Title II or Title XVI of the Social Security Act meets criteria A. Verification of benefits, as evidenced by SSA documentation, is all that is required to determine eligibility. Medical documentation will be acquired to assist in service identification for vocational rehabilitation needs. Eligibility is presumed so long as the individual intends to achieve an employment outcome consistent with the unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice of the individual. No additional tests shall be used to validate a SSA disabled recipient’s intent to work. Staff may reiterate the program’s focus on employment outcomes. The Division may make an ineligibility determination if clear and convincing evidence demonstrates that the applicant is incapable of benefiting in terms of an employment outcome from vocational rehabilitation services due to the severity of the disability of the individual.

Individuals with disabilities, including individuals with the most significant disabilities, are presumed to be capable of benefiting in terms of an employment outcome from vocational rehabilitation services.

The presumption of any individual’s ability to benefit from vocational rehabilitation services may only be rebutted as related to the severity of an individual’s disability through the provision of a period of trial work experience, as described in Section 12; and/or extended evaluation.

The presumption of eligibility shall not be construed to create an entitlement to any vocational rehabilitation service.

The eligibility requirements are applied without regard to the particular service needs or the anticipated cost of services required by an applicant or the income level of an applicant or the applicant’s family.

RAISON has a screen entitled “Eligibility Completion Status” that indicates the completion of a
participant’s eligibility status in a check box format. Once completed, the participant can be moved to eligible status by entering the eligibility date on the Determination form.

INELIGIBILITY DETERMINATIONS

An individual may be determined ineligible for services if:

- An individual does not have a physical or mental impairment, which constitutes or results in a substantial impediment to employment; or
- Clear and convincing evidence demonstrates that the individual cannot benefit in terms of an employment outcome from vocational rehabilitation services; or
- An individual does not require vocational rehabilitation services to prepare for, enter, engage in, or retain gainful employment.

The following conditions must also be met when an ineligibility determination is made:

a) the determination is made only after providing an opportunity for full consultation with the individual, or, as appropriate the individual’s representative;
b) the participant has been informed in writing, supplemented by other appropriate modes of communication, of the determination, including the reasons for the determination, as well as requirements and means by which the individual may seek remedy for any dissatisfaction;
c) the individual is provided a description of services available under the participant assistance program and how to contact the program;
d) the individual is referred to other training or employment-related programs that are part of the One-Stop service delivery system;
e) if the determination has been made based on a finding that the individual is incapable of achieving an employment outcome, a review of the determination must be made within 12 months, and annually thereafter if requested by the individual, or if appropriate the individual’s representative (the review of ineligibility determination need not be conducted if: The individual has refused service, the individual has refused a review of the ineligibility determination, the individual is no longer in the State, the individual’s whereabouts is unknown, the individual’s medical condition is rapidly progressive or terminal). (CFR361.43)

Both a determination of ineligibility and the results of an ineligibility review will be recorded on the Certificate of Ineligibility form and in a progress review note.
CERTIFICATE OF INELIGIBILITY

This individual is determined to be ineligible on the basis of:

☐ Does not meet the criteria for an individual with a disability:
  ☐ A physical or mental impairment, which constitutes or results in a substantial impediment to employment, does not exist.
  ☐ Clear and convincing evidence demonstrates this individual cannot benefit in terms of an employment outcome from vocational rehabilitation services.

☐ Does not require vocational rehabilitation services to prepare for, enter, engage in, or retain gainful employment.

______________________________________________                                 _____________
Rehabilitation Counselor                Date

I have been fully consulted about this ineligibility determination. My rights and remedies have been explained to me and I have received a written copy of them. My views about this determination are:

_____________________________________________                                  _____________
Participants Signature (parent or guardian)                                                            Date

ANNUAL REVIEW OF THE INELIGIBILITY DETERMINATION

☐ A review of the ineligibility determination precluded because:
  ☐ The individual has refused service.
  ☐ The individual has refused a review of the ineligibility determination.
  ☐ The individual is no longer in the State.
  ☐ The individual’s whereabouts are unknown.
  ☐ The individual’s medical condition is rapidly progressive or terminal.

☐ An ineligibility review as conducted on____________________________________________

Explain the results of the ineligibility review:

____________________________________________
Participant’s Signature (Parent or Guardian)                                                              Date

This document is available in the following formats: Large print, Braille, audiotape and Spanish. The services of the Bureau of Vocational Rehabilitation are non-discriminatory in regard to race, color, creed, sex, age, national origin or disability.
SECTION 11: ORDER OF SELECTION

In the event that the Bureau is unable to serve all eligible individuals due to limited resources, those with “most significant” disabilities will be served first through an Order of Selection (OOS) procedure. Under OOS, participants are placed on a prioritized waiting list by level of significance of disability and are served when funding and resources are available.

Order of Selection for Vocational Rehabilitation Services

The Rehabilitation Division has the responsibility to provide an organized and equitable method to serve individuals with disabilities, if it is anticipated that all eligible individuals who apply for vocational rehabilitation services cannot be served. The Division will:

- Determine the need for an Order of Selection
- Time the establishment of an Order of Selection
- Develop priority categories for an Order of Selection
- Implement and monitoring an Order of Selection
- Determine a priority category for each eligible individual
- Manage the resources available for the provision of vocational rehabilitation services for each fiscal year.
- Assure that first priority for vocational rehabilitation services is given to individuals with the most significant disabilities
- Assure the state wideness of the Order of Selection
- Define the circumstances under which the Division will not require an Order of Selection

Determination of Need for Order of Selection for Vocational Rehabilitation Services

Prior to the beginning of each fiscal year, the Division will:

- Project the cost of determining eligibility for all applicants for vocational rehabilitation services in the next fiscal year; and
- Project the cost of serving, in the next fiscal year, the projected number of individuals with IPE’s in place at the end of the current fiscal year; and
- Project the cost of serving, in the next fiscal year, individuals who’s IPE’s will be put in place in that year.

After the start of a fiscal year, the Administrator will declare the Division’s Vocational Rehabilitation Programs under Order of Selection for vocational rehabilitation services when the budget information available indicates that the projected resources (staff and funding) available for vocational rehabilitation services identified, for the remainder of the fiscal year, are not adequate to meet all projected costs for the remainder of the year.

NOTE: Authority cited: 34 CFR 361.36

Order of Selection for Vocational Rehabilitation Services shall not be based on the following:

- Any geographical location of residency within the state
- Any duration of residency requirement, provided the individual is available to participate
- Type of disability.
- Sex, race, age, religious creed, color, ancestry, national origin, sexual orientation, or marital status.
- Source of referral
- Type of expected employment outcome
- The particular service need or anticipated cost of services required by an individual, and
- The income level of an individual or an individual’s family.

NOTE: Authority cited: 34 CFR Sections 361.5(b)(30) and 361.36

Definitions

The following definitions apply:

1. “Accommodation” for the purpose of evaluating the impact in a functional capacity area means any type of assistance required as a result of an impairment including, but not limited to, work site adaptation, job restructuring, assistive technology devices, personal assistance services, prescribed medication, alternate media, or prosthesis.

2. “Assess” or “Assessment,” for the purposes of Order of Selection only, means quantifying the impact of the limitations presented by an individual’s disability considered in a full range of environments. This assessment takes place after an individual has been determined to be eligible for services from the Bureau of Vocational Rehabilitation and Bureau of Services to the Blind and Visually Impaired.

3. “Extended Period of Time” means more than six months.

4. “Functional Capacity Area” means communication, interpersonal skills, mobility, self-care, work skills, and work tolerance, which are impacted by an individual’s disability.

5. “Communication” means the ability to use, give and/or receive information.

6. “Interpersonal Skills” means the ability to establish and/or maintain appropriate interactions with others.

7. “Mobility” means the ability to move from place to place.

8. “Self-Care” means the ability to plan and/or perform activities of daily living.

9. “Work skills,” means the ability to sustain the required level of work functions.

10. “Work Tolerance” means the ability to sustain the required level of work functions.

11. “Level of Significance of Disability” means one of the following: no significant disability (disabled), significantly disabled, or most significantly disabled as determined by the following criteria:

   “No Significant Disability (Disabled)” means an eligible individual who meets the following criteria:
   - who has no serious limitation in terms of an employment outcome in any functional capacity area; or
   - who vocational rehabilitation is not expected to require multiple vocational rehabilitation services, or
   - whose vocational rehabilitation is not expected to require an extended period of time

   “Significantly Disabled” means an eligible individual who meets the following criteria:
   - who has a serious limitation in terms of an employment outcome in at least one functional capacity area, and
   - whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services, and
• whose vocational rehabilitation can be expected to require an extended period of time, and
• 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, acquired traumatic brain injury, heart disease, hemiplegia, hemophilia, HIV infection, 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, or
• who has a disability or is blind as determined pursuant to Title II or Title XVI of the Social Security Act (42 USC 401 et seq. and 1381 et seq.)

If the Bureau of Vocational Rehabilitation and the Bureau of Services to the Blind and Visually Impaired are serving only individuals who are the Most Significantly Disabled under Order of Selection, the Bureau(s) shall complete the Significance of Disability Instrument, to determine whether they are Most Significantly Disabled.

12. “Most Significantly Disabled” means an eligible individual who meets the following criteria:
• who has a serious limitation in terms of an employment outcome in at least four functional capacity areas; and
• whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services; and
• whose vocational rehabilitation can be expected to require an extended period of time; and
• 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, acquired traumatic brain injury, heart disease, hemiplegia, hemophilia, HIV infection with clinical evidence of immunosuppression, 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; or
• who has a disability or is blind as determined pursuant to Title II or Title XVI of the Social Security Act (42 USC 401 et seq. and 1381 et seq.) and who has a serious limitation in terms of an employment outcome in at least four functional capacity areas.

12. “Multiple Vocational Rehabilitation Services” means two or more vocational rehabilitation services, excluding counseling and guidance, services to family members, and transportation.

13. “Priority Category” means the order in which individuals will be served. The category shall
be established, first, based on their level of significance of disability, and second, their date of application.

14. “Serious Limitation in Terms of an Employment Outcome” means a reduction of one’s capacity to perform, due to severe physical or mental impairment, to the degree that the individual requires services or accommodations in order for the individual to work or be a fully functioning member of the community.

15. “Transportation” for the purposes of Order of Selection, only means the use of public or private modes of travel. The purchase of a vehicle, vehicle modification, repair, and mobility evaluation are not defined as transportation for purposes of determining the need for multiple vocational rehabilitation services.

NOTE: Authority cited: 34 CFR Sections 361.5(b)(30) and (31) and 361.36

Order of Selection for Vocational Rehabilitation Services Process

If the number of individuals eligible to receive vocational rehabilitation services must be limited, the following Order of Selection for Vocational Rehabilitation Services shall be implemented:

♦ A determination will be made as to which priority categories can be served by comparing the projected costs of serving all individuals assigned to a priority category, and the projected resources available to meet these costs.

♦ All eligible individuals assigned to a priority category, who do not have a signed IPE, shall be notified, in writing, of the Division’s intention to implement Order of Selection for Vocational Rehabilitation Services. If the individual chooses, a designated representative may receive notification on his/her behalf.

♦ The Order of Selection for Vocational Rehabilitation Services shall be effective ten (10) working days following the Administrator’s declaration. The application date used to establish the order in which services will be provided may be prior to the date of the Administrator’s declaration.

Upon implementation of the Order of Selection for Vocational Rehabilitation Services:

- Individuals whose IPE was written and signed prior to implementation shall continue to receive services including additional services subsequently identified as necessary to complete their IPE.

- Individuals who were determined eligible prior to implementation, but for whom the IPE’s have not been written and signed, shall be assigned to a priority category.

Following implementation, services shall be provided to individuals in priority categories in the following order:

- Eligible individuals determined to be most significantly disabled, as defined in Definitions, beginning with the earliest application date.

- Eligible individuals determined to be significantly disabled, as defined in Definitions, beginning with the earliest application date.

- All other eligible individuals determined to have no significant disability as defined in Definitions, beginning with the earliest application date.

- When eligible individuals determined to be significantly disabled can be served, all eligible individuals determined to be most significantly disabled shall be served regardless of the date of application.

- When eligible individuals who are determined to have no significant disability can be served, all eligible individuals determined to be significantly disabled shall be served regardless of the date of application.
Individuals who are not included in the priority category (ies) being served shall be placed on a waiting list in accordance with Monitoring the Order of Selection for Vocational Rehabilitation Services. NOTE: Authority cited: 34 CFR Sections 361.5(b)(30) and (31) and 361.36

Modifying Order of Selection for Vocational Rehabilitation Services

When the Administrator of the Division has declared the Division in Order of Selection for Vocational Rehabilitation Services, at least a quarterly review will be done to determine whether the projected resources available to serve individuals in priority category/ies currently being served are adequate to meet all projected costs for such individuals for the remainder of the fiscal year.

If the review indicates that the projected resources are inadequate to serve individuals in priority categories currently being served, the priority categories being served will be reduced accordingly. Individuals in a priority category no longer being served, whose IPE was written and signed prior to implementation of the reduction shall continue to receive services including additional services subsequently identified as necessary to complete their IPE.

If the review indicates that the projected resources are adequate to serve only individuals in priority categories currently being served, no change will be made in the priority categories being served.

If the review indicates that the projected resources are adequate to serve individuals in additional priority categories, those categories will be served.

The Administrator shall make a declaration of any change in priority categories.

NOTE: Authority cited: 34 CFR 361.36

Determining Level of Significance of Disability

Assessing the level of significance of disability shall be:

- A collaborative effort on the part of the Division staff and the individual with a disability and, as appropriate, his/her family, or advocates, or designated representative; and
- Based on information collected from a wide variety of sources; and
- Based on a review of the individual’s daily life, including community, home, school, and work, considering an individual’s ability to participate in major life activities, as they impact an employment outcome; and
- A consideration of the impact of an individual’s impairment/s in each of the functional capacity areas (communication, interpersonal skills, mobility, self-care, work skills and work tolerance).

When assessing the functional impact of the disability, Division staff shall, in collaboration with the individual and/or the individual’s representative, complete the Significance of Disability Instrument (SOD), indicating whether any serious limitation in terms of an employment outcome exists in each of the functional capacity areas. The following factors are to be considered in determining if a serious limitation in terms of an employment outcome exists in each functional capacity area. The factors listed below and on the SOD Instrument for each of the functional capacity areas are not considered to be all-inclusive or fully comprehensive.

A serious limitation in terms of an employment outcome is indicated in the area of communication when, as a result of the physical and/or mental impairment:
The individual requires accommodation to use, give and/or receive verbal/auditory information; or
The individual requires accommodation to use, give and/or receive visual information.

A serious limitation in terms of an employment outcome is indicated in the area of mobility when, as a result of the physical and/or mental impairment:

- The individual requires accommodation to move from place to place; or
- The individual is limited in terms of distance and/or terrain that can be traveled.

A serious limitation in terms of an employment outcome is indicated in the area of interpersonal skills when, as a result of the physical and/or mental impairment, the individual requires accommodation to establish and/or maintain appropriate interactions with others.

A serious limitation in terms of an employment outcome is indicated in the area of self-care when, as a result of the physical and/or mental impairment, the individual requires accommodation to plan and/or perform activities of daily living.

A serious limitation in terms of an employment outcome is indicated in the area of work skills when, as a result of the physical and/or mental impairment:

- The individual requires accommodation to sustain the required level of work function; or
- The individual is restricted from working in certain work environments, which may include, but are not limited to, cold, heat and noise.

The individual shall receive a copy of the SOD within 30 days of determination of the level of significance of disability. The individual, or the individual’s designated representative, and the counselor shall sign the form and it shall be included in the individual’s case file.

NOTE: Authority cited: 34 CFR Section 361.5(b)(30) and (31) and 361.36

Waiting List

Upon determination in accordance with the Determination of Need for Order of Selection for Vocational Rehabilitation Services that an Order of Selection must be implemented, the Division shall establish a waiting list.
#### Level of Severity of Disability (LSOD)

<table>
<thead>
<tr>
<th>6 FUNCTIONAL CAPACITY AREAS:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobility</td>
<td>Communication</td>
</tr>
<tr>
<td>Category I</td>
<td></td>
</tr>
<tr>
<td>Most Significantly Disabled</td>
<td></td>
</tr>
<tr>
<td>Category II</td>
<td></td>
</tr>
<tr>
<td>Significantly Disabled</td>
<td></td>
</tr>
<tr>
<td>Category III</td>
<td></td>
</tr>
<tr>
<td>Disabled</td>
<td></td>
</tr>
</tbody>
</table>
SIGNIFICANCE OF DISABILITY INSTRUMENT

MOBILITY means: The ability to move from place to place

☐ No serious limitation in terms of an employment outcome has been determined for this functional capacity at this time.

☐ A serious limitation in terms of an employment outcome is indicated when, as a result of the physical and/or mental impairment:
  - The individual requires accommodation to move from place to place. This may include, but is not limited to, the following:
    - Wheelchair, prosthesis, orthosis, mobility training, mobility aid and/or service dog to move from place to place;
    - Personal assistance to move from place to place;
    - Assistance to use public transportation, read maps or signposts to move from place to place;
  - The individual is limited in terms of distance and/or terrain that can be traveled.
  - Other serious limitation in terms of an employment outcome (Specify):

COMMUNICATION means: The ability to use, give and/or receive information.

☐ No serious limitation in terms of an employment outcome has been determined for this functional capacity at this time.

☐ A serious limitation in terms of an employment outcome is indicated when, as a result of the physical and/or mental impairment:
  - The individual requires accommodation to use, give and/or receive verbal/auditory information. This may include, but is not limited to, the following:
    - Rehabilitation technology that includes, but is not limited to, an augmentative speech device, screen reading software, hearing aid, TTY or assistive listening device to use, give and/or receive verbal/auditory information;
    - Interpreter to use, give and/or receive verbal information.
  - The individual requires accommodation to use, give and/or receive visual information. This may include, but is not limited to, the following:
    - Low vision aids to use, give and/or receive visual information;
    - Braille/tactile labels and/or a brailler to use, give and/or receive visual information;
    - Rehabilitation technology including, but not limited to, screen reading software to use, give and/or receive visual information.
  - Other serious limitation in terms of an employment outcome (Specify):

SELF-CARE means: The ability to plan and/or perform activities of daily living.

☐ No serious limitation in terms of an employment outcome has been determined for this functional capacity at this time.

☐ A serious limitation in terms of an employment outcome is indicated when, as a result of the physical and/or mental impairment:
  - The individual requires accommodation to plan and/or perform activities of daily living. This may include, but is not limited to, the following:
    - Personal assistance services to plan and/or perform activities of daily living;
    - Rehabilitation technology to plan and/or perform activities of daily living;
    - Specialized training to independently plan and/or perform activities of daily living.
  - Other serious limitation in terms of an employment outcome (Specify):
**INTERPERSONAL SKILLS** means: The ability to establish and/or maintain appropriate interactions with others.

- **No serious** limitation in terms of an employment outcome has been determined for this functional capacity at this time.

  - **A serious** limitation in terms of an employment outcome is indicated when, **as a result of the physical and/or mental impairment:**
    - The individual requires accommodation to establish and/or maintain appropriate interactions with others. This may include, but is not limited to, the following:
      - Specialized training and/or personal assistance services to establish and/or maintain appropriate interactions with co-workers, supervisors, etc;
      - Prescribed medication to establish and/or maintain appropriate interaction with co-workers, supervisors, etc.
    - Other serious limitation in terms of an employment outcome (Specify):

**WORK SKILLS** means: The ability to learn and/or perform work functions.

- **No serious** limitation in terms of an employment outcome has been determined for this functional capacity at this time.

  - **A serious** limitation in terms of an employment outcome is indicated when, **as a result of the physical and/or mental impairment:**
    - The individual requires accommodation to learn and/or perform work functions. This may include, but is not limited to, the following:
      - Job coach to learn and/or perform work functions;
      - Prescribed medications to learn and/or perform work functions;
      - Specialized training and/or personal assistance services to learn and/or perform work function;
      - Job modifications including, but no limited to, job restructuring, modified work area or additional time to learn and/or perform work functions;
      - Rehabilitation technology to learn and/or perform work functions.
    - The individual requires accommodation to plan, problem solve and/or organize work functions. This may include, but is not limited to, the following:
      - Rehabilitation technology to plan, problem solve and/or organize work functions;
      - Personal assistance services to plan, problem solve and/or organize work functions;
      - Specialized training to plan, problem solve and/or organize work functions;
      - Job Coach to plan, problems solve and/or organize work functions.
    - Other serious limitation in terms of an employment outcome (Specify):

**WORK TOLERANCE** means: The ability to sustain the required level of work function.

- **No serious** limitation in terms of an employment outcome has been determined for this functional capacity at this time.

  - **A serious** limitation in terms of an employment outcome is indicated when, **as a result of the physical and/or mental impairment:**
    - The individual requires accommodation to sustain the required level of work function. This may include, but is not limited to, the following:
      - Adjusted work schedule to meet continuing medical treatment and/or medical needs;
      - Variable work schedule for medical appointments or medical needs;
      - Prescribed medication to sustain required levels of work function.
    - Restricted from working in certain work environments which may include, but are not limited to, cold, heat, noise;
    - Other serious limitation in terms of an employment outcome (Specify):
Section 12: ASSESSMENT OF ELIGIBILITY/CERTIFICATE OF ELIGIBILITY or EXTENSION

A. An assessment of eligibility is required to document eligibility and must be completed within 60 days after receipt of application unless the rehabilitation counselor and participant agree that more time is warranted. (See Section 7 regarding application for services.)

B. Scope of assessment. The assessment places primary emphasis upon determining whether a participant is eligible for vocational rehabilitation services based, to the maximum extent possible, on a review of existing information (i.e., medical, psychological, school, Social Security records) and, if additional data is necessary, a preliminary assessment of such data (including the provision of goods and services during such assessment).

The assessment may include evaluations or other assessments conducted by qualified personnel of the potential to benefit from rehabilitation technology services.

A. Vocational Assessment-this assessment involves a referral to vocational evaluators employed by the DSU. Upon referral the evaluator will assess the referral and determine vocational evaluation needs with the rehabilitation counselor. The evaluator will identify specific assessment tools and write an Evaluation Plan. Assessments include individualized testing, group testing, and community-based assessments. The Evaluator will conduct orientations to the assessment process for all participants and modify the assessments utilized or assessment environment based on functional limitations of the participant.

B. Timelines and Reporting Requirements-Community based assessments must be developed within 15 workdays of the date of referral, unless an extension is mutually agreed upon between the evaluator, rehabilitation counselor and participant. The evaluator monitors the cba and must provide weekly progress notes to the rehabilitation counselor. There is no time requirement for individual or group testing, however, tests are to be administered within a reasonable period of time. Assessment reports require completion within 8 days of the date the participant exits the evaluation process. The results of the assessment(s) must be documented in a standardized report format, completed by a vocational evaluator. Evaluators will conduct staffings with the participant and rehabilitation counselor, identifying a variety of potential vocational goals that are based on assessment results, analysis and synthesis of client behavioral data, functional limitations, past work history, current labor market trends and any other information necessary. These staffings will occur within 10 days of completion of the evaluation. Additional contact with participants requires the entry of a progress review note within 2 working days of the contact and a copy provided to the rehabilitation counselor.

The Rehabilitation Counselor signs and dates a certificate of eligibility when determination that eligibility criteria in Section 9 have been met.
SECTION 13: ASSESSMENT OF VOCATIONAL REHABILITATION NEEDS

As soon as eligibility has been determined and to the extent necessary, the rehabilitation counselor conducts an Assessment of Vocational Rehabilitation Needs (AVRN) to determine, as appropriate in each case, the nature and scope of needed services.

The assessment consists of a comprehensive assessment of the participant's unique strengths, resources, priorities, interests and needs, including an assessment of the need for supported employment. The AVRN documentation can be found in the plan under the “Planned Services” tab. Narrative information is made under the “Needs and Comments” tab on the PLAN. Once printed, this information appears in the “Needs and other Comment” section of the PLAN for each planned service. A comprehensive assessment is limited to information that is necessary to identify the participant's vocational rehabilitation needs and to develop the Individualized Plan for Employment (IPE).

To complete the assessment existing information is utilized to the maximum extent possible and appropriate and in accordance with confidentiality requirements and information provided by the participant and by the participant's family, where appropriate.

The assessment may include, to the degree needed to make such a determination, an assessment of the participant's personality, interest, interpersonal skills, intelligence and related functional capacities, educational achievements, community based assessment, vocational attitudes, personal and social adjustments, and employment opportunities of the participant. It may include the study of medical, psychiatric, psychological, and other pertinent vocational, educational, cultural, social, recreational, and environmental factors, which affect the participant's employment and vocational rehabilitation needs.

The assessment may include an appraisal of the participant's patterns of work behavior and services needed for the individual to acquire occupational skills and services needed to develop work attitudes, work habits, work tolerance and social and behavior patterns necessary for successful job performance. This may include the utilization of work in real job situations to assess and develop capacities to perform adequately in a work environment; and may also include referral.

The assessment may contain, where appropriate, the provision of rehabilitation technology services to assess and develop the participant's capacities to perform in a work environment.
SECTION 14: TRIAL WORK EXPERIENCE OR EXTENDED EVALUATION

A. A period of trial work experience or extended evaluation must be provided for rebuttal of the presumption of an individual’s ability to benefit from vocational rehabilitation services.

B. The Division shall explore the individual’s abilities, capabilities, and capacities to perform in work situations, through the use of trial work experiences with appropriate supports provided through the bureaus, except when an individual cannot take advantage of such experiences. Such experiences shall be of sufficient variety and over a sufficient period of time to determine the eligibility of the individual or to determine the existence of clear and convincing evidence that the individual is incapable of benefiting in terms of an employment outcome from vocational rehabilitation services due to the severity of the applicant’s disability.

C. Trial work experience or extended evaluation, in determining eligibility or ineligibility, requires:

1. The participant be identified as experiencing a significant disability
2. The Rehabilitation Counselor’s qualified opinion that the severity of the disability may preclude the individual from benefiting from vocational rehabilitation services, in terms of an employment outcome
3. Placement in Eligibility Extension by completing the Extended Eligibility form.
4. The rehabilitation counselor, with supervisory approval, must sign and date a certification of acceptance for extended evaluation prior to the 60-day eligibility requirement.
5. Development of a time-limited written evaluation plan of the trial work experience to be provided
6. The time-limited written evaluation plan (utilizing a modified IPE format clearly identified in the eligibility section as Extended Eligibility) must be jointly developed with the informed consent of the participant and/or their representative and must be signed by rehabilitation counselor and participant and/or their representative.
7. The time-limited written evaluation plan must identify the specific types of work and the duration of work activities
8. Periodic assessment of the individual’s potential to benefit from vocational rehabilitation services during the period of trial work experience
9. Provision of appropriate supports and training, including the provision of needed rehabilitation technologies
10. Provision of compensation for the work activities that is at least minimum wage or meets Fair Labor Standards Act sub-minimum wage requirements; and,
11. A determination of eligibility or ineligibility must be made at the completion of the defined trial work experience.

Trial work experience does not require:

1. the development of an Individualized Plan for Employment (IPE); however, this format is used to identify the goals of the trial work experience on the IPE modified and to indicate in the Eligibility drop down menu: “Trial Work Experience Only”; the identification of or a relationship to any specific vocational goal; and,
2. the provision of specific occupational training services prior to initiating or while
conducting the trial work experience.

E. If the applicant is incapable of benefiting from a period of trial work experience, the use of extended evaluation may be appropriate. The use of extended evaluation is limited to the purpose of rebutting the presumption of the ability to benefit from vocational rehabilitation services in terms of an employment outcome. In these cases, the use of extended evaluation requires:

1. the participant be identified as experiencing a significant disability
2. the Rehabilitation Counselor’s qualified opinion that the severity of the disability may preclude the individual from benefiting from vocational rehabilitation services, in terms of an employment outcome
3. placement of the case in extended evaluation.
4. the Rehabilitation Counselor, with written supervisory approval, must sign and date a certification of acceptance for extended evaluation
5. development of a time-limited written extended evaluation plan not to exceed 18 months, for the assessment of primary worker characteristics
6. the time-limited written extended evaluation plan must be jointly developed with the informed consent of the participant and/or their representative
7. the time-limited written extended evaluation plan must identify the specific types of assessment activities to be used
8. periodic assessment, at least quarterly, of the applicant’s potential to benefit from vocational rehabilitation services
9. provision of appropriate supports and training, including the provision of needed rehabilitation technologies; and,
10. a determination of eligibility or ineligibility must be made at the completion of the defined evaluation period.
SECTION 15: SUPPORTED EMPLOYMENT

Supported Employment is a service that is integrated into the existing vocational rehabilitation delivery system. Supported Employment services expand employment options for participants with the most significant disabilities, many of whom are able to engage in competitive work with the provision of intensive training, supervision and other services. The term includes transitional employment for persons who are individuals with the most significant disabilities due to mental illness.

APPLICABILITY OF THIS POLICY TO TITLE I SERVICES

Supported employment services funded under Title I and Title VI, Part B of the Rehabilitation Act must adhere to the provisions in this addendum. This policy does not apply to short-term job coaching and other related services to participants who do not require supported employment services to enter or retain competitive employment.

REFERRAL PROCESS

Requests to the bureaus for supported employment services are made to the rehabilitation counselor who determines eligibility for vocational rehabilitation services and evaluates the participant's need for supported employment.

DETERMINATION OF ELIGIBILITY FOR SUPPORTED EMPLOYMENT

An individual is eligible for supported employment services if:

1. the individual is eligible for vocational rehabilitation services
2. the individual is determined to be an individual with the most significant disabilities; and,
3. comprehensive assessment of the rehabilitation needs of the individual identifies supported employment as the appropriate rehabilitation objective or vocational goal for the individual.

ASSESSMENT OF NEED FOR SUPPORTED EMPLOYMENT SERVICES

The supplemental assessment of the need for supported employment can be provided only after a participant's eligibility for vocational rehabilitation has been determined. The following criteria are assessed to determine the individual's need for supported employment:

1. the participant is an individual with a most significant disability for whom competitive employment has not traditionally occurred or for whom competitive employment has been interrupted or intermittent as a result of the severity of the individual’s disability; and,

2. the participant has the ability or potential to engage in a training program leading to supported employment, a need for intensive ongoing support services or extended services in order to perform competitive work and the ability to work in a supported employment setting.
The determination that the above criteria for supported employment are met is first documented on the VR PLAN by checking the box titled “Supported Employment. A Progress Review Note (PRN) with the subheading, "Determination of Need for Supported Employment Services" must be completed at the time the designation is made. Intensive ongoing support services or extended services must be noted on the VR PLAN under the “Needs and Other Comments” tab.

SUPERVISORY REVIEW AND APPEALS

The rehabilitation counselor may review the determination of need for supported employment with their immediate supervisor prior to referral of the participant to a community-based supported employment service provider. However, supervisory review and approval is required only if the purchase will exceed rehabilitation counselor spending authority.

Appeals resulting from dissatisfaction with determinations regarding a need for supported employment services may be referred to the Client Assistance Program and handled through the conventional appeals process.

REFERRAL TO COMMUNITY-BASED SERVICE PROVIDER (S)

Following the determination of eligibility and need for supported employment services, the participant is referred to a community-based supported employment service provider. Participants are served on a first come, first serve basis.

Participants who are waiting for services over three (3) months are staffed by the rehabilitation counselor and a representative of the community-based services provider. A report of the staffing is recorded in the case. Progress toward initiation of services and continued need for supported employment services is reviewed quarterly and recorded in the case.

SCOPE OF SERVICES

In addition to the full scope of services provided by the bureaus, the participant may receive the following supported employment services:

1. an assessment of the need for supported employment which is supplemental to the determination of eligibility
2. development of and placement in jobs, or placement into an enclave work program within an integrated work setting that promises to lead to competitive employment; and,
3. intensive services, at or away from the work site, that are needed to maintain employment stability, including:
   a. the provision of skilled job trainers who accompany the participant for intensive job skill training at the work site
   b. social skills training
   c. regular observation or supervision of the participant
   d. follow-up services consisting of regular contact with employers, trainees, parents, guardians or representatives of trainees, and other professional and informed advisers to reinforce and stabilize the job placement
e. facilitation of natural supports at the work site; and,
f. a service similar to another service described in this section of the addendum.

The above services are provided for a period of time not to exceed 18 months, unless under special circumstances the eligible individual and the rehabilitation counselor jointly agree to extend the time in order to achieve the rehabilitation goal and objectives identified in the IPE.

EXTENDED SERVICES

Extended services are specific ongoing support services that are provided, organized and made available in such a way as to assist the participant to maintain integrated competitive employment or employment in integrated work settings in which individuals are working towards competitive work, such as an enclave.

Extended services are provided once the time-limited services of assessment, job development, placement and intensive job skills training at the work site are completed.

Extended services are provided, at a minimum, twice monthly at the work site of the participant, or, when appropriate, especially at the request of the participant or work site.

Title I and Title VI, Part B, funds may not be used for the provision of extended services. The specific method used to provide extended services may vary according to the employment setting, the funding source and resources available. Sources may include interagency agreements with other agencies, such as the Division of Mental Health and Developmental Services, or natural supports, such as family members, supervisors or coworkers at the work site or residential care givers.

INDIVIDUALIZED PLAN FOR EMPLOYMENT (IPE)

An IPE is jointly developed with the participant, the participant’s parent, guardian or representative. In addition to the standard contents of the IPE, the following must be included for any participant for whom supported employment services are planned:

1. a description of the supported employment services to be provided. This is accomplished while completing the IOE form in the RAISON program. You use the forms menu to get to the plan; a window will open at the right, select “Plan” and begin the process or completing the form. In the “General Information” form you will mark the Supported Employment box. Moving to the planned services tab you will click the “Insert” icon on the tool bar, this will show you three tabs; the first is “Service Description”. This is where you describe the required Supported Employment services using the “Description” text box.

2. the identification of the provider of extended services. This is accomplished in the same manner as the above instruction, using the “insert” icon to enter the service, general category and provider.

REPORTING REQUIREMENTS

Community-based vendors are required to submit invoices with:
(1) a monthly progress report (this requirement will be noted on the authorization) for each participant receiving direct job training services and
(2) a monthly report to the Bureau Chief containing the following information: referrals, waiting list, and hours of service delivery to active participants and placements.

Participant reports are filed in the case.

1. **Bureau Reports:** The Bureau designated representative is responsible for:
   a. monitoring the monthly reports submitted by the vendor
   b. monitoring supported employment fund expenditures; and,
   c. preparing quarterly reports of supported employment services to the bureau chief.

2. **Federal Reporting Requirements** The rehabilitation counselor reports participants served under supported employment when checking the box on the IPE titled “Supported Employment”. Supported employment outcomes are tracked automatically through the RAISON system as work status is entered at time of participant’s move to Employment.
SECTION 16: INDIVIDUALIZED PLAN FOR EMPLOYMENT (IPE)

A. After determination of eligibility and the identification of rehabilitation needs, there will be an Individualized Plan for Employment (IPE) initiated. Services will be provided in accordance with the IPE and subsequent service changes. The IPE will be developed jointly by the rehabilitation counselor and the participant or the participant and their parent, guardian or authorized representative, including other suitable professionals and informed advisors and be mutually agreed upon.

B. In developing the IPE, the rehabilitation counselor provides or assists the participant in acquiring information necessary to make an informed choice about vocational goals, services and providers. This information must include cost, accessibility, duration of services, satisfaction with those services as available, the qualifications of potential service providers, the types of services offered by providers and the degree to which services are provided in integrated settings. The rehabilitation counselor may utilize:

1. regional lists of services and service providers (ie, telephone book)
2. periodic satisfaction surveys and reports
3. referrals to other participants, local participant groups, or disability advisory councils qualified to discuss the services or service providers; and,
4. relevant information about qualifications of providers.

A copy of the current IPE will be provided to the participant or participant representative. The rehabilitation counselor will advise each participant or participant representative of procedures and requirements affecting the development and review of an IPE.

To the maximum extent possible, the IPE should be provided in the participant's or participant representative's native language or mode of communication or in accessible formats such as Braille, large print or audiotape.

C. The IPE must be initiated in a timely manner after documentation of eligibility, and signed by the rehabilitation counselor and participant or the participant representative. See Definitions for clarification on “timely manner”.

Any eligible participant who does not have an IPE within 6 months of eligibility determination requires written justification by the counselor. It is suggested that an Activity Due be entered at eligibility determination as a reminder to complete this task in a timely manner. Specific timelines for IPE development must be included in the justification. The justification must be submitted to the counselor’s supervisor for approval.

D. The IPE is the comprehensive, central document which delineates all planned services and their coordination. It will be reviewed when necessary but at least annually. Annual reviews are conducted to assess the advancement of the participant’s progress toward achievement of the identified employment outcome. This review, titled “Plan Review” in RAISON, includes an assessment of each planned service, and is reviewed with the participant or participant representative, as evidenced by their comments and signature. This form is also signed by the
rehabilitation counselor. Each participant or participant representative will be given an opportunity to review the plan and, if necessary, jointly redevelop and agree to its terms.

The IPE is revised (CPR) upon determination of a new service need here or other action. The counselor selects the “Plan Review” tab to initiate the modification. The next action is to determine whether or not the plan needs to be cloned or a new plan created (CPR). In most cases, the plan should be cloned unless extensive revisions to the IPE are needed.

Modifications shall not take effect until agreed to & signed by the rehabilitation counselor and participant or participant representative. Goods and services cannot be authorized without these signatures.
SECTION 17: CONTENT OF THE INDIVIDUALIZED PLAN FOR EMPLOYMENT

A. The Individualized Plan for Employment (IPE) will be based on a determination that a participant requires and can benefit in terms of an employment outcome from vocational rehabilitation services. It shall be designed to achieve the participant's employment objective consistent with the participant’s unique strengths, career interests, resources, priorities, concerns, informed choice, abilities and capabilities and shall include the following:

1. the specific, long-term vocational goal, selected by job category and further identified by specific employment goal such as “Janitors and Cleaners”, “Other Food Service Workers”;

2. the specific, planned service related to the attainment of the long-term vocational goal;

3. the projected dates for the initiation and duration of each service and the projected time-frame for the achievement of the participant’s vocational goal;

4. a procedure and schedule for periodic review and evaluation of progress towards achieving planned services based upon evaluation criteria. The counselor records this information by going to the “Documentation” tab within the plan form then to section (box) “A. Criteria for evaluating progress towards my employment goal”. Specific measurable evaluation criteria will be noted in this area for each planned service. If future reviews are specified, and follow up activity is required, an “Activity Due” case must be entered by the Rehabilitation Counselor.

5. reason for selection of employment goal, by checking appropriate boxes

6. the terms and conditions for the provision of services, including the participant’s responsibilities for participating in the IPE; the extent of the participant’s participation in the cost of services; the extent to which goods and services will be provided in the most integrated settings possible, consistent with the informed choices of the participant; the availability of comparable services and benefits; the service providers and the process used to provide or procure the services;

7. information regarding a participant’s right to express and seek remedy for dissatisfaction with rehabilitation counselor determinations including the opportunity for an informal administrative review, mediation and a hearing before an impartial hearings officer;

8. the availability of the Client Assistance Program;

9. Information about the right to review the IPE and jointly modify it. Any modifications to the IPE resulting from such review shall be incorporated into the plan.

B. With regard to students receiving special education services, the IPE:

1. is developed in consideration of the student’s IEP
2. will contain a description of the IEP services relevant to the VR IPE
3. will contain a description of the coordination activities between the school and the
vocational rehabilitation program noted in the VR plan under the “Planned Services” tab, to the “Service Description” tab, to the “Description box”.
4. will also contain specificity regarding any share of cost in the provision of services to the student noted in the VR plan, tab “Planned Services”, to tab “Estimated Service Costs”, to “Source of Comparable Benefits” check boxes.

C. With regard to supported employment, the IPE will also contain:

1. a description of the supported employment services to be provided; and,

2. a description of the extended services needed and identification of the source of extended services. In the event that identification of the source is not possible at the time the IPE is developed, there will be a statement explaining the basis for concluding that there is a reasonable expectation that services will become available.

C. With regard to post-employment services, IPE or modifications will contain a statement including:

1. the expected need for post-employment services

2. a reassessment of the need for post-employment services prior to a determination that the participant has achieved an employment outcome

3. a description of the terms and conditions for the provision of post-employment services including their anticipated duration, after the participant achieves an employment outcome; and,

4. if appropriate, a statement of how post-employment services will be provided or arranged through agreements with other providers.

D. IPE Estimated Service Costs

The IPE estimated service costs are entered at the time of plan development. The IPE form which identifies services, service providers and estimated cost of each service will be completed by the counselor prior to obtaining signatures on the IPE. When the IPE is developed it will be submitted to the Supervisor or appropriate signature authority for review in the event the total cost of the planned services is expected to exceed counselor signature authority. Supervisory review, approval or disapproval will be documented on a Formal Case Review Form.

IPE modification costs must be pre-approved, according to signature authority levels based on cumulative IPE expenditures. That means that each subsequent individual authorization requires supervisory review once a spending authority level has been exceeded. Supervisory review, approval or disapproval will be documented in a signed PRN note or Record of Case Supervision.
SECTION 18: SCOPE OF VOCATIONAL REHABILITATION SERVICES

Vendor Requirements For Service Provision
All services will be provided by qualified personnel who meet the appropriate State licensure or certification requirements or national standards, if such standards exist. All vendors must meet the following criteria for certification:

1. A completed application with the Division
2. A current business license
3. Registered with the state controllers office and possess a state vendor number
4. A federal tax ID number
5. General professional liability coverage
6. Automobile insurance coverage
7. Worker’s compensation coverage

NOTE: Some services are subject to restrictions, which are listed at the end of this section.

A. As appropriate to the vocational rehabilitation needs of each participant consistent with informed choice, the following services are available:

1. assessment for determining eligibility and vocational rehabilitation needs including, if appropriate, an assessment by personnel skilled in rehabilitation technology

2. vocational rehabilitation counseling and guidance including information and support services to assist a participant in exercising informed choice

3. referral and other services necessary to help applicants and eligible participants secure needed services from other agencies including Workforce Investment partners, Medicaid, public institutions of higher education or other agencies participating in an Interagency Agreement if such services are not available under the Rehabilitation Act

4. physical and mental diagnosis and restoration services, when financial support is not readily available from alternative sources consistent with the IPE. Restoration must be achievable within a reasonable period of time. (see Definition of Terms for a definition of restoration)

5. vocational and other training services, including personal and vocational adjustment training, on the job training, books, tools, and other training materials

6. maintenance for additional costs incurred while participating in an assessment for determining eligibility and vocational rehabilitation needs or while receiving services under an IPE (see Definition of Terms for a definition of Maintenance)

7. transportation, including adequate training in the use of public transportation systems, that is provided in connection with the assessment of eligibility or the provision of any other service described in this section and needed by the participant to achieve an employment outcome
8. select services to family members of an applicant or participant if necessary to enable the participant to achieve an employment outcome

9. Spanish, other language interpreter services or other primary modes of communication for participants who are monolingual, bilingual, deaf, or otherwise communication impaired,

10. rehabilitation teaching services, and orientation and mobility services, for participants who are blind or participants, as appropriate, that have other disabling conditions; and reader services for participants who are determined to be print impaired

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 services

14. personal assistance services while the participant is on-the-job or during the period a participant is receiving any other service described in this section

15. post-employment services, specific to a necessity to assist an individual retain, regain, or advance in employment (See Definition of Terms for specific detail)

16. occupational licenses, tools, equipment, initial stocks, and supplies

17. technical assistance and other consultation services to eligible individuals who are pursuing self-employment or telecommuting or establishing a small business operation as an employment outcome

18. rehabilitation technology, including telecommunications, sensory and other technological aids and devices

19. transition services; and,

20. other goods and services determined necessary for the participant to achieve an employment outcome.

B. The nature and scope of the services outlined above are subject to the following restrictions:

ALL SERVICES:

a. are subject to the Spending and Signature Authorities in this manual
b. are subject to the Financial Participation Guidelines included in this manual; and,
c. must be a part of the IPE and relate to the goal of the IPE or amendment.
2. MEDICAL/DENTAL/PSYCHOLOGICAL/PSYCHIATRIC TREATMENT

Medical, dental, psychological, psychiatric or corrective surgical treatment requires recommendation by the treatment professional and, as appropriate, review by a specialty consultant.

Whenever possible treatment costs will be pre-authorized based on the Common Physician Terminology (CPT) fee schedule in the Nevada State Welfare Medical Services- Title XIX Procedure Code Value List (Common Procedure Titles-CPT). (CPT sample included in section 21). If the participant fails to attend any medical, dental, psychological, and/or psychiatric appointments arranged by or on behalf of the Division, no fees will be paid. In the case of scheduled evaluations (those not routine, usually hourly sessions), when the participant fails to attend, a $50.00 fee can be paid for a report indicating that the participant failed to attend.

Dental Services
Dental services will be provided when systemic dental disability exists which impedes ability to work, or interferes with the maintenance of the present or chosen occupation.

Dental restorative services will be provided at the lowest cost per consultation with the bureau dental consultant. The bureau will provide extraction in the case of pain or systemic diagnosis. The bureau will provide dentures/bridges only if the participant is in pain as a last resort noted by consultant or if the problem greatly impedes the ability to masticate.

Cosmetic surgery will be provided only when the treatment is critical to the participant’s success in public contact occupations. Crowns will be authorized for front teeth only. The bureau will not provide root canals to save impaired teeth.

Non-traditional Treatment
Non-traditional medical or psychological treatment such as acupuncture, homeopathy, etc., may be provided upon recommendation of an appropriate consultant.

Acute Conditions
A rehabilitation counselor cannot determine a participant eligible only to correct an acute condition in the absence of a need for other substantial rehabilitation services (re: RSA Region IX: Medical Restoration Services Summary, 11/14/84).

Secondary Sexual Characteristics
Funds may not be used for changing primary or secondary sexual characteristics (RSA-PI-81-3).

3. EXTREME MEDICAL RISK

Investigation of comparable services and benefits must be accomplished prior to provision of restoration services unless there is medical evidence there exists a risk of substantially increasing functional impairment or risk of death if medical services are not provided promptly.

4. SELF EMPLOYMENT PLANS
Self-employment is evidenced by any vocational goal requiring a business license. A self-employment plan is the tool to facilitate self-employment in a suitable, gainful work activity. It requires the completion of a vocational assessment, a business plan that measures business market feasibility, organizational performance and financial operation and fiscal requirements and defines objectives regarding all of these elements. Please refer to the business plan checklist for additional reference.

The intent of the IPE for self-employment is to establish the participant as the sole proprietor or owner/operator of the proposed business. Vocational rehabilitation funds are not to be the primary support for a self-employment endeavor.

- Vocational rehabilitation support is focused on ameliorating existing barriers to self-employment through training, technical assistance; assistive technology and initial start up costs (stock and supplies) as defined in the approved self-employment plan.
- Sources of business and a market analysis must be cited in the business plan.
- The justification of costs should be based on research obtained from Standard Industrial Classification data or other industry specific research.
- Funding is restricted to usual and customary cost experience of similar businesses.
- If the venture is to be a corporation, the resources of company officers or shareholders are considered in addition to small business loans and the financial resources of the participant.
- Participant wages will be viewed as part of their investment in the venture and will not be compensated by the involved bureau.
- The amount of inventory and other purchases, provided with federal funds and necessary to establish the business, are limited to the first 90 days of operation.

Bureau support of self-employment is limited to one business, rather than multiple business ventures.

Required steps prior to writing a self-employment IPE:

a. Completion of vocational assessments to measure basic math and reading skill levels, intellectual functioning, customer service skills, personality and aptitude levels and vocational interests. These assessments will also establish whether or not the candidate is mentally and emotionally capable of performing the duties required.
b. Completion of a case summary feasibility statement by the rehabilitation counselor detailing the participant’s ability to pursue the proposed plan based on item “a”.
c. Completion of a narrative explanation of the proposed self-employment venture to include a description of the business, goods and/or services to be provided and an analysis of the participant’s work history and how it supports self-employment.
d. Completion of a formal business plan (Attachment A) completed by the participant in collaboration with Division approved vendor*, as necessary, which attests to the viability of the business plan.
e. Approval of the business plan by the Business Plan Review Panel.
f. Analysis of cost participation utilizing comparable benefits, small business loans, & other resources.
g. Specific financial participation by the participant.
h. Total cost of the IPE to the bureau.
i. Evidence of successful completion of at least one of the Division approved courses/activities* related to self-employment and / or business plan development conducted by a Division approved vendor.
2. Business Plan Approval Process

Please complete the Business Plan Checklist prior to submission to the panel.

A panel consisting of the BVR and/or BSBVI Chief, Deputy Chief and one rehabilitation counselor will review and discuss the business plan for approval, additional action, or disapproval. The rehabilitation counselor whose participant has completed a business plan will present the business plan to the panel and be available to respond to questions.

3. Self Employment IPE - Cost

Written approval of the IPE with the vocational goal of self-employment is required based on bureau spending and signature authority thresholds of $7,000.00 $15,000.00, and $25,000.00 cumulative costs. The IPE and all expenditures related to self employment cannot be authorized until all items in #1 above have occurred and the business plan has been approved by the review panel. All modifications to the self-employment IPE are to be pre-approved by the supervisor, or manager, in accordance with spending authority levels.

4. Self Employment IPE’s Under $1500

IPE’s with the vocational goal of self-employment for which cost to the bureau is less than $1500.00 (for items such as tools, business license, etc.) are not required to complete item “r” as noted above. Item “d” can also be omitted upon determination by the rehabilitation counselor, but rationale for the omission and details of the proposal expenditures must be included in item “b”.

Business Plan Check List
The business plan checklist must be completed and all attachments available for review when submitted to the Business Plan Review Panel. Please do not include copies of the COE, IPE or other information unrelated to the business plan.
BUSINESS PLAN CHECKLIST

MUST BE COMPLETED PRIOR TO SUBMITTING TO THE REVIEW PANEL

Counselor responsibilities:

____ Case **Summary Feasibility Statement** by the Counselor-details the participant’s ability to pursue the proposed plan based on academic and personality assessments, customer service skills, and interests. These assessments will also verify the mental/emotional stability to perform the duties required.

Participant responsibilities: Business plans must include, but are not limited to the following areas:

____ Summary – statement of facts about the business and summarizing the most important points of the plan.
- Purpose of the plan
- Type of business
- Business objectives
- Ownership Loan usage

____ Business Activities – describes what the business does, its environment and how it will succeed.
- Product description
- Product identification
- Pricing

____ Industry/Business Analysis – an analysis of the current status of the industry in which your business resides. It provides a basis of comparison for your business.
- Definition (description of the economic sector that the industry occupies)
- Industry size and growth rate
- Key growth factors
- Analysis

____ Competition Analysis – is the key to determine whether or not you can grab a share of the market and hold it. It is a review/comparison of five nearest competitors.
- Image
- Location
- Layout
- Products
- Services
- Pricing
- Advertising

____ Marketing Plan – contains the plan to get the message about the product/service to the customer.
• Product analysis
• Description of product attributes, why the participant will want to purchase it
• Customer profile
• Distribution
• Promotional scheme
• Advertising: Media type, frequency, intensity

Management – includes a description of the management of the organization including position responsibilities and functions.
• Management functional organization chart
• Personnel

Financial Information – lender(s) need for capitalization and ability to repay it.
• Financial statements
• Personal financial sheets for all principles of the business
• Capitalization plan
• Statement specifying how loan funds will be utilized
• Profit/Loss Analysis Projections for 1 year

Supporting documents – any documents that will strengthen the plan.
• Survey results
• Letters of reference
• Contracts
• Leases
• Letters of intent
• Sales agreements
• Resumes
• Personnel policies
• Job descriptions
• Credit reports

________________________________________________________________________________________
Counselor Signature                  Date
________________________________________________________________________________________
Supervisor Signature                Date
Attachment A

Business plan content can be modified with justification by the approved business consultant as appropriate, based on individual participant/business needs. Most business plans must include, but are not limited to the following areas:

**Summary**-statements of facts about the business and summarizing the most important points of the plan.
- Purpose of the plan
- Type of business
- Business objectives
- Ownership Loan usage

**Business Activities**-describes what the business does, its environment and how it will succeed.
- Product description
- Product identification
- Pricing

**Industry/Business Analysis**-an analysis of the current status of the industry in which your business resides. It provides a basis of comparison for your business.
- Definition (description of the economic sector that the industry occupies)
- Industry size and growth rate
- Key growth factors
- Analysis

**Competition Analysis**-is the key to determine whether or not you can grab a share of the market and hold it. It is a review/comparison of five nearest competitors.
- Image
- Location
- Layout
- Products
- Services
- Pricing
- Advertising

**Marketing Plan**-contains the plan to get the message about the product/service to the customer.
- Product analysis
- Description of product attributes, why the participant will want to purchase it
- Customer profile
- Distribution
- Promotional scheme
- Advertising: Media type, frequency, intensity

**Management**-includes a description of the management of the organization including position responsibilities and functions.
- Management functional organization chart
- Personnel
Financial Information—lender(s) need for capitalization and ability to repay it.
- Financial statements
- Personal financial sheets for all principles of the business
- Capitalization plan
- Statement specifying how loan funds will be utilized
- Profit/Loss Analysis Projections for 1 year

Supporting documents—any documents that will strengthen the plan
- Survey results
- Letters of reference
- Contracts
- Leases
- Letters of intent
- Sales agreements
- Resumes
- Personnel policies
- Job descriptions
- Credit reports

5. SCOPE OF VR SERVICES TO GROUPS OF INDIVIDUALS WITH DISABILITIES

1. The Division may provide services to groups of individuals that benefit the vocational development and employment of agency participants and/or other persons with disabilities. The purpose of the services to groups is for innovation or expansion of services, enhancement of employability or employment opportunities and to promote the full integration and self-sufficiency of individuals with disabilities. Funding of construction is not permissible. These services include:
   a. the establishment, development, or improvement of community rehabilitation programs
   b. the development and support of telecommunication systems
   c. special services to provide non-visual access to information
   d. technical assistance and support to businesses not subject to Title I of the ADA that are seeking to employ individuals with disabilities
   e. support to small businesses who employ persons with significant disabilities
   f. consultative and technical assistance services to assist educational agencies in the provision of school to post school activities; and,
   g. other services that promise to contribute substantially to the rehabilitation of groups of individuals but are not related directly to the IPE of any one individual with a disability. An example of this is a pager that can be used by several participants throughout the rehabilitation process to enhance communication with rehabilitation staff. Another example is provision of workers compensation coverage to a number of participants for Community Based Assessments.

2. All services to groups funding must have the approval of the District Manager and the Bureau Chief.

The Bureau Chief may elect to:
a. disapprove; or,
b. approve use of the Rehabilitation Division’s authorization process; or,
c. require use of the process defined in the Division’s Grant Procedures Manual.

3. All services to groups, regardless of the funding mechanism, must identify:
   a. the specific services provided; and,
   b. the cost of the services provided; and,
   c. to the extent feasible, an estimate of the number of individuals benefiting from those services.

4. Payment for services to groups will be made via the requisition process. The requisition to purchase services will define the specific services or activities as well as specific reporting and invoicing requirements.

6. SUBSTANCE ABUSE DISORDERS

   Assessment Of Eligibility

   The assessment serves as the basis for further vocational planning. The Rehabilitation Act Amendments of 1998, Section 7 (2) and (20) define general eligibility requirements and identify that certain, but not all, individuals actively using illegal controlled substances or alcohol may not be considered to be “an individual with a disability.” If an individual is determined to be eligible for services, on the basis of some other physical or mental disability, the individual shall not be excluded from services solely on the basis of substance abuse. Substance abuse concerns should be addressed in the IPE.

   I. Disability: Diagnoses, Specialist Exams and Assessments

      General Health Appraisal - Since substance abuse can result in medical problems, a current appraisal of the participant's physical health should be considered at the rehabilitation counselor’s discretion and with the participant’s informed choice.

      Substance Abuse Diagnostic Statement and Supporting Assessment - The diagnosis of a participant who has a disability of alcohol or drug abuse is sufficient if it is provided by a physician skilled in the diagnosis and treatment of such disorders or by a licensed clinical psychologist, licensed clinical social worker, licensed marriage and family therapist, and licensed or certified substance abuse counselor, or a certified substance abuse counselor intern. The diagnostic statement should include Diagnostic and Statistical Manual classification, prognosis and treatment program recommendations.

      If an individual reports the completion of a treatment and/or aftercare program in excess of 12 months prior to the application, a current statement or reassessment is required.

   II. Substantial Impediment To Employment
The rehabilitation counselor must determine if the participant's functional limitations constitute a substantial impediment to employment. The rehabilitation counselor must determine how the substance abuse impedes the participant's occupational performance by assessing how the participant is prevented from obtaining, retaining or preparing for employment in keeping with the individual’s abilities. The judgment of the rehabilitation counselor is paramount to this determination and must be guided by the participant's singular limitations, work history and circumstances.

Functional limitations resulting from substance abuse vary with each person depending upon the individual’s psychosocial and physiological response. The important issue is how the substance abuse affects him. The presence, onset, severity and duration of symptoms will be manifested in different functional behaviors in particular individuals. Functional limitations generally associated with this disability category include but are not limited to the items detailed below.

A. Behavior
   1. Mood swings or attitude changes
   2. Bizarre or unusual patterns of behavior
   3. Acting out behavior

B. Communication
   1. Withdrawal

C. Personal Care
   1. Problems with personal appearance or hygiene
   2. Insomnia
   3. Oversleeping

D. Mobility
   1. Slowed reflexes
   2. Organic brain damage
   3. Gait problems

E. Learning Ability
   1. Loss of memory
   2. Decreased attention span

F. Judgment
   1. Memory loss
   2. Impaired perceptions
   3. Dependence on alcohol or drugs to overcome shyness or build self-esteem
   4. Decreased ambition or motivation since onset of drinking or drug abuse

G. Public Acceptance
   1. Stigma of being drug addict or alcoholic
2. High potential for relapse
3. Encounters with the legal system
4. Resentment toward authority figures

H. Social Interaction
1. Isolation
2. Antisocial subculture/association with active users
3. Inability to establish or sustain positive personal relationships

I. Vocational Functioning
1. Chronic absenteeism or tardiness
2. Frequent job changes or job hopping
3. Record of being terminated from employment
4. Inability to relate to coworkers and supervisors and to maintain appropriate interpersonal relationships in the work environment
5. Impaired work performance or inability to consistently sustain acceptable work habits/performance
6. Lack of insight into behavior affecting success in the work environment
7. Reluctance to accept or make changes in work
8. Repeated refusal of employment because of alcohol or drug abuse history
9. Employment constitutes a threat to property or safety of others by reason of the individual's substance abuse

The rehabilitation counselor must specifically describe the impact of the functional limitations on the participant's vocational performance.

III. Eligibility: Required Minimum Criteria

The following criteria are basic requirements for rendering eligibility decisions. These criteria should be identified in the assessment of eligibility.

A. The participant must be participating in a treatment program certified by the state or national certification board or seeing a licensed or certified practitioner; or.

B. The participant must have completed a certified treatment program within the last two years and is participating in a maintenance/aftercare program or recognized support group (i.e., AA/NA); and,

C. There must be reasonable belief the participant is abstinent and has completed 30 consecutive days of abstinence at the time of eligibility determination.

D. The use of medical marijuana is not legal in the state of Nevada and does not exempt an individual from complying with the above eligibility requirements.

The applicant may participate in a certified treatment program on a trial basis as part of an extended evaluation, enabling the applicant to demonstrate the ability to benefit in achieving an employment outcome from VR services.
A written report or statement can verify criteria A and B by a professional affiliated with the program. Criterion C can be verified by an external source other than participant self-report. Verification of abstinence can be obtained in writing by a source the rehabilitation counselor deems appropriate (e.g. AA sponsor, parole and probation officer, urinary analysis or other appropriate laboratory tests).

Recognized Treatment Programs
Treatment programs include medical model/hospital inpatient and outpatient treatment programs, community/mental health programs, halfway/transition/residential programs or certified private programs and certified substance abuse counselors. Twelve-step programs may at the rehabilitation counselor’s discretion meet requirements.

Determination of Significant Disability (SD)
Substance abuse can be a major disabling condition. However, it is not referenced automatically as a significant disability. Rehabilitation counselors should refer the Definitions of Terms in this manual for the definition of an Individual with a Significant Disability. The Participant Services Policies and Procedures Manual, the Technical Handbook and the Definition of Terms classify substance abuse as SD only if based on functional limitations requiring multiple services over an extended period of time. Relevant diagnostic assessment and functional limitation documentation should be present in the case and noted on the certificate of eligibility to justify a SD determination.

Payment for Treatment Programs
Payment for treatment programs may be considered only after other related benefits (e.g. employee assistance programs, programs receiving funds from the Bureau of Alcohol and Drug Abuse (BADA), private health insurance, etc.) have been investigated. Bureau sponsored payment for treatment programs must receive approval from the rehabilitation counselor’s immediate supervisor and should not; depending on participant need exceed three months duration. As a general rule, the bureaus do not pay for residential substance abuse treatment programs. Any cost of treatment or activity ordered by a court is the participant’s responsibility and will not be paid for with bureau funds.

Drug Testing
Bureau funds can be used for drug screening charges if drug screening is required for employment. Other uses for drug testing require a written rationale of the need for drug testing and prior approval by the Rehabilitation Manager (District Manager). If, at any time during the rehabilitation process, the counselor suspects that a participant is using illegal drugs or participant reports to the counselor that they are using illegal drugs, the counselor with prior approval by the Rehabilitation Manager (District Manager) may pay for drug testing. If the test result is positive the month after participant has been advised to discontinue use of illegal drugs, the counselor can close the case based on non-cooperation for noncompliance with policy. The participant must be notified, in writing, of this policy and the possibility of case termination.
7. PROVISION OF HEARING EQUIPMENT AND SERVICES

A participant who presents with impaired hearing will be evaluated and provided, as appropriate, with the following services:

1. Obtain existing medical documentation related to hearing loss

   A rehabilitation counselor may document a disability and forego the need for purchasing an ENT evaluation, audiological exam and vision evaluations if existing medical documentation is available that assesses these three areas. If a rapidly progressive hearing loss is diagnosed, or the purchase of a hearing aid is intended, evaluations must have been performed within the past 3 months. Evaluations must include a diagnostic statement provided by the professionals defined below.

2. Obtain an ENT evaluation

   The evaluation shall include the diagnostic statement and, if appropriate, prognosis and treatment recommendations. The exam must be provided by an otolaryngologist or physician skilled in diseases of the ear. A written report summarizing the examination shall be provided to the referring rehabilitation counselor.

3. Obtain a comprehensive audiological evaluation

   a. Audiological evaluation - shall include; pure tone air conduction thresholds, bone conduction thresholds, speech reception thresholds and speech discrimination testing. An audiogram must be provided.
   b. Hearing aid evaluation - should include; UCL, MCL, frequency response, gain and SSPL. Prescriptive recommendations for monaural or binaural, type, manufacturer, model and cost of hearing aid(s) must be provided.
   c. If participant currently has a hearing aid(s): The devices should be evaluated by a certified vendor to determine if they are repairable before the participant is evaluated for a new instrument(s). Adequacy of the present aid(s) should be based on the present audiological prescription.

   Evaluation and prescriptive recommendations must be provided by a certified audiologist, CCA-A, ASHA certified or State licensed audiologist. OSHA trained and other State certified evaluators might provide assessment/evaluation if the report is signed and approved by the above defined audiologists.

4. Determine the need for a visual examination

   Participants who receive services related to impaired hearing and who depend on visual cues for communication must be provided an evaluation of their vision. Vision evaluations will be performed by an ophthalmologist or optometrist.
5. Consultation with a physician who is a hearing specialist is necessary only when special interventions, beyond the usual ENT, audiological and visual examinations have been recommended.

6. Determine eligibility for vocational rehabilitation services

7. Investigate comparable benefits.

8. Develop an individualized plan for employment (IPE)

9. Authorized services (if hearing aids are prescribed)

   Approved authorizations will be made for the hearing aid equipment package to include the following services:

   a. fitting and dispensing consultations. Recommendations shall be consistent with the physician and audiologist recommendations. Consultations must be provided by a State licensed hearing aid specialist or audiologist as defined above;

   b. one package of batteries;

   c. a 30-day trial period along with a one-year warranty to include replacement for loss and related repairs; and,

   d. two post-fitting appointments. The first post-fitting appointment will be provided within 30 days of dispensing and should include: electro acoustic analysis and/or functional gain testing and a written report verifying participant and specialists satisfaction. The second post-fitting visit will be provided within 60 days of the first visit.

   Payment for the package will be processed following the 30-day trial period and with at least one follow-up visit having been provided. The above package of services will be provided for each aid.

10. Purchase Hearing Aid(s) At Manufacturer's Invoice Cost

    Hearing aid(s), and molds, if needed, will be authorized after hearing aid selection and recommendations are made to the referring rehabilitation counselor. Payment will be provided following receipt of the bill and manufacturer's invoice(s) and after the 30-day trial period.

8. BLINDNESS

    Participants found eligible for services based on legal blindness must be provided an audiological examination and evaluation of their hearing. Those meeting this criteria shall also be provided an evaluation of mobility and daily living skills.
Worker’s Compensation coverage:
The bureau will provide worker’s compensation insurance for participants of the recreation program or those receiving O & M or Rehabilitation Instructor evaluations and training for the period of time the participant is involved in these activities. The recreation specialist, O & M instructor and Rehabilitation Instructor will be responsible for notifying in writing, the designated staff person of the need for worker’s compensation coverage prior to initiation of services and verifying their coverage prior to the start of any services. The designated staff person is responsible for notifying the referring staff person in writing, of coverage.

Bioptics - Provision of Telescopic Devices

The Division will provide a Bioptic Telescopic Device if it is:
1) a vocational rehabilitation need and
2) is an integral part of an approved IPE.

An assessment of driving alternatives must be considered and documented in the progress review notes and must address:

1. an optometrist’s report stating that individual’s best corrected visual acuity using the recommended telescopic device is within the guidelines described in NAC 483.410
2. the participant’s current mode of transportation
3. the reasonableness of using other modes of transportation or solutions such as:
   a) taxicabs
   b) car pool
   c) paid co-workers, volunteers or attendants
   d) public transit; and
   e) para-transit, accessible public transit or other community services

Visually impaired participants who are provided with a Bioptic Telescopic Device for the purpose of operating a motor vehicle must meet the requirements for issuance of a driver’s license as defined in NAC 483.410, which are:

1. the best-corrected vision of the individual must be:
   a) at least 20/40 when looking through the telescopic device; and
   b) at least 20/120 when looking through the carrier lens.

2. the field of vision of the applicant must be at least 130 degrees
3. the condition which is the nature of the individual’s visual deficiency must be stable
4. the applicant must pass a comprehensive road test to determine whether he is able to operate a motor vehicle safely while using the telescopic device and carrier lens

After a Bioptic Telescopic Device is dispensed, the participant and the Division must be provided with a report, as defined below, from the dispensing optometrist.
For reference, the application to operate a motor vehicle while wearing a device is defined in NAC 483.405, and is as follows:

1. Each applicant for a license to operate a motor vehicle requiring the use of a telescopic device must submit to the DMVPS (Department of Motor Vehicles – Public Safety) an application approved by DMVPS and a report from a physician or optometrist which is dated not more than 90 days before the date the department receives the application and report.
2. The application must include the applicant’s name, date of birth and social security number, if he has obtained one, and any information required by the department relating to his driving record.
3. The report of the physician or optometrist must include:
   (a) best corrected vision of applicant when looking through the telescopic device
   (b) best corrected vision of applicant when looking through the carrier lens
   (c) field of vision of applicant
   (d) statement describing the nature of the applicant’s visual deficiency, including whether the condition is progressive or stable; and
   (e) any other information which the DMVPS deems appropriate.
4. The application and report may be delivered in person to any office of the department or may be mailed to the regional manager of the department for the region in which the applicant resides.

**Required Information:**
The rehabilitation counselor must include the following documentation in the case record:

a) access to the use of a registered vehicle
b) a report from prescribing optometrist as proof the individual meets the requirements for licensure
c) after the driver’s license has been issued, the participant must meet with the VR counselor and make the license available to copy for the case file.

9. COMMUNITY BASED ASSESSMENTS

This section distinguishes OJT from Community Based Assessment (CBA). The procedures outlined for OJT do not apply to CBA’s.

CBA’s provide the participant and counselor with assessment information in an integrated setting and is not be considered an OJT or employment. Reports are required for all evaluation services on a regular basis.

**Community Based Assessment:** This assessment involves the performance of actual job duties in a real work situation. Performance is supervised and evaluated by the
employer and/or vocational evaluator. This evaluation is typically completed prior to IPE completion.

Community Based Assessment For Situational Assessment Purposes: This assessment involves a systematic observation process to evaluate work related behaviors in a semi-controlled real work environment through the utilization of on-site vocational evaluation staff and/or a job coach. This evaluation is typically completed prior to IPE completion.

Community Based Assessment For Work Adjustment Purposes: This evaluation utilizes an individualized series of techniques, methods and processes to enable an individual to achieve harmony between self and the real work environment through the utilization of on-site vocational evaluation staff and/or job coach. This evaluation is typically completed prior to IPE completion.

Community Based Assessment for work hardening services: This evaluation is an individualized work oriented process involving the individual in real work tasks that are structured and graded to progressively increase physical tolerances, stamina, endurance and productivity, with the eventual goal of improved employability. On-site vocational evaluation staff and/or a job coach are utilized. This evaluation is typically completed prior to IPE completion.

Community based assessment is different from a volunteer status where the individual provides either a public, religious or humanitarian service which is usually part-time without pay. A community based assessment is limited to 116 hours at minimum wage or limited in the number of hours so that the wage and total cost of the CBA does not exceed a $599 threshold) and, must take place in a competitive job environment.

CBA Extensions:
If an extension of the CBA is necessary, all requests must be submitted in writing with a detailed rationale to the Bureau Chief for pre-authorization. The participant must become an approved vendor. To become an approved vendor the participant must register with the state controllers office and possess a state vendor number prior to the initiation of the CBA extension.

CBA’s are the most accurate and direct method for analyzing work behaviors and work readiness. CBA sites may be used for one or more participants. The CBA differs from OJT because it is not considered employment or training but is an assessment. Referrals for CBA should be handled through the vocational evaluation staff. If sub minimum wage is indicated, vocational evaluation staff is authorized to certify sub-minimum wages where productivity is not competitive. If vocational evaluation staff are not available, pre-approval by the Rehabilitation Manager (District Manager) is required prior to the use of external community based providers for the establishment of a CBA.

CBA’s are for assessment purposes and job shadowing is not considered a CBA. If an individual wishes to participate in job shadowing, another alternative, such as volunteering, will need to be considered. All required State and employer volunteer forms must be completed and worker’s compensation coverage via the agency or the employer must be verified prior to the initiation of the volunteer activity.
Worker’s Compensation Coverage For CBA’s: Worker’s compensation coverage is provided by the entity that issues the paycheck. If a participant is issued a paycheck by the bureau for one day or more in a month while completing a CBA, worker’s compensation is paid by the bureau. The vocational evaluator assigned to oversee the CBA will provide the designated staff person with all appropriate information needed and verify coverage. In the event that a bureau vocational evaluator is not involved in a CBA, the staff person generating the cash pay request will inform the designated staff person of the need for worker’s compensation coverage and verify coverage.

10. TRAINING

No training services in institutions of higher education (universities, colleges, community colleges, vocational schools, technical institutes or hospital schools of nursing) can be paid for with vocational rehabilitation funds unless maximum efforts have been made to secure grant assistance, in whole or in part, from other agencies or programs. These alternative funds are considered first dollar funds for training purposes. Schools and trainers must be appropriately licensed or certified. Maximum utilization must be made of public or other appropriate community resources.

Out of state training for participants may be provided under the following circumstances:

a. no facilities or courses are available in Nevada which meet the needs of the participant; or,
b. the support system and financial situation of the participant is such that rehabilitation counselor approval would be more cost-effective; or
c. judgment is required to balance needs of the participant with prudent expenditure of public funds. The State will pay training costs consistent with in-state services and state per diem rates for out of state training institutions.

Timeliness in training:

Timeliness in training is considered to be the usual and customary time necessary for the average individual to complete training. Training institutions indicate the number of credits considered full or part time. Participants are expected to attend training on a full time basis. However, timely progress in training also takes into account individualized needs and circumstances. Timeliness criteria must be reflected on the individual’s IPE based on the unique abilities and circumstances of the individual. If training is anticipated to last six months or more beyond the usual and customary time period an explanation must be included in the progress review notes. Examples of usual and customary training times include: 4 years for a Bachelor’s Degree, 2 years for an Associates degree and for certificate programs, the time specified by the college or training facility as noted in their school catalog.

Example of progress review note documenting the need for extension of timely training activity:

D: Participant has limited stamina as substantiated by participant’s self-report,
physician’s report and the results of a situational assessment.
A: Participant will be unable to complete training on a full time basis, and will be limited to 9 credit hours per semester. Participant will take 2 years to complete the certification program needed to reach her vocational goal versus the customary 18 months.
P: IPE to reflect timeliness extension. Medical status will be monitored for reassessment of timeliness extension criteria.

On-the-Job Training (OJT)
This section distinguishes OJT from community-based assessments (CBA). The procedures outlined for OJT do not apply to CBA’s.

OJT enables a participant to learn the tasks, routine and skills of an assigned job at the actual work site. OJT is intended to result in continued or permanent employment in the assigned job or in a closely related job at the conclusion of the training period. OJT offers a wide range of preparatory opportunities and is adaptable to the unique needs and abilities of participants. This training resource is effective when formal training in the participant's vocational objective is unavailable or where ability to benefit from formal training is questionable.

OJT is not appropriate where there is a prerequisite for specific education or licensing which the participant lacks. OJT is not intended to serve as an alternative to job placement when the participant already meets the minimum qualifications for the job and no additional skills training is needed. OJT payment is intended to reimburse the employer/trainer for the extraordinary costs associated with the training of the participant/trainee; it is not a subsidy of employee wages. Community resources available in the JobConnect offices such as CEP or other WIA partner programs may also provide OJT funding.

OJT Trainee Wages and Fringe Benefits

Trainees are deemed employees of the employer. Trainees shall be compensated in accordance with the Fair Labor Standards Act (FLSA) at the rate, including periodic increases, as other persons employed by the employer in the same or similar jobs. If productivity is not competitive, the rehabilitation counselor may assist the employer to obtain a Sub-Minimum Wage Certificate through the Department of Labor, Wage and Hour Division utilizing the evaluation services staff for assistance.

Trainees shall be assured of fringe benefits at the same level and same extent as all other employees of the employer including worker's compensation benefits, unemployment insurance, health insurance and other benefits.

Reimbursement

The rehabilitation counselor may reimburse the employer for any portion of the participant's actual wages/salary, usually averaged or decreased over the length of the training period. While the counselor may reimburse the employer for the worker's
compensation premiums, the premiums must be paid directly by the employer to a worker's compensation provider.

In negotiating the reimbursement ratio with the employer, the rehabilitation counselor may progressively decrease the reimbursement rate as the trainee acquires skills and becomes more productive during the training period.

On-the-Job Training Agreement

The On-The-Job Training Agreement (OJT 1 form), Job Description, Budget, Certification and General Provisions must be completed for all on-the-job training. The rehabilitation counselor will include in the agreement, a description of the essential functions of the job as provided by the employer, and the employer’s commitment to train to these specific requirements of the job. The agreement also will state that the employer will consider a permanent hire at the conclusion of the training period, and will provide appropriate supervision during the training.

All parties, including the participant, prior to the initiation of the training, must approve the On-the-Job Training Agreement. The OJT program must be clearly defined in the IPE.

The OJT agreement must indicate that no payment to the employer is made for services initiated prior to the signatures of the parties to the Agreement and the written authorization of the Division. The employer is paid upon the submittal of progressive invoices and trainee progress reports during the training period as described in the agreement. In no event will the total payments exceed the total authorized amount or the prorated obligation over the training period in which a terminated trainee was paid wages.

On-the-Job Training Budget and Certification Form (OJT 2)

This form is completed with the required information for reimbursement to the employer. Additional pages may be added if the employer and rehabilitation counselor agree to a decreasing/revised contribution by the agency as the training period progresses.

Training Progress Reports (OJT 3)

The employer submits training progress reports with the invoice to the rehabilitation counselor. The invoice cannot be processed for payment without receipt of the progress report.

Modifications to the Agreement

The OJT Agreement is not a legally binding contract but rather is an agreement made in good faith. It may be modified in writing or terminated by any of the parties concerned.

Exceptions to the OJT Requirements

When the OJT is funded by another provider (e.g. WIA partner or EICON), then the OJT procedures and forms required by the funding agency will be used in lieu of the procedures
and forms contained herein. The case record however, shall include copies of the training progress reports.
On-the-Job-Training Agreement (OJT 1)

This is an agreement between _______________________ Rehabilitation counselor, Bureau of
(Name of Rehabilitation counselor)
_______________________________________________ and     _______________________ for
(Name of Employer)

the provision of an on-the-job training opportunity for ________________________.
(Name of Participant)

IPE

Planned Service Number: _____ Specific Job Title: ____________________________.
Essential functions of this job are:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

The participant will be trained in these specific areas to ensure attainment of key job skills to perform the
duties of this position and be provided with appropriate supervision.

Length of training: From: _____________ To:  ________________ Specific hours of instruction are to be
determined between the employer and the participant, however, the hours of instruction will not exceed 40
hours per week.

Wages to be paid to the participant by the employer are the usual and customary wage for an entry-level
position within this job title.

Reimbursement will be provided to the employer for any portion of the participant’s wages/salary, usually
averaged over the length of the training period. The rehabilitation counselor may also reimburse the
employer for worker’s compensation premiums, but the premiums must be paid directly to the employer.
The reimbursement rate and schedule is as follows:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

During the period of this agreement the employer will ensure the participant, deemed an employee of the
employer, is covered under worker’s compensation insurance, unemployment insurance, health insurance
and shall be assured of fringe benefits at the same level and same extent as all other employees of the
employer.
Weekly progress reports will be completed by the employer designee and mailed to the bureau along with an invoice for weekly reimbursement fees. Invoices will not be paid unless accompanied by the current progress report. In no event will the total payments exceed the total authorized amount or the prorated obligation over the training period in which a terminated trainee was paid wages.

The employer agrees to consider the participant for hire in the position for which he is being trained or in a closely related position at the conclusion of training.

No payment to the employer is made for services initiated prior to the signatures of the parties to the Agreement and the written authorization of the Division. This agreement is not a legally binding contract but rather is an agreement made in good faith. It may be modified in writing or terminated by any of the parties concerned at any time.

My signature on this document, dated ______________ indicates agreement with all stated conditions.

______________________________       ______________________________
(Employer)                        (Rehabilitation counselor)

______________________________
(Participant)
ON-THE-JOB TRAINING BUDGET AND CERTIFICATION (OJT 2)

Employer ________________________________________________________________

Remittance Address: ______________________________________________________

Federal ID Number: ______________________________________________________

Trainee: _________________________ Social Security #: ________________________

Training period: Start Date ___________________ End Date ____________________

Hours Per Week: __________ Pay Period: Weekly _____ Bi-Weekly ______

BVR’s total reimbursement of OJT Costs based upon the following agreed upon rate or
percentage of the actual wages paid to the trainee for the training received while employed by
the Employer during the term of this agreement.

<table>
<thead>
<tr>
<th></th>
<th>PERCENTAGE OF ACTUAL WAGES</th>
<th>HOURLY RATE</th>
<th>HOURS PER WEEK</th>
<th>WEEKLY OBLIGATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>BVR/BSBVI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OTHER ACTUAL COSTS

<table>
<thead>
<tr>
<th></th>
<th>COSTS</th>
<th>EMPLOYER RESPONSIBILITY</th>
<th>BVR RESPONSIBILITY</th>
<th>WEEKLY OBLIGATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers Comp</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CERTIFICATION

I understand the terms of this agreement and will comply with the OJT Agreement and General
Provisions. I am authorized to commit the Employer to this OJT Agreement.

_________________________ Date: __________________________
Signature and Title of the Employer’s Authorized Representative

I understand the terms of this agreement and will comply with this OJT Agreement as described herein.

_________________________ Date: __________________________
Signature of the Participant/Trainee
TRAINING PROGRESS REPORT for: OJT ____ CBA ____

Participant: _____________________________________________________________
Trainer: ___________________________ Dates: ________________ to __________

Please check all appropriate:

<table>
<thead>
<tr>
<th>1. Attendance:</th>
<th>2. Progress This Period:</th>
</tr>
</thead>
<tbody>
<tr>
<td>No time lost</td>
<td>Accelerated</td>
</tr>
<tr>
<td>Time Lost</td>
<td>Average</td>
</tr>
<tr>
<td>Reason for time lost:</td>
<td>Slow**</td>
</tr>
<tr>
<td></td>
<td>No Progress**</td>
</tr>
<tr>
<td></td>
<td>**Please Comment:</td>
</tr>
</tbody>
</table>

3. Quality of Work:

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair (Please complete #4)</td>
<td>Poor (Please complete #4)</td>
</tr>
</tbody>
</table>

4. Problem Areas & Remediation:

5. Cooperation in Training:

<table>
<thead>
<tr>
<th>Cooperative</th>
<th>Fairly Cooperative**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indifferent**</td>
<td>Not Cooperative**</td>
</tr>
</tbody>
</table>

6. Will the Training be completed on schedule?  Yes  No

7. Comments

8. Participant successfully completed OJT on:

__________________________
Date_____________________

(Signature of Trainer or Authorized Representative)

PLEASE FORWARD REPORT AND INVOICE TO:

OJT 3
11. MAINTENANCE

Maintenance is **restricted** to additional costs in excess of the participant's usual and customary living expenses incurred while participating in eligibility and vocational rehabilitation needs assessment or while receiving services under an IPE. Example: The cost of short-term shelter that is required in order for an individual to participate in assessment activities or vocational training at a site that is not within commuting distance of an individual’s home is allowable. See *Definition of Terms* for additional examples.

Per diem and lodging shall be paid, as evidenced by a receipt and will not exceed that paid to state employees.

12. TRANSPORTATION

Payment or reimbursement is limited to actual cost as evidenced by a receipt and will not exceed that paid to state employees. Transportation is a supportive service and must be in connection with an assessment of eligibility or with another planned service.

13. VEHICLE MODIFICATION & REPAIR

The bureau will modify or repair a vehicle for a participant if it is: 1) a vocational rehabilitation need, 2) more cost effective than the use of public transportation and, 3) an integral part of an approved Individualized Plan for Employment (IPE).

**Modification** means the following:

1. installation of a wheelchair lift
2. purchase and/or installation of hand controls
3. alteration to the structure of the vehicle such as lowering the floor or raising the roof
4. installation of carpeting or paneling to interior of vehicle, per prescription
5. specialized equipment such as a Scott's Driving System; and,
6. vehicle equipment packages recommended in prescriptions from driver evaluation teams such as air conditioning; CB radios, wheelchair tie-down, power seats, heavy-duty battery, tires, vehicle handling system, etc..

**Repair** means the following: replacement or adjustment of driveline, mechanical, electrical and/or structural components or tires.

The rehabilitation counselor must document the participant meets the following criteria for vehicle modification:

1. has a stable or slowly progressive impairment that interferes with normal driving or access to public or private transportation; and
2. is following plan as agreed or is demonstrating motivation in training or in other activities which indicate the plan will be successful and lead to an employment outcome; or,
3. has a job offer that requires “independent transportation”; or,
4. is working, including self-employment; and,
5. the participant's combined potential income and resources are expected to be sufficient to maintain the vehicle, the modifications and the insurance coverage for the vehicle and equipment.

Since vehicle modification or repair is contingent upon a vocational goal or sufficient evidence that the participant will complete a program which will lead to an employment outcome, a vehicle may not be repaired or modified prior to eligibility determination.

An assessment of alternative transportation must be considered and documented in the progress review notes must address:

1. the participant's current mode of transportation
2. the reasonableness of using other modes of transportation or solutions such as:
   a. taxicabs
   b. car pools
   c. paid co-workers, volunteers or attendants
   d. para-transit, accessible public transit or other community services; and,
   e. relocating participant to where the individual’s specialized needs may be met if such a move is cost effective and if the individual is employed

The bureau will only participate in modifying or repairing essential functions of the vehicle to enable the participant to drive safely or to use the vehicle for transportation as a passenger in order to derive full benefit of their IPE.

For modifications, adding items like automatic transmissions, power steering and brakes, air conditioning, power windows, door locks or tilted steering wheels is subject to approval by the rehabilitation counselor and be recommended via the medical or driving evaluation prescription. Participants who purchase vans are cautioned to assure the van has appropriate equipment such as power steering and brakes, sliding doors with windows, and heavy-duty electrical system. Generally the bureau will not sanction lowering floors on a unibody and/or short wheel base van.

Required Information - The rehabilitation counselor must include the following documentation for inclusion in the IPE or amended IPE:

1. **Modification & Repair**: Before modification or repair begins, proof of registered ownership of the vehicle by the participant is needed. If the vehicle belongs to a family member and the participant will be utilizing the family vehicle for employment related activities, a written statement must be provided by the family member that the participant will utilize the vehicle on a 51% basis, and proof of registered ownership is required.
2. **Modification & Repair**: Proof of insurance from vehicle owner.
3. **Modification & Repair**: Proof of a driver’s license by participant or primary driver.
4. **Modification & Repair**: Current condition of vision if participant is the driver.
5. **Modification**: If the participant owns a vehicle that is over three years old or has
40,000 miles or more on the odometer, the participant must have a qualified mechanic inspect the vehicle's power train, brakes, electrical system, body and safety features and certify in writing that the inspected items are in good condition.

6. **Modification:** Three estimates of cost or bids from vendor(s). If the number of vendors providing this service within a 50-mile radius of the bureau office is less than three, only a bid per vendor is necessary.

7. **Modification:** Driver evaluation report.

8. **Modification:** A prescription for a driver evaluation from a physician.

9. **Modification:** If the participant will drive from a wheelchair: condition and type of chair.

10. **Modification:** Certificate of Understanding (VM-3).

11. **Repair:** If the participant owns a vehicle that has 50,000 miles or more on the odometer, a qualified mechanic must inspect the vehicle to document the condition and reliability of the vehicle’s engine and/or other appropriate systems prior to repair.

12. **Repair:** Three estimates of cost or bids from vendor(s). If the vehicle cannot be driven, the number of bids or estimates required is one;

**Driver Evaluation** - Everyone requesting a modification and who will be a driver must be evaluated by a certified driver evaluation unit for safe driving ability and for equipment needed to drive safely. If appropriate, a report from a certified driver evaluation unit will include prescriptive specifications for adaptive driving equipment and vehicle modification.

**Passenger Evaluation** - A participant who will be a passenger only who is requesting a vehicle modification needs no driver evaluation but must be evaluated by a physical or occupational therapist for recommendation of modification needs. Any installation must meet factory specifications and meet the functional needs of the participant.

**Cost of Vehicle Modification** - The bureau will assist the participant in the arrangements and pay for the cost of evaluation including transportation and per diem. The rehabilitation counselor must include a cost estimate from a certified installer. Financial approval of the IPE will adhere to this manual’s spending authority requirements.

**Cost Of Vehicle Repair** - The rehabilitation counselor must include a cost estimate from **three** certified mechanics. (see #12 for exceptions)

**Installation Of Equipment Or Structural Modification** - If modification is approved, the rehabilitation counselor will authorize the approved amount for the modification to the installer. The participant will make arrangements with the installer for transporting the participant’s vehicle and when fittings must be done, transporting himself to the installer.

**Training In The Use Of The Modified Systems And Devices** - Prior to accepting the vehicle modifications or making payment for the vehicle modification the participant must receive training in the operation of all modifications, **hand controls**, and assistive technologies.
Driver Training - If the prescription requires driving training, the rehabilitation counselor will arrange for and document receipt of the training prior to the Bureau’s paying of the bill. Only driving schools and trainers who are licensed or certified under NRS 483.70-780 may be used.

Hand Controls: Hand controls MUST be installed by a qualified installer. The participant must also be evaluated by a certified professional, such as an occupational therapist or driver evaluator, and must be trained in the use of the prescribed hand controls.

Replacement Of Vehicle Modification Equipment: A current (within 3 months) statement from a physician is necessary to document the medical status of the participant, any medical changes since the last installation of equipment, and the physician’s opinion on the new equipment recommended by a vendor. If the physician cannot make such a recommendation, an evaluation by an Occupational or Physical Therapist must be completed. If the recommended modification equipment is different from the existing equipment, additional training on the new equipment must be completed.

The bureau may participate in the cost of the modification or repair but does not represent that it is an expert. Questions will be directed to the equipment dealer, mechanic and/or the installer.

Certifications: Participant, Mechanic and Installer - Upon completion of the modification, the vendor will submit an invoice with:

1. participant- Certification of Inspection (VM-4 or VR-4), signed and dated that the work has been completed by the mechanic and/or installer to the participant's satisfaction; and,
2. mechanic, installer- Certification (VM-5 pr VR-5) signed and dated by the vendor that the work has been completed in full compliance with the prescription and specifications as bid and warranties have been provided to the participant. Upon receipt of the certifications, the bureau will process the vendor's invoice for payment.
REHABILITATION DIVISION
CHECKLIST OF DOCUMENTS REQUIRED FOR A VEHICLE MODIFICATION

For all plans which include vehicle modification, the rehabilitation counselor must complete this checklist prior to signing the IPE.

___ Documentation that the participant's medical condition is stable or slowly progressive.

___ Affidavit of Understanding, Form # VM-3, signed and dated. (Included in this packet).

___ Documentation of registered ownership of the vehicle.

___ Proof of vehicle insurance carrier.

___ Certificate from a qualified mechanic that the condition of the vehicle including power train, brakes, electrical system, body and safety features warrants modification (if the vehicle is three years or more old or has 40,000 miles or more on the odometer).

___ AFTER THE WORK IS COMPLETED: Participant Affidavit of Inspection (Form # VM-4), signed and dated, that the work has been completed by the mechanic and/or installer to the participant's satisfaction.

___ AFTER THE WORK IS COMPLETED: Installer/Mechanic Affidavit (VM-5), signed and dated by the installer, certifying that the work has been completed in compliance with the prescription and/or specifications and that written warranties have been provided to the participant.

_____ AFTER THE WORK IS COMPLETED: Photos of the modified vehicle are taken and included in their case file.

VM-1
REHABILITATION DIVISION
MODIFICATION FOR A PARTICIPANT WHO WILL DRIVE

___ Documentation of driver's license

___ A prescription from a physician for a driver evaluation

___ If the participant will drive from a wheelchair, the condition and type of chair.

___ Current condition of the driver's vision

___ An evaluation from a driver evaluation unit

For a Participant Who Will Not Drive But Who Will Be a Passenger

___ An evaluation of access modification needs by a physical or occupational therapist (may be coordinated by the rehabilitation counselor).

___ Written statement from the driver that the vehicle will be used primarily to transport the participant for work-related activities or other activities (medical, etc) necessary to maintain employment.

For a Participant Who Does Not Own The Vehicle

___ Written statement from the owner that the vehicle will be used by the participant approximately 51% of the time for work or other activities (medical, etc) necessary to maintain employment.
REHABILITATION DIVISION
AFFIDAVIT OF UNDERSTANDING FOR MODIFICATIONS

In requesting the Nevada Rehabilitation Division, Bureau of, to pay for the cost of a modification of my vehicle to enable me to legally drive or ride as a passenger, I have been informed and fully understand that all such modifications and/or repairs will be authorized in full reliance upon:

1. Prescription and specifications for modifications recommended by ___________ (a certified driver evaluation unit), if I will be the driver, or evaluation by a physical or occupational therapist experienced in & knowledgeable about vehicle modification and add-on equipment, if I will be a passenger; or,

2. Certification by the vendor that modifications have been completed in compliance with the prescription/evaluation with factory specifications for add-on equipment,

Acceptance of the modifications made to my vehicle is my sole and exclusive responsibility, and I understand that the Rehabilitation Division, the bureau, and their agents, or employees, have neither the expertise nor the professional qualifications to prescribe or certify to the specifics of vehicle modification and/or repair. I acknowledge that no representation or recommendation with respect to those prescriptions or certifications have been made by any such agent or employee on behalf of the Division or the bureau.

Invoices submitted for those modifications will not be processed for payment until I have certified that I am satisfied with the work performed on my behalf, modifications and/or repairs are acceptable to me, and copies of all manufacturers’ warranties are furnished to me.

CAUTION: The participant should wait until after the vehicle modification plan has been approved by the bureau before purchasing a vehicle.

Any participant who purchases a vehicle prior to the driver evaluation and bureau approval of the plan in anticipation of the subsequent approval of a vehicle modification request does so at the individual’s own financial risk.

________________________________          _________________________________________
Witness Signature  & Date      Signature of Participant       & Date

_________________________________________
Participant Social Security No.

VM-3
REHABILITATION DIVISION
PARTICIPANT AFFIDAVIT OF INSPECTION AND SATISFACTION
WITH VEHICLE MODIFICATION

I hereby certify that I have physically inspected the modifications completed by:
_______________________________________________, installer/mechanic, made to my
vehicle: (make) _______________________________, (model) ______________________,
(year) ______________, and Vehicle Identification Number (VIN) ____________________.

I further certify that the modifications have been completed to my satisfaction, that the modifications
are acceptable to me, and that all manufacturers’ warranties have been provided to me by the installer/
mechanic.

_____________________________________     _____________________________________
Participant Signature     Witness Signature

_____________________________________    _____________________________________
Date        Date

VM-4
REHABILITATION DIVISION
CHECKLIST OF DOCUMENTS REQUIRED FOR A VEHICLE REPAIR

For all plans which include vehicle repair, the rehabilitation counselor must complete this checklist prior to signing the IPE.

- Documentation that the participant's medical condition is stable or slowly progressive.
- Financial Participation Form has been completed and criteria are met.
- Affidavit of Understanding, Form # VR-3, signed and dated.
- Documentation of registered ownership of the vehicle.
- Proof of vehicle insurance carrier.
- Certification from a qualified mechanic must be obtained if the vehicle has 50,000 or more miles on the odometer.
- AFTER THE WORK IS COMPLETED: Participant Affidavit of Inspection (Form # VR-4), signed and dated, that the work has been completed by the mechanic and/or installer to the participant's satisfaction.
- AFTER THE WORK IS COMPLETED: Installer/Mechanic Affidavit (VR-5), signed and dated by the installer, certifying that the work has been completed in compliance with the specifications and that written warranties have been provided to the participant.
- AFTER THE WORK IS COMPLETED: Photos the of the repaired vehicle are taken and included in their case file.

VR-1
REHABILITATION DIVISION
REPAIR FOR A PARTICIPANT WHO WILL DRIVE

___ Documentation of driver's license
___ Current condition of the driver's vision

For a Participant Who Will Not Drive But Who Will Be a Passenger
___ An evaluation of access modification needs by a physical or occupational therapist
___ Written statement from the driver that the vehicle will be used primarily to transport the participant for work-related activities or other activities (medical, etc) necessary to maintain employment.

VR-2
REHABILITATION DIVISION
AFFIDAVIT OF UNDERSTANDING
REPAIR

In requesting financial participation of the Nevada Rehabilitation Division, Bureau of, in the cost of repair of my vehicle which will enable me to legally drive or ride as a passenger, I have been informed and fully understand that all such modifications and/or repairs will be authorized in full reliance upon:

1. Specifications for repairs recommended by ____________________________
   (Certified mechanic, estimate for repair) and;

2. Certification by the vendor that repairs have been completed in compliance with the mechanic estimate, and with factory specifications for add-on equipment.

Acceptance of the repairs made to my vehicle is my sole and exclusive responsibility, and I understand that the Rehabilitation Division, the bureau, and their agents, or employees, have neither the expertise nor the professional qualifications to prescribe or certify to the specifics of vehicle repair. I acknowledge that no representation or recommendation with respect to those prescriptions or certifications have been made by any such agent or employee on behalf of the Division or the bureau.

Invoices submitted for the repairs will not be processed for payment until I have certified that I am satisfied with the work performed on my behalf, repairs are acceptable to me, and copies of all manufacturers’ warranties are furnished to me.

CAUTION: The participant should wait until the IPE has been approved by the bureau before purchasing a vehicle.

Any participant who purchases a vehicle prior to bureau approval of the plan in anticipation of the subsequent approval of a vehicle repair request does so at the individual’s own financial risk.

________________________________          _________________________________________
Witness Signature  & Date      Signature of Participant       & Date

Participant Social Security No.

VR-3
REHABILITATION DIVISION
PARTICIPANT AFFIDAVIT OF INSPECTION AND SATISFACTION
WITH VEHICLE REPAIR

I hereby certify that I have physically inspected the repairs completed by:

_______________________________________________, installer/mechanic, made to my
vehicle: (make) _______________________________, (model) ______________________,
(year) ______________, and Vehicle Identification Number (VIN) ____________________.

I further certify that the repairs have been completed to my satisfaction, that the repairs are acceptable
to me, and that all manufacturers’ warranties have been provided to me by the installer/mechanic.

_____________________________________     _____________________________________
Participant Signature                  Witness Signature

_____________________________________    _____________________________________
Date                                  Date

VR-4
REHABILITATION DIVISION
INSTALLER AFFIDAVIT OF COMPLETION OF
VEHICLE REPAIR

I hereby certify that all authorized equipment has been obtained and installed, all work performed and completed on behalf of: _____________________________ in accordance with the
(Name of Participant)

state authorization dated: ________________________________.

I further certify that all repairs have been completed in accordance with factory requirements, unless specified below, and that all manufacturer's warranties for the parts used to repair have been furnished to: ________________________________.

(Name of Participant)

If I have deviated from the factory specification in installing equipment which may void the warranties, I have made full disclosure to and received authorization from:

______________________________________________.

(Name of Participant)

______________________________________________
Vendor Representative Signature

______________________________________________
Firm Name of Vendor  Business License No.

______________________________________________
Address

______________________________________________
City  State  Zip

VR-5
14. VEHICLE PURCHASE/LOAN PAYMENTS

Provision of a motor vehicle, making vehicle loan payments or making vehicle down payments must be an identified IPE service and in direct relationship to the achievement of an employment outcome. The rehabilitation counselor must review and verify all applicable items, such as: the participant’s valid driver license; the vehicle’s reliability and serviceability, age, mileage, and insurance coverage. Vehicle purchases, loan payments or down payments must comply with SSA guidelines under PASS (Plans for Achieving Self Support), allowable expenses as necessary and reasonable. Guidelines are as follows:

a. The participant and counselor must always justify a reason for purchasing a vehicle and the need for a new rather than a reliable used vehicle. Also, insure vehicle rental or leasing have been considered where appropriate; and,

b. The primary objective is for assistance with start up costs. For a vehicle, this means the cost for the participant to take possession of the vehicle, get it on the road and be able to absorb the ongoing costs. This may involve a down payment, registration fees and insurance binders, repairs and routine maintenance. When determining the amount of the allowable down payment, consider how much the participant can afford to pay on a monthly basis (ongoing payments, gasoline costs, routine maintenance costs), and provide an assessment of relocation costs or other transportation alternatives.

15. PROVISION OF OTHER GOODS AND SERVICES

In the case of telecommunications, sensory and other technological aids and devices, individualized prescriptions and fittings may be performed only by persons licensed in accordance with State law or by appropriate, certified professionals. Provision of items manufactured to prescription requires medical consultant's review.

Firearms, explosives or other items and materials generally considered to be lethal weapons will not be provided.

16. FAMILY MEMBERS

Clear evidence must show that the service to a family member is necessary for the participant to achieve an employment outcome.

17. HOME MODIFICATION

The Rehabilitation Division may participate in the funding for the purchase of services to remove physical barriers that interfere with a participant’s full participation in rehabilitation services leading to employment. Financial participation requirements apply to the provision of these types of services. Certified Occupational and Physical Therapists, Assistive Technology Specialists, and Rehabilitation Engineers, can assist counselors with coordination of these services. Home modification costs over $1000 (as identified on an IPE) require pre-authorization by the Bureau Chief before presentation to the participant for signature. The
rehabilitation counselor must address the following criteria for home modification, and in accordance with the Authorization of Services policy (Section 21).

A) Before home modification services can be authorized, the participant must be found eligible for rehabilitation services, financial participation determined, and have an approved draft Individualized Plan for Employment that documents the need for specific home modifications leading to the achievement of an employment outcome.

B) The case file must contain documentation that:
   1) the participant cannot be relocated,
   2) the dwelling is owned and maintained by the participant or,
   3) the participant has the property owner’s written permission to modify
   4) An assessment needs to be completed of the property owner’s willingness to participate in the cost of the modifications.
   5) The property owner must provide a written statement to the rehabilitation counselor verifying that there is a lease agreement equal to the length of time required to complete the IPE before modifications begin.

C) The Rehabilitation Division will not restore the property to its original state after modifications have been made.

D) The rehabilitation counselor must obtain three bids from licensed contractors prior to authorizing for the service. The rehabilitation counselor must also comply with procedures outlined in Section 21.

E) The rehabilitation counselor must investigate comparable benefits, such as Medicaid, to determine other sources of payment. The participant must participate in the cost of the modifications according to the Financial Participation Guidelines.

F) The Rehabilitation Counselor can authorize for structural repairs such as: adding grab bars to allow for independent use of bathroom facilities, widening a doorway to allow for wheelchair accessibility, building a partition, or putting in a ramp.

G) The rehabilitation counselor cannot authorize the purchase of land, building permanent structures or modifying exterior walls. Home modification includes: fabricating, modifying, designing, and installing to accommodate the participant’s disability as required to participate in the VR program.

H) All required building permits must be obtained, as required by the City or County Ordinance prior to beginning the modifications to assure that the contractor is properly licensed. Home Modifications do not fall under the requirements for Public Works Board review as a remodel.

I) The rehabilitation counselor will submit home modification plans for additional approval according to the Signature Authority guidelines.

J) Upon completion of the modification and prior to paying the bill, an inspection must be conducted by the rehabilitation counselor and appropriate local authorities to
assure that the work is completed properly as authorized. The participant must also sign off that he is satisfied with the work.

K) The building materials used for the modifications need to be comparable to existing building materials. Any upgrades must be justified and pre-approved by the Rehabilitation Manager (District Manager).

L) All other necessary permits have been obtained.

M) There are no liens against the property.
REHABILITATION DIVISION
CHECKLIST OF DOCUMENTS REQUIRED FOR A HOME MODIFICATION

For all plans which include home modification, the rehabilitation counselor must complete this checklist.

___ Documentation that the participant's medical condition is stable or slowly progressive.

___ Affidavit of Understanding, Form # HM-2, signed and dated.

___ Written documentation of ownership or lease for the length of the IPE.

___ Proof of homeowners insurance provided either by renter or homeowner.

___ Proof no liens have been placed against the property.

___ All required permits have been obtained.

___ Official bids (3) from licensed contractors including contractor license number registered in the State of Nevada. Bid must address structural soundness of the building to be modified consistent with existing construction quality, re: cabinetry, flooring and counter tops.

___ AFTER THE WORK IS COMPLETED: Participant Affidavit of Inspection (Form # HM-3), signed and dated, that the work has been completed by the contractor to the participant's and homeowner’s (if applicable) satisfaction.

___ AFTER THE WORK IS COMPLETED: Contractor Affidavit (HM-4), signed and dated by the contractor, certifying that the work has been completed in compliance with the terms of the contract and/or specifications and that written warranties have been provided to the participant.

HM-1
REHABILITATION DIVISION
AFFIDAVIT OF UNDERSTANDING

In requesting financial participation of the Nevada Rehabilitation Division, Bureau of, in the cost of a modification of my residence which will enable the participant to pursue my rehabilitation program and live more independently, I have been informed and fully understand that all such modifications will be authorized in full reliance upon:

1. Recommendations from a qualified professional, Occupational Therapist, Physical Therapist, Assistive Technology assessment, additional assessments and inspections as deemed necessary by the rehabilitation counselor or other representative of the bureau.

2. Certification by the contractor that modification has been completed in compliance with evaluation recommendations from those qualified professionals who have been consulted.

Acceptance of the modifications made to my residence is the sole and exclusive responsibility of the resident and property owner, and I understand that the Rehabilitation Division, the bureau, and their agents, and employees, have neither the expertise nor the professional skill to prescribe or certify as to the specifics of residential modification. I acknowledge that no representation or recommendation with respect to those proposed modifications have been made by any such agent or employee on behalf of the division or the bureau.

I acknowledge that the Rehabilitation Division will not restore the property to its original state after modifications have been made.

Invoices submitted for modifications will not be processed for payment until I (resident/homeowner) have certified that I am satisfied with the work performed on my behalf, that modifications are acceptable to me, and copies of all manufacturers’ warranties are furnished to me.

CAUTION: The participant/homeowner must wait until after the residential modification plan has been approved by the bureau before beginning the home modifications.

Any participant/homeowner who pursues home modifications prior to approval by the bureau does so at the individual’s own financial risk.

_____________________________________           ______________________________
Signature of Property Owner & Date                          Signature of Participant & Date

________________________________
Social Security No.

HM-2

PARTICIPANT SERVICES POLICY AND PROCEDURES MANUAL
Bureaus of Vocational Rehabilitation & Services to the Blind and Visually Impaired
SFY 04  BLUE
REHABILITATION DIVISION
PARTICIPANT AFFIDAVIT OF INSPECTION AND SATISFACTION
WITH HOME MODIFICATIONS

I hereby certify that I have physically inspected the modifications completed by: __________
_______________________________________________, contractor, on my residence located at:
(address) ___________________________________________________________________,

I further certify that the modifications have been completed to my satisfaction, that the modifications
are acceptable to me, and that all manufacturers’ warranties have been provided to me by the
contractor.

___________________________________________
Owner Signature                 & Date

____________________________________________
Resident Signature              & Date

____________________________________________
Witness Signature         &     Date

HM-3
REHABILITATION DIVISION
CONTRACTOR AFFIDAVIT OF COMPLETION OF
HOME MODIFICATION

I hereby certify that all modifications have been completed in accordance with the terms of the contract and the authorized recommendations of the qualified professionals on behalf of: ________________________________, dated: ________________________________.

I certify that all manufacturers’ warranties for the materials utilized in the modification construction have been furnished to: ________________________________.

If I have deviated from the factory specification in installing equipment, which may void the warranties, I have made full disclosure to and received authorization from: ________________________________.

_______________________________
Signature

______________________________________________________________
Name of Contractor                  Business License No.

______________________________________________________________
Address

______________________________________________________________
City, State, Zip

HM-4
SECTION 19: COOPERATION AND COORDINATION OF BENEFITS WITH OTHER AGENCIES

The Rehabilitation Act of 1973, as amended, requires the development of cooperative agreements, formal interagency agreements and memorandums of understanding, as appropriate, with other public agencies. (CFR 361.22, CFR361.23, 361.24) The cooperative agreement is designed for use whenever public agencies enter into agreements for joint or cooperative action pursuant to NRS 277.110(2) and does not involve an exchange of funds. This may be accomplished by executing a COOPERATIVE AGREEMENT BETWEEN PUBLIC AGENCIES form as found on the DETR Intranet, Policies and Procedures under Contract and Leases, Attorney General Models and obtaining required signatory approvals.

The Rehabilitation Act of 1973, as amended, also allows for third-party cooperative arrangements (CFR 361.28). Interlocal contracts with public agencies may be entered into by executing an INTERLOCAL CONTRACTS BETWEEN PUBLIC AGENCIES form, and obtaining required signatory approvals. This form is found on the DETR Intranet, Policies and Procedures under Contract and Leases, Attorney General Models. The interlocal contract form is designed for use whenever public agencies contract with one another for the performance of any government service pursuant to NRS 277.180(1).
SECTION 20: INTER-BUREAU PARTICIPANT REASSIGNMENT PROCEDURES

The Division has adopted the following policy concerning participant referral and case reassignment between the two bureaus. To accomplish the reassignment, one bureau must close the case file, noting the reassigned location and the receiving bureau must open a new case utilizing existing information to the extent possible.

The primary disability or the functional limitations that constitute the most significant impediment to employment will determine which bureau serves the applicant/participant. Where there is a disagreement, the case file will be reviewed and a determination made by the Rehabilitation Manager (district manager).

The complete case file of the referring bureau will accompany the referral. However, the referring bureau will retain a photocopy of its case file that will include a notation of the referral and relocation.

The bureaus will continue to make services available (such as mobility training) to participants in either program.
SECTION 21: CLOSURES

Closures require notification of appeal rights and an explanation of the availability of the Client Assistance Program (CAP).

A. Closing a Case from Application or Extended Evaluation - such closures may occur when a participant is not eligible or due to other reasons.

B. Closure for reasons other than ineligibility

1. A case may be closed when the participant is unavailable during an extended period to complete an assessment of eligibility and the rehabilitation counselor has made repeated efforts to contact the participant. Repeated efforts include two or more attempts to elicit participant response such as letters, phone messages, personal contact or rescheduling missed appointments. (A 15-day closure letter is sent only after two attempts have been made to contact the participant.)

2. A closure without a determination of eligibility is not an ineligibility determination, but the closure reason must be documented in the case file and titled “Closure Summary”.

C. Closure from applicant or extended evaluation conducted under a trial work experience and eligibility requirements are not met

1. Ineligibility determinations must be based on clear and convincing evidence and require the completion of a Certificate of Ineligibility.
2. Ineligibility determinations are made only after full consultation or after an opportunity for full consultation with the participant or representative.
3. Determinations of ineligibility must be based on one of the following:
   a. the individual does not have a physical or mental disability which, for that individual, constitutes or results in a substantial impediment to employment, or
   b. the individual does not require such services to prepare for, enter, engage in, or retain gainful employment.
4. It shall be presumed that a participant can benefit in terms of an employment outcome unless the bureau can demonstrate by clear and convincing evidence that the severity of an individual’s disability precludes the individual from benefiting from vocational rehabilitation services in terms of an employment outcome. In making the demonstration required under this paragraph concerning the severity of an individual’s disability (ies), the bureau shall first provide a period of Trial Work Experience, conducted in Extended Evaluation.
5. Ineligibility determinations other than for significance of disability also require clear and convincing evidence.
6. Ineligible participants must be referred to other appropriate programs.
D. Annual Review of Ineligibility Determination

Review is required of cases with an ineligibility determination because a participant cannot benefit in terms of an employment outcome or when an extended evaluation has been terminated due to severity of the disability. The bureau must, with the participant, review the determination within 12 months unless the individual refuses the review, is no longer in Nevada, the participant’s whereabouts are unknown or their medical condition is rapidly progressive or terminal. A case closed as ineligible will disappear from the Caseload Browse list within a specified time period however, at the time of closing, an “Activity Due” in Case Note Browse should be entered to reflect the one year time period. In one year’s time, the reminder and case will re-appear on the Caseload Browse showing an “Activity Due”. In RAISON all cases, whether active or closed will remain on the database. After a case is closed, the number of days a case remains on the Caseload Browse page can be set as a personal preference. 10-15 days is recommended as an appropriate time period.

A case closed as ineligible will disappear from the Caseload Browse list within a specified time period, however, at the time of closing, an “Activity Due” in Case note Browse should be entered to reflect the one year time period. In one year’s time, the reminder and case will re-appear on the Caseload Browse showing an “Activity Due”. In RAISON all cases whether active or closed will remain on the database.

E. Employment Outcomes – Employment outcomes occur when a participant is determined to have achieved an employment outcome in an integrated setting.

1. Vocational rehabilitation participants closed employed must, as a minimum have been:
   a. determined to be eligible;
   b. provided an assessment of eligibility and vocational rehabilitation needs as essential vocational rehabilitation services;
   c. provided appropriate vocational rehabilitation services that have contributed to the employment outcome in accordance with the IPE; and
   d. determined to have achieved and maintained suitable employment for at least 90 days.

2. When necessary, post-employment services must be provided after the participant has been closed in employment to assist the participant to maintain, advance in or regain other suitable employment.

3.  
4. An employment outcome closure statement is a required document and will outline:
   a. the basis on which the participant has achieved an employment outcome; and,
   b. if necessary, plans for the provision of post-employment services and the basis on which those plans are developed.

F. Case Closures after the Initiation of an IPE

1. The participant must have been determined eligible and assessed for vocational rehabilitation needs and been provided at least one service under an IPE; and,
a. was not provided counseling & guidance as an essential vocational rehabilitation service; or,
b. was not provided appropriate services in accordance with an IPE; or
c. did not maintain suitable employment for at least 90 days, with refusal of further services; or,
d. clear and convincing evidence indicates the participant can no longer benefit from services in terms of an employment outcome.

2. A statement signed and dated by the rehabilitation counselor, identified as a certificate of ineligibility, must be completed.

3. There must have been full consultation with or opportunity for consultation with the participant or representative.

4. Closure in Extended (Sheltered) Employment

The status of participants closed in extended employment in community rehabilitation programs (including workshops) must be reviewed and re-evaluated at least annually for a period of at least two years to determine the potential for competitive employment. Maximum effort should be made to place these participants in integrated work settings or training for competitive employment whenever possible. **These closures cannot be counted as employment in an integrated setting.**

RAISON will automatically notify the Rehabilitation Counselor for the need of Annual Review only if the rehabilitation counselor enters a case note with an “Activity Due” identifying the next review date.

Instructions are the same as section D above.

Cases may also be closed from plan status without an ineligibility determination (i.e., moved, died, refused services).

G. Review of Ineligibility Determination in Cases Closed from Plan Status

The determination must be reviewed within 12 months unless the participant has refused review, is no longer present in Nevada, the participant’s whereabouts are unknown or their medical condition is rapidly progressive or terminal. Only a first review is initiated by the bureau.

RAISON will automatically notify the Rehabilitation Counselor for the need of Annual Review only if the rehabilitation counselor enters a case note with an “Activity Due” identifying the next review date.

H. Closing a Case after Eligibility and before Plan Initiation

Determining ineligibility at this point requires a certificate, a rationale, consultation, notification, review and appropriate referral as when closing a case ineligible and unsuccessful (see D above).
Cases may also be closed from eligibility status without an ineligibility determination (i.e., moved, died, refused services, unable to develop an IPE).
SECTION 22: THE PARTICIPANT'S SERVICE RECORD

The bureaus will establish and maintain a service record for each applicant and/or recipient of vocational rehabilitation services, which, to the extent pertinent, will contain:

A. Documentation concerning:

   1. the assessment and certification of eligibility/extended evaluation;
   2. the need for extending the time for evaluation of eligibility determination as applicable; and,
   3. the assessment of vocational rehabilitation needs leading to the nature and scope of services to be provided.

B. Documentation regarding the reasons for an ineligibility determination, if the participant is found to be incapable of achieving an employment outcome. A notation of a review of the determination conducted no later than 12 months after such determination was made, unless the medical condition is rapidly progressive or terminal;

C. Documentation supporting the determination of a significant or most significant disability, which may include verification of SSDI or SSI allowance;

D. Documentation of periodic assessment of the participant’s functioning during a period of trial work experience or an extended evaluation;

E. An IPE or time-limited written extended evaluation plan and any modifications;

F. If physical or mental restoration services are provided, documentation that the clinical status of the participant is stable or slowly progressive;

G. Documentation supporting any decision to provide services to family members;

H. Documentation relating to the participant's participation in the cost of services;

I. Documentation relating to the eligibility of the participant for comparable services and benefits and their use;

J. Documentation the participant has been advised of the confidentiality of all case information and the release of such information;

K. Documentation of the reason for closing a participant's case including the individual’s employment status and the basis upon which the employment was determined to be suitable;

L. Documentation via the IPE or IPE modifications of any plans to provide post-employment services after the employment outcome has been achieved, the basis upon which these plans were developed, a description of the services provided and the outcomes achieved;
M. Documentation concerning any action and decision involving the request by the participant for review of a rehabilitation counselor’s determination and Fair Hearing or Mediation;

N. Documentation of appropriate reviews where a participant has been provided services under an IPE but who has been determined to be no longer capable of benefiting from vocational rehabilitation services.

O. An assessment of vocational rehabilitation needs must be done at the time the IPE is written.

P. A Progress Review Summary every 90 days if no current progress review notes (PRN) exist within this time frame.

Additional Required Applicant/Participant Contact And Documentation:

All progress review notes or other narrative documentation must be initialed (typewritten) by the writer. Handwritten PRN’s are not permitted.

A progress review note is required to explain payment of invoices when increases of $100 in authorizations occurred or was not prior-authorized.

Application Status: The Rehabilitation Technician or designated support staff (such as Program Assistants or Management Assistants), has the primary responsibility for applicant contact, occurring no less than monthly. Results of contact will be documented by the Rehabilitation Technician or designated support staff in a case note within 48 hours of the contact.

Eligibility through Planned Service: The Rehabilitation Counselor has the primary responsibility for participant contact at least every 90 days, in addition to those contacts occurring at decision points (defined in definition of terms) during the rehabilitation process. Decision point contact and/or actions will be documented by the Rehabilitation Counselor in a progress review note within 48 hours of the contact and will include an assessment of the event(s) and plan of action.

Job Ready (Service J) through Employment: The Rehabilitation Counselor has the primary responsibility for participant contact during this phase of the rehabilitation process and will occur no less than every 30 days. Contact will be documented by the Rehabilitation Counselor in a progress review note within 48 hours of the contact and will include an assessment of the event(s) and plan of action.

P. A Transfer Summary will be completed in all case files prior to the file being transferred to another rehabilitation counselor. This summary will include a status update of all planned services and identify any new, ongoing or potential issues, and support systems in place. Personalized letters to participants must be sent 10 work days prior to transfer by the current counselor advising of case transfer. Personalized introductory contact letters to the participants by the receiving counselor must also be sent within 10 working days to the participant.

Q. A Closure Summary will be completed which includes detailed closure information and
reason for application, substantial services provided, and explanation of the closure reason for all closures.

R. An Employment Outcome Closure Statement which includes a detailed summary of the reason for application, vocational goal, job at closure, employment start date, wages, employment stability, statement of how the job meets the identified vocational needs and a statement that the counselor and participant agree on the case closure are required for all employment outcome closures.

S. The Rehabilitation Technician is responsible to ensure electronic progress review notes and other narrative documentation is placed in the hard copy case file every 7 days. The Rehabilitation Counselor has the responsibility to forward the progress review notes to the technician for filing purposes.

T. Case File Organization

For all BVR and BSBVI case files. All sections will be labeled with the appropriate descriptive heading.

All duplicate copies of fiscal paperwork (authorizations, P.O.’s etc.) and related invoices, RD09’s, 87’s, and any other documents for each specific transaction are to be stapled together and placed in date order (latest on top).

SECTION I: Accounting

1. All Fiscal Information
2. Check Receipt
4. Authorizations
5. RD09-Cash Payment Request Form
6. RD87-Verification of Receipt of Goods & Services
7. Paratransit Ticket Issue Sheets

SECTION II: Application/ IPE/PRN’s/Related Documents

1. Application
2. Intake
3. Certificate of Eligibility
4. IPE
5. Progress Review Notes (in chronological order)
6. Ineligibility/Closure Statement
7. Supervisory Review Documents
8. Case File Review Documents

SECTION III: Medical and Psychological

1. Health Survey (Last two pages of application)
2. Medical/Dental/Psychological Consultation
3. Psychological Testing and Reports
4. Medical Records (most recent, according to date received, always at the top)
5. Medical release returned with no information on participant
6. Workers’ Compensation Medical/Psychological Information
7. Referral Letters for Medical/ Psychological Exams/Evaluations
8. Letters from Physicians/Medical Staff regarding participant’s Medical/Psychological condition and/or Medical Reports in Letter Format
9. NA & AA Progress Reports

SECTION IV: Case Documentation

1. SSA Data (tabbed) if applicable (SSI - SSDI Section)
2. Vocational & Testing Requests & Reports
3. OJT Contracts & Reports, CBA & Other Training Progress Reports (Labeled “Training Reports”)
4. Transcripts/Grade Reports/ GED Certification (HS Diploma, Cert. of Completion).
5. Community Based Assessment Agreements
6. Financial Aid Report, Award letter
7. WOTC, Schedule A & B/700 Hour
8. Food Stamp Information
9. General Assistance (yellow copy)
11. Rehabilitation Engineering reports referral, etc.
12. Job Placement Programs Reports (Labeled Job Placement Reports)
13. Recreational Therapy Reports
14. Participants Resumes and Applications
15. Rap sheets from Parole and Probation
16. Job Analysis
17. Letters of Reference
18. Non-medical Workers Compensation Information
19. Certificates
20. Labor Market Survey

SECTION V: Participant Background Data

1. Financial Participation Assessment Form (proof of wages &/or IRS tax returns)
2. Releases (all) and copies of letters requesting medical records
4. Subpoena Protocol
5. Military Information
6. Judgment reports from court - Parole Certificate
7. Civil papers from Judge - Court - Attorney

SECTION VI: Correspondence & E-mail

1. Correspondence (including letters from participants and thank you cards)
2. Referral Letters/Memos
3. Memos, Paratransit Letters, Intro. Letters, etc
4. Letters of Reference for Participant
5. E-mail
6. CAP Reports, Releases & Letters
SECTION 23: AUTHORIZATIONS AND PURCHASES

A written authorization for services shall be made either before or at the same time as the purchase of services and must state the manner in which those services are to be provided and reported by the vendor. In exceptional situations the rehabilitation counselor may make an authorization verbally. In such instances the authorization must be confirmed in writing within 24 hours and forwarded to the vendor.

The rationale for increasing or decreasing the authorization amount must be entered as a case note if the change exceeds $100.00

**Cash Payments:** A case note is required to clarify the instances and circumstances under which a cash pay to the participant is appropriate.

Vendors are never to be paid in full before the counselor has evidence of receipt of the products or services and acknowledgment has been received from the participant that the provision of these products or services has been appropriately fulfilled per the IPE.

Approval of an invoice is acknowledgement that verification has been made regarding receipt of and satisfaction with the goods and services authorized.

Requests for approval of training programs over $10,000.00 do not require approval of the Budget Office or the Board of Examiners. (Per FM, Budget Office consultation and NRS 284.173) The training services should be authorized per semester or term to assure that the participant is making sufficient progress to warrant the authorization of additional training monies, rather than an authorization for the entire course of study.

**DIRECT PURCHASE AUTHORIZATION**

In certain instances, the agency must obtain competitive quotes as practical and maintain these quotes for one year. Please see the current DPA, issued by the Purchasing Division for reference.

Purchase of goods or services for participants that are prescriptive in nature and/or are customized to order are exempt, as noted below.

Purchases of services for participants and to fulfill reasonable accommodation provisions of the Americans with Disabilities Act for employers with disabilities are exempt, per examples below.

Purchase of goods for *groups* of participants that are prescriptive in nature and/or are customized to order are exempt.

Purchases of goods for participants or groups between $5001.00 and $25,000.00 require a confirming requisition with written confirmation by State Purchasing Division.

Purchases of *services* must comply with the requirements of contract approval.

Exemption examples: vehicle modifications; home modifications; low vision aids; wheelchairs; prosthetics; orthotics; hearing aids; assistive devices; etc.
Home modification and are not excluded.

Vehicle modifications are excluded since they are considered rehabilitation technology.

**PURCHASE OF GOODS AND SERVICES**

Definition of Goods and Services:

Goods = specific items such as van lift, toggle switch, door, wood, cement
Services = installation costs, other labor costs, items purchased for participants that require a prescription or customization such as low vision aids, wheelchairs, prosthetics, orthotics, hearing aids, etc.. These items will be considered services or participants.

Services must fall within contract requirements of the State Administrative Manual. If the dollar amount is:

* Under $2,000 – need agency head approval and this is completely separate from signature level approvals
* Between $2,000 and $9,999 – need Clerk of the Board of Examiners approval
* Over $9999 – need Board of Examiners approval

The State Administrative Manual Rule also requires application of the 51/49% Rule:

A. If 51% of the total cost is a *service* (such as labor or installation), contract rules apply. The Counselor must:
   - request a contract
   - or utilize DETR existing contract

B. If the total cost of the service (labor only) is *under* 51% then the DPA (Direct Purchase Authorization) process applies.

C. DPA applies to purchase of goods & services for participants as follows:

   Under $5,000 - does not require involvement of the Purchasing Division and requires an authorization only.

   $5001-$25,000 – must obtain a confirming requisition
   Authorization plus request for confirming requisition must be submitted. Purchases must be held until receipt of confirmation (verbally or electronic) from Office Services

   Over $25,000 – counselor must submit 3 bids and create a Requisition and no authorization is completed. Counselor is to take no action until service is approved.
A. Spending Authorities: The Division has determined specific spending authorities as noted:

<table>
<thead>
<tr>
<th>POSITION</th>
<th>SINGLE PURCHASE*</th>
<th>MONTHLY CASH PAY*</th>
<th>REVIEW RESPONSIBILITY*</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUREAU CHIEF</td>
<td>Under $25,000</td>
<td>Under $2,250</td>
<td>Initial IPE’s under $26,000 and services authorized at and above the $19,000 threshold to $24,999, per authorization. Unusual or risky medical procedures. Home or vehicle modifications exceeding $1,000. CBA’s over 116 hours. Monthly cash payments exceeding $1,649 to $2,249.</td>
</tr>
<tr>
<td>DEPUTY CHIEF (Rehab. Manager)</td>
<td>Under $19,000</td>
<td>Under $1,650</td>
<td>Initial IPE’s under $20,000 and services authorized at and above the $13,000 threshold to $18,999, per authorization. CBA’s completed in plan status. Monthly cash payments exceeding $999 to $1,649.</td>
</tr>
<tr>
<td>REHAB. MANAGERS (District Managers)</td>
<td>Under $13,000</td>
<td>Under $1,000</td>
<td>IPE’s under $14,000 and services authorized at and above the $7,000 threshold to $12,999 per authorization. Monthly cash payments exceeding $349 to $999.</td>
</tr>
<tr>
<td>REHAB. SUPERVISOR I, II</td>
<td>Under $7,000</td>
<td>Under $350</td>
<td>IPE’s under $8,000 and services authorized at and above the $4,500 threshold to $6,999, per authorization. Monthly cash payments exceeding $249 to $349.</td>
</tr>
<tr>
<td>RECREATION SPEC II</td>
<td>None</td>
<td>None</td>
<td>Rehab Manager approval is required.</td>
</tr>
<tr>
<td>REHAB. COUNSELOR III</td>
<td>Under $4,500</td>
<td>Under $250</td>
<td>IPE’s under $5,500 and services authorized at and above the $3,500 threshold to $4,499, per authorization. Monthly cash payments exceeding $149 to $249.</td>
</tr>
<tr>
<td>REHAB. COUNSELOR II</td>
<td>Under 3,500</td>
<td>Under $150</td>
<td></td>
</tr>
<tr>
<td>REHAB INSTRUCTORS</td>
<td>Under $2,500</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>REHAB. TECH I, II</td>
<td>Under $200</td>
<td>Under $50</td>
<td></td>
</tr>
<tr>
<td>ADMINISTRATIVE ASST</td>
<td>$500</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>II, III</td>
<td>Operating Only</td>
<td>None</td>
<td>Account Clerk II and III may amend authorizations by $25 or less except for medical services. Account Clerk III may pay routine utility bills (power, sewer, disposal, telephone) up to $500.</td>
</tr>
<tr>
<td>---------</td>
<td>----------------</td>
<td>------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>ACCOUNT CLERK III</td>
<td>$500 Operating Only</td>
<td></td>
<td><em>The Division Administrator must approve any expenditure that exceeds the authority of the Bureau Chief.</em></td>
</tr>
</tbody>
</table>
B. Processing Vendor Invoices For Payment:  To facilitate prompt payments of authorized services with minimal processing rejections, it is critical for all staff to follow the sequence detailed in the Division Accounting Manual.

C. Whenever possible BVR and BSBVI staff will negotiate fees based on the Common Physician Terminology (CPT) factors and unit values to determine allowable charges for medical and psychological diagnostic and treatment services.

Each office has access to current approved CPT conversion factors and unit values via the internet. The medical provider can provide the code number for a particular procedure or expense before authorization of the procedure. (see sample at end of this section). Accounting Assistants must verify all medical services charges and billings contain:

a. the appropriate CPT coding and written description of the medical service provided;  
and,

b. charges at the approved Medicare/Medicaid CPT reimbursement rate.

c. If the invoice, as submitted by the vendor, does not contain the CPT service description, Accounting Assistants are to stamp the invoice with the statement “Description on File.”

d. If the service charge exceeds the approved CPT reimbursement rate as negotiated, Accounting Assistants will then process the invoice for payment with the statement “Pre authorized amount only.” See the Division Accounting Manual for additional instructions.

e. For services not listed with a CPT code, staff will contact the vendor and negotiate a fee, typically at 60 - 75% of the vendor’s usual and customary charges.

f. CPT rates (Procedures Unit Rates and Values) are updated via the Internet. CPT unit rates and value updates are located at the following web site:  
http://dhcfp.state.nv.us/medicaid.htm  (After clicking on the website, go to finance, under the subsection of rates go to both fee schedule and rate schedule (use the fee and rate schedules with the most current date)

Sample: Conversion factor for a cataract surgery (CPT Code 66983) would be $36.20; find unit value for CPT code 66983. In this case 16.07 (see tables below). 36.20 X 16.07 = $581.73. This would be the amount paid for the surgery. The medical provider may provide BVR/BSBVI staff the CPT code for a particular medical procedure or expense before authorization of the procedure.

**SAMPLE CONVERSION FACTOR**

**CONVERSION FACTORS EFFECTIVE MAY 8, 2003**

Provider Types:  12, 14, 20, 22, 25, 27, 34, 42, 43, and 45
<table>
<thead>
<tr>
<th>Specialty</th>
<th>Code Range</th>
<th>Multiplier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesia</td>
<td>00100-01999</td>
<td>37.02</td>
</tr>
<tr>
<td>Surgery</td>
<td>10000-58999 and 60000-69999</td>
<td>36.20</td>
</tr>
<tr>
<td>Radiology</td>
<td>70000-79999</td>
<td>36.20</td>
</tr>
<tr>
<td>Pathology</td>
<td>80000-85094 85110-87999</td>
<td>1.03</td>
</tr>
<tr>
<td></td>
<td>88150-88155 88400-8999</td>
<td></td>
</tr>
<tr>
<td>Pathology</td>
<td>85095-85109 88000-88149</td>
<td>1.55</td>
</tr>
<tr>
<td></td>
<td>88156-88399</td>
<td></td>
</tr>
<tr>
<td>Medicine</td>
<td>90000-99999</td>
<td>30.77</td>
</tr>
<tr>
<td>Evaluation and Management</td>
<td>99201-99999</td>
<td>30.77</td>
</tr>
<tr>
<td>OB</td>
<td>59000-59999</td>
<td>46.33</td>
</tr>
</tbody>
</table>

### SAMPLE UNIT (RVS) VALUE TABLE

<table>
<thead>
<tr>
<th>Code</th>
<th>Modifier</th>
<th>Facility Based RVS Value</th>
<th>Non-Facility Based RVS Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>66982</td>
<td></td>
<td>23.92</td>
<td></td>
</tr>
<tr>
<td>66983</td>
<td></td>
<td>16.07</td>
<td></td>
</tr>
<tr>
<td>66984</td>
<td></td>
<td>18.93</td>
<td></td>
</tr>
<tr>
<td>66985</td>
<td></td>
<td>16.16</td>
<td></td>
</tr>
<tr>
<td>66986</td>
<td></td>
<td>22.14</td>
<td></td>
</tr>
<tr>
<td>66990</td>
<td></td>
<td>2.32</td>
<td></td>
</tr>
<tr>
<td>66999</td>
<td>BR</td>
<td>8.85</td>
<td></td>
</tr>
<tr>
<td>67005</td>
<td></td>
<td>10.68</td>
<td></td>
</tr>
<tr>
<td>67010</td>
<td></td>
<td>15.99</td>
<td></td>
</tr>
<tr>
<td>67011</td>
<td></td>
<td>15.27</td>
<td></td>
</tr>
<tr>
<td>67027</td>
<td></td>
<td>21.08</td>
<td></td>
</tr>
<tr>
<td>67028</td>
<td></td>
<td>3.92</td>
<td></td>
</tr>
<tr>
<td>67030</td>
<td></td>
<td>12.33</td>
<td></td>
</tr>
<tr>
<td>67031</td>
<td></td>
<td>7.24</td>
<td></td>
</tr>
<tr>
<td>67036</td>
<td></td>
<td>22.18</td>
<td></td>
</tr>
<tr>
<td>67038</td>
<td></td>
<td>39.00</td>
<td></td>
</tr>
<tr>
<td>67039</td>
<td></td>
<td>28.52</td>
<td></td>
</tr>
<tr>
<td>67040</td>
<td></td>
<td>32.77</td>
<td></td>
</tr>
<tr>
<td>67101</td>
<td></td>
<td>17.39</td>
<td></td>
</tr>
</tbody>
</table>

This will be considered the baseline when negotiating fee for service.
D. It is the responsibility of the Rehabilitation Counselor to negotiate with a service provider or vendor to acquire a discount in fees.

E. AUTHORIZATIONS and PAYMENT

We will use three types of authorizations in RAISON: VENDOR, DIRECT, AND SERVICE.

1. The user will no longer select or categorize services according to the federal service code. The individual creating (drafting) the authorization will need to select the service first by Service Category and second by Service Sub-category. SEE SERVICE CROSSWALK

2. The user must select the Funding Source. The funding source is the individual counselor’s caseload budget. The authorization process immediately encumbers the funds. Therefore, the user must specify the appropriate caseload to encumber.

3. Authorizations for closed cases – users can create authorizations for the following types of closed statuses: Closed Other, Closed Post Employment Services, and Closed Rehab. Security Parameters control whom has the ability to create authorizations for closed cases.

VENDOR AUTHORIZATIONS

Definition: Authorizations written to a vendor for services to be provided to a participant

Creation: Authorization Status: Draft

1. Rehab Tech will draft the authorization.

2. Rehab Tech will verbally or via e-mail notify the Rehab Coordinator that the authorization is ready for review and approval.

1. The rehab tech will create the authorization directly in RAISON. FM will no longer input the authorization into the system.

2. In order to create the authorization, the Rehab Tech will have to select a Vendor Record from RAISON’s Vendor Database. This will affect the process from the point of creating the authorization through processing the payment.

3. Several system parameters will control how/when authorizations may be created.
   - Cannot backdate the beginning date of an authorization more than 5 days prior to today.
   - Cannot forward date the beginning date of an authorization more than 45 days after today.
   - Cannot use end date that is more than 180 days from today’s date.
   - Cannot end date an authorization beyond the end of the state fiscal year.
   - Can include one vendor, one client, and more than one, but not more than five services per authorization.
Vendor Authorization, Continued

Approval: Authorization Status: **Open**

Coordinator will review and approve the authorization.

1. The counselor reviews the **electronic version** of the authorization and applies an **electronic approval**.
2. FM will no longer need to check authorization for signature limit approval.
3. **FM will no longer be enforcing Direct Purchase Authorization (DPA) requirements. Those coordinators/administrators with the appropriate level of signature authority (over $5,000) will be responsible for compliance.**
4. An authorization in DRAFT status will automatically VOID if not issued within 30 days of drafting.
5. An authorization in OPEN status will automatically CANCEL/CLOSE if no activity (such as payment or amendment) has occurred within 150 days of issuance.
6. Approving/Issuing the authorization will **immediately encumber** the coordinator’s budget.
7. RAISON will **edit** the authorization request for adequate **signature & budget authority**.
   - **Signature Authority:** If the coordinator does not have the adequate signature authority, he/she will verbally or by e-mail notify a coordinator/supervisor/manager with the appropriate signature authority that they need to electronically approve the authorization.
   - **Caseload budget authority,** he/she will verbally or via e-mail notify the district manager that they need additional budget authority.
   - The counselor will sign the authorization.

Authorizations in **Draft status are not valid** authorizations. The printed for will state **DRAFT** across the top.

If the counselor requires corrections to the authorization or if the authorization exceeds the signature or budget authority, the authorization remains in **Draft Status until the rehab tech addresses and corrects the items preventing approval. The counselor will start review process again.**
Vendor Authorization, Continued

Issuance: Authorization Status: -Open

After the counselor gives the electronic approval, the field offices will print the authorizations. They have the choice of printing several in a row or one at a time.

1. The coordinator will sign the authorizations.

2. Field office will distribute the authorizations as appropriate.

1. Field offices will no longer send a copy of the authorization to FM. FM would be able to view the authorization electronically.
**DIRECT AUTHORIZATIONS (CASH PAYS)**

**Definition:** Authorizations written directly to a PARTICIPANT for a one-time purpose. If necessary, a check can be written in the field office to meet an emergency need and entered into the system using this function.

**Creation: Authorization Status: Draft**

*The difference between a DIRECT authorization and a VENDOR authorization is that the person drafting the authorization does not have to select the VENDOR.*

Rehab Tech will draft the authorization. *The system will automatically select the Revolving Bank account as the vendor so that the payment interface process will reimburse the account.*

1. The Rehab Tech will complete an RD 09 and forward to Financial Management.
2. Financial Management will continue to issue the check to the office for the client.

1. **The rehab tech will create the authorization directly in RAISON.** FM will no longer input the authorization into the system.
2. Several **system parameters will control how/when authorizations may be created.**
   - Cannot **backdate** the beginning date of an authorization more than 5 days prior to today.
   - Cannot **forward date** the beginning date of an authorization more than 45 days after today.
   - Cannot use **end date** that is more than 180 days from today’s date.
   - Cannot **end date** an authorization beyond the end of the state fiscal year.
   - Can include more than one, but not more than five **services** per authorization.
Direct Authorizations, Continued

Approval: Authorization Status: Open

1. Coordinator will review and approve the authorization.

1. The counselor reviews the electronic version of the authorization and applies an electronic approval.
2. FM will no longer need to check authorization for signature limit approval.
3. An authorization in DRAFT status will automatically VOID if not issued within 30 days of drafting.
4. An authorization in OPEN status will automatically CANCEL/CLOSE if no activity (such as payment or amendment) has occurred within 150 days of issuance.
5. **The act of issuing the authorization will immediately encumber the coordinator’s budget.**
6. RAISON will edit the authorization request for adequate signature & budget authority.
   - **Signature Authority:** If the coordinator does not have the adequate signature authority, he/she will verbally or by e-mail notify a coordinator/supervisor/manager with the appropriate signature authority that they need to electronically approve the authorization.
   - **Caseload budget authority,** he/she will verbally or via e-mail notify the district manager that they need additional budget authority.
   - The counselor will sign the authorization.

Note:

Authorizations in Draft status are not valid authorizations. The printed form will state DRAFT across the top.

If the counselor requires corrections to the authorization or if the authorization exceeds the signature or budget authority, the authorization remains in Draft Status until the rehab tech addresses and corrects the items preventing approval. The counselor will start review process again.

Issuance: Authorization Status: Open

1. After the counselor gives the electronic approval, the field offices will print the authorizations with the choice of printing several in a row or one at a time.

2. The coordinator will sign the authorizations.

3. Field office will distribute the authorizations as appropriate.

1. Field offices will no longer send a copy of the authorization to FM. FM would be able to view the authorization electronically.
SERVICE AUTHORIZATIONS

Definition: Authorizations written for no-cost services to be provided to a participant.

1. The field offices will now complete an authorization for participant referrals to BVR/BSB employees. This entire step is an additional business practice change.

Creation: Authorization Status: Draft

1. Rehab Tech will draft the authorization.
2. Field office will prepare current Referral documents.

1. The rehab tech will create an authorization directly in RAISON.
2. Several system parameters will control how/when authorizations may be created.
   • Cannot backdate the beginning date of an authorization more than 5 days prior to today’s date.
   • Cannot forward date the beginning date of an authorization more than 45 days after today’s date.
   • Cannot use end date that is more than 180 days from today’s date.
   • Cannot end date an authorization beyond the end of the state fiscal year.
   • Can include more than one, but not more than five services per authorization.

Approval: Authorization Status: Open

1. The counselor will review the electronic version of the authorization and apply an electronic approval.
2. An authorization in DRAFT status will automatically VOID if not issued within 30 days of drafting.
3. An authorization in OPEN status will automatically CANCEL/CLOSE if no activity (such as amendment) has occurred within 150 days of issuance.

Note: This type of authorization is always zero dollars. It will not encumber any budget dollars.
Service Authorization, Continued

Issuance: Authorization Status: Open

1. After the counselor gives the electronic approval, the field offices will print the authorizations with the choice of printing several in a row or one at a time.

Procedures common to all types of authorizations

Closure: Authorization Status: Closed

1. Field offices will no longer send an RD-54 to FM.
2. The field can electronically CLOSE an OPEN authorization that has payments made against it directly in RAISON by canceling the authorization.
3. Closing the authorization will restore any unused authority to the coordinator’s budget

Voiding: Authorization Status: Void

1. The field office can electronically VOID a DRAFT authorization by canceling the authorization

Cancellation Authorization Status: Canceled:

1. The field office can electronically CANCEL an OPEN authorization that has no payments made against it by canceling the authorization.

Editing:

1. The field office can change End Date, Billing Address, & Ship To Address of OPEN authorizations
2. The field office can change all aspects of a DRAFT authorization.

Amendment:

1. The field office can amend the following aspects of authorizations with no payments applied against the authorizations:
   - Services
   - Unit Quantity
   - Amount
   - End Date
   - Fund Source
   - Ship To Address
   - Billing Address

2. The field office can amend the following aspects of authorizations with payments applied against the authorizations:
   - Unit Quantity
   - End Date
   - Fund Source
   - Ship To Address
   - Billing Address

3. The field office can re-print the authorization, which states “Amended Authorization” at the top, and the authorization number will not change.

Re-open

1. The field can re-open CLOSED, VOIDED, CANCELED authorizations.
VENDORS

Field

1. The field will be accessing the RAISON Vendor database to:
   - Search for active Vendors
   - Select vendors for Drafting Authorizations

Financial Management

New Vendor Record Download/Database – RAISON will closely mirror the Controller’s office vendor file.

1. At the point of pre-audit of invoices, FM will no longer verify the validity of the vendor number assigned to each invoice.
2. FM will compare the Vendor Remit Address on the invoice to the Remit address on the Payment Request to make sure the Rehab Tech used the correct vendor record when creating the authorization.
3. New Processes:
   - Nightly download of Controller’s vendor file to RAISON
   - Daily review of the vendor record exceptions from download.

Temporary Vendors

Financial Management will enter Temporary Vendors in the system.

Procedure for new vendors:

1. The field will search the Vendor Database in Raison at the time they create the authorization. Vendor is not in Database.
2. The field will send the appropriate Controller’s Office forms to the Vendor.
3. The field will request, verbally or by e-mail, that Financial Management enter the vendor record.
4. The field will provide FM at least:
   - Name
   - Federal ID
   - Vendor Type
   - Address
   - Counties Served
   - Services Provided
5. FM will notify, verbally or by e-mail, the field when the temporary vendor record is in RAISON so that the field can create the authorization.

Note: After the vendor desk creates the vendor record in the Controller’s system, RAISON will pick up the new record in the nightly download process and overwrite the temporary record with the Controller’s office record. Payments will not process on a Temporary Vendor.
PAYMENTS

Note: RAISON will assign a status to every payment depending on where that invoice is in the process.

Field:

1. Field accounting will create a payment request in RAISON and notify, verbally or by e-mail, the coordinator that a payment needs approval.
2. Coordinator will review the payment request and approve or reject electronically. The Coordinator no longer physically signs the invoice as approved.
3. Coordinator notifies, verbally or by e-mail, the Accounting Tech that they approved the payment.
4. Field Accounting prints and affixes labels to the invoice and mails invoice to FM.

Note: Counselors need to understand that by giving the electronic approval, they are also signifying that they have received the report from the vendor.

FM:

New Steps in the Batching Processes

1. Level 3 audits the invoice and indicates in RAISON that FM Received and Accepted the invoice.
2. FM will no longer see a coordinator’s signature on the invoice. The label indicates who approved the payment. The system will edit for adequate signature authority at time of the electronic approval.
3. Level 3 electronically creates a batch of like invoices in RAISON. We will associate the invoices within batches in the current manner. Level 3 creating the batch will enter the job number.
4. Level 4 electronically approves the batch and can exclude/reject an individual invoice from the batch if needed.
5. Eliminated Steps/Requirements:
   - VFMR (Submitting the overnight job)
   - VCHR (Adding supplemental payment information)
   - MFY (Mini Fiscal Year July 1st through September 30)

NOTE: At any point in the batching process, before final approval, the Level 3 or Level 4 can reject the invoice for correction/additional information.
SECTION 24: FINANCIAL NEED AND DETERMINATION OF THE AVAILABILITY OF COMPARABLE SERVICES AND BENEFITS

A. Financial Need

Financial needs are assessed in two ways: During the intake or plan development while exploring comparable benefits and via the financial participation assessment form for non exempt participants.

Financial Participation Assessment Form Instructions

A Financial Participation Assessment will be applied as a condition for furnishing all vocational rehabilitation services except the following:

1. Assessment for determining eligibility and vocational rehabilitation needs;

   Note: Assessment services for determining eligibility and vocational rehabilitation needs which are not diagnostic in nature and are provided in status 06 (i.e., transportation) are subject to financial participation.

2. Counseling, guidance and referral services;

3. Rehabilitation Technology [CFR 361.5(b)(45) includes vehicular modification, telecommunications, sensory and other technological aids and devices (hearing aids) as rehabilitation technology. Home modifications are not exempt.]

4. Job placement services.

B. Comparable Services And Benefits

Comparable services and benefits shall be used as first dollar resources to meet identified participant rehabilitation needs. Student loans, academic and vocational scholarships are excluded as income and are not considered as comparable benefits. Agency resources will be considered only after comparable services and benefits have been used or if obtaining those benefits would delay a participant in meeting the rehabilitation objectives or an employment outcome identified in the IPE. PELL grants must be applied directly to the cost of tuition, books or supplies.

C. Participant Cost Responsibility

The amount and type of services to be purchased by the participant should be clearly defined on the IPE under “Estimated Service Costs”.

Changes should be reflected on an IPE form if services are altered after the initiation of the original IPE. Payment(s) will be made by the participant directly to the vendor. The amount of participant cost responsibility is to be specified on the authorization for services. It should be emphasized to the participant and vendor the bureau will not be responsible for the participant's debts.
Financial Participation Assessment (FPA) Form

Procedure for Completion:

The rehabilitation counselor shall:

1. briefly explain the Financial Participation Assessment (FPA) guidelines during orientation/intake;

2. assist the participant to complete the FPA form in applicant status. Review the participant's cost responsibility, and, if appropriate, review the amount of financial participation;

3. at the time the IPE is written or modified, estimate the total cost for rehabilitation services and the amounts of participation to be provided by both the participant and the bureau; and,

4. amend the FPA form during annual reviews or as needed to reflect changes in the payment sources.

Directions for Completion:

1. Exemption Status: Individuals who receive SSDI, SSI, Unemployment Insurance benefits, public assistance (TANF, Food Stamps, etc. and other General Assistance are not required to make a financial contribution toward the cost of services. Any participant who has annual income less than 330% of the Federal HHS Poverty Guidelines, is single and currently unemployed, or was not legally required to file a Federal Income Tax Return in the year prior to application, is not required to participate in the Financial Participation Assessment (see Exclusion Table A). Exempt individuals do not need to complete the FPA form. The counselor must make a progress review note in the file that the participant is exempt from financial participation and by what exemption status reason. NOTE: Section I requires the participant to specify the type(s) of exemptions and, if applicable, the amount(s) received each month.

2. Dependency Status: Single persons 18 years old or older are considered to be independent, unless adjudicated as incompetent, and only their income and expense information is to be considered.

For married participants, the assessment should reflect the finances of the participant and spouse.

For persons under age 18, the financial data of the parent or guardian claiming the participant as a dependent must be considered.

3. Income Data: Income information will be reported by the participant and is subject to verification by the Division. Sources of verification would include: the most recent IRS tax filings, Employment Security Wage or Unemployment Benefit Reports, employer generated pay stubs, retirement program documents, or documentation from
public or private economic support programs.

A. The individual or their representative may request modification to the FPA at anytime, as needed to adjust for changes in income or other economic circumstances. If modification is requested the Division reserves the right to obtain verification from the sources listed above.

B. In exceptional cases, circumstances may occur where rigid adherence to the Financial Participation Policy and Procedures could seriously jeopardize the participant’s opportunity to achieve rehabilitation objectives and an employment outcome, for example, the participant may need immediate medical intervention and may not have the funds immediately available. In such cases, the rehabilitation counselor may elect to seek an exception to the policy. Requests for waiver will be directed to the District Manager who will render a decision within 10 working days. Waivers involving the Division’s participation in costs in excess of the District Manager’s level of Spending Authority must be approved by the Bureau chief or his designee.

4. Total Income Excluded - This figure is the Income Exclusion Allowance (see Table A) plus exclusion of disability related expenses, per 34 CFR 361.54(2)(iv)(B)

For the purposes of this manual, the Social Security Administration’s use of impairment-related work expenses will serve as a guideline to disability related expenses.

An impairment related work expense (irwe) is an expense for an item or service which is directly related to enabling an impaired individual to work and which is necessarily incurred by that individual because of a physical or mental impairment. To qualify as an irwe, the expense must be paid by the individual. Expenses paid by sources such as health insurance, vocational rehabilitation and the employer are not considered irwe’s for the individual with the impairment.

Examples include, but are not limited to:

- The cost of attendant care services rendered in the work setting or in assisting the individual in making the trip to and from work (attendant care rendered on nonwork days or those performed at any time which involve shopping or general homemaking are not considered irwe’s, additionally attendant services performed for other family members, such as babysitting, are not considered irwe’s).
- Durable medical equipment which can withstand repeated use, used to serve a medical purpose and generally not useful to a person in the absence of an illness or injury, such as wheelchairs, hemodialysis equipment, respirators, pacemakers, traction equipment.
- The cost of the modification of a vehicle (but not the cost of the vehicle) in order to drive or be driven to work, where the modification is critical to the vehicle’s operation or its accommodation of the individual. The modification must be directly related to the impairment (without the modification the
individual would either be unable to drive or would be unable to ride in the vehicle).

- Expenses paid by a person with blindness in owning a dog guide including the costs of purchasing a dog, food, licenses and veterinary services.
- Prosthetic devices that replace internal body organs or external body parts (a prosthetic device that is primarily for cosmetic purposes usually is not considered an irwe).
- The cost of drugs and medical services that are necessary for control of the disabling condition, thereby enabling the individual to work (drugs and medical services used for minor physical or mental problems not resulting in any significant loss of function such as yearly routine physical examinations, dental examinations and optician services and eyeglasses when unrelated to a disabling visual impairment are not considered irwe’s).
- Work equipment and assistants that are required to accommodate the impairment and perform the job such as a one-handed typewriter, telecommunications device and a job coach paid for by the individual.

For further examples see SSA Program Operations Manual System. A public version of this may be found at the following web site: http://policy.ssa.gov/poms.nsf/aboutpoms

(DI24001.035-Impairment Related Work Expenses, section D, 1-8)

5. Applicable Income: This section enables the bureau to specify the extent of expected participant cost responsibility toward the cost of services. Income minus the Total Income Excluded and Disability Related Expenses equals the Applicable Income.

To illustrate, if the income for a family of one was $35,000 minus Income Exclusion of, $29,634 and disability related expenses of $550 (Total Income Exclusion is $30,184) the Applicable Income would be $4,816.

The Income Exclusion Allowance information used in the Exclusion Table (Table A) is adjusted annually to reflect 330% of current Federal HHS Poverty Guidelines.

6. Determination of Required Participation: The Participation Table (Table B) is formulated to assess that portion of Applicable Income which is considered to be available to meet the cost of services. The participant is expected to contribute toward the service cost(s) at the specified percentage of participation level. The amount of financial participation will not exceed the Annual Maximum Percentage of the participant's Applicable Income. All service costs anticipated or purchased during a twelve (12) month period are to be considered in aggregate rather than individually calculated.

To illustrate, expanding on the example of the individual with an Applicable Income of $4,816 and an example service costs of $1,500, the entries would be completed as follows:

A. $300, not to exceed

(% OF PARTICIPATION) SERVICE COST ($) REQUIRED PARTICIPATION)
B. \( \frac{10\%}{\text{ANNUAL MAXIMUM}} \times \frac{\$4,816}{\text{APPLICABLE INCOME}} = \frac{\$481.60}{\text{ANNUAL MAXIMUM PARTICIPATION}} \)

The schedule of financial participation based on Applicable Income and shown on the Participation Table is considered to be reasonable and is subject to annual review and adjustment as needed.

5. Certification: The participant or person completing the form will be asked to verify by signature that the information provided is correct. The respondent should be advised that if the information provided is questioned, the participant may be asked to document the financial information provided or the agency will attempt to verify the income information from external sources such as the most recent IRS tax filings, Employment Security Wage or Unemployment Benefit Reports, employer generated pay stubs, retirement program documents, or documentation from public or private economic support programs. The form will then be signed by the rehabilitation counselor.

Comparable Services and Benefits:
If comparable services and benefits are available, they must be utilized to meet in whole or in part for the cost of vocational rehabilitation services.

1. When a participant is eligible for comparable services and benefits under any other program or agency, those benefits must be utilized first unless obtaining these benefits interferes with achieving the participant's employment objective except as noted in the subsection below, per 361.54 and 361.48.

   a. Services provided under an assessment for determining eligibility and vocational rehabilitation needs do not require consideration of comparable services and benefits. Services provided in status 06 under a plan for trial work experience or extended evaluation do require consideration.
   b. Counseling and guidance service, including information and support services to assist an individual in exercising informed choice, do not require consideration.
   c. Referral and other services to secure needed services from other agencies through interagency agreements do not require consideration.
   d. Job-related services, including job search and placement assistance, job follow up and follow along services do not require consideration.
   e. Rehabilitation technology services, telecommunications, vehicle modifications, sensory and other technological aids and devices do not require consideration.

2. The requirements for obtaining comparable services and benefits are waived if:

   a. the process would interrupt or delay the provision of vocational rehabilitation services to a participant who is at extreme medical risk based upon medical evidence provided by an appropriate licensed medical professional; or,
   b. if the comparable services and benefits are not available to the participant at the time needed to achieve the employment outcome.
identified in the IPE. If the benefits exist but are not available at time needed to satisfy objectives in the IPE, the rehabilitation counselor may authorize funding directly until the comparable benefits and services become available; or,
c. if an immediate job placement would be lost.
FINANCIAL PARTICIPATION ASSESSMENT FORM

I. EXEMPTION STATUS:
SSI, SSDI, TANF, food stamps, general assistance, annual income less than 330% of Federal HHS Poverty Guidelines or was not required to file a Federal income tax return the year prior to application.
No ___ Yes *___ Type(s)____________________________________________

Amount(s) received per month
*If the answer to this question is “yes”, do not complete this form

II. DEPENDENCY STATUS:
Independent   _____ (participant)
Dependent     _____ (participant’s parent/guardian)
Married       _____ (participant-spouse/joint return)

III. INCOME DATA:
1. INCOME - Wages, Salaries, Tips, etc.   = __________
   U.S. Individual Income Tax Return (forms 1040, 1040A)
2. TOTAL INCOME EXCLUDED    = __________
   Exclusion Allowance (Exclusion Table) plus disability related expenses ($_______)

IV. APPLICABLE INCOME (1. minus 2.): = __________

V. DETERMINATION OF REQUIRED PARTICIPATION (from Table B):
A. % OF $ $ = $, NOT TO EXCEED
   (% OF PARTICIPATION) (SERVICE COST (S)) (REQUIRED PARTICIPATION)

B. % OF $ $
   (ANNUAL MAXIMUM) (APPLICABLE INCOME) (ANNUAL MAXIMUM PARTICIPATION)

VI. CERTIFICATION:

I hereby certify the above accurately represents my income and dependency status. I will provide documentation to support the above information upon request. I agree to notify my rehabilitation counselor if my financial condition changes.

___________________________________________________________________________
Signature of Participant, Parent or Guardian                                Date

Signature of Rehabilitation Counselor                 Date
### TABLE A - EXCLUSION TABLE

Based on 330% of the 2003 Federal HHS Poverty Guidelines, rounded to the nearest whole dollar.

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Income Exclusion Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$29,634</td>
</tr>
<tr>
<td>2</td>
<td>$39,996</td>
</tr>
<tr>
<td>3</td>
<td>$50,538</td>
</tr>
<tr>
<td>4</td>
<td>$60,720</td>
</tr>
<tr>
<td>5</td>
<td>$71,168</td>
</tr>
</tbody>
</table>

For each additional person, add: $10,362

### TABLE B - PARTICIPATION TABLE

<table>
<thead>
<tr>
<th>Applicable Income</th>
<th>% of Participation</th>
<th>Annual Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>$100 - $1,999</td>
<td>10% of services costs up to</td>
<td>5.0% of applicable income</td>
</tr>
<tr>
<td>2,000 - 3,999</td>
<td>15%</td>
<td>7.5%</td>
</tr>
<tr>
<td>4,000 - 5,999</td>
<td>20%</td>
<td>10.0%</td>
</tr>
<tr>
<td>6,000 - 8,499</td>
<td>25%</td>
<td>12.5%</td>
</tr>
<tr>
<td>8,500 - 10,999</td>
<td>30%</td>
<td>15.0%</td>
</tr>
<tr>
<td>11,000 - 13,999</td>
<td>35%</td>
<td>17.5%</td>
</tr>
<tr>
<td>14,000 - 16,999</td>
<td>40%</td>
<td>20.0%</td>
</tr>
<tr>
<td>17,000 - 19,999</td>
<td>50%</td>
<td>20.0%</td>
</tr>
<tr>
<td>20,000 - 24,999</td>
<td>60%</td>
<td>25.0%</td>
</tr>
<tr>
<td>25,000 - 29,999</td>
<td>70%</td>
<td>25.0%</td>
</tr>
<tr>
<td>30,000 - 39,999</td>
<td>80%</td>
<td>25.0%</td>
</tr>
<tr>
<td>40,000 and above</td>
<td>100%</td>
<td>25.0%</td>
</tr>
</tbody>
</table>

### DEMONSTRATION TABLE - FINANCIAL PARTICIPATION ASSESSMENT

<table>
<thead>
<tr>
<th>Income</th>
<th>Family Size</th>
<th>$2,000 Planned Service Costs</th>
<th>Participant Contribution</th>
<th>Maximum Yearly Participant Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>$65,000</td>
<td>4</td>
<td>$300 (15%)</td>
<td>$150 (7.5%)</td>
<td></td>
</tr>
<tr>
<td>$40,750</td>
<td>2</td>
<td>$200 (10%)</td>
<td>$75 (5%)</td>
<td></td>
</tr>
<tr>
<td>$22,500</td>
<td>1</td>
<td>$0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION 25: FAIR HEARING AND MEDIATION PROCEDURES

If it appears, at any time during the rehabilitation process, that a dissatisfaction exists, the participant will be advised of the availability of technical help from the Client Assistance Program and will be provided, upon request, with a copy of the Fair Hearing and Mediation Procedure and the name and mailing address of the appropriate bureau chief.

Rules of practice are pertinent when a participant begins a formal appeal. All applicants and participants will be informed of their right to a review of Rehabilitation Counselor determinations. A copy of the Fair Hearing and Mediation Procedures and the Participant Guide to Fair Hearing and Mediation Procedures will be supplied, upon request, to a participant who is contemplating a formal appeal.

The Rehabilitation Division has adopted these rules of practice that set forth the nature and requirements of formal procedures available in any review by an impartial hearings officer of rehabilitation counselor determinations (NRS 233B; 34 CFR 361.57).

Unless the participant so requests, or, as appropriate, a parent, a family member, a guardian, an advocate or an authorized representative so requests, pending a final determination of a hearing or other final resolution of appeal, the involved bureau shall not institute a suspension, reduction or termination of services being provided under the IPE, unless the services have been obtained through misrepresentation, fraud, collusion or other criminal conduct on the part of the participant.

1. Authorities Governing Hearing

The Rehabilitation Act of 1973, as amended, provides each applicant or participant the opportunity for review by an impartial hearings officer of determinations made by a rehabilitation counselor. A hearing must be held within 60 calendar days of an individual’s request unless informal resolution or successful mediation is achieved prior to the 60th day or the parties agree to a specific extension of time. Regulations 34 CFR 361.57, NRS 233B, NRS 426.610 and NRS 615.280 shall be liberally construed to assure fundamental fairness regarding issues presented to the hearings officer and to effectuate the purposes of the law.

In special cases where good cause appears, not contrary to statute, the hearings officer may permit deviation from these rules when fairness so requires.

---

1 An "impartial hearing officer" is an individual who is not an employee of a public agency (other than an administrative law judge, hearings examiner, or employee of an institution of higher education); who is not a member of the Vocational Rehabilitation Council; who has not been involved in previous decisions regarding the vocational rehabilitation of the applicant or participant; who has knowledge of the delivery of vocational rehabilitation services, the State plan for vocational rehabilitation services, and the Federal and State rules governing the provision of such services and training with respect to the performance of official duties; and who has no personal or financial interest that would be in conflict with his objectivity. An individual is not considered an employee of an agency solely because he is paid by it to serve as a hearing officer.
However, the hearing may not be delayed except by mutual agreement of the parties.

2. General Provisions

All applicants or participants requesting review of rehabilitation counselor determinations will be afforded an opportunity to informally resolve their concerns through meeting(s) with the rehabilitation counselor and a supervisor. Applicants or participants will be informed of the availability of a trained mediator who can meet with both parties in an attempt to resolve any disputes or concerns.

The applicant or eligible individual will be informed of the availability of the Client Assistance Program to assist the applicant or eligible individual during the mediation sessions or impartial due hearings (CFR361.57 (v)).

An applicant for or recipient of vocational rehabilitation or other rehabilitation services who is dissatisfied with a determination concerning the furnishing or denial of such services may, within 60 calendar days after the date of the occurrence as evidenced by the case record, request that the matter be reviewed by an impartial hearing officer.

The request must:
1) Be in writing and addressed to the Program Services Chief;
2) Identify the occurrence which resulted in the dissatisfaction;
3) Identify the resolutions desired; and
4) Be received by the Program Services Chief no later than 60 days after the date of the occurrence. Any request received by the Chief of the appropriate bureau more than 60 days after the date of occurrence will result in a non-rebuttable presumption that the dissatisfaction has been fully and finally resolved.

The Program Services Chief will forward the participant request to the Rehabilitation Division Administrator who will immediately begin the selection of an impartial hearing officer. The Chief will also acknowledge receipt of the request for fair hearing by informing the participant in writing of receipt of the request.

The impartial hearing officer shall be selected to hear a particular case on a random basis; or by agreement between the Program Services Chief and the participant; or in an appropriate case, the Chief and a parent, a family member, a guardian, an advocate or an authorized representative.

Initial requests for review must be delivered to:

Program Services Chief
Bureaus of Vocational Rehabilitation & Services to the Blind and Visually Impaired
505 E King Street #501
Carson City, NV 89701-3705
3. Administrative Review

The first step in a formal appeal process is to encourage participant participation in an administrative review. Within seven (7) calendar days of receiving an appeal request, the involved bureau chief or designee may arrange a face-to-face meeting with the participant to discuss the complaint and attempt informal resolution. All arrangements for this meeting may be made by telephone or other means of electronic communication. The meeting will be at any mutually convenient place and will include exchange of any information, written or otherwise.

This meeting will be at any mutually agreed upon time within the 60 days in between the request for a hearing and the hearing. Five working days after the meeting the chief or designee will provide the participant with a written decision. If the participant accepts the decision, the case will proceed as per the decision. If the participant does not accept the decision, the individual must, within 5 working days of receiving the decision, notify the Secretary to the Administrator that they wish to proceed with the hearing. Notification to the Secretary to the Administrator should be in writing via mail or facsimile machine but may also be transmitted by telephone or other means of electronic communication.

The Secretary to the Administrator may be reached at:

Rehabilitation Division
505 E. King Street, Room 502, Carson City, Nevada 89701-3705
Telephone: (775) 684-4040;
TDD/TTY: (775) 684-8400
From Las Vegas: 486-3000 ext. 684-4040;
From rural areas: 1-800-992-0900 ext. 684-4040;
Fax: (775) 684-4184.

If the participant refuses to participate in the administrative review, the refusal can be used by the respondent as evidence at the hearing. After an initial request for a hearing, all formal communications relating to the hearing process should be addressed to the Secretary to the Administrator. Mailed communication will be considered filed on the postmark date on the envelope in which it was mailed.

4. Parties

An individual who requests a review of a rehabilitation counselor determination shall be referred to hereinafter as "participant." The Rehabilitation Division or its bureaus shall be called "respondent."

All hearings will be held before an impartial hearings officer who is also a trained mediator. The mediator may not be selected as the impartial hearings officer.
5. Mediation

If, subsequent to the administrative review, the participant continues to be dissatisfied, the participant will be afforded an opportunity to have the concern(s) addressed through a process of mediation. The mediation process is:

a. voluntary on the part of both parties;
b. not to be used to deny or delay the right of an individual to a hearing or to deny any other right afforded under the Act; and,
c. conducted by a qualified and impartial mediator who is trained in effective mediation techniques.

The Rehabilitation Division, in consultation with the Vocational Rehabilitation Council, maintains a list of qualified mediators who are knowledgeable in the laws and regulations governing the vocational rehabilitation program. Mediators will be selected from this list. The Rehabilitation Division shall bear the cost of the mediation process. Each mediation session shall be scheduled in a timely manner and shall be held in a location, which is convenient to both parties to the dispute. An agreement reached by the parties to the dispute as a result of the mediation process must be described in a written mediation agreement that is developed by the parties with the assistance of the qualified and impartial mediator and signed by both parties. Copies of the agreement must be sent to both parties (CFR361.57 (d)(4).

All discussions and/or offers of resolution emanating from the mediation process shall be held confidential and may not be submitted as evidence in any subsequent due process hearing or civil proceeding. The parties to the mediation will be required to sign a confidentiality pledge prior to the commencement of the mediation process.

6. Witnesses And Authorized Representatives

Participants may appear on their own behalf or appear with and be represented by a person, attorney or other advocate of their choosing.

Participants must notify the Secretary to the Administrator of their choice to be represented by an attorney or other representative. Such notification must be made at least five (5) working days prior to the day of the hearing.

Both participant and respondent may call such witnesses as necessary and each may question any witness called.

7. Rights

The participant has the right to appear, introduce evidence, examine and cross-examine witnesses, make arguments and generally participate in the proceedings. Upon initiative of the participant, a request for review may be made regarding any rehabilitation counselor determination regarding the
furnishing or denial of services. Requests must be stated specifically to enable the respondent to prepare a response. Each request must be in writing.

8. Evidence

Prior to a hearing all evidence which is to be presented by a party at the hearing must be listed. The names of a party's witnesses must also be listed. Each party must send its list to the Secretary to the Administrator and to the opposing party so that lists are received no later than five (5) working days prior to the hearing. Before the hearing the hearing officer may direct that actual copies of the evidence be provided by a party to the opposing party. Requests of this nature by one party must be in writing and delivered to the Secretary to the Administrator.

9. Hearings

At least ten (10) working days prior to a hearing the participant & respondent will be notified by the hearings officer of the date, place and time of the hearing.

If a party fails to appear at a scheduled hearing and no continuance has been requested or granted, the hearings officer may dismiss the issue.

If a participant does not wish to proceed with the appeal, the individual shall submit a statement of such decision in writing. The individual’s statement will be placed in the case file and the hearings officer so advised.

10. The Hearing

The hearings officer will call the proceeding to order and act upon any pending motions or petitions. The parties may then make opening statements. All parties to the hearing must conduct themselves in a respectful manner.

Before testifying each person shall affirm the testimony they are about to give shall be the truth.

Participants will present their evidence and witnesses; respondent may cross-examine witnesses. Respondents will present their evidence and witnesses; participants may cross-examine. The order will follow accepted administrative hearing procedures and may be modified by the hearings officer. With the approval of the hearings officer, the parties may resolve any part of the complaint by stipulated agreement.

11. Rules of Evidence

The hearings officer will consider only evidence presented during the hearing. Evidence will be restricted to information relating to the determination made by the respondent. Irrelevant, immaterial or unduly repetitious evidence will be excluded. Evidence may be admitted, except where precluded by law, if it is of a type commonly relied upon by a reasonable and prudent person in the conduct
of their affairs. The hearings officer will give effect to the rules of privilege recognized by law. Objections to evidentiary offers may be made and will be noted in the record. When a hearing will be expedited and the interests of fundamental fairness served, part of the evidence may be received in written form.

Documentary evidence may be received in the form of copies or excerpts if the original is not readily available. Upon request, the parties shall be given an opportunity to compare a copy with its original.

Each party may call and examine witnesses, introduce exhibits, cross-examine opposing witnesses on matters relevant to the issues even though such matter was not covered in the direct examination. Each party may challenge the credibility of any witness and rebut. Hearings before the hearing officer shall be closed in compliance with rules and regulations regarding participant confidentiality. Persons other than the participant, the individual’s authorized representative, respondent's representatives and witnesses may be present only with the consent of both parties.

The hearing officer may, either prior to a hearing or during a hearing, and on proper showing, grant continuances for submission of further or additional proof of any subject matter.

In accordance with NRS 233B.123 (4), the hearings officer may take official notice of judicially cognizable facts and/or recognized technical or scientific facts within the professional field generally known as vocational rehabilitation. Those facts include the following:

a. Rules, regulations, official reports, decisions, orders, standards or records of the Rehabilitation Division, any regulatory agency of the State of Nevada or court of record.

b. Matters of common knowledge and technical or scientific facts of established character.

c. Official documents, if pertinent, may be introduced into the record of formal proceedings by reference; provided, however, the proper and definite reference to such documents shall be made by the party offering them and those records are published and generally circulated so an opportunity shall be given to the parties to examine those records and present rebuttal evidence. Copies of the Rehabilitation Act, associated regulations and similar documents may be referenced.

12. Findings/Orders by Hearing Officer and Final Decision

The hearings officer shall make a decision based on the provisions of the approved State plan, the Rehabilitation Act, Federal vocational rehabilitation regulations, and Nevada policy that are consistent with Federal requirements.
and shall provide to the participants or the participant’s representative and to the Administrator of the Rehabilitation Division a full written report of the findings and grounds for the decision within 30 calendar days of the completion of the hearing. The decision of the hearings officer is final. The Nevada Rehabilitation Division will not exercise the option to have hearings officer decisions reviewed as described in Section 102 (c)(5) (D) of the Act.

13. Petition to the Courts.

If the participant files a petition for judicial review of the final decision in the contested case, the Division will cause a record to be made in accordance with NRS 233B.121 (5), 426.610 and 615.280, and transmit the record to the reviewing court in accordance with NRS 233B.140(2). The participant may obtain copies of the record from the Division upon written request to the Secretary to the Administrator. The Division may charge reasonable fees for copying costs.
PARTICIPANT GUIDE TO THE FAIR HEARING PROCESS

This serves as a step-by-step guide through the Fair Hearing Process. It is intended to assist any applicant or participant of the Nevada Rehabilitation Division who expresses dissatisfaction with a decision or determination made by a rehabilitation counselor.

NOTE: All participants expressing dissatisfaction with a determination concerning the furnishing or denial of rehabilitation services will be informed of the availability of the Participant Assistance Program.

1. Any participant who expresses dissatisfaction with a determination concerning the furnishing or denial of rehabilitation services must first attempt to resolve the issue informally through meetings and discussions with the rehabilitation counselor and the counselor’s supervisor.

2. Within 45 - 60 days of the incident, the participant must request that the matter be reviewed by an impartial hearings officer via written communication to the Bureau Chief.

3. The Bureau Chief forwards the request to the Division Administrator on the day it is received.

4. An impartial hearings officer from the Department of Administration is selected by the Chief Hearings Officer on a random basis.

5. If all attempts at resolution listed below fail to resolve the issue, a hearing is held within 45 - 60 days of the request.

6. The participant is encouraged to resolve the issue through an informal administrative review process via a face-to-face meeting with the Bureau Chief. This meeting is not mandatory.

7. If the participant continues to be dissatisfied, the participant will be afforded the opportunity to have the concern addressed through a process of mediation. This process is voluntary on the part of both parties.

8. If mediation fails to resolve the issue, a formal hearing is held. Each party is notified at least 10 days in advance.

9. The hearings officer submits a written report of the findings and recommendations within 30 days of the hearing. This decision is final.

10. The participant may file a petition for judicial review of the final decision.

With the exception of the informal administrative review and the mediation process, all steps must be followed or the hearings officer and/or reviewing judicial authority will not hear the complaint.
SECTION 26: PROTECTION, USE AND RELEASE OF PERSONAL INFORMATION

CONFIDENTIALITY AUTHORITY:

Section 504 (A) of the Workforce Investment Act of 1998
Sections 12(c) of the Rehabilitation Act of 1973 as Amended;
29 USC 711(c) and 721(a)(6)(A)
34 CFR 361.38
NRS 426.573, 426.610, 432B.220, 615.280, 615.290; 629.061

PERSONAL INFORMATION

A. System of Records: The Division maintains identifiable personal information pertaining to participants it serves in a system of records from which information is retrievable by name, social security number or other unique personal identifier. An active record is maintained for each participant who applies for services until the case is closed. After closure the case is retained in an inactive (stored) status for a record retention period of five (5) years following the submission of the final Federal reports for the Federal fiscal year in which the case was closed.

General Provisions
These policies and procedures are adopted to safeguard the confidentiality of all personal information, including photographs and lists of names. These policies and procedures assure that:

- current and stored personal information is protected;

- all applicants and participants and, as appropriate, those individuals' representatives, service providers, cooperating agencies, and interested persons are informed through appropriate modes of communication of the confidentiality of personal information and the conditions for accessing and releasing this information;

- all applicants or their representatives are informed about the Rehabilitation Division's need to collect personal information and the policies governing its use, including:

  1. identification of the authority under which information is collected;

  2. explanation of the principal purposes for which the Division intends to use or release the information;

  3. explanation of whether providing requested information to the Division is mandatory or voluntary and the effects of not providing requested information;
4. identification of those situations in which the Division requires or does not require informed written consent of the individual before information may be released; and,

5. identification of other agencies to which information is routinely released.

- An explanation of the Division's policies and procedures affecting personal information will be provided to each individual and, if appropriate, in that individual's native language or through the appropriate mode of communication.

- These policies and procedures provide no fewer protections for individuals than Nevada laws and regulations.

B. Program Use: All personal information in the possession of the Division must be used only for the purposes directly connected with the provision of services and the administration of the vocational rehabilitation program. Information containing identifiable personal information may not be shared with advisory or other bodies that do not have official responsibility for administration of the program. In the administration of the program, the Division may obtain personal information from service providers and cooperating agencies under assurances that the information may not be further divulged, except as provided under paragraphs (c), (d), and (e) of this section.

Release of personal information to the Designated State Agency, the Department of Employment, Training and Rehabilitation, and its sub units is permissible as related to administration of the program. Staff are instructed to notify their Rehabilitation Manager (District Manager) of these requests prior to release of the requested information. The release of information for investigative purposes is only permissible under Attorney General, Department Director or Division Administrator level of authority. Requests for information for investigations conducted by Unemployment Benefit Insurance, Welfare Division or other public or private programs are prohibited.

All questions related to the release of information should be directed to the Rehabilitation Manager (District Manager) who will contact the Division or bureau’s Central Office for clarification. Examples of such administrative purposes would include: department level planning, audits, reporting, and those activities in support of obtaining or maintaining employment for participants through intra-departmental referrals to employment or verification of program participation related to employer tax incentives. If not permitted above, a signed release of information is required.

C. Release To Applicants And Eligible Individuals

1. Except as provided in paragraphs (c)(2) and (c)(3) of this section, if requested in writing by an applicant or eligible individual, the Division shall make all requested information in that participant's record of services accessible to and shall release the information to the individual or the individual's representative within 10 working days.
may establish reasonable fees to cover extraordinary costs of duplicating records or making extensive searches and shall establish policies and procedures governing access to records.

2. Medical, psychological or other information purchased by the Division that the Rehabilitation Counselor determines may be harmful to the individual may not be released directly to the individual, but must be provided to the individual through (a qualified medical or psychological professional or to an authorized party) OR (a third party chosen by the individual, which may include, among others, an advocate, a family member or a qualified medical or mental health professional,) unless a representative has been appointed by a court to represent the individual, in which case the information must be released to the court-appointed representative. The Rehabilitation counselor must review this information with the identified recipient.

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

4. An applicant or eligible individual who believes that information in the participant’s record of services is inaccurate or misleading may request that the Division amend the information. If the information is not amended, the request for an amendment must be documented in the record of services.

5. Vocational rehabilitation programs are exempt from HIPPA requirements.

D. Release For Audit, Evaluation And Research: Personal information may be released to an organization, agency or individual engaged in audit, evaluation or research only for purposes directly connected with the administration of the vocational rehabilitation program, or for purposes that would significantly improve the quality of life for applicants and eligible individuals and only if the organization, agency or individual assures that:

1. the information will be used only for the purposes for which it is being provided;
2. the information will be released only to persons officially connected with the audit, evaluation or research;
3. the information will not be released to the involved individual;
4. the information will be managed in a manner to safeguard confidentiality; and,
5. the final product will not reveal any personal identifying information without the informed written consent of the involved individual or their representative.
E. Release To Other Programs Or Authorities:

1. Upon receiving the informed written consent of the individual or representative, the Division may release personal information to another agency or organization for its program purposes only to the extent that the information may be released to the involved individual or representative and only to the extent that the other agency or organization demonstrates that the information requested is necessary for its program.

   Medical or psychological information that the Division determines may be harmful to the individual may be released if the other agency or organization assures the Division 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.

2. The Division shall release personal information if required by Federal law or regulations.

3. The Division shall release personal information (name, address and phone number) in response to investigations in connection with law enforcement, fraud, or abuse, as expressly permitted by Federal or Nevada laws or regulations, and in response to a court order issued by a judge, magistrate or Justice of the Peace but may not include requests from Parole and Probation, Workers Compensation or other quasi-law enforcement officers with immediate notification to the District Manager or Central Office management.

4. Personnel will release personal information to appropriate authorities in order to protect the individual or others if the individual poses a threat to their own safety or to the safety of others.

F. Nevada Revised Statutes Regarding Health Care Providers: NRS 629.061 requires a health care provider doing business in Nevada to make health care information directly available to the involved individual or the individual's authorized representative without restriction. The individual's "representative" is any person, organization or agency designated in an informed written release to receive such information for and on behalf of the involved individual. Consequently, when information is obtained by the Division with the informed written consent of the participant, the Division is acting as the participant's representative. State law thus prohibits the denial of access to health care information by the participant or the participant's representative.

G. Temporary Consent: In those instances where the participant's consent defines a period of authority with a given expiration date, the consent statement will be presumed to expire upon completion of the processing and compliance with the request for disclosure. When the
participant's written consent specifically identifies information to be released to the authorized representative, it will be presumed to be limited to the specified information in the absence of a clearly expressed intent.

H. Social Security Act: Section 453 of the Social Security Act requires the Secretary of the Department of Health and Human Services "...to establish and conduct a Parent Locator Service to obtain and transmit to any authorized person information as to the whereabouts of any absent parent when such information is to be used to locate such parent for the purpose of enforcing support obligations against such parent."

Section 453 defines any authorized person to include "any agent or attorney of any state having in effect a plan...who has the duty or authority...to recover any amount owed as child support..."

Section 453 also provides that "notwithstanding any other provisions of law" information in the files of any Federal or State agency shall be made available for locating absent parents.

Since PL 93-647 prevails over other Federal Laws and Regulations, the state VR Agency is required to release or disclose the information requested by a Child Support Enforcement Office as long as it is implementing PL 93-647. (42 U.S.C. 653)

I. Audits: Disclosure is required for purposes of fiscal and program audit and for the purpose of complying with a variety of Federal laws, e.g., the Fair Labor Standards Act, the Minimum Wage and Hour Act, the Civil Rights Act of 1964 and many others. Questions should be directed to the District Manager who will contact the bureau’s Central Office management for clarification.

J. Disclosure Required By State And Local Law: State and local laws require health care providers to report specified occurrences such as suspected child or elder abuse, and reportable communicable diseases such as Active Tuberculosis (list at the back of the manual) to the local County Social Services or Health Care.

If the Division is the first point of contact regarding the communicable disease, the Division staff must disclose the identifiable personal information necessary for the proper completion of such reports to the Health Department. Questions should be directed to the District Manager who will contact the bureau’s Central Office management for clarification.

K. Disclosures to Judicial Orders, Subpoenas: The Division must comply with "Judicial Orders" directing the disclosure of personal identifiable information.
A subpoena is not considered to be a "Judicial Order" if issued and signed by an attorney representing the plaintiff or defendant involved in litigation or preparing for litigation even though it is issued in the attorney's capacity as an officer of the court. Obedience to such a subpoena, however, is required, i.e., personally appearing at the time and place directed or personally appearing at the time and place directed accompanied by specified documents. Such a subpoena does not authorize the disclosure of personally identifiable information unless subsequently ordered by the presiding judge.

It is the policy of the Division to encourage attorneys or others seeking identifiable personal information with respect to an involved individual to first seek consent of that individual in which case the necessity for a subpoena is avoided. Nonetheless, Division staff who may be named in a subpoena must be mindful of the date, time and place at which their appearance is required. Failure to obey a subpoena constitutes contempt of court.

Division policy also requires notification within 24 hours to the supervisor or appropriate district and administrative office manager and the Deputy Attorney General assigned to the Division.

L. Records Of Deceased Persons – Disclosure: Rights granted by laws to protect the privacy of individuals during their lifetime do not extend beyond their lifetime. Consequently, records pertaining to deceased individuals are not subject to confidentiality laws and regulations.

Although disclosures pertaining to decedents do not fall within a protected class of disclosure, they are included here to emphasize the appropriateness of continued respect for the decedent's former rights.

Information may be disclosed to the public pertaining to the fact, date and circumstances of the death of an individual and should be limited to a brief, factual statement, e.g., "John Doe died suddenly of an apparent heart attack at three o'clock P.M. this afternoon, April 1, 1997, while engaged in training at 628 Belrose Street. He was pronounced dead upon arrival at University Medical Center."

Any information from the records of a decedent may be disclosed to the Executor/Administrator of the decedent's estate or to a surviving relative. The Executor/Administrator or a relative may authorize by requesting, in writing, disclosures from the decedent's case record.

M. Record Of Disclosures – Documentation: Disclosures are documented in a variety of ways. As a practical matter, all disclosures are documented by an annotation in the case narrative by listing documents released, in accordance with Division policy, and to whom they were released and by what authority.
N. Transmitting Confidential Material: A cover letter accompanying confidential material should contain a list of the portion(s) of the record submitted to a third party. A copy of the cover letter should be retained in the case record.

0. Information provided by the individual is subject to verification and review through the Social security Administration. The individual must understand that his/her eligibility and/or provision of services may be impacted if he/she fails to provide personal information that is requested by the Bureau.

K. Personal information will be held confidential by the Bureau and will not be disclosed to any other person or entity except:

    i. When a properly signed Release of Information form, conditioned and dated, is presented, or;
    ii. For the purposes directly connected with the provision of services and/or the administration of the rehabilitation program under which services are provided as defined in 34 CFR 361.38 and 34 CFR 364.56, or;
    iii. For reasons in accordance with the stated regulations and/or any other applicable federal law, state law, policy or regulation.
SECTION 27: TICKET TO WORK

Introduction
Ticket To Work is a voluntary program funded by the Social Security Administration (SSA) for the purpose of helping people receiving disability benefits to go to work by decreasing the barriers to employment and increasing the choices of vocational service providers.

The Ticket To Work program is part of the Ticket to Work and Work Incentives Improvement Act (TWWIIA). There are two distinct components to the Act: Work Incentives Improvements and the Ticket to Work program. Many work incentives are available to SSA beneficiaries whether or not their Ticket has been assigned. A limited number of benefits are available to SSA beneficiaries from the Ticket to Work program, and those benefits can only be used if the Ticket has been assigned to an approved Employment Network (EN).

Intake, Plan and Ticket Assignment
The following are guidelines for rehabilitation counselors (RC) to use when working with the SSA Ticket to Work program. The purpose of these guidelines is to ensure Vocational Rehabilitation (VR) will receive the maximum appropriate outcome payment, and/or traditional reimbursement, possible for our work with Ticket holders who become employed as a result of VR services. However, it is important to note that neither the Ticket to Work program nor the payment mechanisms built into the program, should influence the implementation of the basic VR process according to the federal Rehabilitation Act of 1973, as Amended in 1998.

Current Participants of VR
Current VR participants who are receiving Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI), and are between the ages of 18 to 64, will remain with their existing RC. A current participant is any participant who has been through an intake and has begun working with a RC prior to November 15, 2002. If the participant is between the ages of 18 and 64, the RC should have them sign a competed “Authorization for the Release of Confidential Information” and forward to the Management Analyst I in Division Operations via fax.

Upon receipt of the completed release form, the Management Analyst I will contact the Ticket Program Manager to confirm the participant has an assignable Ticket. After contacting the Ticket Program Manager, the Management Analyst I will contact the RC via e-mail with the response from the Ticket Program Manager. If the response is yes, when the participant reaches plan, the RC needs to have the participant sign a completed 1365 form, and fax it to Division Operations along with the completed 1365 Attachment A form. If the applicant has the Ticket received from SSA in hand, the RC should make a copy for the participant’s case file. It is not necessary for the participant to have the actual Ticket to assign the Ticket. The participant only has to have a confirmed assignable Ticket.

Pipeline Participants of VR
Pipeline participants are those SSI/SSDI participants who have signed an Individual Plan for Employment (IPE) with VR prior to receiving their Ticket. Eligible Ticket participants with a 1 at the end of their SSN and were in plan prior to November 15, 2002, would be considered a “pipeline” case. This will apply to all participants with a signed IPE as the Ticket is rolled out in Nevada, based on the last digit of their SSN. The Rehabilitation Counselor needs to fax a completed “Authorization for the Release of Confidential Information” to the Management Analyst I, in Division Operations, for confirmation of Ticket assignability. The Management Analyst I will notify the field via e-mail of the...
Ticket Program Manager’s response. If the response is yes, the completed 1365 Ticket Assignment and 1365 Attachment “A” forms need to be signed and forwarded to the Management Analyst I in Division Operations via fax. The Management Analyst I will proceed with Ticket assignment to VR. If the applicant has the Ticket received from SSA in hand, the RC should make a copy for the participant’s case file. It is not necessary for the participant to have the actual Ticket to assign the Ticket. The participant only has to have a confirmed assignable Ticket.

Pipeline participants will also remain with their existing Rehabilitation counselor.

**New Ticket to Work Eligible Applicants**

**Intake (New Applicants):**
During the intake process, the RC will identify applicants who are SSA beneficiaries between the ages of 18 and 64, and obtain a signed and competed “Authorization for the Release of Confidential Information” and forward to the Management Analyst I in Division Operations via fax. Upon receipt of the completed release form, the Management Analyst I will contact the Ticket Program Manager to confirm the participant has an assignable Ticket. After contacting the Ticket Program Manager, the Management Analyst I will contact the RC via e-mail with the response from the Ticket Program Manager. If the response is yes, when the participant reaches plan, the RC needs to have the participant sign a completed 1365 form, and fax it to the BVR central office along with the completed 1365 Attachment A form. If the applicant has the Ticket received from SSA in hand, the RC should make a copy for the participant’s case file. It is not necessary for the participant to have the actual Ticket to assign the Ticket. The participant only has to have a confirmed assignable Ticket.

Between intake and plan development, discussions should begin between the counselor and the applicant regarding benefits counseling and where the participant may ultimately choose to assign their Ticket.

**Plan Development/VR Ticket Assignment/Timely Progress:**
Ticket assignment to VR, as the EN, occurs automatically with the signing of the IPE.

A. At that time, the RC must complete the Ticket Assignment Form (SSA 1365) and forward the form to the Management Analyst I in Division Operations via fax.

B. If the RC determines that a Medical Continuing Disability Review (CDR) will adversely affect the participant’s benefits, the following Timely Progress goals must be included in the participant’s IPE and met by the participant in order to maintain an “In Use” status of the Ticket.

**Timely Progress Guidelines**

- **First 24 Months** – This time can be used to prepare for work. The beneficiary’s employment plan, however, must indicate a goal of working for a minimum of three months during the following 12-month period.

- **Next 12 Months** – Beneficiaries must work at least three months during the past 36 months. This work can occur at any time during the past 36 months and does not have to be consecutive.

- **Next 12 Months** – Beneficiaries must work six months at a level in which their earnings are above the SGA.
Next 12 Months & Subsequent 12-Month Periods – Beneficiaries will be required to work a minimum of six months in each year and have earnings in each such month, sufficient to eliminate the payment of SSDI benefits and Federal SSI benefits.

The consequences of not meeting the Timely Progress goals may result in a Medical CDR. If the participant’s case is going to extend past the first 24 month period, and a work goal at an SGA level is not included in the initial plan, an IPE amendment can be written to cover Timely Progress goals. If the participant is in an extended plan, i.e. college education, and will not meet Timely Progress goals, the Ticket will go into a “Not In Use” status. This will in no way affect the participant’s SSA benefits nor will it affect the VR process. The only result of a “Not In Use” status is that the participant may be subject to a Medical CDR. A Medical CDR may effect a participant’s SSA benefits and should be discussed prior to signing the IPE.

Completion of Ticket Assignment Process
To complete the Ticket assignment process:

- The RC must complete the Ticket Assignment Form (SSA-1365).
- The Participant and RC must sign the Ticket Assignment Form.
- A copy of the Ticket Assignment Form must be faxed to the Management Analyst I in Division Operations along with the completed 1365 Attachment A.
- The original Ticket Assignment Form is placed in the participant’s case file.

Prior to completion of the assignment of the Ticket, the participant should be encouraged to consult with a benefits advisor regarding the potential impact of achieving the vocational objectives identified in the IPE.

Plan Development When Ticket Is Not Assigned to VR
It is the Policy of the Rehabilitation Division that if a Ticket holding participant, after counseling and consulting with a benefits advisor,

- Refuses to assign their Ticket to VR;
- Wishes to participate in a IPE with VR; and
- Has not assigned their Ticket to another EN, can proceed as normal within the VR process.

Under these conditions, the Ticket will not be assigned to VR, even though, under SSA rules, the participant upon signing the IPE is considered to have assigned the Ticket to VR and can not work with another EN without sending a written request to the Ticket Program Manager for SSA.

- The RC will still need to complete the Ticket Assignment Form (SSA-1365) after the participant signs the IPE;
- On the participant signature line of the SSA-1365 the RC will enter “Participant refuses to assign Ticket”;
- The original SSA-1365 will be filed in the participant’s case file;
- A copy of the SSA-1365 should be faxed to the Management Analyst I in Division Operations;
- The RC will also fax a completed and signed Authorization to Release Information form to the Management Analyst I for periodic confirmation of the status of the participant’s Ticket. If the participant refuses to sign the Authorization to Release Information, complete the form and write “Participant refuses to sign” on the participant signature line and fax the form to the Management Analyst in Division Operations.
Plan Development when Ticket is Assigned to Another EN and Participant is Referred to VR for Services

Prior to the provision of services, by the Rehabilitation Division, to a mutually eligible Ticket holder who has assigned their Ticket to another EN, an EN Participation Agreement must be completed, signed and implemented as follows:

To initiate this process, the EN must contact the Chief of Operations to request:
- the Participation Agreement between ENs and the Rehabilitation Division;
- the Ticket to Work/EN referral to VR;
- the format for the EN Quarterly Report; and
- the EN Authorization Form.

Upon receipt of the above information, the EN will complete, sign and return the Participation Agreement to the Chief of Operations. The Chief of Operations will review, sign and return a copy of the agreement to the EN, and register the EN as an approved EN in the Division’s Ticket database.

The next step of the process requires the EN to complete the EN Referral form and the EN Authorization form. The participant must agree to and sign the EN Authorization form. When these forms are completed and signed the RC can begin to negotiate with the participant and referring EN regarding the services that can be included in the IPE with VR and the projected costs involved. Following plan development and agreement by the EN, the participant, and the RC service provision can begin.

**If no Employment Network agreement is in place, do not refer out for job placement unless the ticket has been assigned to the state vocational rehabilitation program.
SECTION 28: LIFE SKILLS PROGRAM - BUREAU OF SERVICES THE BLIND AND VISUALLY IMPAIRED

SUBSECTION I: THE TWO COMPONENTS WITHIN THE LIFE SKILLS PROGRAMS

The Life Skills Program is comprised of two programs - the Older Blind Program, for blind and visually impaired individuals 55 and older and the Independent Living Program, for those individuals under age 55. Funding for each program is separate.

Application Process:
To generate a new case, the Rehabilitation Technician will enter the Caseload Browse screen through the Participant Module. By clicking the “New Case” button, it will bring you to the New Case screen titled “New Case” form. Participant information is then entered into all required fields. When information is saved, you will automatically be brought to the “New Case Verification” form, where you can check the accuracy of the entered information and either “Confirm” or “Cancel” the data. After the information is confirmed, you will go to a “New Case Completed” screen, where you can continue with the application process, or exit. Exiting will bring you back to the Participant Caseload Browse. Usually the Technician will continue to enter the following fields: “Personal Information” and “Application Information”, including the “Basic”, “Financial”, “Education”, “Employment”, and “Work History” forms. The Rehabilitation Counselor will then complete the “Application Documentation” form, “Disability” form, and “Special Programs” form.
SUBSECTION 2: ASSESSMENT OF ELIGIBILITY

Determination of eligibility is required and must be completed within 60 days from the date of the receipt of the application.

The determination of eligibility for Life Skills services is based to the maximum extent possible on a review of existing information. If additional data is necessary, assessments will be scheduled.

Process: RAISON has a screen entitled “Eligibility Completion Status” that indicates the completion of a participant’s eligibility status in a check box format. Once completed, the participant can be moved to eligible status by entering the eligibility date on the Determination form. In RAISON, enter Caseload Browse, select the “forms” menu, select ‘Eligibility and Eligibility determination”. Complete the “Determination” form.
SUBSECTION 3: ELIGIBILITY DETERMINATION

An individual is eligible for Older Blind Program services if the individual:

a. is blind or severely visually impaired, and  
b. is age 55 or older, and  
c. is no longer able to obtain or retain gainful employment or is retired, and  
d. is in need of Independent Living Rehabilitation services.

Process: Completion of the Eligibility Determination (GEN) form is required. To complete this form go to the “Determination” tab, then complete the narrative for the box titled “Can Benefit from the following services” and the box titled “Other Comments”, as necessary. Then go to tab “Eligibility Completion Status” and review and ensure that all check boxes have been marked. (Information is taken from the application). If the boxes are not checked, it will be necessary to go back to the appropriate tab, such as “Participant Personal Information” tab and the “Application Disability Browse” tab to enter missing information.

An individual is eligible for Independent Living Program services if the individual:

a. is in need of independent living (IL) rehabilitation services  
b. is blind or severely visually impaired  
c. is no longer able to obtain or retain gainful employment  
d. is an adult, legally and/or functionally visually impaired, under age 55, or  
e. is a child who is not eligible for comparable services

Process: Completion of the Eligibility Determination (GEN) form is required. To complete this form go to the “Determination” tab, then complete the narrative for the box titled “Can Benefit from the following services” and the box titled “Other Comments”, as necessary. Then go to tab “Eligibility Completion Status” and review and ensure that all check boxes have been marked. (Information is taken from the application). If the boxes are not checked, it will be necessary to go back to the appropriate tab, such as “Participant Personal Information” tab and the “Application Disability Browse” tab to enter missing information. In RAISON, enter Caseload Browse, select “forms” menu, select “Application”, then “Application Documentation” and complete the required forms.
SECTION 4: ASSESSMENT OF INDEPENDENT LIVING NEEDS

As soon as eligibility has been determined and to the extent necessary, the identified staff person, as designated by the District Manager, conducts an assessment of independent living needs to determine the nature and scope of needed services.

Procedures:

The assessment should consist of a comprehensive assessment of the client's unique strengths, resources, priorities, interests and needs. A comprehensive assessment is limited to information that is necessary to identify the client’s independent living needs and to develop the individualized plan of service.

Assessments completed by bureau Rehabilitation Instructor or Orientation and Mobility Instructors will be submitted to the identified staff person, as designated by the District Manager, within 10 working days upon completion of the assessment.
SUBSECTION 5: SCOPE OF SERVICE

It is bureau policy that all services

- must be pre-authorized for payment;
- are subject to the spending and signature authorities noted in the Program Services Policies and Procedures Manual;
- are subject to the financial participation guidelines included in the Program Services Policies and Procedures Manual;
- must be part of the individualized plan for service and relate to the goal of increased independence and self-sufficiency; and
- must be performed by personnel qualified, and/or licensed, and/or certified in their respective professional disciplines.
- Surgeries are not offered in these programs although they are allowed for in federal regulation.
SUBSECTION 6: FINANCIAL NEED AND DETERMINATION OF THE AVAILABILITY OF COMPARABLE SERVICES AND BENEFITS

The bureau considers the financial need of clients for the purpose of determining the extent of their participation in the costs of independent living services. If comparable services and benefits are available, they must be utilized to meet in whole or in part the cost of independent living services.
SUBSECTION 7: INDIVIDUAL PLAN OF SERVICE

Policy: A written, signed individual plan of service will be developed utilizing RAISON for each eligible client of the LifeSkills program. Services provided will be developed jointly by the designated staff person and the client. Guardians, authorized representatives, and other suitable professionals and informed advisors may also be included. A copy of the plan and any amendments will be provided to the client and/or representative. To the maximum extent possible the plan should be provided in the client's native language or mode of communication in accessible formats such as Braille, large print or audiotape.

Procedures:

Plan Rationale: Defines how the individualized plan of service identifies and meets the nature and scope of needed services in support of independent living and self-sufficiency outcome.

From Caseload Browse, enter the Forms menu, go to Plan, and then select Plan. Using the insert buttons, complete all forms. When all required fields are completed, RAISON will allow you to change case form Eligible to Service by a entering a date.

Content: The plan will include the following:

a. Specific services recommended related to attainment of independent living and self-sufficiency. Services are limited to:

   1) orientation and mobility evaluation and training
   2) daily living skills evaluation and training
   3) communication skills and devices
   4) low vision evaluation
   5) special independent living aids
   6) initial diagnostic examination for visual problems or related medical problems,
   7) transportation for IL services in accordance with the plan,
   8) leisure services, and
   9) education and counseling to family members.

b. Projected dates for the initiation of each service and anticipated duration of each service.

c. Evaluation criteria

d. Client and BSBVI staff responsibilities

e. Client and BSBVI staff signatures

Case File Review: If the anticipated length of the case extends beyond 12 months it requires supervisory review. For Rehabilitation Instructor and O&M services extending beyond 6 months requires supervisory review. If future reviews are specified, and follow up activity is required, an “Activity Due” case note must be entered by the Rehabilitation Instructor.
SECTION 8: CLOSURES

Closure for reasons other than ineligibility:

A case may be closed when the client is unavailable to participate or to complete an assessment of eligibility and the designated staff person has made a minimum of two attempts to contact the individual. Attempts to elicit client response include letters, phone messages, personal contact or missed appointments.

Procedure: When a case is closed prior to a determination of eligibility the closure reason must be documented in a progress review note.

Closure from applicant status when eligibility requirements are not met

Ineligibility determinations must be based on the following--
   a. the individual does not have a visual disability
   b. the individual cannot benefit from services
   c. the individual has an unfavorable medical prognosis
   d. the individual is able to obtain or retain gainful employment
   e. the individual does not meet age criteria

Procedure: A closure reason must be documented in a progress review note and case closed immediately. Ineligible clients should be referred to other appropriate programs.

Successful Closures—Institutional Diversion:

Successful closures occur when a client has received services resulting in institutional diversion. Institutional diversion criteria are:

   a. The client must have severe vision impairment and be responsible for self-care.

   OR

   b. have a secondary disability requiring regular home care or treatment that cannot be taken care of appropriately due to visual problems.

   AND

   c. The client must live alone and have decreased reliance on assistance from outside sources through provision of IL services

   OR

   d. has a spouse or other family member who has difficulty caring for them and whose difficulty has been relieved through provision of IL services.
e. have a spouse or other family member who has difficulty caring for them or have decreased reliance on assistance from other outside sources.

The closure reason must be documented in a progress review note and the case closed within 30 days of completion of the plan.

**Successful Closures - Other**

Other successful closures occur when a client has successfully completed the services on the individualized plan of service.

**Procedure**: A closure reason must be documented in a progress review note and the case closed within 30 days of completion of the plan.

**Unsuccessful Closures**

**Policy**: Cases may be closed unsuccessfully when:

1. the client refuses services
2. evidence indicates the individual cannot benefit from services
3. relocation so that they are no longer able to participate
4. whereabouts unknown
5. medical condition rapidly progressing or terminal
6. death
7. institutionalization

**Procedure**: A closure reason must be documented in a progress review note and the case closed immediately, once the determination has been made.
SECTION 9: CASE RECORD

A written case record for each applicant and/or recipient of services will be established and maintained by the designated staff person.

Procedure:

1. The written case record will contain, as applicable:
   a. Assessment of eligibility
   b. Assessment of independent living needs
   c. Rationale for IL services
   d. Financial participation form
   e. Individual plan of services
   f. Documentation and analysis of any evaluations and training provided by staff or outside consultants
   g. PRN's of client progress in plan at least every 90 days
   h. Case closure documentation.

2. A closure letter sent to the client and/or their representative, explaining the reason for closure and their options if the closure is disputed.
SECTION 29: RECREATION PROGRAM, Bureau of Services to the Blind and Visually Impaired

Procedure for Recreation Program

A. The counselor completes the Recreation Program Referral Form. The referral form is accompanied by the Intake Summary, any Progress Review Notes with pertinent information, and medical and psychological information documenting functional limitations. The Referral Form may be mailed electronically to the Rehabilitation Technician with the hard copy information delivered separately.

B. Upon receipt of the referral, the Recreation Specialist schedules an initial appointment with the participant in a timely manner.

C. Following that appointment, the Recreation Services Evaluation Summary/Report is completed and a copy is sent to the counselor in a timely manner.

D. An Individualized Written Program of Instruction is completed and signed by Recreation Specialist and participant and a copy is sent to the counselor in a timely manner. The Specialist will ensure that participation in the recreation program is commensurate with the medical status and limitations of the participant. The Specialist will obtain physician approval for participation as necessary. The Specialist will ensure that each participant is properly trained on the use of any recreation program equipment. The Specialist will ensure that each participant is properly supervised during program activities. The Specialist will ensure that the participant is covered by Worker’s Compensation during participation in the program.

E. The Recreation Specialist completes a Recreation Monthly Report on all participants, which outlines the status of the program instruction and sends a copy to the counselor.

F. The Recreation Specialist will hold staffings of program participants upon request or when there is an identified need to do so.

G. A Recreation Program Case Closure Form is completed at the time of each case closure and a copy is sent to the counselor.

H. The Recreation Specialist will maintain a recreation file form on each participant. All forms used in the program will be filed in the case file as follows:

Section 1: Referral form and information
Section 2: Recreation Services Evaluation Summary Report
   Individualized Written Program of Instruction
   Recreation Program Case Closure Form
Section 3: Recreational Monthly Report – in date order with the most current on top.
   Staffing PRN’s
Recreation Program Referral Form

<table>
<thead>
<tr>
<th>Participant Name: Case Number:</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Work/Alternative Phone #:</td>
</tr>
<tr>
<td>Age:</td>
<td></td>
</tr>
</tbody>
</table>

Please describe in detail impairment(s) including LIMITATIONS, PRECAUTIONS and/or MEDICATIONS:

1. Disability (Including Primary and Secondary):

2. Adaptive Equipment Needs/Used:

3. Status of Independent Travel: 2 Independent 2 Requires Assistance (please comment if requires assistance):

RECREATION SERVICES NEEDED:

- Work Hardening 2
- General Physical Fitness & Recreation Training (Physicians note required)
- (Can list specific activities: including Biking/Skiing/Weights/Gym, etc.)
- Fitness Evaluation 2
- Fitness Education 2
- Recreation Evaluation (Includes info. on community Rec. resources) 2
- Leisure Counseling 2
- Group Activities

PURPOSE OF REFERRAL AND GOAL:

Counselor Signature: ___________________________ Date: ___________________________
DATE:

EVALUATION SUMMARY BY:

PARTICIPANT NAME: CASE NUMBER:

REFERRED BY:

REASON FOR REFERRAL (Explain in Detail):

Updated Information Since Intake:

Disability Status: 2 STABLE 2 PROGRESSIVE

Current Recreational Experience/Social History/Activity:

EVALUATION OF RECREATION NEEDS:

Observation:

Needs: Page 1 of 2
EVALUATION SUMMARY/REPORT CONTINUED

PARTICIPANT NAME: ________________________  CASE NUMBER: ________________________

Action Taken:

Evaluation Summary:

Recommendations:

Evaluation Ending Date: ________________________  Moved to Training: ________________________

Projected Timeline to Reach Recreation Goals:

__________________________________________________________________________
Recreation Specialist__________________________Date__________________________

Page 2 of 2
Recreation Program Initial Assessment

<table>
<thead>
<tr>
<th>Participant:</th>
<th>Age:</th>
<th>Weight:</th>
</tr>
</thead>
</table>

Precautions:

Pain 1 to 10:

Lives: 2 Alone 2 Spouse 2 Other Marital Status: S M W D

Dominant Hand: R or L Children: Pets:

Sight: 2 Normal 2 Glasses/Contacts 2 Visually Impaired/Blind

Hearing: 2 Normal 2 Hearing Aid 2 Hearing Impaired

Transportation:

<table>
<thead>
<tr>
<th>LEISURE ACTIVITIES:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Games</strong></td>
</tr>
<tr>
<td>___Cards</td>
</tr>
<tr>
<td>___Board Games</td>
</tr>
<tr>
<td>___Bingo</td>
</tr>
<tr>
<td>___Puzzles</td>
</tr>
<tr>
<td>___Crosswords/ Word Search</td>
</tr>
<tr>
<td>___Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Entertainment</strong></th>
<th><strong>Sports</strong></th>
<th><strong>Social</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>___TV</td>
<td>___Watch on TV</td>
<td>___Friends</td>
</tr>
<tr>
<td>___News/Newspaper</td>
<td>___Golf</td>
<td>___Special Events</td>
</tr>
<tr>
<td>___Movies</td>
<td>___Bowling</td>
<td>___Groups</td>
</tr>
<tr>
<td>___Theatre</td>
<td>___Pool</td>
<td>___Volunteer</td>
</tr>
<tr>
<td>___Music</td>
<td>___Ski</td>
<td>___Other</td>
</tr>
<tr>
<td>___Concerts</td>
<td>___Other</td>
<td></td>
</tr>
<tr>
<td>___Reading</td>
<td></td>
<td></td>
</tr>
<tr>
<td>___Computer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>___Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Arts &amp; Crafts</strong></th>
<th><strong>Outdoor Activities</strong></th>
<th><strong>Creative Expression</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>___Woodworking</td>
<td>___Gardening</td>
<td>___Singing</td>
</tr>
<tr>
<td>___Leatherworking</td>
<td>___Hunting/Fishing</td>
<td>___Poetry</td>
</tr>
<tr>
<td>___Crochet/Knit/Sewing</td>
<td>___Water Sports</td>
<td>___Writing</td>
</tr>
</tbody>
</table>

| ___Pottery/Ceramics | ___Camping | ___Journal/Diary |
| ___Other | ___Hiking | ___Painting |
| | ___Boating/Sailing | ___Musical Instr. |
| | ___Bicycling | ___Other |
| | ___Picnics | |
| | ___Other | |
Recreation Program Initial Assessment Continued

**BARRIERS TO LEISURE:**

- Low Energy Level
- Decision Making
- Low Self-Esteem
- Lack of Independence
- Stress
- Lack of Motivation
- Lack of Finances
- Physical Condition
- Medications
- Conflict w/Peers

Participant Goals:

____________________________

Strengths:

____________________________
____________________________

Limitations:

____________________________

**PARTICIPANT LEISURE CHART:**
**Recreation Program**

**INDIVIDUALIZED WRITTEN PROGRAM OF INSTRUCTION**

<table>
<thead>
<tr>
<th>Participant Name:</th>
<th>Case Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2 BSBVI</td>
</tr>
<tr>
<td></td>
<td>2 BVR</td>
</tr>
</tbody>
</table>

Recreational Goal:

Services:

Start Date:

Projected Completion Date:

Estimated Cost:

---

Recreational Goal:

Services:

Start Date:

Projected Completion Date:

Estimated Cost:

---

Recreational Goal:

Services:

Start Date:

Projected Completion Date:

Estimated Cost:
I understand full payment for services by the Rehabilitation Division may be affected by the amount of my income, other resources available to me and the availability of agency funds. **I understand paid services can only be obtained after they are included in the Written Program of Instruction, and a prior specific written authorization has been completed by my recreation counselor.**

I agree with this Written Program of Instruction as written and have participated in the planning by making the following informed choices:

---

Participant Signature                      DATE

Recreation Specialist                      DATE
Recreation Monthly Report

<table>
<thead>
<tr>
<th>Participant Name:</th>
<th>Case Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselor:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

Assessment of Participant Progress:

Recommendations:

Anticipated Time Needed to Reach Recreation Goal(s):

Recreation Specialist Signature: ___________________________ Date: ___________________________
Recreation Program Case Closure

<table>
<thead>
<tr>
<th>Participant Name:</th>
<th>Case Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselor:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

Referral Date:  
Closure Date:  

Closure Summary:  

Recreation Goal(s): 2 Met 2 Not Met (Explanation):  

Recreation Specialist Signature: ___________________________ Date: ______________________
SECTION 30: FORMAL CASE REVIEW PROCESS

Review Process:
A formal case review process will be conducted according to Policy 419 of the Rehabilitation Division Manual. All programs and support services will be reviewed in accordance with this policy, which includes vocational rehabilitation, older blind, life skills, evaluation services, and the recreation program. A statewide case review will be conducted annually and district reviews will be conducted quarterly.

Hard copy is considered the file of record. Hard copy files will be reviewed. This requires printing RAISON reports and all other pertinent documents for filing in the individual participant files by the rehabilitation technician or administrative assistants. All documents must be in the files prior to the review. As a matter of routine all signed documents must be placed in the hard copy file.

The Deputy Chief of Program Services will be responsible for coordination of all reviews and compilation of the district and statewide reports, analysis and action plan for quality improvement. Each District Manager will appoint a coordinator to organize the case review process for each program and support service. For the vocational rehabilitation program, Central Office will designate the files to be reviewed. For all other programs, the district manager will randomly identify files to be reviewed and relay this information to the coordinator no more than 4 days prior to the date of the review. The random review process must be recorded and names of participants whose files have been reviewed so as not to duplicate the review process and to ensure that cases are not specifically chosen for the review process. New cases must be reviewed for each review cycle.

District Managers will rotate to a different district to participate in the review process. The district manager cannot review files from his own district except for the statewide review. All participants required for the review process are specified in Policy 419, noted above.

Once the review has been conducted, all review instruments are to be tallied and the instrument and tally is to be forwarded to Central Office for compilation of the combined district quarterly report.

A formal case review instrument must be completed for every file reviewed. The specific reviewer must sign the case file review instrument. The supervisor must discuss the results of the completed case file review instrument with the rehabilitation counselor within 15 working days upon receipt of the instrument from Central Office. This discussion must be verifiable by the rehabilitation counselor and supervisor’s signature at the bottom of the form. This instrument must be filed in the case file immediately upon review with the rehabilitation counselor.

The tally and review instruments for district formal case file reviews must be submitted to the Deputy Chief of Program Services within 7 days of the completed review.

The reports compiled by Central Office staff must be completed within 30 days of the date of the review. Once the combined district quarterly report has been compiled and distributed, the rehabilitation manager (District Manager) has 25 work days to identify policy and procedural issues, develop a corrective action plan and forward it to the Deputy Chief.

Formal case file reviews must be conducted within the month designated by policy. Preapproval by the Deputy Chief is required to conduct late reviews. A written explained and justified must be presented to the Deputy Chief in writing prior to the end of the month in which the review is scheduled.
to occur.
SECTION 31: JOB DEVELOPMENT AND PLACEMENT FEE FOR SERVICE PROCEDURES

Effective July 1, 2003, the only mechanism utilized for job development services will be on a fee for service basis.

Community Rehabilitation Providers (CRP) are required to meet the criteria for Fee for Service Job Development and Placement Services:

The Rehabilitation Counselor will verify with Operations that the CRP is on the provider list and that:

1. Vendor registration has been completed.
2. Vendor qualifications have been verified.
3. Vendor business licensure, professional liability insurance has been verified.
4. If the participant is a SSI/SSDI recipient, verification that the ticket has been assigned to BVR/BSBVI.

A. Referral Criteria:

Those participants who are considered “most significantly” and “significantly” disabled; who require intensive coordination services from the rehabilitation counselor, and individualized assistance for job placement can be referred for outside agency job development services. (Definition of “Significantly” and “most significantly” in Section 10, Order of Selection).

Those participants who are considered “disabled” (not “significant” or “most significant”) cannot be referred for outside agency job development services unless:

1. A written justification is submitted through the supervisor to the district manager which clearly identifies:
   a) the specific need for specialized, intensive services
   b) why these services cannot be provided by in-house staff or the Nevada JobConnect.

2. The referral must be pre-approved and noted by the district manager on the justification document.

Fee Structure: The maximum payable amount to any Community Rehabilitation Provider is $2,000.

B. Authorization:

1. Authorizations for services will be done in accordance with the following fee for service schedule. The specific authorization format is attached.

2. The authorizations will be a three-phased authorization, clearly identifying each payment phase. The “Maximum Amount” authorized for all three-service phases combined will be $2000. Authorizations will be completed per phase. However the following statement must appear on all three phases of the authorization: “This authorization may be part of the three service phases for job development and placement services. If the referral is
accepted, the total and cumulative amount paid for all three phases combined, regardless of SFY cannot exceed $2000.”

If an authorization is decreased, the new fiscal year authorization must clearly reflect only those services not rendered in the previous fiscal year. For example, if “Referral (Phase I)” was all that was completed on the initial authorization, the new authorization for the next fiscal year would not have a reference to Phase I or the dollar amount.

3. The Fee Structure, which can be obtained through Central Office Operations Unit, will be attached to each authorization and be referenced as an attachment on the authorization form, as follows:

Payment is made based on compliance with the attached Job Development Fee Schedule & Requirements. If the attachment has become detached from the authorization, please contact the office immediately for replacement. Invoices cannot be paid without a report.

Extensions: (No additional fees are paid for extension activity) The Community Rehabilitation Provider has specific reporting requirements that must be followed. The Rehabilitation Counselor must provide written approval to the CRP for the extension.

C. Placement Fee Structure and Reporting Requirements:

Referral (Phase 1): Review and Accept or Reject Referral w/report & invoice $100.00

Placement (Phase 2): Job Development Plan & Verification of Initial Placement Form, Report & invoice $500.00

Retention & Monitoring (Phase 3):
   30 day job retention & monitoring w/report & invoice $400.00
   60 day job retention & monitoring w/report & invoice 300.00
   90 day job retention & monitoring w/report & invoice 700.00
   $2,000.00

REPORTING REQUIREMENTS & DEFINITIONS:

Referral (Phase 1)
Procedure for Review and Rejection of Referral: The Community Rehabilitation Provider has received from the referring Rehabilitation Counselor:
   a) an “Authorization”;
   b) a “Job Readiness Referral Form for Job Development & Placement Services” and attachments;
   c) “Job Development Plan” form for completion by the job developer and participant
   d) “Verification of Initial Placement” form

The Community Rehabilitation Provider
   a) has reviewed referral information
   b) met with the participant
   c) has rejected the referral
d) has submitted to the Rehabilitation Counselor and Supervisor, a written report
documenting the rejection which includes:
   1. initial assessment of job readiness
   2. participant barriers preventing job readiness
   3. additional job seeking skills training needs of the participant
   4. why or why not the vocational goal is or is not achievable

e) invoice

Procedure for Review and Acceptance of Referral: The Community Rehabilitation Provider has received from the referring Rehabilitation Counselor
   a) an “Authorization”,
   b) a “Job Readiness Referral Form for Job Development & Placement Services” and attachments
   c) “Job Development Plan” form for completion by the job developer and participant
   d) reporting guidelines
   e) “Verification of Initial Placement” form

The Community Rehabilitation Provider
   f) has reviewed referral information
   g) met with the participant
   h) has accepted the referral
   i) has submitted a written report
      1) documenting the acceptance of the fee schedule and reporting requirements
      2) initial assessment of job readiness
      3) need for additional referral information from the rehabilitation counselor
      4) readiness to write and implement the “Job Development Plan” within 10 working days of the date of referral
   j) has submitted an invoice

Procedure for Extension (No additional fees are paid for extension activity). The Community Rehabilitation Provider has submitted to the Rehabilitation Counselor:
   a) the completed & implemented Job Development Plan
   b) documentation of the results of job development efforts and placement barriers
   c) modifications to the Job Development plan to mitigate placement barriers
   d) written request for extension, specifying extension length
   e) has received written approval from the Rehabilitation Counselor for the extension

Placement (Phase 2)
The Community Rehabilitation Provider has submitted an invoice and written, implemented and forwarded a copy of the “Job Development Plan” to the referring Vocational Rehabilitation Counselor. The “Verification of Initial Placement” form has been submitted with Rehabilitation Counselor approval within 45 days** of acceptance of referral.

Retention & Monitoring (Phase 3):
The Community Rehabilitation Provider has provided:
   a) an invoice and written documentation that the Participant has retained job for 30 days, to include:
      1) participant satisfaction with the job
      2) employer satisfaction with the participant’s work performance
3) verification of hours worked and wages paid
4) need for accommodation or other individualized assistance to facilitate employment stability

b) an invoice and written documentation that the Participant has retained job for 60 days, to include the same report requirements noted in a) above;
c) an invoice and written documentation that the Participant has retained job for 90 days, to include the same report requirements noted in a) above.

* $2,000 is considered the maximum amount payable for a competitive job placement. A counselor can negotiate a lower payable rate with a vendor.

** Cases requiring more than 45 days prior to initial placement must have approval by the Rehabilitation Counselor. Cases requiring more than 90 days of service prior to initial placement must have approval by the Supervisor prior to continuation of the placement service.

C. The following attachment must accompany the authorization to the Community Rehabilitation provider.
ATTACHMENT

Payment is made based on compliance with the attachment “Job Development & Placement Fee Structure & Reporting Requirements”. If the attachment has become detached from the authorization, please contact the office immediately for replacement. Invoices cannot be paid without a report.

**JOB DEVELOPMENT & PLACEMENT**

Referral (Phase 1): Not to exceed $100
Review and Accept or Reject Referral w/report & invoice

Placement (Phase 2): Not to exceed $500

Job Development Plan, Verification of Initial Placement Form & invoice

Retention & Monitoring (Phase 3):

30 day job retention & monitoring w/report & invoice (not to exceed $400)
60 day job retention & monitoring w/report & Invoice (not to exceed $300)
90 day job retention & monitoring w/report & invoice (not to exceed $700)
Total for all services not to exceed $2000
SECTION 32: EQUIPMENT and TOOL PURCHASE, RETRIEVAL AND INVENTORY

The vocational rehabilitation programs purchase equipment and tools for use by participants during training or for employment.

Work tools and equipment are purchased when a participant is job ready; tools are needed for training; or a job offer has been made to the participant, which is contingent upon on having tools and/or equipment for the job.

When tools and/or equipment is provided the following must be documented:

1. A comparable benefit review to determine whether equipment and tools are routinely available or provided by the employer.
2. If it is feasible to pay for equipment rental rather than purchase.
3. Counselor will determine what tools are necessary upon consultation with the employer or trainer. Counselor will contact at least 2 professionals in the field to verify that specified tools are actually needed.

An Equipment Contract will be completed by the Counselor and Participant PRIOR to the issuance of equipment/tools and maintained in the case file. A copy of this contract will be provided to the participant and accounting unit.

If a participant no longer needs the equipment/tools because the participant is no longer attending training, or working in the area for which the equipment/tools were purchased, the counselor will, under certain circumstances, request in writing, that the participant return the tools/equipment.

However, NO request for return of the equipment should be made under the following conditions:
1. Recovery of the equipment will have a negative impact on the health of the participant or ability to maintain his/her independence;
2. After completion of a counselor survey it has been determined that the equipment/tools cannot be readily used by other participants;
3. Any technology equipment that is over 2 years old, i.e. computers;
4. The value of the equipment had depreciated to less than $3000; or equipment is in poor condition;
5. The participant has contributed towards the cost of the items.

An analysis in the form of a progress review note must justify recovery or non-recovery of equipment and tools in accordance with number 1 through 5 below.

Prior to requesting return of equipment/tools, accounting staff will notify all rehabilitation counselors in writing of the availability of the equipment/tools, to determine if another participant can use them. Counselors will be given a 10 working day timeline in which to respond. If no responses are received within this timeframe then the equipment/tools will not be recovered.

The accounting unit will be responsible for maintaining inventory of recovered equipment/tools as follows:

Date of equipment purchase
Counselor who purchased equipment
Case Number of participant who the equipment/tools were issued
Counselor who is re-releasing equipment/tools
Case Number of participant who the equipment/tools were re-issued
Counselor Survey Results for recovery of equipment/tools
Current Estimated Value of Equipment/Tools as determined by the Counselor
### PART I Equipment Contract

(To be completed by Bureau staff and signed by the participant whenever equipment is provided to the participant. “Equipment” as used here includes any durable item valued at $3,000 or more.)

The listed equipment is provided solely to achieve the goals of an Individualized Plan of Employment (IPE). It may not be sold, disposed of or used for any purpose other than as intended in the participant’s IPE.

BVR/BSBVI requires return of the equipment (or other goods) when the purpose for issuance no longer exists and/or when the equipment is no longer needed to achieve the vocational or independent living goal.

NOTE: BVR/BSBVI will not be responsible for replacing or upgrading equipment, which has been used by other individuals, modified without authorization or knowledge of the counselor, or lost.

<table>
<thead>
<tr>
<th>AUTH #</th>
<th>PRICE/VALUE</th>
<th>SERIAL/MODEL #</th>
<th>DATE PURCHASED</th>
<th>DESCRIPTION (Include trade/model name)</th>
<th>IPE/GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I understand that the above listed equipment (or other goods) is provided based on compliance and agreement with these provisions.

**Participant’s Signature:** ___________________________ **Date:** ________________

**Counselor Signature:** ___________________________ **Date:** ________________

If the equipment was not purchased for this participant, but is only leased or loaned, was taken from existing stock, or transferred from another participant, please explain. If the equipment is lost please explain.

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________
SECTION 33: COMPUTER PURCHASES OVER $5,000.00

Computers can be purchased directly for participants through the authorization process as long as the computer is considered a personal PC. If the computer is loaded with software and built as a business PC (usually at a cost exceeding $5,000), the state contract process must be used.

When purchasing business computers over $5,000.00, field staff MUST purchase through the State Purchasing Division. The Division has contracts with:
* Gateway Computers
* Dell Computers
* Apple Computers

The process is as follows:
1. Complete the Requisition Form based on the specifications/configurations required
2. Field offices will encumber the estimated funding needed.
3. Obtain the required signature authority for the purchase
4. Process the Requisition with DETR-FM
5. DETR-FM will initiate the processing of the requisition through the State Purchasing Division
6. State Purchasing Division will notify DETR of approval and processing of the Requisition and placement of the order.
7. DETR will inform the requesting field office of the actual purchase price under the State Purchasing Contract.
8. Field office staff will adjust their encumbrance to the actual purchase price.
SECTION 34: MEDICAL/PSYCHOLOGICAL/SPECIALIST CONSULTATION

The Rehabilitation Counselor will use the services of certified/licensed consultants when questions and concerns warrant an opinion and recommendations from a certified/professional. Consultants may include professionals in the following areas:

Psychology
Psychiatry
Hearing Aid Specialists and ENT Doctors
Audiologists
Dental
Physical Medicine
Substance Abuse and Addictive Disorders Specialists
Assistive Technologists
Rehabilitation Engineers
Occupational and Physical Therapists

Authorizations will be completed for the consultant. The Rehabilitation Counselor may meet with the consultant in the VR office or in the Consultant’s office to review the case. In some instances, the Counselor will send copies of medical reports along with pertinent questions and the authorization to the consultant’s office and the consultant will review the records and return it with a consultation report. Consultation is required in all dental restoration cases, vehicle modification and home modifications, and for provision of hearing aids.
DEFINITION OF TERMS
DEFINITIONS APPLICABLE TO VOCATIONAL REHABILITATION
INCLUDING SUPPORTED EMPLOYMENT SERVICES

**Applicant** means an individual who submits an application for vocational rehabilitation services in accordance with the description below. An individual is considered to have submitted an application when the individual or representative:

1. has completed and signed an agency application form or through another modality has otherwise requested services;
2. has provided information necessary to initiate an assessment to determine eligibility and priority for services; and,
3. is available to complete the assessment process.

**Appropriate modes of communication** means specialized aids and supports that enable an individual to comprehend and respond to information that is being communicated. Appropriate modes of communication include, but are not limited to, the use of interpreters, open and closed captioned videos, specialized telecommunications services and audio recordings, Brailled and large print materials, materials in electronic formats, augmentative communication devices, graphic presentations, and simple language materials.

**Assistive technology device** means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain or improve 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, including:

1. the evaluation of the needs of an individual with a disability including a functional evaluation of the individual in their customary environment;
2. purchasing, leasing or otherwise providing for the acquisition by a participant of an assistive technology device;
3. selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing assistive technology devices;
4. coordinating and using other therapies, interventions or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;

5. training or technical assistance for a participant or their family members, guardians, advocates or representatives necessary to achieve an employment outcome; and,

6. training or technical assistance for professionals (including individuals providing education and rehabilitation services), employers or others who provide services to employ or who are otherwise substantially involved in the major life functions of participants, to the extent that training or technical assistance is necessary to the achievement of an employment outcome.
Community rehabilitation program means a program that provides directly or facilitates the provision of one or more of the following vocational rehabilitation services to individuals with disabilities to enable them to maximize their opportunities for employment, including career advancement:

1. medical, psychiatric, psychological, social, and vocational services that are provided under one management;
2. testing, fitting, or training in the use of prosthetic and orthotic devices;
3. recreational therapy; physical and occupational therapy;
4. speech, language, and hearing therapy;
5. psychiatric, psychological and social services, including positive behavior management;
6. assessment for determining eligibility and vocational rehabilitation needs;
7. rehabilitation technology;
8. job development, placement, and retention services;
9. evaluation or control of specific disabilities;
10. orientation and mobility services for mobility impaired participants;
11. extended employment;
12. psychosocial rehabilitation services;
13. supported employment services and extended services;
14. services to family members, if necessary, to enable the applicant or eligible individual to achieve an employment outcome;
15. personal assistance services; and,
16. services similar to the services described in paragraphs (A) through (P) of this definition.

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

Comparable services and benefits means services and benefits that are:

1. provided or paid for, in whole or in part, by other Federal, State, or local public agencies, by health insurance or by employee benefits;
2. available to the participant at the time needed to achieve the intermediate rehabilitation objectives in the IPE; and,
3. commensurate to the services that the participant would otherwise receive from the vocational rehabilitation agency.

Competitive employment means work:

1. in the competitive labor market, self employment, BEP operations or telecommuting that is performed on a full-time or part-time basis in an integrated setting comparable to that of others performing similar work; and,
2. 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 employees who are not disabled.

Decision Point means any judgment or conclusion reached regarding a participant during the rehabilitation process from applicant status through case closure.
**Employment outcome** means, with respect to a participant, entering or retaining full-time or, if appropriate, part-time competitive employment in the integrated labor market; supported employment or any other type of employment, telecommuting, or business ownership, that is consistent with an individual’s strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice.

**Extended employment** means work in a non-integrated or sheltered setting for a public or private, nonprofit agency or organization that provides compensation in accordance with the Fair Labor Standards Act. Regulations dated January 22, 2001, indicate that extended employment is a vocational rehabilitation service and is not considered to be a successful closure.

**Extended services**, as used in the definition of "Supported Employment," means ongoing support services and other appropriate services that are needed to support and maintain an individual with a most significant disability in supported employment, and that are provided by a State agency, a private nonprofit organization, employer or any other appropriate resource from funds other than regular (Title I or Title VI-B) vocational rehabilitation funds, after a participant with a most significant disability has made the transition from support provided by BVR or BSBVI.

**Extreme medical risk** means a probability of substantially increasing functional impairment or death if medical services, including mental health services, are not provided expeditiously.

**Impartial hearings officer** means an individual who:

1. is not an employee of a public agency (other than an administrative law judge, hearings examiner, or employee of an institution of higher education);
2. is not a member of the Vocational Rehabilitation Council for the Rehabilitation Division;
3. has not been involved in previous decisions regarding the vocational rehabilitation of the applicant or eligible individual;
4. has knowledge of the delivery of vocational rehabilitation services, the State plan, and the Federal and State regulations governing the provision of services;
5. has received training with respect to the performance of official duties; and,
6. has no personal, professional or financial interest that would be in conflict with the objectivity of the individual.

NOTE: An individual may not be considered to be an employee of a public agency for the purposes of this definition solely because the individual is paid by the agency to serve as a hearings officer.

**Individual who is blind** means any person whose visual acuity with correcting lenses does not exceed 20/200 in the better eye, or whose vision in the better eye is restricted to a field of 20 degrees or less. An individual who is blind also means any person who by reason of loss or impairment of eyesight is unable to provide himself with the necessities of life, and who has not sufficient income of his own to maintain himself. (NRS 426.041 and 426.520) a person who is blind within the meaning of the applicable Nevada law.

**Individual with a disability**, for the purposes of vocational rehabilitation eligibility, means an individual:

1. who has a physical or mental impairment;
2. whose impairment constitutes or results in a substantial impediment to employment; and,
3. who can benefit in terms of an employment outcome from the provision of vocational
Individual with a most significant disability means, as defined by the Division, an individual with a physical or mental disability which seriously limits functional capacity in two or more major life activities and who requires multiple services over an extended period of time.

Individual with a significant disability means an individual with a disability:

1. who has a severe 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 an employment outcome;
2. whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time; and,
3. 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; or,
4. who is a recipient of SSI or SSDI benefits.

Individual's representative or an applicant’s representative means a parent, a family member, a guardian, an advocate such as the Participant Assistance Program, or an authorized representative of an individual or applicant, respectively.

Informed Choice means, all applicants and eligible individuals or their representatives will be provided with information, referral and other support services including information regarding the labor market and the cost, duration, types of services provided, accessibility, integrated setting of the services, qualifications and participant satisfaction, as available, to facilitate the opportunity to exercise informed choice throughout the vocational rehabilitation process. An individual’s Informed Choice is not binding but must be seriously considered in establishing an employment outcome, needed vocational rehabilitation services, the entity providing services and the methods to be used in procuring services.

Institution of Higher Education has the meaning given the term in section 1201(a) of the Higher Education Act of 1965 (20 U.S.C. 1141(a)).

Integrated setting:

1. With respect to the provision of services, means a setting typically found in the community in which applicants or participants interact with non-disabled individuals other than individuals who are providing services to them; or,
2. With respect to an employment outcome, means a setting typically found in the community in which applicants or participants interact with non-disabled individuals, other than individuals who are providing services to them, to the same extent that non-disabled individuals in comparable positions interact with other persons.
**Major Life Activities** means activities regarding mobility, communications, self care, interpersonal skills, self-direction, work tolerance/acceptability to employers, work skills and learning ability.

**Maintenance** means monetary support provided to applicants and eligible individuals for those 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 vocational rehabilitation services.

NOTE: The following are examples of expenses that would meet the definition of maintenance. The examples are purely illustrative, do not address all possible circumstances, and are not intended to substitute for individual rehabilitation counselor judgment.

**Example:** The cost of a uniform or other suitable clothing that is required for a participant's job placement or job seeking activities.

**Example:** The cost of short-term shelter that is required in order for a participant to participate in vocational training at a site that is not within commuting distance of the individual's home.

**Example:** The initial one-time costs, such as a security deposit or charges for the initiation of utilities, that is required in order for the participant to relocate for a job placement.

**Ongoing support services**, as used in the definition of "Supported Employment":

A. Mean’s services that are:
   1. needed to support and maintain an individual with a most significant disability in supported employment;
   2. identified based on a determination by the rehabilitation counselor of the participant's needs as specified in an IPE; and,
   3. furnished by the involved bureau from the time of job placement until transition to extended services, unless post-employment services are provided following transition, and thereafter, by one or more extended services providers throughout the participant's term of employment in a particular job placement or multiple placements if those placements are being provided under a program of transitional employment;

B. Must include an assessment of employment stability and provision of specific services or the coordination of services at or away from the worksite that are needed to maintain stability based on:
   1. at a minimum, twice-monthly monitoring at the worksite of each participant in supported employment; or,
   2. if under special circumstances, especially at the request of the participant, the IPE provides for off-site monitoring, twice-monthly meetings with the individual.

C. Consist of:
   1. any particularized assessment supplementary to the comprehensive assessment of rehabilitation needs
   2. the provision of skilled job trainers who accompany the participant for intensive job skill training at the work site
   3. job development and placement
   4. social skills training
   5. regular observation or supervision of the participant
   6. follow-up services including regular contact with the employers, the participant, the parents, family members, guardians, advocates or representatives and other suitable professional and informed advisors, in order to reinforce and stabilize the job placement
7. facilitation of natural supports at the worksite
8. any other service identified in the scope of vocational rehabilitation services for participants, described in Section XIV of this manual; or,
9. any service similar to the foregoing services.

**Personal assistance services** means a range of services provided by one or more persons designed to assist a participant 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. The services must be designed to increase the participant's control in life and ability to perform everyday activities on or off the job. The services must be necessary to participating in assessment or eligibility or an employment outcome and may be provided only while the participant is receiving other vocational rehabilitation services. The services may include training in managing, supervising and directing personal assistance services.

**Physical and mental restoration services** means:

1. corrective surgery or therapeutic treatment necessary to correct or modify a physical or mental condition that constitutes a substantial impediment to employment, but is of such a nature that such correction or modification may reasonably be expected to eliminate or reduce such impediment to employment within a reasonable length of time
2. diagnosis of and treatment for mental or emotional disorders by qualified personnel in accordance with Nevada licensure laws
3. dentistry
4. nursing services
5. necessary hospitalization (either inpatient or outpatient care) in connection with surgery or treatment and clinic services
6. drugs and supplies
7. prosthetic, orthotic, or other assistive devices, including hearing aids
8. eyeglasses and visual services, including visual training, and the examination and services necessary for the prescription and provision of eyeglasses, contact lenses, microscopic lenses, telescopic lenses and other special visual aids prescribed by personnel that are qualified in accordance with Nevada licensure laws
9. podiatry
10. physical therapy
11. occupational therapy
12. speech or hearing therapy
13. mental health services
14. treatment of either acute or chronic medical complications and emergencies that are associated with or arise out of the provision of physical and mental restoration services, or that are inherent in the condition under treatment
15. special services for the treatment of participants with end-stage renal disease, including transplantation, dialysis, artificial kidneys, and supplies; and,
16. non-traditional medical or psychology treatment such as acupuncture and homeopathic treatments; and
17. other medical or medically related rehabilitation services.

**Physical or mental impairment** means an injury, disease, or other condition that materially limits, or, if not treated, is expected to materially limit mental or physical functioning.
Post-employment services means one or more of the services that are provided subsequent to the achievement of an employment outcome and that are necessary for a participant to maintain, regain or advance in employment, consistent with the participant’s strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice.

NOTE: Post-employment services are intended to ensure that the employment outcome remains consistent with the participant's strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. These services are available to meet vocational rehabilitation needs that do not require a complex and comprehensive provision of services, and should be limited in scope and duration. If more comprehensive services are required, a new rehabilitation effort should be considered. Post-employment services are to be provided under an amended IPE, and a re-determination of eligibility is not required. The provision of post-employment services is subject to the same requirements in this part as the provision of any other vocational rehabilitation service.

Post-employment services are available to assist a participant to maintain employment.

Example: the participant’s employment is jeopardized because of conflicts with supervisors or co-workers and the individual needs mental health services and counseling to maintain the employment.

Post employment services are available to regain employment.

Example: the participant's job is eliminated through reorganization and new placement services are needed.

Post employment services are available to advance in employment.

Example: the employment is no longer consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice.

Qualified Personnel means those individuals whom the State has determined meet the definition of "qualified personnel" in light of State licensure laws and State standards (or who meet nationally recognized standards as applied to the profession or discipline) for providers of services.

Example: State certifications for substance abuse counselors, or interpreters for individuals who are deaf, licensure for psychologists, physicians, dentists, or other licensed or certified personnel.

Qualified Rehabilitation Counselor means those individuals whom the State has determined meet the definition of “qualified rehabilitation professional” in light of Federal laws and regulations and State standards (or who meet nationally recognized standards as applied to the profession or discipline).

Example: At the current time, qualified rehabilitation counselors must meet the following criteria: have a masters degree in Rehabilitation Counseling from a CORE-accredited program and who are eligible to sit for the CRC certification examination; or have a master’s degree in Rehabilitation Counseling that was not fully accredited by CORE at the time the degree was granted and who are eligible to sit for the CRC examination; have a masters degree granted by a college or university accredited by a recognized regional accreditation body at the time the degree was conferred and who are eligible to sit for the CRC examination.

NOTE: In the absence of Nevada recognition of a discipline, the nationally or regionally recognized
criteria are used.

**RAISON** means Rehabilitation Automated Information System Of Nevada

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

**Rehabilitation technology** means the systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of, and address the barriers confronted by, individuals with disabilities in areas that include education, rehabilitation, employment, transportation, independent living and recreation. The term **includes** rehabilitation engineering, assistive technology devices and assistive technology services.

**R.U.M.** means RAISON Users Manual

**Services contributing to an employment outcome** means any service, which is a part of an IPE, which is delivered in the context of a counseling and guidance relationship, and contributes in an identifiable and positive way to the vocational rehabilitation of the individual.

**Substantial impediment to employment** means that a physical or mental impairment (in light of attendant medical, psychological, vocational, educational, 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** means:

A. Competitive work in integrated work settings, or employment in integrated work settings leading to competitive work, consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual with ongoing supports services for individuals with the most significant disabilities.

   1. for whom competitive employment has not traditionally occurred or for whom competitive employment has been interrupted or intermittent as a result of a significant disability; and,
   2. who, because of the nature and severity of their disabilities, need intensive supported employment services from the involved bureau and extended services after transition in order to perform this work; or,

B. Transitional employment for individuals with the most significant disabilities due to mental illness.

**Supported employment services** means ongoing support services and other appropriate services needed to support and maintain an individual with a most significant disability in supported employment that are provided by the Designated State Unit:

1. that are provided singly or in combination and are organized and made available in such a way as to assist an eligible individual achieve competitive employment;
2. that are based on a determination of the needs of an eligible individual, as specified in an IPE; and,
3. for a period of time not to exceed 18 months, unless under special circumstances the eligible individual and the rehabilitation counselor or counselor jointly agree to extend the time in order to achieve the rehabilitation objectives identified in the IPE; and,

4. following transition to extended services, as post-employment services that are unavailable from an extended services provider and that are necessary to maintain or regain the job placement or advance in employment.

**Timeliness** means that services are provided without any undue delay or interruption.

**Transition services** means a coordinated set of activities for a student designed within an outcome-oriented process that promotes movement from school to post-school activities including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living or community participation. The coordinated set of activities must be based upon the student's needs, taking into account the individuals preferences and interests, and must include instruction, community experiences, the development of employment and other post-school adult living objectives, and, if appropriate, acquisition of daily living skills and functional vocational evaluation. Transition services must promote or facilitate the accomplishment of long-term rehabilitation goals and intermediate rehabilitation objectives identified in the student's IEP.

**Transitional employment**, as used in the definition of "Supported Employment," means a series of temporary job placements in competitive work in integrated settings with ongoing support services for individuals with the most significant disabilities due to mental illness. In transitional employment, the provision of ongoing support services must include continuing sequential job placements until job permanency is achieved.

**Transportation** means travel and related expenses that are necessary to enable a participant to participate in a vocational rehabilitation service including the provision of training in the use of public transportation systems.

NOTE: The following are examples of expenses that would meet the definition of transportation. The examples are purely illustrative, do not address all possible circumstances, and are not intended to substitute for rehabilitation counselor judgment. All expenses are paid or reimbursed to the participant at State per diem rates.

**Example**: Travel and related expenses for a personal care attendant or aide if the services of that person are necessary to enable the participant to travel to participate in any vocational rehabilitation service.

**Example**: Short-term travel-related expenses, such as food and shelter, incurred by an applicant participating in evaluation or assessment services that necessitates travel.

**Example**: Relocation expenses incurred by a participant in connection with a job placement that is a significant distance from the individuals current residence, per SAM 0200.

**Example**: The purchase and repair of vehicles, including vans, but not the modification of these vehicles because modification would be considered rehabilitation technology.