Vocational Rehabilitation Policy Manual

State of Arizona Rehabilitation Administration

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Table of Contents

Chapter 1-Legal and Operational Base	**Pg 3**
Chapter 2-Client Information	**Pg 28**
Chapter 3-Conflict Resolution	**Pg 57**
Chapter 4-Voter Registration	**Pg 78**
Chapter 5-Intake Application and Eligibility	**Pg 82**
Chapter 6-IPE Planning	**Pg 112**
Chapter 7-Self Employment	**Pg 169**
Chapter 8-Services	**Pg 191**
Chapter 9-Implementing and Managing an IPE	**Pg 354**
Chapter 10-Closures	**Pg 367**
Chapter 11-Post Employment Services	**Pg 382**
Chapter 12-Annual Review of Closed Cases	**Pg 393**
Chapter 13-Special Populations	**Pg 399**
Appendices	**Pg 501**

CHAPTER 1 - LEGAL AND OPERATIONAL BASE

Section 1.1 - Legal Base
Section 1.2 - State Plan
Section 1.3 - State Agency Designation
Section 1.4 - Non-Discrimination
Section 1.5 - Accessibility Standards
Section 1.6 - Vision for the VR Program
Section 1.7 - Mission of the VR Program
Section 1.8 - Values
Section 1.9 - Client Bill of Rights
Section 1.10 - Code of Conduct
Section 1.11 - AZRSA Service Principles
Section 1.12 - Authorized Representation
Section 1.13 - Official Signatures
Section 1.14 - Timely Provision of VR Services
Section 1.15 - Agreements with Other Agencies and Organization
Section 1.16 - Employees and Their Family Members as Clients

SECTION 1.1 - LEGAL BASE

A. All federal requirements related to the conduct of the State Vocational Rehabilitation (VR) program, authorized under Titles I and VI-B of the Rehabilitation Act of 1973, as amended, are contained in:

1. The Rehabilitation Act and
2. The Code of Federal Regulations (34 CFR 361 and 34 CFR 363).

B. All State requirements related to the conduct of the State Vocational Rehabilitation (VR) program are contained in the Arizona Administrative Code (A.A.C. Title 6, Chapter 4, Article 2,) .

C. Federal laws, rules and regulations take precedence over less restrictive State statutes and the application of State policies.

SECTION 1.2 - STATE PLAN

A. A State Plan for the State Vocational Rehabilitation (VR) Services Program and the State Plan Supplement for the State Supported Employment Services Program must be submitted and approved by the federal government.

1. Once approved, it provides the basis for financial participation by the State of Arizona and the federal government in the vocational rehabilitation of persons with disabilities.

B. The State Plan is in effect in all political subdivisions of Arizona and is available on the AZRSA Internet.

C. The State Plan provides a description of Arizona's Vocational Rehabilitation (VR) Program, including supported employment.

D. The State Plan identifies goals, objectives, and planned activities designed to enhance vocational rehabilitation services to individuals with disabilities.

E. The State Plan is reviewed and updated annually consistent with federal instruction.

SECTION 1.3 - STATE AGENCY DESIGNATION

A. The Department of Economic Security (DES) is the Designated State Agency and the Rehabilitation Services Administration (AZRSA) is the Designated State Unit in Arizona responsible for administering the State Plan.

B. Determinations of eligibility, approval of the nature and scope of planned vocational rehabilitation services, and authorizing expenditures of VR funds for the provision of available goods and services, including supported employment services, are made by AZRSA, and are not delegated to any other agency or person.

SECTION 1.4 - NON-DISCRIMINATION

A. All Vocational Rehabilitation services must be provided without regard to:

1. Type of disability
2. Age
3. Gender
4. Color
5. Ethnicity
6. Cultural practices
7. National origin

B. No person present in Arizona will be denied Vocational Rehabilitation services by AZRSA based on a residence requirement, or duration of residence requirement.

SECTION 1.5 - ACCESSIBILITY STANDARDS

A. All offices and programs within AZRSA will substantially comply with:

1. The Architectural Barriers Act of 1968;
2. Section 504 of the Rehabilitation Act of 1973, as amended;
3. The Americans with Disabilities Act of 1990

SECTION 1.6 - VISION FOR THE VOCATIONAL REHABILITATION PROGRAM

A. AZRSA is a leader in ensuring Equal Opportunities, Equal Access, Equal Pay, and Equal Benefits for persons with disabilities who work.

B. The vision of AZRSA is:

1. That all persons with disabilities have opportunities for employment;
2. That there are no artificial barriers for persons with disabilities to pursue the full range of types and variety of employment options;
3. That salaries, work conditions and benefits for persons with disabilities are equal to those received by all other people doing the same work; and
4. That AZRSA is a leader in assisting Arizonans in achieving this vision through advocacy, public education, collaborative programming, and direct services.

C. AZRSA's vision for Vocational Rehabilitation applicants and eligible clients is that they have the responsibility for, and control over, their own rehabilitation.

D. The Vocational Rehabilitation program achieves this vision through a process which engages clients fully and actively in:

1. Exploring their vocational interests, abilities, and capabilities
2. Providing service, program, and process options
3. Identifying available choices

E. Clients who are not ready for or able to accept this responsibility and control will be assisted to do so to the extent possible through development of support systems,

skill building, independent living, decision making, counseling support, and information-giving adapted to the needs of the client.

SECTION 1.7 - MISSION OF THE VOCATIONAL REHABILITATION PROGRAM

A. The mission of the Vocational Rehabilitation program is to assist eligible clients to become as economically independent as possible and to lessen or eliminate their need for government support, programs and services through meaningful and sustained work.

SECTION 1.8 – VALUES

A. It is an expectation that the staff of AZRSA, the clients being served and all other partners work together in an atmosphere of mutual respect, dignity, and joint responsibility.

B. AZRSA proclaims the following organizational values:

1. Quality service
2. Outcomes
3. Informed choice and client centered
4. Fast, effective, and efficient
5. Creativity and flexibility
6. Equity to all in Arizona
7. Do no harm

C. AZRSA staff must operate under the principles and values of the Code of Professional Ethics for Rehabilitation Counselors (CRCC).

SECTION 1.9 - CLIENT BILL OF RIGHTS

A. AZRSA's vision is that clients control and take responsibility for their own rehabilitation.

B. The Consumer Bill of Rights form should be viewed and used to inform clients about their rights in regards to AZRSA vocational rehabilitation services.

C. Clients have the right:

1. To know the name of their Vocational Rehabilitation counselor, to have reasonable access to AZRSA staff, and to have their calls returned, and commitments honored.
2. To have complete and accurate information about the application process, eligibility, Vocational Rehabilitation program goals, and planning and service policies.
3. To be actively and fully involved in the entire rehabilitation process.
4. To select the nature of the working relationship with their counselor.
5. To receive assistance from their counselor in identifying interests, aptitudes and skills.
6. To know the range of available service options and to be supported in their choices within the range of service options available based on program policy.
7. To be provided opportunities for adjusting to their disability and for exploring work options before being asked to set vocational goals or make employment commitments
8. To have decisions made, plans developed and services provided in a timely manner.
9. To be treated equally, without regard to the nature or severity of their disability, age, race, ethnicity, gender, or sexual orientation.

10. To have all decisions and their reasons communicated in an understandable manner, using an appropriate mode of communication.
11. To have the process for resolving service problems fully explained and to receive assistance in accessing this process, if necessary.
12. To have AZRSA staff observe the RSA Code of Conduct which requires mutual respect, honesty, fairness, and courtesy.

D. Clients have a responsibility:

1. To actively participate in their own rehabilitation program.
2. To follow through and honor the commitments they have made.
3. To work towards goals and objectives that have been agreed on and to make preparing and looking for work a full time effort.
4. To develop and maintain a positive and effective working relationship with AZRSA staff.
5. To communicate honestly and give complete and accurate information.
6. To respond to AZRSA communications in a timely manner.
7. To cooperate with AZRSA staff regarding rules and procedures under which they have to work.
8. To resolve problems honestly and openly using the existing problem resolution options (administrative review, mediation, impartial due process hearing).
9. To observe the RSA Code of Conduct, which requires mutual respect, honesty, fairness, and courtesy.

SECTION 1.10 - CODE OF CONDUCT

A. Both AZRSA staff and clients are expected to adhere to the following code of conduct.

1. The Code of Conduct Form is available on the DES Forms Library.

B. The Code of Conduct requires language and relationships that are:

1. Confidential
2. Courteous
3. Ethical
4. Fair
5. Honest
6. Professional
7. Respectful

C. The Code of Conduct is considered to be broken when any or all of the following occur:

1. Language becomes abusive or threatening
2. Confidentiality is violated
3. Any other actions which seriously violate the Code of Conduct

D. Actions that the client can take when the Code of Conduct is broken:

1. The client has the obligation to inform the AZRSA staff member that, in their opinion the Code of Conduct is being broken and to request that he/she redirect or refocus the conversation.
2. The client has a right to stop a meeting or interaction and request to speak to the local Vocational Rehabilitation office supervisor or to lodge a complaint without negative consequences.

3. A complaint can be put in writing or made by phone to the local Vocational Rehabilitation office supervisor. A complaint may also be lodged in writing or by phone to the AZRSA Ombudsman, at 1789W. Jefferson, Site Code 930A, 2 NW,Phoenix,AZ85007, telephone 1-800-563-1221.

4. The client will be informed in writing of actions taken in response to a written complaint.

5. The client may contact the Client Assistance Program (CAP) at 1-800-922-1447 for additional advice and/or advocacy.

E. Actions that AZRSA staff can take when the Code of Conduct is broken:

1. The client, and/or representative, will be informed that he/she is breaking the Code of Conduct and asked to re-direct or re-focus the conversation or interaction (when appropriate to the situation).

2. The interaction (including phone calls) will be stopped, and if necessary:

a. The client, and/or representative, may be directed to leave the office.

b. If a client, and/or representative, refuses to terminate the interaction or to leave the office, support will be sought by AZRSA staff to enforce the request.

3. If a meeting or interaction is terminated, the client and/or representative will be offered an opportunity for a subsequent meeting on the condition that all parties will adhere to the Code of Conduct.

a. Specific rules and instructions for the subsequent meeting will be given and sent to the client, and representative if appropriate, in writing.

b. The client may be asked to agree to abide by such rules in writing.

4. Other options that may be provided to a client, and/or representative, include, but are not limited to:

a. Asking the client to sign a form indicating his/her willingness to abide by the rules, as a condition for continuing the meeting;

b. Scheduling a meeting with the supervisor; or

c. Making a referral to the Client Assistance Program (CAP).

5. Program decisions will be temporarily suspended until the immediate matter is resolved, and the client and/or representative has decided whether to re-establish the working relationship or to take another course of action.

6. The client must be told that AZRSA staff will not retaliate for breaches of the Code of Conduct.

7. The client must be told that a pattern of breaches of the Code of Conduct may become the basis for a decision that the client is not willing to pursue an employment outcome or to participate in the Vocational Rehabilitation program and may lead to case closure due to failure to cooperate with the program.

F. The Code of Conduct Form is reviewed at the time of Intake and reviewed between client and counselor at any point in the rehabilitation process as necessary.

SECTION 1.11 - AZRSA SERVICE PRINCIPLES

A. AZRSA client service principles directly affect the quality of the client's experiences with AZRSA's programs and services and the benefits they receive from them.

B. AZRSA service principles for the Vocational Rehabilitation program include quality services that:

1. Engage clients immediately and continuously in rehabilitation activities regardless of their formal status in the program
2. Facilitate peer interactions, formally and informally
3. Provide opportunities for clients to build a solid foundation on which to build a successful vocational future, including;
- **a.** confidence in daily living skills
- **b.** adjusting to, and knowledge of, disability
- **c.** exposure to job options

4. Facilitate client access to a counselor or other AZRSA staff who can meet their needs.
5. Ensure equal access to, and transfers between, AZRSA programs and facilitate access and transfers to other programs, especially Workforce Investment Act (WIA) programs.
6. Maintain and/or increase the ability of clients with significant impairments to live independently and to make their own decisions.
7. Make complete and accurate information available to all individuals who are interested in AZRSA services.
8. Encourage the client to make his/her own informed choices.
9. Maintain regular contact with the client.
10. Make decisions, develop service programs, and provide services consistent with the client's unique strengths, resources, priorities, concerns, abilities,

capabilities, interests, and informed choice that result in successful outcomes.

11. Do no harm.

12. Provide equal access to opportunities and consistent application of policy to all clients.

13. Consist of a vast array of resources by being creative and flexible in the selection of options and offering choices.

SECTION 1.12 - AUTHORIZED REPRESENTATION

A. A client applying for and/or receiving Vocational Rehabilitation services may authorize the involvement of another person(s) of his or her choice to advocate for, assist, and/or represent him or her at any time during the Vocational Rehabilitation process.

B. Authorized representatives are designated on the Authorization for Release of RSA Records form.

C. Authorized representatives should be involved in pertinent issues in the same manner as the applicant or eligible client.

D. All written documentation and notification which is provided to applicants and eligible clients should also be provided to their authorized representatives.

E. Legal guardians and court-appointed representatives are the representative of the client.

1. Documentation of this type of representation will be obtained and filed in the Client Record of Service (CROS).

F. The authorization of a representative by the client does not negate the need for the client to be actively involved in all aspects of their case.

SECTION 1.13 - OFFICIAL SIGNATURES

A. When the nature of an applicant's or eligible client's impairment precludes him or her from signing applications, plans, releases, requests for records, and other documents requiring a signature, acceptable evidence of a signature will include any of the following:

1. A witnessed mark
2. An audio tape
3. A TDD record
4. The signature of an authorized representative of the applicant or eligible client.

B. Legal guardian and court-appointed representative signatures are mandatory for all documents requiring an official signature.

C. Clients should also provide a signature for all documents.

SECTION 1.14 - TIMELY PROVISION OF VOCATIONAL REHABILITATION SERVICES

A. AZRSA staff will process Vocational Rehabilitation referrals and applications, determine eligibility, and provide services in a timely manner.

B. All case status movements and dates must be entered into Integrated Rehabilitation Information System (IRIS) as soon as documentation is complete.

C. Inquiries and Referrals for Vocational Rehabilitation services

1. An inquiry is a request for information. AZRSA staff should respond to individuals' inquiries and inform them of application requirements the same day for phone inquiries, and within one business day for written inquiries.

2. A referral is a request to formally initiate participation in the Vocational Rehabilitation Program.

a. AZRSA staff should contact individuals referred to the Vocational Rehabilitation program to inform them of application requirements and schedule an orientation or intake meeting the same day for phone referrals and within one business day for written referrals.

D. Eligibility Determinations

1. Eligibility determinations will be made as soon as possible after a client has submitted a signed application for Vocational Rehabilitation services.

2. The length of time between application and eligibility determination shall not exceed sixty (60) calendar days unless the Vocational Rehabilitation counselor and applicant agree that exceptional and unforeseen

circumstances, beyond AZRSA's control, preclude determining eligibility within the prescribed time frame.

3. The Extension of Eligibility Determination Form must be used to document the need for a time extension, its anticipated length, and the applicant's agreement to the time extension.

a. Signatures of the client, and client's representative if appropriate, and the Vocational Rehabilitation counselor are required.

E. Development of the Individualized Plan for Employment (IPE)

1. An IPE must be developed for each eligible client, as soon as possible following the eligibility determination.

2. Whether the eligible client chooses to prepare his or her IPE jointly with the Vocational Rehabilitation counselor, alone, or with any other person, including a qualified vocational rehabilitation counselor other than the Vocational Rehabilitation counselor, the length of time between the determination of eligibility (Status 10) and implementation of the IPE (Status 13) should be the shortest time appropriate to the unique circumstances of the client, not to exceed 120 calendar days. Exceptions to this policy include:

a. The eligible client has been assigned to an Order of Selection priority category which is closed, and is put on a deferred services waiting list; or,

b. The eligible client and the Vocational Rehabilitation counselor will discuss and agree that due to exceptional circumstances more time is necessary to comprehensively assess the client's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice in identifying the vocational rehabilitation needs to determine the employment outcome; investigate, choose and arrange for

appropriate vocational rehabilitation services and providers of IPE goods and services; and, complete development and implementation of the IPE.

3. Exceptions require an Extension of IPE Implementation Agreement form, describing the reason for a time frame extension, its anticipated length, the planned activities and time duration and the eligible client's agreement.

a. The form will be completed and a copy provided to the client prior to the end of the 120 calendar day maximum time allowed for IPE implementation (Status 13).

4. An IPE for an eligible student with disabilities transitioning from school to work must be developed, prepared, approved and ready for implementation at the earliest possible time but at the latest by the time the student leaves the school setting.

F. Client Action Alert List (CAAL)

1. Vocational Rehabilitation counselors will use the CAAL monthly to monitor their caseload(s) and to make sure that time frames are being met for movement from:

a. Referral to Applicant status;
b. Applicant to Eligibility status; and,
c. Eligibility to IPE implementation.

2. Whenever the time frames are not met, documentation in the CROS must state the reasons why the time frames have not been met.

3. The IRIS system must reflect the appropriate status in the CROS. If it does not, immediate action will be taken to ensure that the CROS and IRIS status information match.

SECTION 1.15 - AGREEMENTS WITH OTHER AGENCIES AND ORGANIZATIONS

A. Vocational Rehabilitation counselors and other AZRSA staff will comply with the provisions of working agreements between AZRSA and other agencies and community-based organizations, including other components of the statewide Workforce Investment System (WIA).

SECTION 1.16 - EMPLOYEES AND THEIR FAMILY MEMBERS AS CLIENTS

A. Current AZRSA employees and their clients must be handled as follows if they become clients of AZRSA to assure that their confidentiality is protected:

1. Employees and their family members cannot receive services from the office where they are stationed.

a. The case should be sent to a separate office.

b. All case file material should also be sent to the identified office.

2. Any potential conflict of interest due to past or present relationships should be considered when deciding the office and counselor that will be handling the service provision.

3. These case are not to be discussed with or viewed by anyone that has not been specifically authorized by the District Program Manager and/or the AZRSA Administrator.

4. Eligibility decisions, IPE's, and any special circumstances require a minimum of review and consultation from the District Program Manager or their designee.

5. All general confidentiality policies.

6. If the employee is a member of management or presents other characteristics that may create a conflict of interest within a specific district or related to being serviced by a Vocational Rehabilitation counselor:

a. Consultation should be made with the District Program Manager and with the Administrator of AZRSA.

b. A decision should be developed that will allow for the least amount of confliction of interest in the servicing of the case.

c. This may include the case being managed at a district office level, being transferred to another district, or being managed from central office.

7. Closed cases of clients and their family members should be stored at central office in a secured area by the AZRSA Administrator or designee until they are forwarded to DES Records Management.

B. Clients who later become employees and their family members must be handled as follows:

1. It is encouraged that new employees who were or are clients not be stationed in the office that they were receiving Vocational Rehabilitation services.
2. It is encouraged that new employees not be stationed at the office their family members are receiving Vocational Rehabilitation services.
3. If the client is stationed at the office that they or their family members are or were receiving Vocational Rehabilitation services, the case files must be handled in the same manner as described in part A of this section.
4. If the client is stationed at the office that they or their family members are currently receiving Vocational Rehabilitation services, the case must be transferred as detailed in part A of this section.

CHAPTER 2 - CLIENT INFORMATION

Section 2.1 - Definitions
Section 2.2 - Client Record of Service (CROS)
Section 2.3 - CROS Retention
Section 2.4 - Case File Format
Section 2.5 - Case Transfers
Section 2.6 - Standards for E-Mail Communication
Section 2.7 - Confidentiality of Client Information/Records
Section 2.8 - Obtaining Applicant/Client Information From Third Party Sources
Section 2.9 - Confidentiality and Case Recording
Section 2.10 - Identity and Social Security Numbers Issues

SECTION 2.1 - DEFINITIONS

A. Client Record of Service (CROS): The CROS is the case file containing the documentation for all information relevant to a client's Vocational Rehabilitation program.

B. Client Information: means all client information including, medical, psychological, social, personal, financial, vocational and evaluative information, written or otherwise, which AZRSA has acquired in the case management process. This includes all information in the CROS and in IRIS.

C. Custodian of Records: means the AZRSA staff assigned this responsibility within the AZRSA Central Office.

D. Informed Written Consent: which is never presumed, means completed and signed client authorization forms for release of information. In the case of a minor or someone who has had a guardian appointed, the parent or guardian must sign the release of information form.

E. Primary Source Information: means information including evaluations and reports developed for or compiled by AZRSA staff specifically to meet Vocational Rehabilitation program needs.

F. Secondary Source Information: means all information not originally intended for AZRSA use, which AZRSA acquires from other sources.

SECTION 2.2 - CLIENT RECORD OF SERVICE (CROS)

A. The CROS must be maintained for each applicant and eligible client.

B. AZRSA staff are to be aware of confidentiality policies related to information in the CROS.

C. Recording information in the CROS

1. All documents must be date-stamped upon receipt and filed in the CROS.
2. Progress notes recording case activity are to be recorded in the CROS within one week of the activity and are never to be back-dated.
3. Official progress notes must be typed.

D. Recording information in AZRSA's Integrated Rehabilitation Information System (IRIS)

1. Vocational Rehabilitation counselors and other AZRSA staff must ensure that all data input in IRIS is accurate and timely to facilitate the provision of Vocational Rehabilitation services to applicants and eligible clients and to assure accurate Federal and State reporting.
2. Pertinent client data must be reported in IRIS as soon as possible but within no more than 5 business days of obtaining the information.
3. If data in IRIS needs to be back-dated prior to the current month:

a. The request for such backdating must come through the office supervisor.
b. The supervisor will review the CROS before approving such a request and forward it to the Central Office MIS staff.
c. Some requests will not be able to be granted by the MIS Unit. In those instances the CROS

progress notes will be utilized to explain the discrepancy.

SECTION 2.3 - CROS RETENTION

A. Guidelines for CROS Retention

1. The CROS will be kept for three (3) years, in addition to the current year in which the case was closed.

a. Unless otherwise mentioned in this section, during the current and first year, files are kept in the local office. Files are sent to record storage for the second and third years.

b. Successfully closed SSI/SSDI cases remain in the local office for the whole three years.

c. Records related to employees and their families should be handled as detailed in Section 1.16.

SECTION 2.4 - CASE FILE FORMAT

A. Documents or forms are filed chronologically from the top to the bottom, starting with the most recent, within each numbered subdivision (which should have a divider or tab in the case file).

1. Do not use or make separate tabs for any additional subdivisions.

B. LEFT-INSIDE OF FILE FOLDER: IRIS PRINTOUTS & FINANCIAL DOCUMENTS

1. Current IRIS Printouts:

a. IRIS Client Demographic Information Report (for reference)

b. Latest IRIS IPE printout for reference only (in older cases the IRIS IPE may be the official IPE, in which case it is filed in middle section)

c. Other IRIS printouts - as needed or useful (budgets, expenditure reports, status history)

2. Procurement, Fiscal and Payment documents:

a. Authorizations (IRIS or Authorization to Provide Goods of Services)

b. Service Agreements

c. OJT Contracts

d. Competitive Pricing Quotes

e. Approved Vehicle Inspection Checklist

f. Authorization for Student Enrollment

g. Cost Sharing Agreement for School Tuition

h. Worker's Compensation Coverage

i. Voucher Agreement

j. Permission to Renovate.

C. MIDDLE PACKET (FRONT): CONSULTATION DOCUMENTS, DISABILITY DOCUMENTS & PLANNING ASSESSMENTS

1. Consultations such as Counselor/Consultant Worksheet(s), specific consultations (e.g. results of A.T. consults, dental consults, vehicle modification consults, etc.)

2. Information or determinations from other agencies that an applicant is "a client with a disability" used for eligibility decision making, such as:

- **a.** Documentation from SSA of receipt of SSDI/SSI (e.g. TPQY verification or copy of award letter.
- **b.** Verification from schools that a student has been determined eligible for Special Education.
- **c.** Other reports provided by referral sources, the client, or information requested by Vocational Rehabilitation that document that the client has a disability.

3. Other supplemental medical/psychological/vocational/social evaluations or assessments used in IPE planning such as:

- **a.** Purchased psychological, neuropsychological, hearing, vision, dental, etc. reports
- **b.** Completed Informational Interviewing & Labor Market Survey forms
- **c.** Reports from situational assessments
- **d.** Other Labor Market Surveys
- **e.** Personal Computer Screening form
- **f.** A.T. Profile and A.T. Plan forms, etc.

4. Authorization for Disclosure of Health Information to RSA, Authorization for Release of RSA Records, etc. are filed with the document(s) to which they apply.

D. MIDDLE PACKET (BACK): APPLICATION, ELIGIBILITY, OOS, IPE, & IPE SUPPORTING DOCUMENTATION

1. IPE Document(s):

a. Original official signed & dated IPE documents only (for old cases this could be IRIS produced documents, for new cases the new IPE forms are filed here) such as:

i. IPE closure

ii. IPE Amendments (including IPE amendments resulting from implementation of a self-employment Business Plan (i.e. Phase 2 & IPE Post Employment Services)

iii. IPE.

2. IPE supporting documents such as:

a. Plan of Study

b. Coordination of Extended Supported Employment

c. Coordination of Student Financial Assistance

d. Client Application for Pell Grant

e. Equipment Contract with Client

f. Equipment Disposition

g. Consent to Register Client with Job Service

h. Client Employment Readiness

i. Checklist

j. Ticket to Work Assignment

k. Transportation Worksheet

l. Technology Profile/Assistive Technology Plan

m. Self Employment Business Plan

n. Closure Certificate of Achievement

3. Documentation of economic need (e.g. documents that show that other State or federal programs have determined the client to be economically needy, federal Income Tax statement, other).

4. Documents which demonstrate a client's ability to work in the United States, and any other documents which show application/receipt of comparable benefits.

5. Any other agency planning document which supplements the IPE , such as:

- **a.** High school IEP
- **b.** Behavioral health plans
- **c.** EN IWP
- **d.** SSA/PASS or IRWE
- **e.** DDD Support Plan (ISP)
- **f.** American Indian (Section 121Grant)- Vocational Rehabilitation Plans
- **g.** ICA Award Letter
- **h.** Pell Grant Application & Award letters.

6. Eligibility Certification and any Extension of Time to Determine Eligibility forms.

7. Health Appraisal & Significant Disability Determination Worksheet form.

8. Vocational Rehabilitation Application: Data Collection Instrument and Application form.

E. RIGHT INSIDE OF FILE FOLDER: PROGRESS NOTES & CORRESPONDENCE

1. Chronological progress notes (most current on top). Some progress notes must be identified by using the following headers and must comply with specific content requirements:

- **a.** Closure Notes
- **b.** Comprehensive Reviews of Progress Notes
- **c.** IPE and/or Partial IPE Notes
- **d.** Eligibility Notes
- **e.** Initial Interview(s)- (including a signed Code of Conduct if used)

2. Referrals: just the referral document itself (e.g. Self-Referral, High School Referral, DDD Client Info forms)

3. Correspondence/Progress Reports for example:
   a. With client
   b. With providers/schools/employers
   c. Closure notification letter
   d. Request for review of a decision
   e. ICA request for special fund encumbrance
   f. JD&P/therapy/ERP-SE progress reports
   g. Referral to ESA.

SECTION 2.5 - CASE TRANSFERS

A. Any decisions to transfer cases must be made with the full agreement of all the parties involved before any action is taken.

> **1.** If the parties involved cannot resolve the issue, it is resolved at the next level of supervision/management.

B. When the client's case file is to be transferred the client must be told that the existing IPE will be reviewed by the receiving counselor and the client and that some of the terms of the IPE may need to be reviewed if the client's disability related needs have changed, the availability of services differs and/or a change of vendor is necessary due to the change in location.

> **1.** See Chapter 9.5 IPE Amendments/Revisions for policy related to changes in the IPE.

C. When the case is to be transferred prior to IPE development, major eligibility and service decisions must be deferred to the receiving counselor.

D. For inter-district transfers which will involve a transfer of case service allocation, case transfers must be approved by the District Program Managers of the sending counselor and of the receiving counselor.

E. Case records sent through the United States Postal Service or through inter-office mail should be marked "Confidential".

> 1. Hand delivery of case files is highly recommended.

SECTION 2.6 – STANDARDS FOR EMAIL COMMUNICATION

A. DES policies for email usage should be adhered to at all times.

B. Emailing Confidential Information

1. Email encryption should be used when sending any and all confidential information through email regardless of the recipient.

a. Instructions for email encryption are available on the Department of Technology Services intranet.

2. Information should never be cut and pasted from an encrypted email to a separate unencrypted email.

a. The information should be forwarded in the encrypted format or sent in a new encrypted email.

3. Social Security Numbers should not be used in the body of email messages. The client case I.D. number should be used instead.

C. All emails sent by AZRSA staff in the process of their duties should have a readily visible confidentiality notice. Emails sent from the DES email system automatically attaches such a message

D. Email Communication with Clients

1. Email can serve as a communication tool with clients but should maintain the following policies and procedures:

a. All ethical, professional, and confidentiality standards for counselor/client interactions must be adhered to and applied when using email communication.

b. Vocational Rehabilitation counselors and clients should discuss the parameters of email communication that will be used within the course of service provision.

c. Special consideration regarding the use of email for communication should be given to clients for whom email is, due to their disability, the preferred method of communication.

d. Regarding the use of email, the client should be informed:

- **i.** Who has been given access to the counselor's email and who besides the counselor may be reading the email communication.
- **ii.** That emails can be monitored by DES agency IT staff at any time as part of their normal monitoring of the email system.
- **iii.** That copies of all emails will be saved in the CROS.
- **iv.** That emails sent and received within the DES email system are considered the property of DES and are considered public record.

e. When a Vocational Rehabilitation counselor emails a document or an agreement to a specific action which requires a client signature, a copy of the email transmitting the document or agreement must be kept and filed, even if no response from the client is received.

f. Client emails can be transferred to third parties only under existing confidentiality rules and with the following conditions:

- **i.** Recipients must have “secure” capabilities if the information requires complete confidentiality.
- **ii.** The client must know that email is being used to share information with others in the

administration of their Vocational Rehabilitation program.

SECTION 2.7 - CONFIDENTIALITY OF CLIENT INFORMATION/RECORDS

A. Federal regulations require the Designated State Agency (DES) and the Designated State Unit (AZRSA) to adopt and implement policies and procedures to safeguard the confidentiality of all client personal information, including records, photographs and lists of names.

1. Confidentiality applies also to the spoken word. In addition, all Health Insurance Portability and Accountability Act of 1996 (HIPAA) laws must be adhered to.

2. The DES Master Security Policy is available through the DES Digital Library.

B. General policies for obtaining or releasing personal client information

1. All rules of confidentiality and release of information must be explained and made clear to clients.

a. While many of these policies are available to the client in written format, it is AZRSA staff's responsibility to assure that this information is understood by the client (and his/her representative) using the most appropriate method of communication.

2. All Vocational Rehabilitation applicants and their representatives will be informed about AZRSA's need to collect and to share personal information and the policies governing its use.

3. Revealing the identity of any person as a Vocational with the administration of the client's Vocational Rehabilitation program, even when just with the spoken word, is a violation of confidentiality.

C. Security of Clients' Record of Service (CROS)

1. AZRSA must provide safeguards to protect all current and stored personal client information to preserve the rights of the client and to facilitate open, effective communication between the AZRSA and its clients.

2. All identifying client information must be maintained in a secure place which can be locked when AZRSA staff are not present or after business hours.

a. Client records will never be stored in the car or home of AZRSA staff.

3. Computerized information will be subject to the same standards of confidentiality as other client information.

a. Standard DES data security procedures must be followed by all AZRSA staff to ensure confidentiality of information.

4. All AZRSA staff, volunteers or interns who have access to client records will be thoroughly briefed concerning confidentiality policies.

5. When a client for whom eligibility is being determined or who is receiving rehabilitation services is an AZRSA employee or is a family member of an AZRSA employee refer to Section 1.16.

6. All client information released by AZRSA to others will be stamped "confidential".

a. The form, Cover Sheet for Release of Confidential Information, is available to be used as a cover sheet for the transmittal of client information.

D. Release of client information for purposes directly connected with the administration of the Vocational Rehabilitation program

1. AZRSA may release client information for purposes directly connected with the administration of the

vocational rehabilitation and independent living rehabilitation programs.

2. All service providers, cooperating agencies, and interested persons, receiving such information must be informed of the confidentiality of Vocational Rehabilitation applicant/client information and the conditions for accessing, obtaining, and sharing this information.

3. Information will be shared with agencies which provide services to clients only to the extent that the information is necessary for the successful rehabilitation of the client and with assurance that it will not be further divulged.

4. Information provided to Vocational Rehabilitation by another agency or organization (secondary source information) for which re-release has been specifically forbidden shall not be shared.

5. If the information to be released may be harmful to the client, it may only be released through a third party that assures AZRSA staff the information will not be further released back to the client.

6. A client's signature on the Vocational Rehabilitation application permits information to be released under the following conditions:

> **a.** To assist in the diagnostic or consulting process for eligibility determination or IPE development, such as sharing existing medical and psychological information with other specialists (such as doctors, psychologists, rehabilitation technology specialists, vocational evaluators, etc.) when information provided is necessary data to support the requested services.
>
> **b.** To develop an appropriate program of services, i.e. sharing information as necessary or appropriate with community rehabilitation programs or other providers of rehabilitation services.

c. To implement cooperative programming according to the terms of an Interagency Service Agreement (e.g. ISA with DHS/BHS, school agreements, ICA).

d. To seek out and obtain comparable benefits resources: i.e., sharing client information with a comparable benefit resource for the express purpose of determining client eligibility for such resources.

i. Examples include: disability information provided to help determine the clients eligibility for Social Security benefits; or information provided to other agencies and institutions, including school financial aid offices, required for the pursuit and use of comparable educational benefits.

e. To provide continuity of services.

i. For example, sharing client information with other AZRSA personnel to ensure continuity and consistency of services when providing courtesy counseling to clients not on the counselor's caseload.

7. Client disability related information may not be released to an employer to assist the client in obtaining and/or retaining employment without specific authorization from the client.

a. The specific information to be released must be stipulated in the signed/dated Authorization for Release of RSA Records form.

8. AZRSA does not release personally identifying information to advisory or other bodies not having official responsibility for administration of the Vocational Rehabilitation program.

E. Personal information may be released to an organization, agency, or staff engaged in audit, evaluation or research without separate permission from the applicant/client, only for purposes directly connected with the administration of AZRSA programs, or for purposes which would significantly improve the quality of life of clients with disabilities and only if the organization, agency, or client 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 client by the receiving entity
  a. If the client desires the information they should be referred to their AZRSA counselor.

4. The information will be managed in a manner to safeguard confidentiality;
5. The final product will not reveal any personally identifying information without the informed written consent of the involved client and if appropriate the client's representative;
6. All such requests must be approved by the appropriate AZRSA District Program Manager if the audit, research or evaluation is only district wide, or by the AZRSA Administrator if it is state-wide;
7. If the research requires contact with the client directly, AZRSA staff will first initiate appropriate contact with the client and secure his/her consent to be contacted; and,
8. Information provided to another agency or organization may only include that personal information which it can release (i.e. not secondary source information, which is prohibited from re-release by its source) and include only that information that is necessary for the audit, evaluation or research.

F. Information that must be released (and does not require client's consent):

1. Personal client information can be released without the client's consent under the following circumstances:

a. In response to investigations in connection with law enforcement, such as investigations into fraud or abuse (except when specifically prohibited from doing so by either Federal or State law). The Attorney General's office should be consulted in such cases.

b. Investigators from DES Office of Special Investigations have access to AZRSA client records when acting in an official capacity on behalf of the Director as the head of the designated State Agency administering the Vocational Rehabilitation and ILRS program.

c. Under State Law, AZRSA staff must report any incidents of documented or suspected child or adult abuse to the Department's Child or Adult Protective Services or to any law enforcement officer investigating child or elder abuse. This information is not protected by confidentiality policies.

d. AZRSA staff can release personal information in order to protect the client or others when the client poses an immediate threat to his or her safety or the safety of others.

e. AZRSA staff are required to release or disclose the information requested by a Child Support Enforcement Office, as long as it is requested in accordance with the State Plan which implements the Child Support Enforcement Act, as amended.

2. All requests for client information under any of the circumstances listed above must be reported to the

counselor's supervisor and the Custodian of Records in the Central Office

3. There is an exception to these disclosure provisions:

a. If disclosure of such information would violate the national policy or security interests of the United States or the confidentiality of census data, personal information must not be released.

4. Procedures for addressing subpoenas, deposition orders, information:

a. If AZRSA staff receive a call from an attorney other than the State Attorney General's Office, i.e. client's attorney, county attorney, or any person outside AZRSA regarding a client, AZRSA staff must not acknowledge that the individual is a client.

i. The caller may assure you it is permissible to speak, but do not speak under any circumstances.

ii. Direct the caller to the AZRSA Custodian of Records at (602) 542-3332.

b. If AZRSA staff receive a subpoena, deposition order, court order, or third party request for a release of information, notify the unit supervisor and immediately fax the request document(s) to the AZRSA Custodian of Records at (602) 542-3778 within one business day.

c. The AZRSA Custodian of Records will forward such documents to the State Attorney General's Office for instruction.

d. Upon receipt of instructions from the State Attorney General's Office, the AZRSA Custodian of Records will advise AZRSA staff on proper procedures for responding to the requests.

e. If AZRSA staff do not receive a response from the AZRSA Custodian of Records prior to 24 hours before the appearance or production date or the

AZRSA Custodian of Records is not available and timeliness is a factor, then AZRSA staff can directly contact the DES liaison in the Office of the Attorney General, at (602) 542-9734, for immediate assistance and advice.

G. When not required by law or needed for the administration of the rehabilitation program, AZRSA can release information to other programs or authorities who request information only under the following conditions:

1. With the informed written consent of the client (and, if appropriate, the client's representative) using the Authorization for Release of RSA Records form.
2. The Authorization for Release of Records form must include the purpose for disclosure of the information requested.
3. Only information applicable to the stated purpose of the request or disclosure may be released. Information in the documents shared that is not necessary for the recipient's use shall be redacted.
4. Medical or psychological information that may be harmful to the client will be released only if the other agency or organization assures AZRSA that the information will be used only for the purpose for which it is being provided and will not be further released to the client.
5. Secondary source information which is prohibited from re-release by its source will not be shared.

H. When copying or searching for client records is involved in providing requested information for purposes not related to the provision of rehabilitation services, a fee will be collected.

I. Except as provided below, all requested information in the CROS will be made accessible and can be released to the client or the client's representative in a timely manner.

1. Exceptions include:

a. Medical, psychological or other information that the Vocational Rehabilitation counselor determines to be harmful to the client may not be released directly to the client, but must be provided to the client through a third party.

i. The third party may be chosen by the client and may include, among others: an advocate, a family member, or a qualified medical or mental health professional.

ii. If a representative has been appointed by a court to represent the client, the information must be released to the court appointed representative.

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

i. The client does however have a right to know that AZRSA possesses secondary source information.

ii. AZRSA staff will inform the client of the source of the information and how the source can be contacted.

c. There are some types of secondary source information which may never be released due to statutory prohibition.

i. These include: Social Security information, Child/Adult Protective Services documents, and alcohol and drug abuse records.

J. An applicant or eligible individual who believes that information in the CROS is inaccurate or misleading may request the Vocational Rehabilitation counselor to amend the information.

1. If the information is correct and should not be amended, the request, and the reason it will not be amended must be recorded in the CROS.

SECTION 2.8 - Obtaining Applicant/Client Information From Third Party Sources

A. The Authorization for Disclosure of Health Information form provides the applicant's/client's permission to obtain information necessary for the administration of the Vocational Rehabilitation program.

B. Any client information requested by AZRSA must have direct relevance to the establishment of client eligibility and/or to the successful planning and completion of the client's rehabilitation program.

C. Requests should be as specific as possible, including the purpose for obtaining the information, how the information will be used and the duration of the permission.

D. AZRSA will honor any restrictions that the provider of the information places on the use of the information provided.

> **1.** The information, without specific client consent, may not be used by AZRSA for any purposes other than those contained in the request.

E. A client must never be asked to sign a blank Authorization for Disclosure of Health Information to RSA form.

F. An Authorization for Disclosure of Health Information to RSA form, compliant with HIPAA regulations, should include the following information:

> **1.** From whom the information is being requested;
> **2.** The specific Vocational Rehabilitation counselor and office to receive the information;
> **3.** The type of information being requested;
> **4.** The purpose for which the information is being requested;
> **5.** Method of disclosure (e.g., verbal);

6. The duration for which the client consent is being given;
7. An assurance that the information will be treated as confidential and will not be used contrary to the expressed intent of the request;
8. Signature of the client and guardian if appropriate.

SECTION 2.9 - CONFIDENTIALITY AND CASE RECORDING

A. Information shared within the client/counselor relationship is not "privileged communication" (i.e. a confidential communication that one cannot be made to divulge).

> **1.** AZRSA staff shall not accept any specific or incriminating information about illegal activity that the Vocational Rehabilitation counselor does not need to know for rehabilitation purposes or which is not necessary for the protection of the client or others.

B. If the client was/is engaged in illegal activities, information recorded in the client record should be restricted to the effects of illegal activity on the rehabilitation process and not information regarding the illegal activity itself.

> **1.** When a client begins to tell the Vocational Rehabilitation counselor about illegal activity that should not be shared or recorded, the Vocational Rehabilitation counselor should interrupt the conversation and remind the client that the conversation is not privileged and the information recorded can be released to authorities if requested.

C. The Vocational Rehabilitation counselor must be discerning in how the contents of conversations are recorded in the CROS.

> **1.** For example, client records should not contain information which:
>
> > **a.** Is extraneous to the vocational rehabilitation process.
> > **b.** Creates a record of illegal activities.
> > **c.** Uses labels or contains prejudicial statements.

d. Is obtained improperly (e.g. without necessary authorizations).

e. Is back-dated or altered to amend or falsify records.

D. If information is shared by the client which, under State Law, AZRSA staff must report, including any incidents of documented or suspected child abuse, adult abuse or the client poses an immediate threat to his or her safety or the safety of others, the Vocational Rehabilitation counselor must document how/when this information was communicated, the circumstances and details of the conversation, and to whom and how this information was reported.

SECTION 2.10 - IDENTITY AND SOCIAL SECURITY NUMBER ISSUES

A. Social Security Numbers (SSNs) are unique to each individual and assigned by the federal government.

B. SSNs are verified and cross-referenced in IRIS and in employment verification processes.

C. If it is discovered that a client's SSN is matched with another name, the following steps are to be taken:

1. Re-verify the SSN with the client.
2. If the SSN continues to be matched with another name, instruct the client to contact the Social Security Administration for assistance in addressing the issue.
3. Contact AZRSA MIS Help Desk for assistance in entering the client information in IRIS, for which there is an SSN issue.

CHAPTER 3 - CONFLICT RESOLUTION

Section 3.1 - Appeals and Mediation

Section 3.2 - Client Assistance Program (CAP)

Section.3.3 - Appeal Process

Section 3.4 - Informal Resolution/Administrative Review

Section 3.5 - Mediation

Section 3.6 - Impartial Due Process/Fair Hearing

Section 3.7 - Reconsideration of an Impartial Due Process/Fair Hearing Decision

Section 3.8 - Complaint Response and Resolution

SECTION 3.1 - APPEALS AND MEDIATION

A. An applicant or eligible individual (client) who disagrees with any determination made by the Vocational Rehabilitation counselor or other AZRSA staff that affects the provision of Vocational Rehabilitation services may request a timely review of that decision.

1. If appropriate, the request may be made through the individual's authorized representative.
2. A Request for Review of a Counselor Determination form should be offered to the client.

B. Notification of Rights

1. Throughout the rehabilitation process the Vocational Rehabilitation counselor will advise the client of the conflict resolution options available to him/her and the availability of assistance from the Client Assistance Program (CAP) at any time there is potential for disagreement.
2. Notice of these rights must be provided in writing and through appropriate modes of communication to the individual and, if appropriate, to his/her authorized representative at the following times:

a. Application for vocational rehabilitation services
b. Eligibility determination
c. Placement into an Order of Selection priority category
d. Placement on the ESS waiting list
e. Individualized Plan for Employment (IPE) development
f. Anytime that Vocational Rehabilitation makes a decision to reduce, suspend or terminate planned services and goods being provided

g. Case closure for any reason
h. Request for PES and PES termination

3. The Vocational Rehabilitation counselor will advise the client of the right to the following conflict resolution options:

a. Assistance from the Client Assistance Program (CAP)
b. Informal resolution (Administrative Review)
c. Mediation with respect to determinations subject to formal due process hearings
d. Impartial due process hearing (Fair Hearing)

D. Provision of Vocational Rehabilitation Services during Appeals and Mediation

1. Vocational rehabilitation services being provided under a current IPE shall not be discontinued, reduced, or terminated before there is a final determination of the formal impartial due process hearing, or informal resolution, unless the client or, in an appropriate case, the client's authorized representative so requests.
2. Disputed services may be terminated if there is evidence that continuation of the disputed service(s) and/or good(s) is deemed harmful to the client.
3. Disputed services may be terminated if there is evidence that the service(s) and/or good(s) were obtained through misrepresentation, fraud, collusion or criminal conduct by the client or authorized representative.

E. AZRSA Ombudsman

1. The Vocational Rehabilitation counselor must contact the AZRSA Ombudsman immediately when there is a conflict or the potential for a conflict that will require external intervention.

2. The AZRSA Ombudsman will:

a. Provide the Vocational Rehabilitation counselor and client with information to help them decide what process is the most appropriate route to resolve the situation; and,

b. Make recommendations about whether issues can best be resolved informally, with the help of an impartial mediator, or only through an impartial due process hearing.

SECTION 3.2 - CLIENT ASSISTANCE PROGRAM (CAP)

A. The Client Assistance Program (CAP) is a federally funded and regulated program which provides information, advice, advocacy and mediation to individuals who are applicants or clients receiving services under the programs funded by the Rehabilitation Act of 1973 as amended, such as Vocational Rehabilitation and ILRS.

B. When requested by the client or his authorized representative, AZRSA staff must include the CAP representative in:

1. Mediating disagreements.
2. Local office reviews.
3. Administrative Reviews (Informal Resolution) regarding client services and/or counselor decisions.
4. Fair Hearings regarding client services and/or counselor decisions.

C. AZRSA staff must provide applicants information regarding CAP and consumer rights to CAP services, including locations and phone numbers of CAP offices at:

1. The time of application
2. The time of eligibility determination
3. The time of IPE development
4. The time of case closure
5. The time of request for or termination of PES
6. At any time during the rehabilitation process when there is potential for client's disagreement with a Vocational Rehabilitation counselor's decision.

D. A CAP representative may review the client's file within the confines of the AZRSA office, when requested to do so by the client or client's authorized representative.

E. Copies of CROS documents may not be released to the CAP representative without a signed release from the client.

F. The client may contact the CAP at 1-800-922-1447 for additional advice and/or advocacy.

SECTION 3.3 - APPEAL PROCESS

A. The client must submit a formal request for a review of a Vocational Rehabilitation counselor's determination in two situations:

1. Within 15 calendar days of the mailing date of the Vocational Rehabilitation counselor's determination that the client desires to appeal.
2. Within 15 calendar days of the date of a written decision resulting from an administrative review conducted by the AZRSA Administrator's designee.

B. The formal process starts only when an applicant or eligible individual formally requests a review.

1. The client may use either
a. The Request for a Review of a Counselor Determination form or
b. Any other formal written communication.

2. The request must:
a. be in writing
b. be signed and dated
c. contain an explanation of the issue(s) under contention
d. indicate whether the client is willing to try other avenues besides a formal Due Process Hearing to resolve the issue(s) and, if so, which one(s).

C. The client may request assistance in filing a written appeal from any AZRSA office or CAP office in the state.

D. The formal request form (Request for a Review of a Counselor Determination) provided by AZRSA contains the options the client may want to try prior to a Fair Hearing a client may use these options without waiving his/her right to such a Fair Hearing.

E. A copy of the completed AZRSA form or any other formal dated and signed appeal must be sent immediately to the attention of the AZRSA Ombudsman at the AZRSA Central Office for processing.

F. Regardless of whether informal resolution or mediation is attempted, the client has a right to a Fair Hearing within 60 days of lodging a request for a review of a counselor determination.

> **1.** Informal reviews or mediation must be completed before the 60 days expire, unless the client agrees in writing to an extension to allow those other processes to work.

SECTION 3.4 - INFORMAL RESOLUTION/ADMINISTRATIVE REVIEW

A. The informal resolution process may not be used to deny or delay the right of the applicant or eligible individual to a hearing or to deny any other right afforded under laws regulating AZRSA programs.

1. Informal resolution meetings involve either the Vocational Rehabilitation counselor's supervisor and/or the District Program Manager in resolving the dispute, the client and, if applicable, the client's authorized representative.
2. The supervisor must determine whether she/he or the AZRSA District Program Manager should be involved.
3. The client should be encouraged to use the informal resolution process if it is felt that the issue or conflict can best be resolved this way.

B. The AZRSA District Program Manager must be involved in informally resolving a conflict when either/or:

1. The supervisor cannot bring an objective perspective to the issue because he/she was too intimately involved in the original decision making process.
2. Potential solutions (re-assignment, granting of an exception based on special circumstances, etc.) require a District Program Manager's involvement.

C. Process:

1. Informal resolution/Administrative reviews should be conducted in a timely manner, which will not delay an impartial hearing, if one is requested.
2. During the informal resolution process, the client and his/her authorized representative, if applicable, will have the opportunity to provide facts relevant to the decision in dispute.

3. There are no special process requirements on how the review is conducted as long as principles of fairness to both parties and objectivity are adhered to.
4. The results must be consistent with law and policies and documented in writing.
5. The results of an Informal resolution/Administrative Review must be documented in a decision report, signed and dated by the reviewer, and clearly identified as such. The original is given to the client, a copy filed in the CROS, and a copy retained by the reviewer (supervisor/program manager).
6. The documentation must include:

- **a.** Re-statement of the issue.
- **b.** A review of the facts.
- **c.** A decision.
- **d.** An explanation of the decision (i.e. the basis on which the decision is made usually includes an analysis of the issues and relates them to applicable policies).

7. The AZRSA Ombudsman must be sent, either by the supervisor or District Program Manager:

- **a.** A copy of the decision report.
- **b.** Information about whether the client has accepted the informal review decision or not.
- **c.** Information about whether the client intends to pursue mediation or an Impartial Due Process Hearing (Fair Hearing).

SECTION 3.5 - MEDIATION

A. Mediation will be offered as an option for applicants or clients of the Vocational Rehabilitation program.

B. Mediation will be conducted by qualified and impartial mediators who are trained in effective mediation techniques.

1. The AZRSA has negotiated an intergovernmental agreement (contract) with the State Attorney General's Office, Conflict Resolution Section, to provide mediation services.

C. Decision to use the mediation process:

1. Mediation is scheduled when a client requests or agrees to mediation and both parties agree to participate.
2. Vocational Rehabilitation counselors are expected to honor a client's request for mediation and agree to participate unless there is good reason given not to.
3. Reasons for not using mediation include:

a. The Vocational Rehabilitation counselor is not free to mediate an issue. For example, an authority higher than the Vocational Rehabilitation counselor has already intervened and made a judgment on the situation.
b. The issue is not amenable to mediation. Vocational Rehabilitation counselors should consult with his/her supervisor and other involved parties before making this decision.

4. The AZRSA Ombudsman or a supervisor should be consulted if a Vocational Rehabilitation counselor decides not to participate in a mediation.

a. A District Program Manager should normally not be involved in this decision as this might limit his/her ability to approve a mediation settlement or provide some other administrative remedy.

D. The AZRSA Ombudsman will notify the Attorney General (AG) Conflict Resolution Section of the need for a mediator by sending a Request and Authorization for Mediation Services form.

E. The AG's Conflict Resolution Section Coordinator, will:

1. Send the Vocational Rehabilitation counselor a list of available mediators who are qualified and knowledgeable in laws relating to the provision of services and who are available.

a. The counselor will share this list with the client and agree on several options.

2. Contact both the Vocational Rehabilitation counselor and the client to make the necessary arrangements; and
3. Send the Vocational Rehabilitation counselor a packet of information to share with the client.

F. Mediation Process

1. Each session in the mediation process will be scheduled in a timely manner
2. Each session in the mediation process will be held in a location that is convenient to the parties to the dispute.
3. The client, (or, as appropriate, his/her authorized representative) can bring information to the mediation session to help present his/her case.
4. Both parties can bring a representative. The Vocational Rehabilitation counselor is encouraged to be accompanied by their supervisor (or designee) to the mediation. The reason for having others involved is to help look at all the options and to help find creative solutions.
5. If the mediation results in a mediation agreement, the written agreement will be immediately sent to the AZRSA Ombudsman for review.
6. The purpose of the review is:

a. To make sure that the agreement is consistent with law/policy.

b. To be sure that the agreement can be implemented, especially if the solution requires the concurrence of management to make a change of counselors, specific policy exceptions based on special circumstances where policies allow, etc.

7. If the mediation does not result in a mediation agreement, the client has to decide the next step:

a. drop the matter;
b. request an informal review; or,
c. proceed with an impartial due process hearing.

G. Discussions that occur during the mediation process will be confidential and will not be used as evidence in any subsequent due process hearing or civil proceeding.

1. The parties to the mediation process will be required to sign a confidentiality pledge prior to the beginning of the mediation.

SECTION 3.6 - IMPARTIAL DUE PROCESS HEARING/FAIR HEARING

A. A written request for an Impartial Due Process Hearing (Fair Hearing) will be considered received by and filed with the Designated State Unit (ADES):

> **1.** On the date it is mailed, if transmitted via the U.S. Postal Service, or
> **2.** On the date it is received in the office of the AZRSA Administrator, if transmitted by any other means.

B. A request for a Fair Hearing that is not filed within the specified 15 calendar days from the Vocational Rehabilitation counselor's determination, or the mailing of a decision resulting from an administrative review, will be considered timely if it is established to the satisfaction of the AZRSA Ombudsman that the delay in the submission was due to AZRSA error or misinformation, or to delay or other action of the U.S. Postal Service.

C. The AZRSA Ombudsman will process the relevant information and evidence from the client's CROS and will submit the documents to the ADES Office of Appeals (OA), Attorney General's Office, Vocational Rehabilitation supervisor, and RSA Program Manager.

D. The ADES OA will notify the client, AZRSA staff and the Attorney General's Office of the date and time of the hearing.

E. The Assistant Attorney General assigned to represent AZRSA, AZRSA Ombudsman, Vocational Rehabilitation supervisor, and Vocational Rehabilitation counselor(s) involved in the case will attend the hearing.

F. During the impartial due process hearing, the Assistant Attorney General assigned to represent AZRSA will first

present witnesses, evidence, and information to the impartial hearing officer, an administrative law judge (ALJ).

G. Next, the appellant (client), or the appellant's authorized representative, will be provided the opportunity to present additional witnesses, evidence and information to the ALJ.

> **1.** The appellant may be represented by counsel or other appropriate advocate, and will be afforded the opportunity to cross examine all witnesses and other relevant sources of information and evidence.

H. The ALJ will render a decision based on the provisions of the approved State Plan, the Rehabilitation Act, Federal Vocational Rehabilitation regulations, State regulations and policies that are consistent with Federal requirements and will provide to the client and, if appropriate, the client's representative and to the AZRSA Administrator a full written report of the findings and grounds for the decision.

SECTION 3.7 - RECONSIDERATION OF AN IMPARTIAL DUE PROCESS/FAIR HEARING DECISION

A. The AZDES Administrator (AZDES Director or designee not employed by AZRSA) may decide to review the ALJ's decision within 20 calendar days of its mailing date to the client.

1. The AZDES Administrator will provide written notification to all parties involved in the Fair Hearing of his/her intent to review the decision.

B. The AZDES Administrator may not overturn or modify a decision or any part of the ALJ's decision that supports the position of the client unless the Administrator concludes, based on clear and convincing evidence, that the ALJ's decision is clearly erroneous on the basis of being contrary to Federal or State law or to Vocational Rehabilitation policy.

C. The AZDES Administrator's decision to review the ALJ's decision resulting from the Fair Hearing must be based on the following substantive criteria:

> **1.** The ALJ's decision is clearly inconsistent with the facts (i.e. the evidentiary record) and applicable Federal, State law or Vocational Rehabilitation policy and therefore is not supported by substantial evidence.
> **2.** The ALJ's decision erroneously interprets or fails to apply provisions of the Rehabilitation Act of 1973 as amended, Federal regulations, the State Plan, or State policies and procedures that are consistent with Federal requirements.
> **3.** The ALJ's decision fails to give appropriate or adequate interpretation to key portions of conflicting testimony or fails to recognize State agency options in the delivery of services which are permissible by Federal Statute or regulations.

D. The AZDES Administrator review of the ALJ's decision shall be limited to the contested findings based on the above substantive criteria.

E. If the AZDES Administrator decides to review the decision of the ALJ, an opportunity will be provided to all parties involved in the hearing to submit additional evidence and information that may be pertinent to the final decision.

> **1.** The AZDES Administrator will make a final decision and provide a full report in writing of the decision within 30 days of providing notice of intent to review the ALJ's decision.
> **2.** Reasonable time extensions may be granted at the request of a party, or at the request of both parties, for good cause shown.
> **3.** The final decision will contain the findings and grounds upon which the decision is based.
> **4.** Copies of the decision are to be provided to the appellant and if appropriate, the appellant's designated representative.

F. The AZDES Administrator cannot delegate the responsibility to make any final decisions to any officer or employee of AZRSA.

SECTION 3.8 - COMPLAINT RESPONSE AND RESOLUTION

A. General Information

1. Complaints from applicants and eligible individuals are lodged at the AZRSA local, district and central office levels.

a. Although complaints are commonly addressed and resolved at the local or district office level, complaints of a more serious concern are frequently lodged or routed to the central office level.

2. The intent of the protocol is to ensure timely and effective resolution of complaints that are lodged at the central office level.

B. Definitions

1. Complaint: an expression (verbal or written) of dissatisfaction about the service, actions or lack of action by the agency or its staff affecting an individual client or group of clients.

a. A General Complaint is a complaint received by phone, fax, email or letter from an individual seeking services, a Vocational Rehabilitation client or the authorized representative of either of the afore mentioned parties.

b. An External Complaint/Action is a complaint received in writing via the Governor's Office, a member of the State Senate or House of Representatives, or another entity requiring immediate action.

i. External complaints require formal written responses to the client or the client's authorized representative from the AZRSA Administrator or the AZDES Deputy Director.

ii. In some cases responses are written on behalf of the Governor or other State officials.

C. The complaint protocol does not apply to matters for which there are appeal rights (see Chapter 3 Section 1 Appeals and Mediation).

D. Procedures for responding to General Complaints received at the AZRSA Central Office:

1. The AZRSA Ombudsman or Central Office staff will log the General Complaint in the RSA Client Complaint Database.
2. The AZRSA Ombudsman or Central Office staff will refer the issue to the unit supervisor and copy the DPM via the Client Complaint Tracking Form within one business day of receiving the complaint.
3. Critical, urgent issues are to be communicated to the AZRSA Administrator and Deputy Administrator as they are received.
4. Supervisors will have five business days to report the outcome on the Client Complaint Tracking Form and route the form to the AZRSA Ombudsman.
5. If the complaint issue is complex and cannot be resolved at the local office level, Central Office staff or the unit supervisor will submit the Client Complaint Tracking Form to the DPM.
6. DPMs will have five business days to resolve the issue and report the outcome to the AZRSA Ombudsman.
7. Statistics including the nature, frequency, type and outcome of complaints will be reported to the AZRSA Administrator, Deputy Administrator and DPM quarterly.

E. Procedures for responding to External Complaints/Actions

1. Complaint Investigation (Review of Facts)

a. External Complaints/Actions should be resolved at the earliest possible date, no later than close of business or by the action due date if formal action is received.

b. The AZRSA Ombudsman or Central Office staff will log the External Complaint/Action in the AZRSA Client Complaint Database and refer the issue to the unit supervisor or DPM as applicable via the Client Complaint Tracking Form within one business day or receiving the complaint/action.

c. AZRSA field staff will forward requested case files to Central Office within one business day.

d. The AZRSA Ombudsman or Central Office staff will review facts of the case to determine an appropriate course of action. The AZRSA Ombudsman or Central Office staff members will collect any pertinent information or verification needed to ensure an appropriate course of action is taken.

e. The AZRSA Ombudsman or Central Office staff will contact the DPM, supervisor and/or Vocational Rehabilitation counselor and request any information that is required to determine an appropriate course of action.

f. When an appropriate course of action is determined, or when the external complaint has been resolved, the DPM or the supervisor will submit the completed Client Complaint Tracking Form to the AZRSA Ombudsman.

2. Complaint Review

a. Upon Completion of the issue of an External Complaint, the AZRSA Ombudsman will review the complaint with the appropriate management staff and DPM and determine what actions, if any, need to occur (i.e. retraining, policy clarification, customer satisfaction issues, etc.).

3. Initiation and Completion of Action

a. If an action needs to take place regarding the complaint, the AZRSA Ombudsman will call the supervisor or DPM and inform them of the situation and action(s) that need to occur in order to rectify the situation and the due date for completion.

i. As a rule, most actions should be completed by the Vocational Rehabilitation counselor by close of business the following day. However, depending on the action, the AZRSA Ombudsman may use their discretion to allow for a shorter or longer period of time in which to complete the action.

b. The AZRSA Ombudsman will follow up within two business days after the end of the set time frame to determine if the action has occurred.

i. If the action has occurred, the AZRSA Ombudsman will close the complaint in the Client Complaint Database.

ii. If the action has not occurred by the requested due date, the AZRSA Ombudsman will email the supervisor in regards to the action and copy the RSA Policy and Training Manager and the DPM.

a) If the action has still not occurred, the AZRSA Ombudsman should elevate the situation to the RSA Policy and Training Manager and the AZRSA Deputy Administrator who will take action to resolve the situation.

CHAPTER 4 - VOTER REGISTRATION

Section 4.1 - Policy and Procedure

SECTION 4.1 - POLICIES AND PROCEDURES

A. AZRSA must comply with the requirements of the National Voter Registration Act of 1993 by offering individuals the opportunity to register to vote at offices that provide public assistance or services for individuals with disabilities.

B. DES Voter Registration Policy

1. AZRSA staff who provide Vocational Rehabilitation funded services for individuals with disabilities must offer each applicant and client of Vocational Rehabilitation services the opportunity to register to vote as outlined in the DES Voter Registration Policy, DES 1-01-24.

a. There are three times which AZRSA staff must offer the opportunity to register to vote, including:

i. When an individual applies for Vocational Rehabilitation services.

ii. When a client is re-certified for services. For Vocational Rehabilitation this is for clients at the time of annual review of an IPE.

iii. If the client appears in person to report a change of address.

b. When making the offer of voter registration, the same level of assistance and accommodation provided to clients for any other program purposes must be provided. This includes the provision of sign language or foreign language interpreters, readers, scribes or material in alternative media.

c. The offer of voter registration must be made verbally. It is not sufficient to just give the applicant/client the declination form to read and sign.

i. Each applicant/client must be asked, "If you are not registered to vote where you live now, would you like to register to vote here today?".

d. The applicant/client must be told that applying to register or declining to register to vote will not affect the amount of assistance that will be provided by Vocational Rehabilitation.

e. AZRSA staff are not expected to be able to answer all the questions an applicant/client may have regarding his/her voting registration or rights.

i. If the applicant/client has any questions regarding voter registration or voting procedure, AZRSA staff will not attempt to answer these questions, but will provide him/her with the contact name and phone number for the County Recorder's office.

f. When making the offer of voter registration, AZRSA staff are to refrain from any discussion of political parties or candidates or from any commentary regarding implementation of the National Voter Registration Act.

2. AZRSA staff are to pay particular attention to the provision to accept the documentation of U.S. citizenship that the applicant/client presents, but are not required to verify it is an acceptable U.S. citizenship document.

3. Each Vocational Rehabilitation office is responsible to develop a procedure for the collection, retention and submission of the paperwork related to this policy.

4. Completed Arizona Voter Registration forms are to be mailed to the appropriate County Recorder's Office within 5 calendar days.

5. AZRSA staff are expected to read this policy, be familiar with it and follow it.

CHAPTER 5 - INTAKE, APPLICATION, AND ELIGIBILITY

Section 5.1 - General

Section 5.2 - Referrals

Section 5.3 - Applications

Section 5.4 - Eligibility Policies

Section 5.5 - Intake / Eligibility Information Collection and Documentation Requirements

Section 5.6 - Trial Work Experience & Extended Evaluations

Section 5.7 - Medical/Psychological Consultant Review

Section 5.8 - Eligibility Certification

Section 5.9 - Certification of Disability/Schedule A

Section 5.10 - Key Case Documents

Section 5.1 – GENERAL

A. Definitions

1. Application is a declaration by the applicant that he/she has a disability, intends to become employed, and requests the assistance of the VR program.

a. The individual's intention to go to work is accepted at face value until, or unless, the applicant demonstrates otherwise.

2. Clear and Convincing Evidence for VR services means that there is a high degree of certainty that an individual is incapable of benefiting from services in terms of an employment outcome.

3. Outreach means disseminating information in the community about the purpose, scope, and eligibility requirements of the VR program.

a. Outreach is a responsibility of all AZRSA staff.

4. Referral is any individual who requests to formally initiate participation in the VR program, who refers him/herself, or who is referred by others.

a. Referrals may be by letter, phone or in person.

B. AZRSA Staff are prohibited from making access to the VR program unnecessarily restrictive. This means:

1. AZRSA staff are responsible for accepting, making a record of, including input in IRIS, and processing referrals for services in an expeditious manner.

2. Referral, application and other intake procedures or practices at a local office should never have the effect of restricting an individual's access to the VR program.

3. Attendance at an orientation cannot be made into an absolute prerequisite, if strict adherence to that requirement would unnecessarily deter an individual's timely access to the VR program.

4. An individual's inability to travel to the local office cannot be a reason for limiting access to the VR program.

a. In some circumstances, the only reasonable strategy may be to meet at a mutually agreed upon location.

5. AZRSA Staff who are taking referrals or scheduling appointments must always inquire if there are special accommodations necessary to ensure that individuals truly have access to the VR program.

C. Application forms, including forms in accessible formats, must be made readily available throughout the State.

D. Important Notes

1. Although policies relating to the intake/eligibility determination process and the IPE Planning process are discussed in separate sections of the Policy Manual, VR counselors will often do both processes simultaneously.
2. It is important that the VR counselor completes both of these processes at a rate that reflects the client's needs and desires and within set time frames.
3. Since the client has a right to a speedy eligibility decision, it is important that the VR counselor does not unnecessarily delay the eligibility determination in order to complete IPE planning activities.
4. If services are to be purchased during the intake/eligibility process, please refer to Chapter 8 Services and the PPT Manual, which contains the policies associated with providing services (regardless of when in the VR process they are provided.)

SECTION 5.2 – REFERRALS

A. Timely Processing of Referrals

1. AZRSA staff will process Vocational Rehabilitation referrals and applications, determine eligibility, and provide services in a timely manner.
2. All case status movements and dates must be entered into Integrated Rehabilitation Information System (IRIS) as soon as documentation is complete.

B. Inquiries and Referrals for Vocational Rehabilitation services

1. An inquiry is a request for information.
a. AZRSA staff should respond to individuals' inquiries and inform them of application requirements the same day for phone inquiries, and within one business day for written inquiries.

2. A referral is a request to formally initiate participation in the Vocational Rehabilitation Program.
a. AZRSA staff should contact individuals referred to the Vocational Rehabilitation program to inform them of application requirements and schedule an orientation or intake meeting the same day for phone referrals and within one business day for written referrals.

C. Guidance to referral sources

1. AZRSA staff may assist referral sources in determining when and under what circumstances it may be best to refer individuals by providing general guidelines.

2. Such guidelines are not prohibited as long as it is clear to the referral source that the guidelines are not eligibility criteria.

3. The Vocational Rehabilitation counselor's eligibility decisions must be based only on applying the Vocational Rehabilitation eligibility criteria to the individual's unique circumstances.

a. For example, individuals receiving services from the Division of Developmental Disabilities (DDD) or behavioral health system (BHS) who have a serious mental illness (SMI) and who are definitely known to need sheltered employment as their long term employment outcome may be eligible to receive these services within BHS and DDD and should not be referred to the Vocational Rehabilitation program. This does not negate, however, an individual's right to apply for Vocational Rehabilitation and to have a Vocational Rehabilitation eligibility determination made.

D. Referral processes

1. Information gathering - AZRSA staff accepting a referral should ask for:

a. Name of the person being referred

b. Contact information

c. Name of the person (and agency) making the referral of the individual

d. The reason for the referral

e. The existence of any accommodation needs.

2. General group referrals received from referral sources are to be handled in the same manner as individual referrals.

a. They are to be recorded as soon as received.

3. Every individual and group referral will be contacted and invited to apply for services, with the following exception:

a. With the approval of the supervisor, an individual known to AZRSA staff whose case has recently been closed need not be contacted if there is factual evidence to conclude that further contact would be inappropriate.

SECTION 5.3 - APPLICATIONS

A. Any individual who is present in the State of Arizona and who reports having a disability may submit a request/application for VR services with the following exception:

> **1.** An individual who was previously certified ineligible for VR services based on a finding that he/she is incapable of achieving a employment outcome has a right to have that decision reviewed within twelve (12) months from the date of case closure and annually thereafter upon the client's request.
>
> > **a.** Re-applications will not be accepted earlier unless the individual provides clear evidence of a significant change in their disability or life circumstances.

B. An individual whose case was closed due to ineligibility and who is now presenting new disability related information may re-apply for services at any time.

C. If an individual's case was closed for reasons not related to eligibility, a new application will be accepted at any time.

D. When an application is submitted the counselor or their designee should enter the information into Status 02 in IRIS.

E. Individuals are considered to have submitted applications when they, and their representative if appropriate:

> **1.** Have completed and signed an agency application form or have otherwise formally requested VR services;

2. Have provided information necessary to initiate an assessment to determine eligibility and priority for services; and
3. Are available to complete the assessment process.

F. Applications can be initiated by:

1. Any adult (an individual who has reached the age of 18 years of age) or any emancipated minor (an individual who is married, in the Armed Forces, or is living away from home and self-supporting), may sign his/her own application.
2. A minor, or someone who has a legal guardian or court appointed representative, must have the guardian's or representative's signature on the application.

G. Individuals are encouraged to complete an application within 30 business days of submitting a referral.

1. If this is not possible, an explanation must be written in the Progress Notes.

SECTION 5.4 - ELIGIBILITY POLICIES

A. Timeliness

1. An eligibility determination will be made within 60 calendar days of the VR application date.

2. If exceptional and unforeseen circumstances, beyond the control of AZRSA, precludes a determination within the required and the applicant agrees that an extension of time is warranted, the 60 day time limit may be extended.

3. If the applicant agrees to an extension, an Extension of Eligibility Determination form is completed and signed by the client and client's representative, if appropriate.

4. If the applicant does not agree to an extension, he/she may exercise the right to a timely review of the action/inaction through an administrative review, mediation, or an impartial due process hearing.

a. The unsigned form is filed in the CROS.

b. A progress note should be entered stating an unsigned extension is in place, any information available regarding the reason the extension is needed, the client's reasons for not signing, attempts AZRSA staff have made to get the extension signed and any remedies the client is pursing related to the extension.

B. Basic Eligibility requirements.

1. An applicant's eligibility for VR services is based on the following determinations (and only on these) by AZRSA qualified staff:

a. The applicant has a physical or mental impairment.

i. Physical or mental impairment means any physiological disorder or condition, cosmetic

disfigurement, or anatomical loss effecting one or more of the following body systems: neurological, musculo-skeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin and endocrine; or any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

b. The applicant's physical or mental impairment constitutes or results in a substantial impediment to employment.

i. A decision that a disability constitutes, or results in, a substantial impediment to employment must be based on a review and evaluation of all assessment data, with a specific focus on those functional limitations which effect employment.

ii. Substantial impediment to employment is documented by describing the specific functional limitations (in any major life area: communication, interpersonal skills, mobility, self/home care, self-direction, work skills, and work tolerance) imposed by the disability, and how these functional limitations are a barrier to preparing for, entering into, engaging in or retaining employment consistent with the individual's abilities and capabilities.

iii. The impediments must result from impairments which are permanent or chronic in nature.

c. It is presumed that the applicant can benefit in terms of achieving an employment outcome from

the provision of VR services unless there is clear and convincing evidence to the contrary.

2. In the case of a client who is already employed, ability to benefit in terms of an employment outcome might mean:

a. Progressive move from supported employment to competitive non-supported employment for persons who receive on-going employment support services

b. For persons who are under-employed, substantial increase in the client's wages/hours (not wage fluctuations based on work availability or hours worked) or a substantial increase in the client's level of employment

c. Maintaining a job which would otherwise be lost due to the individual's disabling condition or obtaining a new job because the current job exacerbates the individual's condition.

3. The applicant requires VR services to prepare for, secure, retain, or regain employment consistent with the applicant's unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice.

4. AZRSA Staff will determine eligibility for VR services on a case-by-case basis, taking into account an individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice.

5. AZRSA staff is responsible for informing individuals during the application process for VR services, that clients who receive services under the program must intend to achieve an employment outcome (i.e. wants to get a job).

C. Presumption of benefit

1. AZRSA staff will presume that an applicant who has an impairment which constitutes or results in a substantial impediment to employment can benefit in terms of an employment outcome.

2. If the VR counselor has a significant question that the applicant may not be able to benefit in terms of achieving an employment outcome due to the severity of the disability, the counselor will take steps to obtain clear and convincing evidence documenting that the applicant is incapable of benefiting in terms of an employment outcome from the provision of vocational rehabilitation services.

3. Clear and convincing evidence means that the VR counselor has a high degree of certainty that an individual is incapable of benefiting from services in terms of an employment outcome.

> **a.** Given these requirements, a review of existing information generally would not provide clear and convincing evidence.
>
> **b.** Clear and convincing evidence might require a description of assessments, including situational assessments and supported employment assessments, from service providers who have concluded that they would be unable to meet the individual's needs due to the severity of the individual's disability.

4. The demonstration of clear and convincing evidence must include an exploration of the individual's abilities, capabilities and capacity to perform in realistic work situations (i.e. trial work experiences) and, as appropriate, a functional assessment of skill development activities in real life settings.

> **a.** Any supports (including assistive technology, personal assistance services and any other support services) that are necessary to determine whether an individual is eligible must be provided.

b. Under limited circumstances when an individual cannot take advantage of such experiences extended evaluation services must be provided.

c. See Section 5.6 Trial Work Experiences and Extended Evaluations for further details.

D. Presumption of eligibility for Social Security beneficiaries

1. If an applicant has appropriate evidence, such as an award letter, copy of current benefit check, or verification through the TPQY system that establishes his/her current eligibility for Social Security benefits under Title II or Title XVI of the Social Security Act (these cover only individuals receiving benefits due to their disability, not individuals receiving benefits because of age or survivorship) and states that he/she intends to go to work, the VR counselor will presume that the applicant is eligible for the VR program and that the applicant is an individual with a significant disability.

a. The VR counselor will certify the applicant as eligible. Even though the client is certified eligible based on SSI/SSDI status, the progress notes should still document all eligibility criteria.

2. If eligibility is presumed based on the applicant's assertion of SSI/SSDI eligibility status, the VR counselor must collect verification of SSI/SSDI status as soon as possible and prior to determining eligibility.

3. The only exception to this presumption exists if the VR counselor has a significant question that the applicant may not be able to benefit in terms of achieving an employment outcome due to the severity of the disability.

a. Refer to Part C 2-4 for procedures regarding possible inability to benefit.

4. Additional assessments or information that may be needed for IPE planning purposes are not a reason to delay an eligibility decision.

E. Prohibited eligibility factors:

1. No duration of residence requirement may be imposed that excludes from services any applicant who is present in the State.
2. No applicant or group of applicants is excluded or found ineligible solely on the basis of the type of disability.
3. The eligibility requirements are applied without regard to the age, gender, race, color, cultural practices or national origin of the applicant.
4. No applicant is excluded due to type of expected employment outcome.
5. No applicant is excluded due to the source of referral for VR services.
6. The eligibility requirements are applied without regard to the particular service needs, anticipated cost of services required by an applicant or the income level of an applicant or applicant's family.
7. Vocational goals are not considerations when establishing eligibility.

F. See also Section 10.4 for information on determining ineligibility after a client has been found eligible.

G. Supervisors should review all eligibility decisions of counselors with under 2 years of experience as a vocational counselor.

1. The supervisor has the discretion to make an exception to this rule for new counselors if the supervisor believes the counselor's work is not in need of such reviews.

2. The supervisor can reinstitute this requirement for any counselor in their unit if deemed necessary by the supervisor regardless of the amount of experience a counselor has.

SECTION 5.5 - INTAKE/ELIGIBILITY INFORMATION COLLECTION AND DOCUMENTATION REQUIREMENTS

A. Gathering of applicant information begins at the time of referral.

1. The Data Collection & Application for VR Program form is to be used to record initial information collected at the time of referral and in the application process.
2. The information from the Data Collection & Application for VR Program form should be transferred to IRIS by AZRSA staff.

B. Rules for gathering information

1. AZRSA collects a variety of information on individuals during the intake/eligibility process.
2. Federal law allows and requires the collection of this information.
3. The applicant must be told what information is to be collected, the reasons for collecting the information, and how information will be used.

C. Information and documentation needed to fully complete the application process

1. Referral form and/or the source of the referral;
2. The applicant's dated written request for VR services.
a. This application must be signed and filed in the CROS.
b. If the applicant is a minor, has a guardian appointed, or has a legal representative, the signature of parent or guardian/legal representative is required.

3. Applicant's demographic information:

a. Name;
b. Social Security Number;
c. Address;
d. Living arrangements;
e. Applicant's Gender, DOB, Race and Ethnicity;
f. Marital Status;
g. Level of Education Attained; and,
h. Alternate Contact information.

4. Applicant's disability information:
a. What the impairment is;
b. What caused the impairment; and,
c. Appropriate documentation or sources of documentation of the impairment(s).

5. Applicant's employment information (minimal):
a. Current employment status;
b. If working, current earnings and current hours worked; and,
c. If not working, how this circumstance is disability-related.

6. Applicant's involvement with other agencies:
a. If SSI/SSDI beneficiary and involvement with another Employment Network under the Ticket To Work Program, the status of Individualized Work Plan (IWP) development;
b. If a high school student, a copy of the IEP and the name of the applicant's special education teacher;
c. If a person with a developmental disability, eligibility status with the Division of Developmental Disabilities and a copy of the ISP; and/or
d. If the individual has a mental illness and a determination of SMI (serious mental illness) has been made, the name/location of the clinic where he/she receives treatment.

7. Applicant's Primary Source of Income:

a. Type and amount of public support (SSDI, SSI, TANF, other) received by applicant; and

b. Applicant's primary source of income (personal, family or friends, public support, or other).

8. Information that a referral was received, an application taken, or an eligibility decision made should be recorded (and entered into IRIS) on the same day that the action occurred.

D. Verifying Social Security Information

1. Refer to VR Manual Supplement, Special Populations Section 13.14, for specific information regarding verification of Social Security benefit data for Social Security Recipients.

E. Use of existing information for determining eligibility

1. Decisions by other agencies that an individual is a person with a disability is sufficient to document that the individual has a physical or mental impairment for VR eligibility purposes, as follows:

a. Documentation that shows that an individual is currently eligible for disability benefits from SSA (SSI/SSDI) such as:

i. A copy of an award letter

ii. Copy of current check

iii. Verification through the TPQY system

b. Disability determinations made by officials of other agencies such as:

i. Behavioral health agencies (completed SMI checklist, referral from a behavioral health clinic, etc.);

ii. Division of Developmental Disabilities (referral from DDD, a letter from DDD about current eligibility status, copy of an ISP, etc.); or

iii. Schools (documentation of special education status, copy of an IEP, school achievement reports, psychological reports, etc.).

2. Medical or psychological reports documenting the existence of a physical or mental impairment from family physician, health plan, medical specialist, etc.

3. Available employment and educational records are used to document an applicant's current abilities and skills.

F. Acquiring new or additional information needed for determining eligibility

1. The counselor may need to obtain additional information if there is no SSI/SSDI eligibility determination.

a. Documentation provided by the client related to their disability should be assessed.

b. If necessary, the client should be referred for evaluations regarding their disability for the purpose of RSA purchasing the documentation to be used to determine eligibility.

c. Individuals who diagnose and document the existence of a disability must be qualified to do so, in accordance with applicable national or State-approved or recognized certification, licensing, registration or other comparable requirements that apply to his/her profession or discipline.

d. Purchase of additional evaluations may delay the eligibility decision and may require an extension.

i. If the client agrees to an extension for determining eligibility, the signed extension agreement and a progress note saying "Due to (state reason) Mr. Smith and I agree that it will take more than 60 days to determine eligibility. It is anticipated a determination can be made by (date..)" is necessary.

ii. If the client does not agree to an extension, he/she may exercise the right to a timely review of the action/inaction through mediation, informal resolution, or a Due Process Hearing.

iii. If the client does not agree to an extension it should be documented as follows:

a) The unsigned form is filed in the CROS.

b) A progress note should be entered stating an unsigned extension is in place, any information available regarding the reason the extension is needed, the client's reasons for not signing, attempts AZRSA staff have made to get the extension signed and any remedies the client is pursing related to the extension.

SECTION 5.6 - TRIAL WORK EXPERIENCES AND EXTENDED EVALUATIONS

A. Eligibility may be delayed in order to do trial work experiences and/or extended evaluation only for applicants who have significant disabilities.

B. Prior to any determination that an applicant with a significant disability is incapable of benefiting from vocational rehabilitation services in terms of an employment outcome because of the severity of that applicant's disability, AZRSA staff will conduct trial work experiences.

C. Extended evaluation can be used only when an applicant cannot take advantage of trial work experiences or if options for trial work experiences have been exhausted before an eligibility decision can be made.

D. Situational assessments may be utilized to conduct trial work experiences.

E. When the applicant, the applicant's representative/family, or a referring agency are requesting VR services for individuals needing extended supported employment, it may be a better use of resources and more appropriate for the applicant (and the family or referring agency) to delay trial work experiences and/or extended evaluation services until extended supported employment resources have been identified and are available.

F. Trial work experiences and extended evaluation must be done in status 06.

G. Trial work experiences

> **1.** Trial work experiences must be provided in integrated and real life settings.

2. Trial work experiences should be of sufficient variety and over a sufficient period of time to determine the eligibility of the applicant or to determine the existence of clear and convincing evidence that the applicant is incapable of benefiting in terms of an employment outcome due to the disability.

3. Trial work experiences include job shadowing, community based work assessments, structured volunteer experience in real work settings, internships, or supported employment.

4. A written plan must be developed to assess periodically the individual's abilities, capabilities, and capacity to perform in work situations through the use of trial work experiences consistent with the informed choice and rehabilitation needs of the individual.

H. Extended Evaluation

1. Extended evaluation services may be provided in non-integrated settings. However, even then, the most integrated setting possible should be used consistent with the informed choice and rehabilitation needs of the individual.

I. For trial work experiences and/or extended evaluation AZRSA staff will develop a written plan.

1. AZRSA Staff may provide, during this period, only those services that are necessary to determine eligibility and to determine the nature and scope of services required to make that determination.

2. A trial work plan is used to record the plan for such services.

a. In such cases, the goal on the trial work plan is "to determine an applicant's ability to benefit from VR services in terms of being able to achieve an employment outcome".

J. AZRSA staff should assess the applicant's progress as frequently as necessary, but at least once every 90 days, during the trial work experiences or extended evaluation period. The progress note narrative must:

1. Reflect the decision about whether to continue the evaluation, make the individual eligible or to determine the individual ineligible;
2. Explain the basis for that decision;
3. If the decision is to continue the trial work experience or extended evaluation, the narrative must indicate progress that is being made toward determining eligibility.

K. AZRSA staff will terminate trial work experiences or extended evaluation services when it is determined that:

1. There is sufficient evidence to conclude that the applicant can benefit from the provision of vocational rehabilitation services in terms of an employment outcome; or
2. There is clear and convincing evidence that the applicant is incapable of benefiting from VR services in terms of an employment outcome.

SECTION 5.7 - MEDICAL/PSYCHOLOGICAL CONSULTANT REVIEW

A. Prior to determining eligibility, a consultation from a general medical/psychological consultant is required to:

1. Determine the adequacy of the medical or psychological documentation.
2. To explain and help the VR counselor to understand the medical or psychological aspects of the applicant's disability.
3. To help the VR counselor understand the possible/probable effect(s) of the applicant's disability on work performance.
4. To approve and provide advice on purchasing additional specialty examinations, other than routine dental or eye examinations.
5. To review the plan of trial work experiences and/or extended evaluation prior to implementation.

B. Exceptions to Required General Consultations include:

1. If SSDI or SSI presumption of eligibility is being used, a medical/psychological consultant review prior to determining eligibility is not needed.
2. VR Counselors who have two or more years of Arizona VR experience and who have demonstrated a sufficient level of professional VR knowledge, will not be required to routinely utilize consultation in the following circumstances:

a. Consultation prior to establishing eligibility or prior to using extended evaluation.
b. Consultation before purchasing specialty examinations.
c. If SSDI or SSI presumption of eligibility is being used.

3. Supervisors may re-institute consultation requirements for any VR counselor anytime he/she may deem it appropriate to do so.

C. Providers of Specialty Consultation

1. Consultation will be acquired from professionals who are under contract with AZRSA for consultation services in their area of specialty.
2. When needed consultation is not available through a contracted provider, appropriate procurement procedure will be followed.
3. The consultant is a second level reviewer of the work done by the original examiner and advises the VR counselor on how to interpret the report and whether, and to what extent, he/she should follow the recommendations of the examining specialist.
4. To avoid conflict of interest, the consultant cannot also be the original examiner.

a. The consultant could provide treatment services for a client for which he was the original examiner, as long as another independent consultant reviewed the case and supports the treatment recommendations.

SECTION 5.8 - ELIGIBILITY CERTIFICATION

A. The CROS will contain a Certification of Eligibility for every applicant determined eligible.

B. The certification is a signed and dated document that contains the basis for an eligibility determination.

C. There are two ways to certify eligibility:

1. Information provided by the applicant or information generated by Vocational Rehabilitation:

a. That the applicant has a physical and/or mental impairment;

b. That the impairment(s) is/are a substantial impediment to employment;

c. That there is no significant question that the applicant can benefit from Vocational Rehabilitation services in terms of achieving an employment outcome; and,

d. That the applicant requires Vocational Rehabilitation services to prepare for, secure, retain or regain employment, and

e. That the applicant has requested Vocational Rehabilitation's involvement in helping to obtain or retain economic self-sufficiency and to eliminate or reduce dependence on government support programs through meaningful and sustained work which is consistent with the applicant's strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice.

2. For SSI/SSDI Beneficiaries

a. The Vocational Rehabilitation counselor can determine eligibility based on the applicant's request for assistance from the Vocational Rehabilitation program to achieve economic self-

sufficiency and to reduce or eliminate dependence on government support programs through meaningful and sustained work which is consistent with his/her strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice; and documentation of the applicant's SSI/SSDI beneficiary status without any significant question that gainful work is not achievable.

b. SSA has already determined the applicant has a documented disability, which can be considered to result in a significant impediment to employment.

c. Eligibility for SSA benefits presumes eligibility for vocational rehabilitation services and presumes the client is an individual with a significant disability.

d. All eligibility criteria must be addressed for applicants that are presumed eligible for Vocational Rehabilitation services as recipients of SSI/SSDI.

e. If the applicant cannot be determined eligible because there is clear and convincing evidence that the applicant cannot benefit in terms of achieving an employment outcome, the Vocational Rehabilitation counselor must explain this by referring to the results of the trial work experiences or extended evaluation.

SECTION 5.9 - CERTIFICATION OF DISABILITY/SCHEDULE A

A. The United States Office of Personnel Management (OPM) provides excepted services hiring authority to fill special jobs with the Federal government in unusual or special circumstances as identified by OPM.

1. As related to AZRSA the exceptions are handled under Schedule A appointing authority.
2. These exceptions require a Certification of Disability for Federal Employment.
- **a.** Certification of Disability can be provided by:
  - **i.** Licensed medical professionals
  - **ii.** a licensed vocational rehabilitation specialist
  - **iii.** Any Federal agency, State agency, or agency of the District of Columbia or a US territory that issues or provides disability benefits.

3. The purpose of this schedule as related to AZRSA are to provide non-competitive employment opportunities within the Federal government for persons with disabilities.
4. This appointing authority is made available to individuals who are certified as:
- **a.** Being persons "with mental retardation"
- **b.** Being persons with severe physical disabilities
- **c.** Being persons with severe psychiatric disabilities

B. Certification of Disability for Schedule A types of employment opportunities is done, with regards to AZRSA, by a Vocational Rehabilitation counselor.

1. A copy of the Schedule A form is available in the DES Forms Library.

2. Vocational Rehabilitation counselors as employees of AZRSA are considered qualified to complete these schedules whether they are "licensed"/certified or not.
3. Documentation that supports the individual as being disabled, the individuals job readiness, as well as a basic assessment of what accommodations the individual may need to succeed in the employment opportunity should be reviewed and considered before completing the Schedule A.

C. Certification performed by AZRSA may be for current AZRSA clients or for persons referred by the hiring authority.

1. When certification is requested by the hiring authority the individual should have an eligibility determination made whenever possible.

a. These clients are generally not current AZRSA clients.

b. If an eligibility determination is clearly inappropriate, unnecessary, or unwanted the counselor still has an obligation to evaluate the individual for such a certification and to provide one if appropriate.

D. Certifications include statements both about the existence of the condition and about the ability of the individual to perform the required job duties.

1. Supporting documentation of disability should be reviewed by the Vocational Rehabilitation counselor prior to completing the Certification of Disability.

E. For further information see the Federal Register 5 CFR 213 and 315.

F. Other federal programs that provide preferential hiring for persons with disabilities exist that do not require the Schedule A.

SECTION 5.10 - KEY CASE DOCUMENTS

A. At the end of the intake, application and eligibility processes, the CROS must contain the following key documents:

1. Referral information, if the applicant was referred by another organization or agency (BHS, Schools, DDD, DJC, etc.).
2. A signed and dated application to the VR Program (Data Collection & Application for VR Program form).
3. Information releases:
- **a.** For VR to collect personal information about the client.
- **b.** For VR to share personal client information with others, when and if needed.

4. A signed and dated Eligibility Certification form.
5. When required, an Extension of Eligibility .
6. Documentation for the basis for determining the applicant eligible for VR services, including:
- **a.** Documentation of disability.
- **b.** Required SSDI/SSI documents if applicable.

7. A Counselor-Consultant Worksheet form.

CHAPTER 6 - IPE PLANNING

Section 6.1 - Definitions Important in Planning An IPE

Section 6.2 - Documenting Ability to Work in the United States

Section 6.3 - Order of Selection

Section 6.4 - Identifying the Client's Assets and Barriers to Employment

Section 6.5 - Labor Market Analysis

Section 6.6 - Determining the Client's Need for, and Access to Retraining or Re-education

Section 6.7 - Services to Family Members

Section 6.8 - Services Provided in VR Status 10

Section 6.9 - Consultations in IPE Planning

Section 6.10 - Developing an IPE

Section 6.11 - Comparable Benefits

Section 6.12 - Economic Need

Section 6.13 - Coordination of IPE

Section 6.14 - Work Opportunity Tax Credit (WOTC)

Section 6.15 - IPE's Requiring Employment Support Services

Section 6.16 - Documentation Requirements

Section 6.17 - Key Case Documents

SECTION 6.1 - DEFINITIONS IMPORTANT IN PLANNING AN IPE

A. BEP Manager/Employee means an individual who is employed in, or managing, a cafeteria or other vending operation under the Business Enterprise Program.

B. Comparable Benefits means services and benefits that are:

1. Provided or paid for, in whole or in part, by:
- **a.** Other Federal, State, or local public agencies
- **b.** Health insurance
- **c.** Community providers
- **d.** Faith-based communities
- **e.** Natural supports by family members
- **f.** employee benefits;

2. Available to the individual at the time needed to achieve the intermediate rehabilitation objectives in the IPE

3. Commensurate to the services that the individual would otherwise receive from the Vocational Rehabilitation program.

C. Competitive Employment means work in the integrated labor market that is performed on a full or part-time basis in an integrated setting, and for which the individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who do not have a disability.

1. Self employment, unpaid worker in a family business, and Business Enterprise Program manager/ employee are considered competitive employment.

D. Economic Need means a client's ability to pay for the cost of services or goods which would otherwise be paid for by Vocational Rehabilitation program or by third-party payers.

E. Employment Outcome means 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 in an integrated setting including self-employment, telecommuting or business ownership that is consistent with an individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

F. Employment Support Services involves the receipt of extended, long-term supports for an employed client including, but not limited to:

1. On-going supervision
2. Counseling
3. Regular contacts with the individual and/or the employer, parents or guardians; job monitoring
4. Locating new employment when necessary
5. Maintaining established and on-going natural and peer supports
6. It may include receipt of other individualized services such as:
    - **a.** Repair or maintenance of assistive technology used at the work site
    - **b.** On-going attendant care or interpreter services at the work site
    - **c.** Transportation
    - **d.** Reader services
    - **e.** Other services needed to maintain employment.

G. Homemaker is a client engaged in activities related to managing a home including, but not limited to: laundry,

ironing, child care, fiscal management of personal assets, food preparation, home cleaning/maintenance and whose work releases another from the household to secure gainful employment. A referral to the ILRS program must be considered if a homemaker goal is appropriate, but will not result in releasing another in the household to secure gainful employment.

1. See Homemaker Activities Chart.

H. Intermediate Objectives are the steps to achieve vocational success. IPEs must contain specific and measurable objectives which will lead to achieving the employment outcome.

I. Labor Market Analysis means a study of the employment possibilities and options for a client considering his/her assets and limitations, needs of employers and workforce demands.

1. Labor market analysis may need to be comprehensive and detailed, or, when a person has multiple disabilities, may require special job customization.

J. Order of Selection is a priority system to ensure that, if there are not enough resources to serve all those who are eligible for Vocational Rehabilitation services, the eligible individuals with the most significant disabilities will receive Vocational Rehabilitation services.

K. Post-Employment Services are services or goods provided to a client who has been determined successfully rehabilitated and has either a pre-planned or a newly defined need to supplement the IPE services he/she has already received in order to successfully maintain employment.

L. Self-Employment is work done for a profit in a client's own business, profession, or trade in which:

1. The client takes personal responsibility for activities that make or break the business;
2. The client controls his/her own services, hours, pricing, furnishes own tools/ equipment;
3. The client owns at least 51% of the business; and
4. The client directly operates the business and manages all or most of the aspects of the operation or, in the case of supported self-employment, operates and manages those aspects of the business of which he/she is capable.

M. Supported Employment means competitive employment in an integrated setting, or employment in an integrated setting in which the client is working towards competitive employment, with employment support services provided for clients with the most significant disabilities for whom competitive employment has not traditionally occurred, or for whom competitive employment has been interrupted or intermittent, as a result of a significant disability.

N. Unpaid family worker is a client who works without pay on a family farm or in a family business operated by members of the client's own family.

O. Vocational Rehabilitation (VR) Services are goods, services, or activities which correct, ameliorate, or are used to circumvent the impairments resulting from an client's disability to the extent that he/she is able to achieve economic independence and participate, along with persons without disabilities, in meaningful and sustained work in the community.

SECTION 6.2 - DOCUMENTING ABILITY TO WORK IN THE UNITED STATES

A. Before an IPE can be initiated all Vocational Rehabilitation eligible clients must demonstrate that they are, or will be, legally able to work in the United States at the completion of their IPE.

B. Individuals certify their ability to work in the United States when they check the appropriate box and sign the Application for the Vocational Rehabilitation Program form.

C. All applicants/eligible clients must present appropriate documentation that they can, or will be able to, legally work in the United States.

1. Legal ability to work in the United States requires one item from list A or one item each from lists B and C.

a. LIST A

i. U.S. Passport (Unexpired or expired)

ii. Unexpired foreign passport, with 1-551 stamp or attached INS Fonn 1-94 indicating unexpired employment authorization Alien Registration Receipt Card with photograph (INS Fonn 1151 ONLY)

iii. Unexpired Temporary Card (INS Fonn 1-688)

iv. Unexpired Employment Authorization Card (INS Fonn 1688A)

v. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Fonn 1-688B)

vi. Employment Authorization Document (INS Fonn 1-766).

b. LIST B

i. Driver's license or ID card issued by a state containing a photograph or information such as name, DOB, sex, height, eye color, and address.

ii. ID card issued by federal, state, or local government agency containing a photograph or information such as name, DOB, sex, height, eye color, and address.

iii. School ID with photograph.

iv. Voter's registration card.

v. U.S. Military Card or Draft Record.

vi. Military dependent's ID card.

vii. U.S. Coast Guard Merchant Mariner Card.

viii. Native American tribal document.

ix. Driver's license issued by a Canadian government authority.

x. For persons under age 18 who are unable to present a document listed above they may present:

1) School record or report card

2) Clinic, doctor, or hospital record

3) Day care or nursery school record

c. LIST C

i. U.S. Social Security Card issued by the Social Security Administration (other than a card stating it is not valid)

ii. Certification of birth abroad issued by the Department of State (Form FS-545 or Form DS-1350)

iii. Original or certified copy of a birth certificate issued by a state, county, etc. bearing U.S. official seal

iv. Native American tribal document

v. U.S. Citizen ID (INS Form 1-197)

vi. ID card for use of resident citizen in the U.S. (INS Form 1-179)

vii. Unexpired employment authorization document issued by the INS (Other than those listed under List A)

2. A client's ability to work in the United States or duration of residency cannot be a Vocational Rehabilitation eligibility requirement.

3. AZRSA staff are not permitted to apply these policies selectively or to single out individuals or groups of individuals.

4. AZRSA staff cannot give preference for one type of document over another or make requirements in addition to, or separate from, these policies.

5. Staff must honor documents which appear to be genuine and relate to the person presenting them.

6. Presentation of the actual documentation is not required until it is time to initiate services under an approved IPE.

D. If a client's ability to work in the United States is not clear, Vocational Rehabilitation counselors are asked to work with them to clarify their status and, if necessary, develop plans to meet legal status to work requirements.

1. INS consultation should be obtained to determine how the required documentation will become available.

2. The IPE must contain an intermediate objective which describes how the required documents will become available by the completion of the IPE.

SECTION 6.3 - ORDER OF SELECTION

A. The Order of Selection (OOS) is an organized, equitable method for serving groups of individuals with disabilities in a priority order if all eligible individuals who apply cannot be served.

B. The criteria used to establish this order of selection are a combination of:

1. The number and degree of functional limitations to employment caused by one or more disabling conditions.
2. The number of vocational rehabilitation (VR) services needed to address these limitations.

a. Multiple services: Two or more primary services needed to achieve a successful employment outcome.

3. The amount of time necessary for completion of service.

a. Extended period of time: Needing Vocational Rehabilitation services for duration of six months or more with a 90 day follow up after achieving a successful rehabilitation outcome.

C. Order of Selection (OOS) ensures that, if there are not enough resources to serve all those who are eligible for Vocational Rehabilitation services, the eligible clients with the most significant disabilities will receive Vocational Rehabilitation services.

D. Every eligible client will be placed into one of three priority categories:

1. Priority Group I - Eligible individuals with the most significant disabilities: An individual with the most significant disability has a severe physical or mental impairment that seriously limits three 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; and whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time.

2. Priority Group II -Individuals with significant disabilities: An individual with a significant disability 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; whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time.

3. Priority Group III - All other eligible individuals: Other eligible individuals with disabilities do not have a disability that seriously limits one or more functional capacities and do not require multiple services over an extended period of time.

E. Clients will be assigned to the appropriate OOS priority group:

1. After eligibility has been determined

2. After sufficient assessments have been completed to identify the number and level of work impediments resulting from the client's disability and the client's met and unmet rehabilitation needs

3. Prior to planning and implementing an IPE.

F. Clients receiving SSI or SSDI based on disability are presumed to be individuals with at least a significant disability and should be assigned accordingly related to the Order of Selection Criteria.

1. Determination of these clients as having "most significant disabilities" must meet the same criteria and standards as all other clients involved with the vocational rehabilitation program.

G. The tool used for exploring and documenting these determinations is:

1. The Health Appraisal Significant Disability Worksheet.

a. The completed form should be filed in the CROS with the Data Collection and Application form and IPE documents.

2. The Progress Note

a. Progress Note documentation of assignment to a priority category of OOS involves listing:

i. The number of functional capacities that have been impacted by the disability

ii. The types of services that will be needed to overcome the functional limitations imposed by the disability

iii. Some indication of how long the IPE program of services is expected to last.

H. Considerations in determining a priority designation

1. Special attention must be given to possible rehabilitation technology needs and options for the individual.

2. Data should come primarily from the client, based on client's history and self-assessment.

3. Additional evaluations may be necessary to make the determination.

a. Such assessments must be obtained and resulting information entered on the Health Appraisal and Significant Disability Worksheet before it is finalized and signed.

I. The priority group is determined by the IRIS system based on the information entered from the Health Appraisal and Significant Disability Worksheet and based on the criteria set for each OOS.

J. Eligible clients who meet the criteria for any open priority group will be served without restriction or any other prioritization.

K. Deferred Status

1. Clients who are determined eligible, but who do not fall into an open priority group within an OOS will be maintained in a "deferred" status until the priority category is opened for services to be provided.

a. These clients will be informed in writing that, although they have been determined eligible, development and implementation of an IPE is deferred.

2. Clients in deferred status will be provided general information and guidance as well as referrals to other appropriate State and Federal programs.

3. Contact letters will be sent to individuals in deferred status at least every 180 days.

a. These letters will ask the client to contact the responsible Vocational Rehabilitation counselor to express continued interest in Vocational Rehabilitation services and to provide information about any changes in their disability status.

b. Lack of response to two such contact letters may be cause to initiate normal closure procedures.

J. Implementing an OOS

1. All referred individuals will be notified of the existence of an OOS, the status of open/closed priority groups and will be provided the opportunity to apply for services and have an eligibility determination made.

2. If resources are not available to serve all clients who apply and are determined eligible for services, categories within the Order of Selection will be closed in reverse order (3, 2, and 1).

3. All signed client applications, received prior to the effective date of the implementation of an OOS with

closed categories, will not be affected by the closure of a category and will have an IPE developed and implemented.

4. All signed client applications received on or after the effective date of the implementation of an OOS will have provision of services contingent upon assignment to a priority group.

K. Opening categories in Order of Selection

1. When sufficient funds are available to serve additional or all individuals who apply for and are determined eligible for services, categories within the Order of Selection will be opened in order (1, 2, and 3).

a. Management determines the effective date to open categories.

2. Supervisors are responsible for ensuring that staff notify clients on deferred status whose category has been opened that services are available.

a. Notification is to be made within ten business days after the effective date, utilizing IRIS generated letter #17.

b. If no response to written correspondence is received, the client's contact or emergency contact information is to be used to attempt phone contact.

c. Lack of response to these two forms of contact is considered cause to initiate normal closure procedures.

3. IPE development and implementation for clients leaving deferred status will be initiated and completed in a timely manner and according to policy.

4. All signed client applications received on or after the effective date of the termination of an implementation of an Order of Selection and opening of selected categories will have an IPE developed and implemented accordingly unless there has been an inability to make contact with the client as stipulated above.

SECTION 6.4 - IDENTIFYING THE CLIENT'S ASSETS AND BARRIERS TO EMPLOYMENT

A. The IPE planning process starts building on the information that was collected and discussed as part of the intake, application and eligibility process.

B. IPE planning must also include a careful look at a client's assets, interests, and barriers beyond those already identified.

1. Additional evaluations are often important tools to the client and the counselor to help in this process.

2. Evaluations should not be imposed if not necessary, but not withheld if they would be useful and requested by the client.

C. An inventory of the client's interest, abilities, skills, experiences and assets can be done with the client by reviewing together his/her employment and educational history, work and other accomplishments, affiliations, etc.

D. A review of the client's general physical and mental health with an emphasis on identifying all of the impairments that are (or may be) impediments to employment should be done.

1. This includes not only the impairments resulting from the disability on which eligibility and priority status were based, but all other impediments that the individual may have that impact employment.

E. An Assistive Technology Profile and Assistive Technology Plan, which reviews a client's use of, or need for assistive technology devices/services, must be completed by the client and the VR counselor if the Health Appraisal or other data indicate that an client is currently using, needs or can benefit from assistive technology.

1. Completion of the Assistive Technology Profile and Assistive Technology Plan form is required for referrals to BEP for training as operators.

F. Background checks or additional evaluations may be required if the client's desired employment outcome requires such background checks (e.g. bonding, BEP Operator, teacher, child care worker, sex offender status, substance abuse monitoring, etc.).

SECTION 6.5 - LABOR MARKET ANALYSIS

A. The Vocational Rehabilitation counselor and the client both have a need and a responsibility to identify the client's interests and abilities in relation to the availability of corresponding jobs in the local labor market.

1. The complexity of the analysis, or the use of the tools available, may be simple or complex depending on the unique characteristics of the labor market and needs of the client.

B. A labor market analysis is always required in developing an IPE.

1. The labor market analysis could be as simple as a progress note entry when a client with minimal disabilities is looking for a low skilled job in a service industry for which there is a generally high demand.

2. The labor market analysis may need to be very comprehensive and detailed.

3. The costs required to prepare for an employment goal may also be a factor in doing a more complete and detailed labor market analysis.

C. Tools to Facilitate the Labor Market Survey

1. The Labor Market Survey form is available as an IPE planning tool.

2. Computer printouts of job availability within a geographic area can be useful, but must be supplemented with more personalized analysis of the client's strengths and/or impediments to such employment and specific local information about the labor market sector.

3. The Informational Interviewing tool is also useful for clients in this process as it can provide clarification in employment options as part of IPE planning.

4. Purchased vocational evaluations can be useful tools.

SECTION 6.6 - DETERMINING THE CLIENT'S NEED FOR, AND ACCESS TO, RE-TRAINING OR RE-EDUCATION

A. For clients who have had significant employment history, either before or after the disabling impediments occurred, the following Decision Guide must be consulted to make a determination of whether Vocational Rehabilitation will support an education or training plan.

B. Clients applying for Vocational Rehabilitation services can expect that once they are determined eligible they will work with their counselor to determine a reasonable employment outcome based on the following process of questions. These should be followed in a step by step pattern and stopped at the first question that can be answered "yes":

1. Can the client return to their former job with modified duties, in a modified setting, or with a restorative service?

a. If so, Vocational Rehabilitation services may assist with counseling, necessary job or environmental modifications, assistive technology services, or restoration to help the client return to that work setting.

2. Can the client locate work in a field related to their former occupation using skills they already have?

a. If so, Vocational Rehabilitation may assist with counseling, research of related fields, packaging their skills, and marketing them to a new employer in addition to the items listed in B-1a of this section.

3. Can the client develop new skills that will allow them to enter the job market in a relatively short time with short term training?

a. If so, Vocational Rehabilitation services may assist to obtain these skills either through on the job training or classroom instruction in addition to the items listed in B-1a and B-2a of this section.

4. If B-1, B-2, and B-3 of this section are answered as "no" then longer term training to develop new skills that will allow the client to enter the job market may be provided by Vocational Rehabilitation in addition to the items listed in B-1a and B-2a of this section.

SECTION 6.7 - SERVICES TO FAMILY MEMBERS

A. A family member, for purposes of receiving Vocational Rehabilitation services, means an individual who is either:

1. A relative or guardian of an applicant or eligible client

2. Lives in the same household as an applicant or eligible client

B. This family member should:

1. Have a substantial interest in the well-being of the client

2. Requires Vocational Rehabilitation services to enable the applicant or eligible client to achieve an employment outcome.

C. This definition is not the same as the one used for economic need.

D. A client's family members are eligible for Vocational Rehabilitation services only when:

1. The client is receiving services to determine eligibility, during IPE development or under an IPE;

2. There is documentation that services to the family member are essential for the client to participate in the Vocational Rehabilitation process; and

3. The required services are not otherwise available as a comparable benefit.

E. Potentially any service available to a client during the rehabilitation process or as post employment services could be made available to a family member if the service is provided in support of the client's participation in the Vocational Rehabilitation process.

1. Services often include payment for child care services for a dependent of the client, transportation or counseling.

F. When providing services to family members, the same service policies apply as when providing services to the client.

1. Services requiring economic need are based on the client's family income.
2. Services to family members are included in the client's IPE.
3. The first letter of the service code used is changed to "F" to designate that the service is being provided to a family member.

G. Post employment services may be provided to family members of a rehabilitated client (VR Status 26 closure) only when such services are determined necessary to help the client maintain or regain other suitable employment (See Chapter 11 Post Employment Services).

SECTION 6.8 - SERVICES PROVIDED IN VOCATIONAL REHABILITATION STATUS 10

A. Vocational Rehabilitation services (other than evaluation and assessment services) should normally be provided in the context of an IPE.

1. The employment outcome and intermediate objectives justify and give focus and direction of services to be provided.
2. Employment outcomes can easily be changed if the direction and focus of the IPE change.

B. Clients who may require services other than evaluations prior to the development of an IEP are:

1. Clients with a significant disability who have not had significant work experience.
2. Clients who require adjustment to their disability.
3. Clients who have prevocational needs.
4. Clients whose life circumstances must be addressed.

C. Services used for preparing a client for planning and developing an IPE shall not normally exceed 120 calendar days between the time eligibility was determined and the initiation of an IPE.

D. Services that can be provided in Status 10:

1. Rehabilitation Counseling and Guidance
2. Short-term classes or seminars
3. Short-term work exploration
4. Vocational evaluation/situational assessment
5. Disability related skills training
6. Support Services
7. Information and referral services
8. Non-paid work experience
9. Assistive technology assessment and aids

10. Other services needed to help a client to fully participate in the IPE planning process.

E. Services in Status 10 should be provided only when

1. There are no other feasible alternatives.
2. They are needed to determine whether an individual will need employment support services and resources have not yet been identified (i.e. a decision is necessary to determine whether to place an individual on a waiting list for employment support services funding); or,
3. They are needed to determine a client's priority group for OOS.

F. Services are never purchased in Vocational Rehabilitation Status 10:

1. When an employment outcome is already determined
2. When there is sufficient existing data to determine an employment outcome
3. To parcel out services for clients (often referred to as incremental planning) to prove their ability to achieve intermediate objectives before commitments are made and a complete IPE is written.

SECTION 6.9 - CONSULTATIONS IN IPE PLANNING

A. The consultant is a second level reviewer of the work done by the original examiner/evaluator.

B. The consultant advises the Vocational Rehabilitation counselor on how to interpret reports and whether, and to what extent, he/she should follow the recommendations of the examining professional.

C. Consultants provide advice, not approval.

D. Vocational Rehabilitation Counselors should give careful consideration to the recommendations of the consultant.

> **1.** Decisions however regarding treatment plans or other services are made by the Vocational Rehabilitation counselor and the client.
> **2.** If the consultant's advice is not followed, a notation in the progress notes should be made to explain the reason for this decision.

E. Consultations will be obtained only from specialists who are trained and knowledgeable within the specific area(s) for which consultation is being sought.

F. Consultation with a contracted AZRSA consultant is always required prior to:

> **1.** Authorizing medical restorative or psychological services;
> **2.** Authorizing neuropsychological, psycho-sexual, or other high cost or technical specialty examinations (e.g. physical capacities);
> **3.** Authorizing physical or occupational therapy services;
> **4.** Authorizing the provision of prosthetics.
> **5.** If the Vocational Rehabilitation counselor believes that the release of medical/psychological information to the client may be harmful to that client.

a. This would be used to decide whether or not to release the information directly to the client.

G. Providers of Consultation

1. Consultation will be acquired from professionals who are under contract with AZRSA for consultation services in their area of specialty.

2. When needed consultation is not available through an AZRSA contracted provider, appropriate procurement procedures are to be followed.

3. The original examiner/evaluator cannot be the consultant on his/her own report, but may provide treatment services as long as a consultant other than the examiner reviews the case and supports the treatment recommendations.

SECTION 6.10 - DEVELOPING AN IPE

A. General IPE Policies

1. The focus of the Vocational Rehabilitation program is to provide IPE services which will provide equal opportunity for persons with disabilities to overcome the effects of a disability in preparing for, attaining and retaining employment. Vocational Rehabilitation is not a grant or scholarship program.

B. Pre-conditions for starting IPE planning include:

1. Availability of ongoing employment supports for individuals who will need such supports.
2. Assignment of the client to an Open priority group status in the Order of Selection (OOS).

C. Vocational Rehabilitation counselors must create the environment for eligible clients to take responsibility for their own rehabilitation.

1. Besides providing the client with information, the Vocational Rehabilitation counselor must also create an environment which helps the client to be a full and active participant in his/her own rehabilitation. This includes:

a. Managing the relationship between the Vocational Rehabilitation counselor and client and making adjustments as necessary;
b. Providing the client with necessary accommodations throughout the planning process, including provision of information in the format of his/her choice;
c. Providing the client with information necessary to make informed choices;

2. The Vocational Rehabilitation counselor and client should:

a. Jointly developing a plan of action that makes sense and is clear to the client;

b. Hold each other accountable for commitments that have been made;

c. Be accessible to the client; and,

d. Strive for mutual agreement whenever possible on decisions that need to be made throughout the planning process and agreement for ongoing communication regarding progress.

D. Information must be shared with the client for full and active participation in the IPE process which includes but is not limited to:

1. Purpose and goals of the Vocational Rehabilitation program:

a. The focus of the Vocational Rehabilitation program is to provide IPE services which will provide equal opportunity for persons with disabilities: i.e. to overcome the effects of a disability in preparing for, attaining and retaining employment.

b. Vocational Rehabilitation is not a grant or scholarship program.

2. Limitations of the Vocational Rehabilitation program:

a. Intermediate objectives and services must be directly related to the achievement of an employment outcome.

b. Clients will be told what objectives and services Vocational Rehabilitation will support.

c. The Vocational Rehabilitation program may not be able to meet all of the individual's service needs, for example, housing, food, utilities, etc.

i. AZRSA will not purchase firearms, provide or support training related to the use and/or

ownership of firearms, or assist with other costs related to the use and/or ownership of firearms.

3. The process for developing an IPE:

a. The Vocational Rehabilitation counselor must provide information on the processes that are required (e.g. pre-conditions for initiating the planning process) as well as optional processes that may be necessary (e.g. participating in and learning the results of additional evaluations needed for planning, labor market analysis, informational interviewing, etc).

4. Options for developing an IPE:

a. The Vocational Rehabilitation counselor must inform the client of available options for developing the IPE, including the option to develop all or part of their own IPE, with or without assistance from a qualified AZRSA Vocational Rehabilitation counselor, a qualified Vocational Rehabilitation counselor not employed by AZRSA or from another resource.

5. The major components of the IPE which includes:

a. An employment outcome
b. Intermediate objectives with dates
c. Mutual expectations
d. Services needed for success
e. Selection of service providers
f. Planned initiation dates for each service or activity
g. Anticipated post employment service needs
h. Closure criteria.
i. Identification of each entity's responsibility for paying for services.

6. AZRSA's participation in costs of services:

a. The Vocational Rehabilitation counselor must explain economic need policies and requirements to explore and use comparable benefits.

7. The role of assistive technology:

a. The Vocational Rehabilitation counselor must explain the role and availability of assistive technology in the achievement of an employment outcome, including appropriate modes of communication.

8. Clients must be told that an IPE is not a contract and services will only be provided after appropriate approvals are received.

9. The rights and remedies available to the client:

a. The Vocational Rehabilitation counselor will explain the availability of options for conflict resolution for disagreements with Vocational Rehabilitation counselor determinations, including assistance from the Client Assistance Program (CAP), administrative review, mediation and/or impartial due process hearings.

10. The potential impact of work on benefits:

a. Clients who receive SSI, SSDI, Food Stamps, medical coverage, HUD housing, etc. shall be referred for benefits counseling through the Work Incentives Planning and Assistance (WIPA) program.

b. When the chosen employment outcome results in the loss of benefits for the individual, the job goal being selected should accommodate for such a loss.

i. For example: the availability of medical insurance may be critical to a client's employment success to compensate for the loss of medical benefits associated with the

receipt of SSI/SSDI. The client's choice of employment has to include access to medical insurance. The Vocational Rehabilitation counselor has a responsibility to make sure that the client receives information and counseling in these areas.

11. The Vocational Rehabilitation counselor shall provide the client with copies of the IPE and all amendments and all agreements and decisions.

E. Evaluations, assessment, and forms needed before finalizing an IPE:

1. The Authorization for Disclosure of Health Information to RSA should be completed and signed by the client, as necessary to permit the collection of information for the IPE planning process.

2. Clients will be asked to sign release of information forms which clearly indicate what information will be requested, from whom, for what purpose and in what time frame. The client will NOT be asked to sign blank or incomplete release forms.

3. Additional services useful in assisting clients in identifying potential rehabilitation needs and in developing an IPE include:

a. Evaluations to help clients identify their employment and rehabilitation needs;

b. Evaluations and informal counseling between the Vocational Rehabilitation counselor and client to help clients identify or analyze their strengths, priorities, interests, abilities, capabilities, interpersonal skills, functional capacities, educational levels, and vocational aptitudes;

c. Personal and social adjustment experiences;

d. Evaluations needed to determine the role of assistive technology goods or services in helping clients achieve employment outcomes.

4. The feasibility of services, the client's reasonable expectation of achieving an employment outcome, the client's motivation, or any other facet of the eligibility determination is not the purpose of purchasing assessments or services while in the IPE planning process.

5. Evaluations may be used to assist the client and the Vocational Rehabilitation counselor in planning an IPE. For example:

a. To help the client to make an informed choice of employment outcome and to determine the intermediate objectives for achieving an employment outcome and

b. To identify the nature and scope of the services that will be necessary to achieve that outcome.

F. Employment Outcome Planning

1. IPEs must document a specific employment outcome prior to implementation.

a. Partial plans will not be used.

2. Agreement on an employment outcome is one of the most critical tasks for the counselor and client.

3. The employment outcome contained in the IPE justifies and defines what Vocational Rehabilitation services will be provided to the client.

a. The employment outcome must be specific enough to give focus to, and justify, the planned services.

4. The employment outcome does not imply an unalterable goal.

a. The employment outcome may be refined and/or amended throughout the Vocational Rehabilitation process.

b. Changes shall be made as necessary or appropriate to each client's unique circumstances.

c. As mandated by Federal regulation, the documented employment outcome as shown on the IPE at the time of case closure must match the client's job.

5. The employment outcome must be consistent with the mission of AZRSA/Vocational Rehabilitation and the Federal definition of employment outcome.

a. The AZRSA/VR mission is to assist eligible individuals become as economically independent as possible and to lessen or eliminate their need for government support programs and services through meaningful and sustained work.

6. The client shall be a full and active participant in identifying an employment goal.

7. For clients with an employment history, see Section 6.6 prior to development of the IPE.

8. When an employment goal requires that a person meets certain employment entry level job criteria, the counselor and client shall determine what those requirements are and whether the client will be able to meet them prior to committing to the job goal

a. For example, if the job requires the individual to be bonded or licensed, can he/she be bonded or licensed, can he/she pass a background check? Can the individual obtain any required educational degree, certificates, licenses or skills, etc. required for obtaining or performing a job?

9. Local labor market data must demonstrate opportunity and demand for the chosen employment outcome. See Section 6.5 Labor Market Analysis.

10. Services and goods necessary to achieve the client's chosen employment outcome must be available.

a. For the goods or services to be considered "available" from Vocational Rehabilitation, they must not only exist in the community but service policies must permit the Vocational Rehabilitation counselor to purchase them.

11. Full time employment is the Vocational Rehabilitation goal unless the severity or nature of the client's disability preclude full time employment (35 hours or more, or defined by the employer.

a. A goal of less hours may be agreed to in the IPE when such a choice is supported by medical or psychological information, past work history, other objective evidence, or an individual's self report substantiated by other data.

G. Intermediate Objectives

1. Intermediate objectives should not be developed except as part of an IPE and as part of the process leading to an already determined employment outcome.

2. Intermediate objectives are the steps leading to the employment outcome.

3. Decisions about an individual's continued participation in an employment goal will be made based on the client's achievement of intermediate objectives.

a. Substantive changes in the employment outcome should include an amendment to the IPE

i. See Chapter 9.5 IPE Amendments/Revisions for further details.

4. Intermediate objectives must be specific and measurable.

5. Intermediate objectives are mutually agreed upon during the IPE planning process.

6. Intermediate objectives must include all of the major steps which have been determined by the client and the counselor to be essential for achieving the employment outcome.

7. The counselor and the client must discuss and agree on:

- **a.** What will be considered achievement of each intermediate objective
- **b.** The time frame for achieving the objective
- **c.** The criteria that will be used to evaluate progress toward achievement of the employment outcome.

8. Achievement of intermediate objectives is the basis for comprehensive reviews of progress.

- **a.** Comprehensive reviews of progress shall be done at dates associated with accomplishment of intermediate objectives.
- **b.** At a minimum, such reviews must occur at least once a year.

9. If during the course of implementation of the IPE the intermediate objectives are not being met, the client and counselor shall evaluate the progress, discuss strategies to achieve success and make amendments to the IPE as appropriate.

10. Intermediate objectives are not:

- **a.** a list of services;
- **b.** a list of client or agency responsibilities

11. Examples of intermediate objectives:

- **a.** Be able to travel to school/work, etc. (as demonstrated by...)

b. Obtain a B.S. degree with a major in ... (by (date), as documented by a copy of the transcript provided to the counselor by (date)).
c. Adjust to the demands of work (improve coping skills in managing anger when relating to supervisor, co-workers or the job coach by limiting outbursts within the job setting to no more than once a month while working as a grocery stocker. Achievement of this objective is expected by (date) and will be documented in the provider's monthly progress report.)
d. Obtain a business permit for self-employment by (date) (as documented by bringing the permit to the office or faxing a copy).
e. Gain acceptance to local university or community college by (date) (as documented by a copy of the acceptance letter.)
f. Declare a major and have a corresponding list of course requirements by (date).
g. Successfully and legally operate a vehicle independently (i.e. has successfully completed a driving evaluation, have van modified and have obtained a valid drivers license).

H. IPE terms and conditions:

1. The IPE must include information describing the responsibilities of Vocational Rehabilitation.
2. The IPE must include information describing the responsibilities of the client, including but not limited to:

a. Client's responsibilities in relation to achieving the employment outcome;
b. Client's participation, if any, in paying for the cost of services; and
c. Client's responsibility to apply for and to secure comparable services and benefits.

3. The IPE must include information describing the responsibilities of other entities providing services within the context of the IPE.

4. SSI/SSDI beneficiaries must know and agree that signing AZRSA.

5. All IPE support documents (those listed and checked on the IPE itself) must be completed and filed with the IPE.

I. AZRSA staff will provide the client, and as appropriate, the client's representative, with a copy of the approved IPE and any amendments in the native language or appropriate mode of communication of the client.

J. For minor adjustments which are not significant enough to require prior signatures, but which have the potential for contention or misunderstanding, the client will be sent a copy of the revised IPE.

1. AZRSA staff must case note the minor adjustment, the reason for the minor adjustment, how the client was notified, when the client was notified and any follow up contact with the client in relation to the adjustment.

SECTION 6.11- COMPARABLE BENEFITS

A. Comparable Benefits means services and benefits that are:

1. Provided or paid for, in whole or in part, by another entity such as:

- **a.** Other Federal, State, or local public agencies
- **b.** Health insurance
- **c.** Community providers
- **d.** Faith based providers
- **e.** Natural supports
- **f.** Employee benefits

2. Available to the client at the time needed to achieve the intermediate objectives in the IPE; and

3. Commensurate to the services that the client would otherwise receive from the Vocational Rehabilitation program.

B. Comparable benefits do not include awards and scholarships made on merit.

C. Examples of Comparable Benefits which must be investigated and documented include:

1. ICA Special Fund participation documented by a copy of the ICA plan;

2. Pell Grant documented by a copy of Pell Grant award letter;

3. Insurance awards designated for services to be provided in the IPE, etc.

D. Policies for Determining Availability of Comparable Benefits

1. AZRSA staff must determine whether comparable services and benefits exist under any other program

and whether those services and benefits are available to the client.

a. This determination must be made prior to providing any Vocational Rehabilitation services to an eligible client, or to members of the client's family.

2. Prior review and determination of availability of comparable benefits is not required if doing so would interrupt or delay the achievement of the client's rehabilitation.

3. If comparable benefits are not currently available but will become available (for example, an insurance payout or settlement of a legal suit), the Vocational Rehabilitation counselor may use Vocational Rehabilitation monies to pay for goods or services to expedite services.

a. If this occurs the Vocational Rehabilitation counselor will obtain a written agreement by the client to reimburse Vocational Rehabilitation when the settlement or insurance payments for the specific service(s) already provided is received.

4. The Vocational Rehabilitation counselor will transfer payment responsibility to a third party payer when a third party resource becomes available at any time during IPE services.

5. When a comparable benefit becomes available at any time during IPE services, such as a PELL grant or VA education benefit, the client will be required to begin using those comparable services or benefits to meet or assist with, depending on the amount of the comparable benefit, the costs of Vocational Rehabilitation services.

a. The full amount of the comparable benefit should be utilized towards the cost of Vocational Rehabilitation services.

6. The following Vocational Rehabilitation services are wholly exempt from a determination of the availability of comparable services and benefits:

a. Assessment for determining eligibility and Vocational Rehabilitation needs;

b. Counseling and guidance, including information and support services to assist a client in exercising informed choice;

c. Referral and other services to secure needed services from other agencies, including other components of the statewide workforce investment system;

d. Job-related services, including job search and placement assistance, job retention services, follow-up services, and follow-along services;

e. Rehabilitation technology, including telecommunications, sensory, and other technological aids and devices

7. Procedures for using Comparable Benefits in an IPE

a. If comparable services or benefits exist under any other program and are available to the client at the time needed to ensure the progress toward achieving the employment outcome in the IPE, the Vocational Rehabilitation counselor must use those comparable services or benefits to meet, in whole or part, the costs of Vocational Rehabilitation services.

b. If comparable services or benefits exist under any other program, but are not available to the client at the time needed to ensure the progress toward achieving the employment outcome in the IPE, the Vocational Rehabilitation counselor must provide Vocational Rehabilitation services until those comparable services and benefits become available.

SECTION 6.12 - ECONOMIC NEED

A. Definitions

1. Economic Need means that a client's adjusted gross income on his/her Federal income tax is equal to or less than the monthly income listed on the AZRSA Economic need chart.

2. Economic Need Chart is a chart which is based on the Estimated State Median Income for Arizona published by the Federal Office of Community Services. This chart, which is updated annually, provides the data for different family sizes.

a. See Appendix 2 - Economic Need Chart

B. The following services are provided <u>without</u> considering the client's economic need status:

1. Assessment for determining eligibility and priority for services;

2. Assessment for determining Vocational Rehabilitation needs;

3. Vocational Rehabilitation counseling and guidance;

4. Referrals and other services;

5. Job-related services;

6. Personal assistance services; and,

7. Any auxiliary aid or service (e.g., interpreter services, reader services) that an individual with a disability requires under Section 504 of the Act or the Americans with Disabilities Act, in order for the individual to participate in the Vocational Rehabilitation program.

C. The following general service categories require economic need consideration unless otherwise specified

1. All purchased counseling services

2. All restorative services

3. All books/tools/computers/software/tape recorders and other training materials purchased for basic education, skill training/education, and business/vocational/technical education
4. All occupational licenses, tools/computers, work equipment purchased for work.
5. Vehicle modifications
6. All transportation costs, except transportation in support of an evaluation or adjustment to disability service.
7. All food/clothing, living away from home, and relocation maintenance
8. Child care services.

D. Policies

1. Arizona law requires AZRSA to consider the financial need of:

a. Individuals who are receiving services through trial work experiences
b. Individuals who are receiving services during an extended evaluation
c. Eligible individuals for determining the extent of their participation in the costs of Vocational Rehabilitation services

2. Economic need cannot be used as a condition for furnishing any Vocational Rehabilitation service if the client has been determined eligible for Social Security benefits under Titles II or XVI of the Social Security Act.
3. Economic need policies are applied to specific services and not to the client's status in the program.
4. Economic need determination also applies to services provided to a family member.
5. If a client waives his/her right to those Vocational Rehabilitation services which are conditioned on economic need, then a client's economic need status does not need to be determined.

6. Existence of economic need is determined before:

a. Implementing an IPE

b. Providing Post Employment Services

7. There will be no re-determinations of the client's economic status for the purpose of denying, terminating, or limiting Vocational Rehabilitation support for services after an IPE has been implemented.

a. Economic need may be re-determined if a client's economic status has changed (after IPE services were initiated) and he/she now meets criteria for economic need.

b. Economic need status will be re-determined prior to the receipt of Post Employment Services.

8. When a determination that economic need does not exist creates a significant hardship for a client with a significant disability and jeopardizes the success of his/her rehabilitation effort disability related costs may be, within the following procedure, taken into account:

a. In these circumstances, disability related costs will be subtracted from the adjusted gross income and economic need will be determined on the basis of the resulting net income.

b. The cost of the following ongoing disability related expenses may be subtracted from the client's adjusted gross income if the client pays for these expenses, has not already claimed them as a deduction on their taxes and does not receive reimbursement from any public or private source.

i. Attendant care service, cost of driver assistance or taxicabs that is required because of a disability rather than the lack of public transportation.

ii. Routine Drugs and Routine Medical Services

iii. Regularly prescribed medical treatment

or therapy that is necessary to control a disabling condition, even if control is not achieved. This includes: anti-convulsant drugs, blood level monitoring, radiation treatment, chemotherapy, corrective surgery for spinal disorders, and anti-depressant medication. Physician's fee relating to these services is deductible.

iv. Expendable medical supplies, for example incontinence pads, diabetic supplies, elastic stockings, and catheters.

v. Translation of materials into Braille or other alternative format

vi. Service animal/dog guide expenses including food, licenses, and veterinary services.

vii. The cost of payments for disability related structural or operational modifications to a vehicle needed in order to travel.

viii. The cost of payments for disability related Residential Modifications that permit access to the street or to transportation. For example exterior ramps, railings, and pathways.

ix. The cost of payments for modifications made inside the home in order to accommodate the client's impairment. This includes enlarging doorway, or modifications to accommodate problems in dexterity.

x. The cost of payments for any procedure related to the control, treatment, or evaluation of your disabling condition, for example brain scans and electroencephalograms.

xi. The cost of payments for Medical Devices Wheelchairs, hemodialysis equipment, pacemakers, respirators, traction equipment, and braces.

xii. The cost of payments for Non-Medical appliances and Devices: devices or appliances essential for the control of a disabling condition either at home or at work, for example an electric air cleaner for a severe respiratory disease. A physician must verify this need.

xiii. The cost of payments for Visual and sensory aids,

The cost of payments for all impairment-related work-assistive devices, services, methods, or systems

xiv. The cost of payments for Prosthesis, and durable medical equipment.

c. Documentation of the ongoing disability related needs that are to be deducted must be provided by the client to the Vocational Rehabilitation counselor which may include, but not limited to, one or more of the following:

i. receipts

ii. itemized budget

iii. billing statements

d. Copies of all supporting documentation should be maintained as part of the CROS.

E. How to Determine Economic Need

1. Documentation of the following are sufficient for a client to meet economic need:

a. A client's current eligibility for SSI or SSDI,

b. A client's current eligibility for TANF

c. A client's current eligibility for food stamps

d. A client's current eligibility for government provided child care and/or school lunch program

e. A client's status as a Ward of the Court/State

f. A client's current eligibility for any other government benefit or service which is based on either poverty or median income guidelines.

2. If the client is not determined to automatically meet economic need, then their income needs to be calculated as follows:

a. The applicant/client's income is always counted;

b. If the applicant/client is not yet 18 years old, income of the individual(s) who is/are claiming him/her as a dependent is counted;

c. If the applicant/client is 23 years of age or younger and is being claimed as a dependent for tax purposes based on student status, the income of the individual(s) claiming him/her is counted; and,

d. If the applicant/client is 18 years of age and older and is living independently with a spouse, the income from the spouse is also counted.

3. Required Economic Need documentation consists of:

a. Proof of receipt of government benefits based on poverty; or,

b. Adjusted gross income from prior year's Federal tax statements.

c. If tax statements for the prior year do not exist, alternate methods to verify sources and amounts of income must be pursued. Applicable documentation may include:

i. Wage statements;

ii. UI income verification or current unemployment insurance checks;

iii. Statements from retirement systems, banks, insurance companies (e.g. Workers Compensation carriers), etc.; and

iv. Proof of payments for disability related expenses if they are to be deducted from the gross income

4. Documentation supporting the applicant/client's income information must be maintained in the CROS.
5. If the client decides to not make required documentation available, they are considered not to have economic need.

F. Computing Monthly Income for IRIS reporting and comparing income to the Monthly Economic Need chart, conversion of income to a monthly amount.

1. If economic need is based on tax statements, divide adjusted gross income by 12.
2. If economic need is based on income:
a. When a client's income is stable/consistent:
i. For monthly income, multiply amount by 1;
ii. For twice per month payments, multiply amount by 2;
iii. For payments every two weeks, multiply amount by 2.15;
iv. For weekly payments, multiply amount by 4.3.

b. If client's income is unstable or inconsistent, record all family income for the last 12 months and divide the total by 12.
c. When a client is no longer employed and has no income and no future job prospects, the past year's earnings will not count toward computing monthly income.

SECTION 6.13- COORDINATION OF IPE

A. IPEs for clients must be coordinated with participating agencies as described in interagency and other agreements entered into by AZRSA, for example, services to:

1. Students with a disability who are receiving special education services must be coordinated with the school;
2. A person with serious mental illness being served under the terms of the IGA with the Arizona Department of Health Services, Division of Behavioral Health Services;
3. Individuals with work injuries who are eligible for service funding through the Interagency Service Agreement (ISA) between the Industrial Commission of Arizona (ICA), Special Fund, and AZRSA.
4. Individuals with developmental disabilities who are eligible for services from The Division of Developmental Disabilities (DDD):
5. Youthful Offenders involved with the Arizona Department of Juvenile Correction and/or the Arizona Supreme Court.
6. AZRSA has a Memorandum of Understanding (MOU) with all tribes who operate a Section 121 Vocational Rehabilitation program in Arizona.

B. Coordination of services with other agencies requires the Vocational Rehabilitation counselor to work collaboratively with other agencies.

1. The Vocational Rehabilitation counselor must be aware of the terms of the agreements AZRSA has with other agencies and their responsibilities under these agreements.
2. The Vocational Rehabilitation counselor will keep the other "team" members informed as to progress of services.

3. The Vocational Rehabilitation counselor will provide to other agency professionals involved in the client's rehabilitation case copies of IPEs and any coordination agreements when required to do so by the interagency working agreement.

4. The Vocational Rehabilitation counselor will attend team meetings.

C. Coordination for clients who will require employment support services

1. The Vocational Rehabilitation counselor will request a mandatory meeting with the employment support services funding agent representative:

a. During IPE development, at which time mutual expectations are set and funding commitments are recorded and signed by all parties involved; and,

b. At the time the Vocational Rehabilitation supported employment services have been completed, the client is ready to move into extended supported employment services and all substantive vocational rehabilitation services have been completed, the client is considered to be successfully employed (VR Status 22) and funding responsibility is turned over to the employment support services funding agent.

i. For further information regarding Status 22 see Chapter 9.6 IPE Completion Status 22.

2. The Coordination of Extended Supported Employment Services Form is used to coordinate and document the need and commitment of employment support services.

D. Pre-enrollment with the Employment Administration (EA)

1. The purpose is to expedite access of Vocational Rehabilitation clients to EA resources and jobs.

2. Clients must give AZRSA specific permission to transmit data about them to EA.

a. The Consent to Register Client with AZ Job Service form will provide the client information about

i. The nature of the consent (participation is voluntary)

ii. Why this information will be shared (to pre-register the client with Job Service)

iii. What information will be transmitted

iv. Who has access to the information (listed in Disclosure footnote)

v. How the information will be used (as a means of communication between the Vocational Rehabilitation counselor and the Job Service specialist).

3. Until permission has been obtained from the client, Vocational Rehabilitation counselors should not transmit data to EA and leave "No" as the default in the IRIS EA Referral field.

4. In addition to getting permission to transfer client data to EA for pre-registration purposes, a letter of introduction from Vocational Rehabilitation to EA should be provided to the client.

E. Coordination with the Industrial Commission of Arizona

1. The Industrial Commission of Arizona (ICA) is an oversight agency for Arizona workers compensation insurance programs.

2. ICA administers the Special Fund and has an ISA with AZRSA.

a. The Special Fund can be used to fund rehabilitation services to injured workers according to program criteria.

b. The ISA can be used to fund Vocational Rehabilitation services for disabled workers acknowledged by ICA.

3. All Vocational Rehabilitation counselors are expected to use an ICA Specialist as their liaison to ICA.

4. When a Vocational Rehabilitation counselor identifies a client as a worker who became disabled on the job, he/she is expected to always:

a. Obtain the client's social security number, date of injury, the company he/she was working for, and the State in which the injury occurred; and

b. Enter a Target Group "08" code in IRIS if the injury occurred in Arizona, or while working outside of Arizona for an Arizona company.

5. After eligibility and the OOS priority Status have been determined, the Vocational Rehabilitation counselor needs to contact an ICA Statewide Coordinator located at AZRSA Central Office and give them the obtained demographic information.

6. The ICA Specialist will contact the ICA and request verification if:

a. The client is recognized to the ICA as being injured on the job in Arizona, or for an Arizona Company (Target Group 08); and,

b. The client is eligible for an ICA Special Fund award.

7. The Vocational Rehabilitation counselor proceeds with IPE development and implementation while waiting for a decision about whether the individual is eligible for a Special Fund award.

8. If the client is determined eligible for a Special Fund award:

a. The Vocational Rehabilitation counselor writes a request for a Special Fund vocational rehabilitation award.

i. The ICA specialist can assist in writing the letter, if needed.

b. Upon receipt of approval of a Special Fund award, the Vocational Rehabilitation counselor initiates or modifies the existing IPE to reflect use of Special Fund monies as a comparable benefit to pay for the client's agreed to IPE services.

c. The Vocational Rehabilitation counselor will use the Services Agreement form with the authorization to inform vendors to send invoices/bills to the Special Fund Coordinator at ICA.

d. The Vocational Rehabilitation counselor is responsible to document progress and transmit this information (such as grade reports, progress or lack thereof, interruptions in the Program, etc.) to the Special Fund Coordinator at ICA.

SECTION 6.14 - WORK OPPORTUNITY TAX CREDIT (WOTC)

A. The Work Opportunity Tax Credit (WOTC) provides tax credit for employers who hire certain targeted low-income groups including:

1. VR referrals
2. TANF recipients
3. Veterans who are receiving food stamps or are a member of a TANF family
4. Individuals between the ages of 18 and 25 who live in an empowerment zone or enterprise community
5. Summer Youth program participants
6. Individuals who are members of families receiving food stamps
7. Ex-felons
8. SSI recipients

B. Employers that hire individuals who are SSI recipients and/or who are certified VR referrals may be eligible if the employee works 180 days or 400 hours.

1. Summer youth must work 20 days for 120 hours.
2. All other populations can qualify the employers for 25% of the WOTC if they work at least 120 hours but less than 400 hours.

SECTION 6.15 - IPE's REQUIRING EMPLOYMENT SUPPORT SERVICES

A. A determination must be made early in the process about whether the client has impediments to employment so significant that availability of employment support services is a pre-condition for successful employment.

B. Determinations that IPE planning cannot proceed because of these requirements should not be made lightly.

> **1.** Documentation of the Vocational Rehabilitation counselor's reason for this determination is required.

C. Progress notes should clearly explain the rationale for the need for ongoing support services.

> **1.** This should include how the assessments for determining eligibility, including trial work experiences or extended evaluation demonstrated the need for ongoing support and the nature of required supports.

D. If availability of employment support services is a requirement for successful, long-term employment, resources must be identified to provide such support.

> **1.** Most frequently this will require the identification of another payment source (such as DDD or BHS) and commitments must be obtained from the source before proceeding with IPE planning.
> **2.** The tool used to document commitments is the Coordination of Extended Supported Employment Services.

E. Part I of the Coordination of Extended Supported Employment Services form is completed after an individual has been determined eligible for the Vocational Rehabilitation Program and prior to the initiation of a

Vocational Rehabilitation Individualized Plan for Employment (IPE).

1. This part of the form is signed by the appropriate agency representatives.
2. It is shared with the team members serving the individual.
3. It provides the basis for proceeding with the provision of vocational services by RSA.
4. The completed Coordination of Extended Supported Employment Services form must:
- **i.** Identify the funding source of extended support services; and,
- **ii.** Be signed by all team members; and
- **iii.** Specify the expected extended support services needed.

F. Managing the IPE for someone receiving Vocational Rehabilitation Supported Employment (training) services, the IPE will:

1. Provide for periodic monitoring to ensure that the client is making satisfactory progress toward meeting the weekly work and pay requirements established in the IPE by the time of transition to extended support services;
2. Provide for the coordination of services under an IPE with services provided under other individualized plans (schools, DDD, BHS, etc.);
3. Identify that the job skills training will be provided on site; and,
4. Ensure that placement is in an integrated setting and the client receives at least minimum wage and benefits similar to other employees without disabilities doing the same or similar job.

G. During the progress of the rehabilitation process under an IPE, the correct source of funding for services must be used.

1. Status 13 Supported Employment Services (SES) utilize Vocational Rehabilitation funds.

2. Status 22 Extended Supported Employment Services (ESE)

a. Cases to be closed in status 31 utilize RSA managed state and local funding

b. Case to be closed in status 26 utilize non-Vocational Rehabilitation funds such as those from other agencies (DDD, BHS).

3. Status 31 Extended Supported Employment Services (ESE)

a. For non-BHS cases utilize RSA managed state and local funding

b. For BHS cases utilized non-Vocational Rehabilitation funds from BHS

4. Status 26 Employment Support Services (ESS) utilize non-Vocational Rehabilitation funds such as those fro other agencies (DDD).

H. See Section 9.6-D6 for information and policy regarding Part 2 of the Coordination of Extended Supported Employment Services form.

SECTION 6.16 - DOCUMENTATION REQUIRMENTS

A. The Vocational Rehabilitation counselor will summarize the IPE in the CROS as a progress note.

B. The IPE, and its supporting documents, should stand by themselves and specific details need not be repeated in the progress notes.

C. Important elements that should be included in the progress notes are:

1. How the employment outcome:
- **a.** is appropriate for the client based on his/her personal factors;
- **b.** is available within the local labor market;
- **c.** is consistent with availability of services; and
- **d.** builds on/uses transferable skills;

2. How intermediate objectives were arrived at, why they are essential to achieving the planned employment outcome, and how achievement of the objectives will be measured;

3. How planned services and activities correct, ameliorate, or circumvent the impairments resulting from the client's disability and how other non-disability related services are critical to achieving the intermediate objectives;

4. How any additional responsibilities, action steps, etc. were arrived at and how they are important to achieving the intermediate objectives; **5.** The rationale and background for any IPE elements that do not seem supported by the case file record (evaluation reports, client's history, Health Appraisal and Significant Disability Worksheet, labor market analysis, etc.)

6. Explanations for any obvious changes to expectations and goals reported earlier in the CROS

7. Reasons for not dealing with issues that had been identified as problems in case file documents

8. How any conflicts were resolved, etc.;

9. A list of the IPE backup documents completed to support IPE elements; and,

10. Any other elements of the IPE that may need further explanation, such as applicability of economic need, use of comparable benefits, coordination with other Plans (IEP, ISP, etc.), etc.

D. All services which are to be provided as part of an IPE are entered into IRIS immediately.

1. The current IRIS IPE printout is filed in the CROS for reference purposes.

SECTION 6.17 - KEY CASE DOCUMENTS

A. In addition to the information collected during the intake process and the information gathered to support the eligibility determination, the CROS must also contain the following key documents at the completion of an IPE:

1. A signed and dated Health Appraisal and Significant Disability Worksheet.
2. SSI/SSDI documentation, if applicable;
3. Ticket to Work, if client is Social Security beneficiary;
4. Documentation of legal ability to work in the U.S. or plan for acquiring such documentation;
5. A signed and dated IPE, with dated signatures for required supervisory reviews and/or other approvals;
6. IPE support documents, as required, for the specific plan, such as:

- **a.** Labor Market Analysis;
- **b.** Coordination of Extended Supported Employment Services;
- **c.** Post Secondary Education Plan of Study;
- **d.** Coordination of Student Financial Assistance;
- **e.** Equipment Contract;
- **f.** Ticket to Work Assignment Form;
- **g.** Assistive Technology Profile and AT Plan;
- **h.** Plan for Achieving Self-Support (PASS) or Impairment Related Work Expenses (IRWE) plan;
- **i.** Transportation Worksheet;
- **j.** Self-Employment Business Plan;
- **k.** ICA Award letter;
- **l.** Pell Grant Application and Award letters;
- **m.** Job Development/Placement Choice Menu;
- **n.** Computer Screening Tool;
- **o.** Physical Capacities Worksheet; and
- **p.** Cost Sharing Agreement.

SECTION 7 - SELF EMPLOYMENT

Section 7.1 - Definitions

Section 7.2 - The Role of Self Employment in VR

Section 7.3 - Self Employment IPE - Phase 1

Section 7.4 - Self Employment IPE - Phase 2

Section 7.5 - Adding the Business Plan to the IPE as Phase 2 Amendments

Section 7.6 - Self Employment Review Committee

Section 7.7 - Key Case Documents

SECTION 7.1 - DEFINITIONS

A. Business Plan is a comprehensive summary of the planning and development ideas needed to build a successful business.

1. It is an essential component of a self-employment IPE.
2. It does not include activities that assess or prepare individuals for self-employment.
3. The business plan is the basis for amending an IPE (Phase 2), is filed with the IPE, and is considered an extension of the IPE.
4. It may include items/services that Vocational Rehabilitation cannot purchase.

B. Contract work is work performed under a contract.

1. Contract work may be home based employment and meet the definition of self-employment or be telecommuting and be considered as working for an employer.

C. Franchise means the operation of a business that is either owned or controlled in some manner by the grantor of the franchise.

D. Hobby is an activity or interest that is pursued outside of a person's regular work and is primarily for pleasure.

1. It is not considered work nor can it be considered self-employment.

E. Home Based Business is an enterprise based in, and operated out of, a person's own residence.

1. A home based business is considered self employment only if it meets the definition of self-employment.

F. Independent Contractor is a person who contracts with others to perform services at a specified price.

1. This person generally controls his own services, hours, pricing, and furnishes his own tools and equipment in performing the service.
2. This person incurs the opportunity for profit or loss in performing the service.
3. This person would be considered self-employed.

G. Self-employment is work done for a profit in an individual's own business, profession, or trade.

1. The individual takes personal responsibility for activities that make or break the business;
2. The individual controls his/her own services, hours, pricing, furnishes own tools/ equipment;
3. The individual owns at least 51% of the business; and,
4. The individual directly operates the business and manages all or most of the aspects of the operation (or, in the case of supported self-employment, operates and manages those aspects of the business of which he/she is capable).

H. Self-Employment Review Committee is a statewide committee established by AZRSA to review and approve business plans.

I. Self-Employment IPE is an IPE which includes a vocational outcome and self-employment as the setting in which the client plans to accomplish his/her vocational outcome.

1. Self-Employment IPEs include two (2) phases:

a. Phase 1 is all of the training, preliminary business consultation, restoration services, and development of a business plan; and
b. Phase 2 is the implementation of a business plan and purchase of start-up equipment, initial goods/supplies, etc., after the business plan has been reviewed and approved.

J. Supported Self Employment differs from self-employment, as defined, by including into the self-employment plan employment support services needed in the operation or management of the business due to the client's disabling condition.

1. This may include some limitations to level of control or operation of the business.
2. Supports can be paid for by income generated by the business (and therefore built into the Business Plan) or funded by outside resources, such as DDD, RBHAs or SSA Work Incentives, etc.
3. Supported self-employment is considered Self-Employment for purposes of employment setting closure coding, but supported employment codes are otherwise entered appropriately.

K. Telecommuting is work done out of one's own home for an employer.

1. The employee who telecommutes is generally an integral part of the employer's business and is not normally considered to be self-employed.

SECTION 7.2 - THE ROLE OF SELF EMPLOYMENT IN VOCATIONAL REHABILITATION

A. Self-employment is a work setting, not an employment outcome.

1. The outcome is the field of work, profession or trade that the client is capable of performing.
2. Self-employment is one of an array of employment settings available to a client.

B. If self-employment is the client's choice for employment setting, this option needs to be explored, and a decision made, as early as possible in the rehabilitation process.

1. Active participation by both the Vocational Rehabilitation counselor and the client are critical in making this decision.
2. The advantages and disadvantages of the challenging process of owning a business and the nature of self-employment should be carefully considered.

C. The decision to commit Vocational Rehabilitation funds in support of self-employment must be based on a variety of factors, including but not limited to:

1. The viability of the business plan,
2. Potential for obtaining supporting resources (financial and non-financial),
3. Total start-up costs,
4. Sound business decision making.

D. Supported self-employment may be a feasible option for clients with very significant disabilities needing employment support services to maintain self-employment.

1. Support may come from family, friends, advocates, partners, paid job coaches, etc.
2. The costs for such supports must be factored into all the planning for self-employment.
3. These costs must be part of the business plan itself, if the responsibility for paying employment support services is going to be the client's (i.e., in the absence of available employment support services resources).

E. Applicants who are already self-employed upon Vocational Rehabilitation eligibility may be assisted to maintain or improve their current self-employment only following a thorough assessment to evaluate the client's strengths, abilities, and resources to continue with a self-employment work setting.

1. Vocational Rehabilitation support is limited to the cost of additional or new equipment and supplies necessary for business expansion (never for replacement equipment or replenishment of supplies).
2. It is suggested that a business consultant be used to help examine the viability of the existing business and whether the self-employment setting is appropriate.
3. All policies regarding Vocational Rehabilitation Supervisor or Self-Employment Review Committee approval apply for already self-employed clients.

SECTION 7.3 - SELF-EMPLOYMENT IPE - PHASE 1

A. The IPE when self-employment is a consideration is developed by the Vocational Rehabilitation counselor and client in phases.

1. An employment outcome will have already been established.

2. One of the Intermediate Objectives of the IPE will be Self-Employment.

3. Assessing the feasibility of this objective and doing remote preparation for Self-Employment are all part of Phase 1.

B. There are two different levels, or types, of assessment, one for employment outcome planning and one for planning for self-employment:

1. Employment outcome planning includes:

a. Assessments necessary for establishing an employment outcome, to plan services such as restorative services, skill training, etc. to deal with disability issues, and to begin preparing for employment are done as part of the normal IPE planning process (VR Status 10).

2. Planning and consultation for self-employment during Phase 1 of IPE implementation:

a. Self-employment is only one strategy for achieving the selected employment outcome.

b. It is not the employment outcome itself.

c. Besides the intermediate objective of self-employment, as a way of achieving the selected employment goal, other intermediate objectives need to be written to assist with:

i. Achieving needed knowledge, skills, experiences in the chosen area of employment; and,

ii. Ameliorating or supports for disability related impairments as possible/necessary for achieving success in the chosen employment area.

C. Vocational Rehabilitation Counselor activities related to Phase 1 of the IPE will include the following:

1. The Vocational Rehabilitation counselor and the client will assess the client's interests, strengths, resources, rehabilitation technology needs, etc. in regard to working in a self employment work setting.
2. The Vocational Rehabilitation counselor and client may begin the assessment process by using the Self Assessment Inventories, which consists of self-evaluations in 5 different areas and warm-up exercises for the client.

a. The result of this activity, whether these tools are used or not, must be included in the Vocational Rehabilitation counselor's comprehensive summary when the business plan is presented to the Self-Employment Review Committee.

3. Considerations when deciding to proceed with self-employment as an IPE Intermediate Objective include, but are not limited to, the following:

a. Viability of the business concept as an employment strategy;
b. Work goal as it pertains to the individual's abilities, capabilities, functional impact of disability, level of skills and training, problem-solving and interpersonal skills (including stress management), the effect of earnings on benefits, business operating skills, and economic need;
c. Job options available to the individual in the labor market working for another person, business or organization;

d. Risks and responsibilities of self-employment;
e. Client's long term personal commitment required to keep a business going.
f. Why is self-employment the best way to achieve the employment goal?
g. Does the individual demonstrate the initiative and self-discipline to run a business?
h. What experience does the individual have in meeting and dealing with the public?
i. What opportunities exist, given the business concept and the competitive business environment?

4. Besides the counselor/client initial review and assessment, assessments will also include an evaluation by individuals who can best evaluate the client's strengths and weaknesses for self-employment.

a. Assessments must include consultation with an expert who can evaluate the client's entrepreneurial strengths/limitations.
b. Consultation is obtained from recognized sources and contracted vendors with AZRSA.
c. Recognized agencies/persons must be used, such as SBA, SBDC, SCORE, AZRSA contracted business consultants or individual business consultants; i.e. those who normally explore the full range of entrepreneurial planning with people.
d. While a recognized source may be utilized, AZRSA is limited to paying the cost of contracted vendors only.
e. Consultation from someone in one specific field of endeavor (business) alone will not fulfill this requirement.
f. The consultant should be asked to write an evaluation of the individual client's readiness for self-employment and the client's needs for further research or training.

i. The business consultant should assist the client, as needed, in developing his/her business plan.

g. The assessment must be comprehensive, covering a thorough evaluation of the client's abilities, interests, strengths, concerns, priorities, physical and mental abilities, previous work habits, and availability of family and others to assist the potential owner as needed.

5. Provide the client with training necessary to prepare for self-employment (i.e. update skills, entrepreneurship training).

D. Entrepreneurship training:

1. A client desiring self-employment who has never successfully operated a business must complete a self-employment training course.

a. Such courses are available from post-secondary institutions, the SBA, Small Business Development Centers, or micro-lending agencies.

b. The course must be comprehensive in nature, covering the financial, managerial, marketing, and personal factors involved in owning/operating a business.

c. If supported self-employment is being developed, individuals who will be integral members of the client's supported plan and who have never successfully operated a business must also complete entrepreneurship training.

E. During Phase 1 of the IPE, Vocational Rehabilitation will not fund goods and services that actually create a business.

SECTION 7.4 - SELF EMPLOYMENT IPE - PHASE 2

A. Vocational Rehabilitation will pay for goods/services in a business plan with the following conditions:

1. All applicable Vocational Rehabilitation service policies apply;
2. All applicable Vocational Rehabilitation economic need policies must be applied;
3. All applicable City, County, State and Federal laws, policies and procedures must be followed, including the need for business permits and licenses;
4. All applicable zoning regulations must be followed;
5. AZRSA purchasing policies must be followed when providing goods and services;
6. All self-employment business plans of $5,000.00 or more must be reviewed and approved by the Self-Employment Review Committee;
7. The Vocational Rehabilitation program sets limits to its overall financial participation in a business plan.

a. Exceptions will be given only when absolutely necessary and the need exists because disability related issues increase the costs over the set amounts; and,

8. The Vocational Rehabilitation program can pay only for start-up costs allowed in federal regulations and as defined in policies listed below.

a. Vocational Rehabilitation support is not a grant and participation is only for specific cost items.

B. Financing a Business Plan

1. Vocational Rehabilitation support of a business plan for self-employment is limited to a maximum of $18,000, except with an approved exception.

2. Costs that can be covered by Vocational Rehabilitation are listed under the service category of Employment Related Goods and Services.

3. Goods/services that cannot be paid for with Vocational Rehabilitation funds include:

a. Land;

b. Construction or major modification of buildings; (such as major structural repairs, permanent structures, enclosing carports, or the removal of load-bearing walls)

c. High-risk or speculative ventures (real estate, pyramid sales plans, etc.);

d. Illegal or hobby ventures;

e. Co-signing or underwriting of any business loans, refinancing of existing debt;

f. Multiple businesses;

g. Operating capital, franchise fees;

h. Office modifications which do not meet the Vocational Rehabilitation requirements regarding home/home office modifications;

i. Vehicles requiring a license except for a non-motorized item being towed (e.g. trailer) necessary for the self employment business venture;

j. Businesses organized as non-profit;

k. Payment of loans or debts;

l. Salaries of client or other employees;

m. Support services such as living costs, child care, interpreters, etc. provided as a business expense (such services may only be provided for a client participating in another IPE); and,

n. Businesses which may be sufficiently controversial as to create community disapproval.

i. Public funds will not be used to support any business or enterprise that violates or is contrary to generally accepted moral standards of the community or is of a morally culpable quality, such as any business that

conveys products that appeal to a prurient interest in sex or nudity.

4. Any costs for items not covered by Vocational Rehabilitation or covered items in excess of $18,000 are the responsibility of the client.

5. The following services are not included as part of the $18,000 limit:

a. Skill training;

b. Entrepreneurship training;

c. Business consultation prior to business start-up;

d. Rehabilitation technology;

e. Vocational Rehabilitation Supported Employment services; and

f. Other Vocational Rehabilitation services not specifically part of business start-up costs.

6. Use of other resources

a. All comparable benefits must be pursued before expending Vocational Rehabilitation monies for self-employment.

b. Other potential funding sources should be considered, e.g. family, friends, micro-loan, SBA, bank loans, and SSA Work Incentives, such as PASS, should be also be explored.

7. Partnerships

a. In a partnership, Vocational Rehabilitation will assist only for the client's portion of the business. A partnership contract must be in place and available for review.

8. Client Contributions

a. Any costs which exceed the Vocational Rehabilitation responsibility to fund through other resources.

i. Example: A business plan is written for costs of $46,000. The client must contribute the 10% expected of the first $20,000 (bringing VR costs to $18,000). All costs over $18,000 are the responsibility of the client to find other financing. Thus, the client's responsibility would be $28,000.

b. The client must provide a 10% contribution, or a $2,000, toward the first $20,000 of the business plan start-up costs from personal resources, loans, family assistance, or in-kind contributions toward the expenses of the business plan start-up costs.

c. In-kind contributions include items such as tools and equipment already owned by the client, and rent and utility costs for a business outside the client's private residence.

d. Those items, which are to be considered in-kind contributions, must be appraised and value assigned, as accurately as possible.

i. Example of client contribution: If a business plan is written for $700, the client participation would be $70.

9. Exceptions:

a. Any exception to the Vocational Rehabilitation financial support limit will need to be documented in the client record and approved by the Self-Employment Review Committee.

b. Exceptions may be granted based on reasons of a client's unique personal factors, employment outcome and/or disability-related needs.

C. The Self-Employment Business Plan

1. Required elements are listed on the Self-Employment Business Plan

2. The following elements are not included:

a. Vocational Rehabilitation services for assessment, entrepreneurship and/or skill training;
b. Business consultation prior to start-up;
c. Rehabilitation technology; and,
d. Other Vocational Rehabilitation services which are personal or supportive in nature.

i. For example, a client may be offered counseling, therapy, and/or skill training which would be included in his/her IPE, but will not be part of the business plan.

3. Business Consultant Final Review and Recommendation(s):

a. Written documentation from the business consultant will indicate that all recommendations have been satisfied and support the business plan.
b. If extenuating disability related circumstances present related to the client attending in person, and exception should be presented to the Self-Employment Review Committee chairman in a timely manner for consideration.

4. Business Plan Reviews and Approvals:

a. If AZRSA's portion is under $5,000, a business plan may be approved by the Vocational Rehabilitation supervisor and implemented.
b. Such a business plan may be referred to the Self-Employment Review Committee, if the counselor and supervisor feel it is in Vocational Rehabilitation's and/or the client's best interest.
c. Business plans costing more than $5,000 must be submitted to the Self-Employment Review Committee for review and approval.

5. Amendments to Business Plan:

a. It is expected that a business plan will account for future business improvements, market changes, additional business needs for the continued viability of the business.

b. If an approved business plan is going to exceed its costs, the counselor will handle amendment costs as follows:

i. A 10% overspend (due to price increases) of the originally planned business plan costs is allowed.

ii. No new equipment or supplies will be allowed as part of the 10% overspend that have not been approved by Self-Employment Review Committee.

iii. Thereafter, any additional overspend of the business plan, including any added post-employment services, must be approved at the level dictated by policy.

D. Presentation of a Business Plan and a Comprehensive Summary to the Self-Employment Review Committee

1. The Vocational Rehabilitation counselor will prepare a comprehensive summary for committee members.

a. The summary will include all relevant assessment information and client planning information.

b. Examples of information which should be included:

i. Client's work history/strengths;

ii. Vocational/psychological assessment, when appropriate, relating to self employment;

iii. How the disabling condition would impact the business;

iv. Client participation and time spent in planning;

v. Client supports from other individuals, agencies, etc.;
vi. Consultation(s) obtained, including resulting information;
vii. Client's ability to financially support self and family during the Vocational Rehabilitation plan (cost of labor needs to be recorded in the Self-Employment plan).
viii. The client must also have a plan as to how they will cover his/her disability related expenses and/or insurance;
ix. Intermediate objectives and criteria for when a client will have achieved successful employment (VR Status 22).
x. Client's financial goals (profits) to be considered successful;
xi. Vocational Rehabilitation Counselor issues; and
xii. Criteria for when a client's case can be closed successfully (VR Status 26), including timeline for such closure.

2. The comprehensive summary, a client resume, the Phase I IPE, the business consultant's documentation and the completed business plan must be sent to all committee members two weeks in advance of the scheduled Self-Employment Review Committee meeting.
3. The Vocational Rehabilitation counselor, client, and other individuals significant to the client's plan, will attend the presentation to the Self-Employment Review Committee.

a. If the client has a guardian or legal representative, the guardian/representative must attend the Committee presentation.

4. The client will present his/her business plan to the Committee.

5. The Vocational Rehabilitation counselor will present, in summary form, the client's desire and preparedness for self-employment.

6. The Vocational Rehabilitation counselor and client must expect questions and discussion from Committee members as they evaluate the information before them.

7. The Committee may request additional information and/or make recommendations to the counselor and client.

8. Approval or denial of, or required changes to, the self-employment plan (the Business Plan and Phase 1 IPE) will be transmitted to the counselor in writing within ten working days, unless delayed due to the need for additional information.

9. The decision will be verbally presented to the client with an explanation on the day of the review.

E. Any exceptions to the self-employment policies must be reviewed and approved by the Self-Employment Review Committee, whatever the cost of the business plan.

SECTION 7.5 - ADDING THE BUSINESS PLAN TO THE IPE AS PHASE 2 AMENDMENTS

A. Following approval by the Self-Employment Review Committee of a Business Plan, the approved goods/services in the Business Plan will be added to the IPE as Phase 2 for achieving the intermediate objective of Self-employment.

B. The IPE will reflect only those portions of the business plan which Vocational Rehabilitation can/will assist with.

C. Included in the amended IPE will be all of the start up costs associated with the business plan that Vocational Rehabilitation will pay for.

> **1**. The Vocational Rehabilitation counselor and client may consider, if appropriate, start-up goods and services purchased in stages, depending on the nature of the business.
>
> > **a.** For example, if the client needs only a few pieces of equipment for the first few months, the IPE may indicate, and the CROS reflect, the purchase of what is needed immediately. Other equipment noted in the approved business plan can then be purchased at a later date.

D. When an IPE costs exceeds $20,000.00 and the Vocational Rehabilitation portion of the business plan costs are more than $5,000.00, the Self-Employment Review Committee will be the approval authority for the business plan.

E. District Program Manager approval will be necessary for expenditure of Vocational Rehabilitation funds.

F. IPE plans not subject to Self-Employment Review Committee review and approval must follow the Supervisor

and District Program Manager review policies.

SECTION 7.6 - SELF EMPLOYMENT REVIEW COMMITTEE

A. The Self-Employment Review Committee is a statewide committee established by AZRSA to review and approve AZRSA business plans.

B. The Self-Employment Review Committee may include:

1. One representative from the State Rehabilitation Council who has business (preferably self-employment) experience
2. One representative from the AZRSA Central Office
3. Two Vocational Rehabilitation Supervisors
4. Three Vocational Rehabilitation Counselors or Vocational Rehabilitation Program Representatives
5. One representative from the business community.

C. The committee will request additional information or make suggestions regarding business plans as it deems necessary. Business plans may be re-submitted for committee approval at the request of the committee.

D. The committee will plan to meet monthly, unless it determines otherwise, based on the volume of business plans being presented.

E. Members of the committee will use a Self-Employment Review/Evaluation form as a tool to:

1. Rate the client's business ideas/plan
2. Summarize its recommendations
3. Explain any required changes
4. Record its judgment regarding the feasibility and cost benefit of the plan.

SECTION 7.7 - KEY CASE DOCUMENTS

A. If a self-employment plan is approved, in addition to intake/eligibility documents, IPE planning and IPE documents, the Client's Record of Service (CROS) should contain the following documents:

1. A copy of the client's Business Plan (which should have in it, or attached to it, a complete list of all items approved for purchase by VR);
2. A committee letter of approval for implementing the Business Plan for Business Plans with start-up costs exceeding $5,000. Otherwise, supervisor approval on the amended IPE is required; and
3. All back-up documentation used to evaluate and approve the business plan, including:
- **a.** Self-Employment inventories; and
- **b.** Business Consultant's notes and information.

CHAPTER 8 - SERVICES

Section 8.1 - General Information

Section 8.2 - Client Informed Choice

Section 8.3 - Exceptions

Section 8.4 - Client Missed Appointments

Section 8.5 - Client Purchases

Section 8.6 - Assessments and Evaluations

Section 8.7 - Restoration Services

Section 8.8 - Rehabilitation Counseling

Section 8.9 - Post-Secondary Education and Vocational/Occupational Training

Section 8.10 - On the Job Training

Section 8.11 - Basic Education, Literacy Training and Tutoring

Section 8.12 - Job Readiness Training

Section 8.13 - Disability Related Skills Training

Section 8.14 - Vocational and Miscellaneous Training

Section 8.15 - Job Related Services

Section 8.16 - Transportation Services

Section 8.17 - Maintenance

Section 8.18 - Rehabilitation Technology

Section 8.19 - Adaptive Driving and Vehicle Modification

Section 8.20 - Home Modification

Section 8.21 - Work Site Modification

Section 8.22 - Reader Services, Braille Transcription and Document Conversion

Section 8.23 - Interpreting Services for Individuals Who are Deaf or Hard of Hearing

Section 8.24 - Personal Assistant Services

Section 8.25 - Business/Self-Employment Technical Assistance

Section 8.26 - Information and Referral Services

Section 8.27 - Client Equipment
Section 8.28 - Non-English Language Interpreting
Section 8.29 - Child Care
Section 8.30 - Other Services

SECTION 8.1 - GENERAL INFORMATION

A. FEDERAL REGULATIONS

1. According to the Rehabilitation Act of 1973, as amended and its implementing regulations at 34 CFR 361.48 Scope of Available Services include:

a. Assessment for determining eligibility and priority for services by qualified personnel, including if appropriate an assessment by personnel skilled in rehabilitation technology;

b. Assessment for determining Vocational Rehabilitation needs by qualified personnel, including if appropriate an assessment by personnel skilled in rehabilitation technology;

c. Vocational Rehabilitation counseling and guidance, including information and support services to assist an individual in exercising informed choice;

d. Referral and other services necessary to help applicants and eligible individuals secure needed services from other agencies, including other components of the state workforce system, and to advise those individuals about the Client Assistance Program (CAP);

e. Physical and mental restoration services, to the extent that financial support is not readily available from a source other than RS (such as through health insurance or a comparable benefit/service);

f. Vocational and other training services, including personal and vocational adjustment training, books, tools, and other training materials, except that no training or training services in an institution of higher education (universities, colleges, community or junior colleges, vocational schools, technical institutes, or hospital schools of nursing) may be paid for with funds under this part unless maximum efforts have been made by Rehabilitation Services Administration (RSA) and the individual to secure

grant assistance in whole or in part from other sources to pay for that training;

g. Maintenance for additional costs incurred while participating in rehabilitation;

h. Transportation in connection with the rendering of any Vocational Rehabilitation service;

i. Vocational Rehabilitation services to family members of an applicant or eligible individual if necessary to enable the applicant or eligible individual to achieve an employment outcome;

j. Interpreter services, including sign language and oral interpreting for individuals who are deaf or hard of hearing, and tactile interpreting services for individuals who are deaf-blind;

k. Reader services, rehabilitation teaching services, and orientation and mobility services for individuals who are blind provided by qualified personnel;

l. Job-related services, including job search and placement assistance, job retention services, follow-up services and follow-along services;

m. Supported employment services;

n. Personal assistance services;

o. Post-employment services;

p. Occupational licenses, tools, equipment, initial stocks, and supplies;

q. Rehabilitation technology, including vehicular modification, telecommunications, sensory, and other technological aids and devices. Rehabilitation technology must be discussed and provided, if needed, at each stage of the rehabilitation process;

r. Transition services;

s. Technical assistance and other consultation services to conduct market analysis, develop business plans, and otherwise provide resources to eligible individuals who are pursuing self-employment or telecommuting or who are establishing a small business operation as an employment outcome;

t. Other goods and services determined necessary for the individual with a disability to achieve an employment outcome;

B. AZRSA POLICY (Statewideness)

1. Vocational Rehabilitation service policies must be applied consistently statewide

2. Clients throughout the State must have equal access to goods and services needed for meeting their rehabilitation needs.

a. When this is not the case, a statewide waiver (e.g. Vocational Rehabilitation services to students who are in school funded by third party resources) is required.

b. Equal availability of resources does not imply that all resources must look alike or have the same title or that all services are equally available everywhere in the State.

C. AZRSA purchases services for individuals with disabilities to:

1. determine their eligibility,

2. identify their vocational rehabilitation needs and

3. assist them in attaining their chosen employment outcomes.

D. The Vocational Rehabilitation program does not provide the following goods or services:

1. reimbursement to clients for debts and expenses they have incurred. This includes goods and services that the clients have ordered which have not been agreed to and which are not included in the IPE.

2. ongoing services once an individual has obtained successful employment;

a. Ongoing services are not available as a part of post-employment

3. basic living expenses (food, shelter, clothing) not directly associated as an increased cost for participation in a Vocational Rehabilitation program;
4. specific goods and services such as: purchase of vehicles or modifications involving structural changes to a building;
5. services which are available from other agencies or organizations as comparable benefits;
6. services based on economic need for persons who do not meet economic need criteria;
7. salaries or repayment of debts.
8. AZRSA will not purchase firearms, provide or support training related to the use and/or ownership of firearms, or assist with other costs related to the use and/or ownership of firearms.
9. See Chapter 8.3 Exceptions if an individuals needs may necessitate consideration of supplying any of the above mentioned services.

E. The services purchased for any individual are limited to those services necessary to his or her vocational rehabilitation needs.

F. Eligibility for Vocational Rehabilitation does not entitle clients to any specific services. Vocational Rehabilitation policies regulate the specific type or amount of goods and services that are available and under which circumstances they are available to an eligible client.

G. Once a client has been determined eligible and all the necessary assessments/services have been completed to develop an IPE, the Vocational Rehabilitation program will pay only for services contained in either an original or amended IPE.

H. AZRSA Procurement is guided by federal, state and ADES procurement regulations, policies and procedures for selecting, authorizing and paying for goods and services for Vocational Rehabilitation applicants and clients.

1. Refer to the AZRSA Contract Manual for specific stipulations regarding this.
2. Purchase requests for services are initiated by Vocational Rehabilitation counselors but they are not authorized to make official authorizations to providers.
3. Only AZRSA Purchasing /Payment Technicians (PPTs) are allowed to purchase and/or pay for services.
4. It is the counselor's responsibility to communicate the scope and nature of the service needs of their clients clearly to the PPT.

I. Vocational Rehabilitation services can be purchased only with: (a) an original written authorization to a vendor and (b) a signed Client Purchase Agreement (voucher).

J. AZRSA will honor requests for payments from vendors only if goods or services were properly authorized in accordance with this policy.

K. Payment to vendors for services or good are made only when an original signed invoice by the individual/organization authorized to provide the service has been received.

1. Vocational Rehabilitation counselors are required to review and approve payments for goods or services that they requested on behalf of their clients.
2. Vocational Rehabilitation counselors are responsible to make sure that goods/services were received (including a written reports for consultations and evaluations), satisfactory, and consistent with the request and the client's needs before approving payments.

SECTION 8.2 CLIENT INFORMED CHOICE

A. Clients are encouraged to make informed choices of services and service providers when choices are available, as described by policy.

B. AZRSA supports the informed choice process by providing counseling and guidance, information and support to help clients make choices that match their strengths, resources, priorities, concerns, abilities, capabilities, and interests by:

1. Explaining what choices are available throughout the rehabilitation process;
2. Assisting clients to identify and get the information they need to explore the options available; and
3. Helping clients understand and evaluate the options.

C. The client must be a full and active participant in selecting the provider of goods or services based on the following considerations, whichever applies:

1. Program policies permit client selection within preset policy boundaries and an agreement between the client and the counselor.
2. The client is given the resources to purchase his/her own goods and/or services by AZRSA under terms stipulated in the IPE when:
a. The goods or services are very personal in nature and require control over the selection, such as personal assistance services, reader and note taking services, etc.
b. The client has a prior relationship with a provider and there needs to be a continuity of care.
c. AZRSA is providing a co-payment for goods and services covered under the client's insurance or whenever the client, or client's resources, is paying for more than of the costs.

D. The client may select Vocational Rehabilitation services needed to achieve an employment outcome that is consistent with his/her strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. The client may select the service provider of his/her choice as follows:

1. AZRSA pays for services that meet the client's needs at the least cost possible.

a. Exceptions to policy may be allowed when requested through the mandated channels when the requested is based on and individual's disability related needs (see Section 8.3 - Exceptions).

2. If two or more service providers or programs offer comparable services but differ in cost, and the client chooses the higher cost service or program, the client is responsible for those costs in excess of the lower cost service.

a. The client can use resources other than AZRSA funds to pay the remaining cost.

3. AZRSA may pay for a service or program at a higher cost than another service or program if the costs are reasonably comparable if the clients disability related needs are better served by the higher cost service.

4. The service provider selected by the client meets all federal, state, and AZRSA requirements for approval.

SECTION 8.3 – EXCEPTIONS

A. Exception to the requirements of service usage and the allowed costs of services that are detailed in the policy manual can be made in some circumstances.

1. These exceptions should not be confused with the procedure for procuring services.

2. Exceptions from the policy may be granted for a specific individual for the purpose of meeting that individual's unique rehabilitation requirements if the requirements are necessary for the individual's movement toward his/her vocational goal and meet the criteria listed below:

- **a.** Needs of the client: The exception to policy must be necessary because of the unique needs of the individual.
- **b.** Legality: The granting of the policy exception will not violate any federal or state law or regulation.
- **c.** Intent of the policy: Granting the exception will not violate the intent of the given policy.
- **d.** Fairness and equity: The granting of the exception will not violate fairness to other clients.

3. Exceptions request must be made in writing prior to any obligation for the exception on behalf of the VR Program.

- **a.** The request and the response to the request will be maintained in the case file.
- **b.** The policy exception request must be initiated by a vocational rehabilitation counselor.
- **c.** The request for the exception must explain:
  - **i.** Why policy should not apply to the particular client's services.
  - **ii.** To what extent the exception will deviate from policy.
  - **iii.** The consequences to the client and the client's IPE if this exception is not made.

iv. Any alternatives that have been considered outside of an exception.

4. All requests for exceptions to policy must follow the chain of command.

a. The office supervisor must first be notified.

b. The office supervisor will then request approval from the District Program Manager.

c. The District Program Manager has the authority to approve policy related exceptions.

d. A copy of the approved policy exception is to be forwarded to the manager of the Policy/Training Unit or designee at Central Office.

e. The District Program Manager should seek consultation with AZRSA Policy Unit staff and the AZRSA Administrator regarding extraordinary circumstances and/or excessive costs related to a policy exception.

B. Exceptions to procurement requirements can be considered in some circumstances.

1. Exceptions to procurement requirements should not be confused with exceptions to policy requirements.

2. Requests for exceptions to procurement requirements should be reviewed by the office supervisor and the DPM.

3. The reviewed requests for exception must be sent to the AZRSA Contracts Unit Manager at Central Office.

a. The Contracts Unit Manager will explore other available procurement methods and assist the counselor and/or purchasing technician in procuring the needed services.

4. Exception requests must be accompanied by a concise justification as of why the existing payment methods cannot be applied or providers cannot be used.

SECTION 8.4 - CLIENT MISSED APPOINTMENTS

A. Vocational Rehabilitation counselors are responsible to:

1. Assist the client, as needed, in scheduling an appointment with a provider of services and notify the client in writing and the client's preferred method of communication about the scheduled appointment at least five calendar days before the service start date unless otherwise arranged and documented.

2. Inform the client about the AZRSA policy for missed appointments early in the Vocational Rehabilitation process and the client's responsibility to cancel the appointment with a provider at least 24 (twenty-four) hours in advance.

B. Appointments that are canceled at least 24 hours in advance by the client or AZRSA staff do not constitute a missed appointment but are considered a timely canceled appointment and should not incur any fee.

C. In determining payment for missed appointments the following procedure must be followed:

1. Refer to RSA contracts for any provisions in the contracts regarding missed appointments.

a. Many contracts have a provision for missed appointments built into the overall price paid to the provider and in such circumstances the provider cannot request that AZRSA pay additionally for any missed appointments.

2. For contracts or services that do not specifically address missed appointments, the following fee schedule applies:

a. For a service lasting 1 hour or less: 50% of the cost of the service to be provided.

b. For a service lasting more than 1 hour but no more than a full day: 25% of the cost of the service to be provide.

c. For a service that spans multiple days: 20% of the cost of the service to be provided.

3. Consideration for payment of missed appointments can only be made if requested by a provider.

D. A continued pattern of missed appointments is grounds for terminating a particular service and for reconsideration of the appropriateness of Vocational Rehabilitation services for the client at this time.

E. For some services that will last over a period of time (for extended or multiple-day services), the contractor is required to notify the counselor after the first missed appointment to determine if the service continues to be authorized.

SECTION 8.5 - CLIENT PURCHASES

A. General Service Provision

1. AZRSA can voucher clients to obtain services in some circumstances.
2. AZRSA authorizes clients, through an IPE, to incur costs that AZRSA agrees to pay for, in specific types of situations.
a. In limited situations this also applies to some services outside the IPE.

3. Clients cannot obligate the State and cannot act as procurement agents for the State.
4. AZRSA will never reimburse a client for a service that has not been pre-authorized prior to incurring the cost.

B. The following procedures will be followed for client purchase:

1. The client may be authorized to incur monthly expenditures up to the level established in the IPE for "one time purchases" or ongoing service needs (known as Pre-Approved Expenditures).
2. The amount to be authorized will be based on real cost data provided by the client or as researched by the counselor.
3. Payment to the client is processed when the Client Purchase Agreement (formerly known as "Voucher Agreement") form is signed.
4. Pre-Approved Expenditures (PAE) without invoices
a. The client may be authorized to incur monthly Pre-Approved Expenditures up to the level established in the IPE.
b. Separate invoicing is not required.
c. Payments are made to the client early in the month upon evidence that the client continues to actively participate in services.

5. Pre-Approved Expenditures (PAE) with invoices:

a. For ongoing services that will last over a period of time and for which the client selected the provider such as personal attendant care, reader or note taker services, tutoring in a college/university setting, and child care, payment to the client is made when the client presents an invoice (e.g. from the attendant care giver, for reader services, etc.) along with a form called Statement of Services Rendered.

C. Services determined as Client Purchase:

1. Ongoing Services, known as Pre-Approved Expenditure, include but are not limited to:

a. Personal Assistant (Attendant care) services;
b. Reader and Note taker services ;
c. Books and supplies related to an education program;
d. Child care;
e. Tutoring (only for clients who are in college/university setting to pay their peers for tutoring);
f. Travel and Per Diem reimbursements associated with assessment or adjustment service;
g. Transportation mileage
h. Maintenance (when used to assist the client with increased living costs incurred as a result of participating in other IPE services).

i. These are usually set amounts that have been pre-authorized on an ongoing basis in an IPE.
ii. Such payments are never made until after the middle of the month after evidence that the client is actively participating in services in the month for which payments are being made.

2. One time purchases that are using a voucher are limited to $2,000 and are restricted to the following services:

a. Medications;
b. Work clothes and uniforms;
c. Computer software and hardware (if not available under contract);
d. Initial Goods and supplies for self -employment;
e. Educational fees for short term classes, seminars;
f. Occupational certificates, licenses, bonds, insurance;
g. Tools/equipment for school or work;
h. Adaptive aids and devices and not available under contract;
i. Co-payments ;
j. Equipment rentals and repair;
k. Hearing aids (not available under a contract);
l. Car repair;
m. Vehicle Towing.

D. Misuse of The Client Purchase Authority

1. The client is not permitted to use the federal or state funds to buy services or goods other than those which are authorized in the IPE.
2. If the authorized fund is used for any other purpose, AZRSA will not re-authorize/pay for the same service without a signed and dated re-payment plan from the client.

E. Co-payments are allowed when and agreement is drafted and signed by all involved parties(AZRSA counselor, client, and third parties), is placed in the CROS, and which meet the following standards:

1. A third party (e.g. Medicare, AHCCCS/ALTCS, Veterans Administration, private insurance carrier, Center for Independent Living, provider using Community Block Grant funds) authorizes the purchase of an pre-approved IPE good/service and plans to pay more than one-half of the cost; and

2. Less than 50% of the total cost remains to be subsidized by AZRSA. A letter to the client must state clearly that AZRSA is involved only as a co-payer. It must identify the amount of the co-payment which is being paid by AZRSA, the primary purchaser of the good/service, and the cost and nature of the total purchase.

3. The letter signed by the client and documentation from the "third party", indicating the total cost of the item/service and the AZRSA co-pay amount, will be used as an invoice.

4. AZRSA will contribute up to its 50 % via issuing a voucher to client (group decision) up to $2,000.

F. See Chapter 8.3 Exceptions if an individuals needs may necessitate consideration of supplying any services or procedures that are not supported by this policy.

SECTION 8.6 - ASSESSMENTS AND EVALUATIONS

A. Assessment is defined as services provided and activities performed to determine an individual's eligibility for Vocational Rehabilitation services, to assign an individual to a priority category of a State Vocational Rehabilitation agency that operates under an order of selection, and/or to determine the nature and scope of VR services to be included in the IPE. Include here are trial work experiences and extended evaluation.

B. Diagnosis and treatment of impairments include:

1. Corrective surgery or therapeutic treatment that is likely, within a reasonable period of time, to correct or modify substantially a physical or mental impairment that constitutes a substantial impediment to employment;
2. Diagnosis and treatment for mental and emotional disorders by qualified personnel who meet State licensure laws;
3. Dentistry;
4. Nursing services;
5. Necessary hospitalization (either inpatient or outpatient care) in connection with surgery or treatment;
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 visual aids;
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 individuals with end-stage renal disease, including transplantation, dialysis, artificial kidneys, and supplies; and

16. Other medical or medically related rehabilitation services.

C. AZRSA POLICY

1. Assessment services, including services provided in a trial work experience or extended evaluation, are provided to obtain additional information necessary to:

- **a.** determine client eligibility and assign priority for the Order of Selection;
- **b.** determine the factors that affect the employment and rehabilitation needs of eligible clients and barriers for preparing for, obtaining and maintaining employment;
- **c.** determine the unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice, including the need for supported employment;
- **d.** identify client's rehabilitation needs, employment outcome and the nature and scope of vocational rehabilitation services to be included in the IPE;
- **e.** assess and develop client's abilities, capabilities, and capacities to perform adequately in a work environment;
- **f.** assess client's needs for rehabilitation technology necessary for work.

2. Economic Need does not apply to:

- **a.** Assessments for determining eligibility and priority for services except non-assessment services

b. Assessments for determining vocational rehabilitation needs;

c. Any auxiliary aid or service (e.g., interpreter services, reader services) that an individual with a disability requires under section 504 of the Act (29 U.S.C. 794) or the Americans with Disabilities Act (42 U.S.C. 12101, et seq.), or regulations implementing those laws, in order for the individual to participate in the Vocational Rehabilitation program.

D. The service outcomes for assessments/evaluations include, but are not limited to:

1. review of client's existing records;
2. confirmation of diagnosis;
3. recommendations for additional evaluation(s);
4. identification of restrictions/functional capacities needed for employment planning purposes;
5. prognoses and treatment recommendations;
6. provision of a written assessments summary or an evaluation report;
7. provision of monthly progress report if the assessment/evaluation is conducted over a period of time.
8. For specific requirements of each type of assessment/evaluation see information under each individualized assessment type detailed in this section.

E. Travel related expenses

1. AZRSA will pay for transportation, food, and lodging expenses that are incurred to permit the client's involvement in diagnostic or evaluation services.

a. Cost will not exceed the maximum daily per diem and travel reimbursement set for State employees.

b. Service can be purchased directly or a voucher may be provided to the client.

c. Documentation in the CROS must include receipts for lodging or a client signature on a voucher agreement.

F. Medical Evaluations

1. This service may include but is not limited to:

a. General and comprehensive medical evaluations/exams;

b. Medical consultations;

c. Separate/specialty medical evaluations/exams (e.g. ENT, psychiatric, neurology, cardiology, etc.);

d. Rehabilitative services evaluations.

2. The purposes of the medical evaluation in the rehabilitation process are to determine the existence and the extent of disability, client medical limitations and remaining capacities, the client's capabilities to fulfill various types of vocational demands, and the types of adaptive services that would benefit the client in regards to achieving a vocational goal.

3. A referral using the form Health Assessment Questionnaire should be provided to the medical professional with a specific list of questions that need to be answered via medical evaluation.

4. A comprehensive medical evaluation should provide the following information:

a. evaluation of specific body systems to determine the presence of disability, its severity and progressive nature;

b. determination of functional implications of impairment (e.g. the impact on vocational and daily living functioning, the potential side effects of medication, etc).) and /or limitations imposed by disability and whether the disability is short –term or long -term;

c. potential for recovery and service needed to achieve that goal;

d. existing vocational capacities and limitations of the individual.

5. A comprehensive written report with precise conclusions and recommendations that answered the counselor's referral questions is required.

6. Types of Medical Evaluations

a. General medical exams/evaluations: a service that includes physical examinations for clients to determine the extent and nature of the disability and to establish a prevention or treatment plan for the client as well as to monitor health status as needed for rehabilitation purposes.

b. Medical consultations: A service provided by a physician whose opinion or advice regarding evaluation and or management of a specific problem is recommended by another physician when basic medical data/evaluation is already available and a specialist consultation is recommended.

i. This should not be confused with the consultation provided by an official AZRSA medical consultant.

ii. For information regarding the use of an AZRSA official medical consultant see Chapter 6.8.

c. Separate (specialty) medical evaluations/exams: the purpose of specialty medical examinations or equivalent reports during the VR process is to assess medical issues to gain information about functional capabilities or treatment needs which may impact upon the client's eligibility, rehabilitation needs, employment goal and plan for services.

7. Types of medical specialty exams:

a. Cardiology

b. Neurology

c. Ophthalmology

d. Ear, Nose, and Throat
e. Psychiatric
f. Psychiatric Pharmacology Assessment
g. Dental
h. Rehabilitative Services Evaluations
i. Eye Exams
j. Audiology/Audiometric Assessment

8. Eye Assessments

a. Must be provided by a board certified Ophthalmologist; Medical Doctor M.D, Doctor of Osteopathy (D.O) or Optometrist (O.D) depending on the type of assessment/exam being done.

b. May Include:

i. Determination of Refractive State. This level of assessment is used to determine current refraction to obtain a prescription for glasses.

ii. Intermediate new patient medical examination and evaluation to establish the presence of a visual disability with resulting functional limitations and pertinent recommendations, does not include refractive exam.

iii. Comprehensive new patient medical examination and evaluation with field exam, tonomerty, neurological tests, which are required to establish the presence of a visual disability with resulting functional limitations and pertinent recommendation, does not include a refractive exam.

9. ENT Specialty Exam

a. These examinations are conducted by Otolaryngologists, or more commonly referred to as ENT physicians who are trained in the medical and surgical treatment of patients with diseases and disorders of the ears, nose, throat (ENT), and head and neck.

i. These physicians treat ear disorders.

ii. These physicians are specialists trained in both the medical and surgical treatment of hearing, ear infections, balance disorders, ear noise (tinnitus), nerve pain, and facial and cranial nerve disorders.

b. An ENT exam is used when the primary care physician or audiologist has recommended the exam or when the vocational rehabilitation applicant/client has not utilized hearing aids prior and is now requesting VR support with the purchase of hearing aids.

c. This service is provided by a physician who is specialized as an Otolaryngologist or otologist.

d. Referral to an Otolaryngologist/ENT physican is in most situations required if the client has any one of the following otologic conditions:

i. visible congenital or traumatic deformity of the ear;

ii. history of sudden or rapidly progressive hearing loss within the last 90 days;

iii. acute or chronic dizziness;

iv. unilateral hearing loss of sudden or recent onset within the last 90 days;

v. air-bone gap equal to or greater than 15dB at 500, 1000 and 2000 hertz;

vi. visible evidence of significant cerument (earwax)accumulation or a foreign body in the ear canal; or pain or discomfort in the ear.

vii. A foreign object in the ear canal.

viii. Pain or discomfort in the ear.

e. Client's who are current or prior users of hearing aids may not require a referral to an Otolaryngologist/ENT physician.

i. If the need for an Otolaryngologist referral is in question an audiological consultant should provide input on the decision.

10. Audiology Assessment

a. This service includes a variety of audiological tests to determine if an individual has deficiencies and may provide corrective action and/or treatment guidance.

b. A comprehensive audiological evaluation must include all four of the following:

i. Audiometry threshold and speech recognition

ii. Tympanometry

iii. Acoustic Reflex Testing

iv. Speech-in-noise testing

v. Otoscopee for appropriate audiology managment or as a basis for medical referral to specialty physicians

vi. Cerumen managment to prevent obstruction of the external ear canal and of amplification devices.

11. Psychiatric Assessment is a service that provides an assessment of a person's history, mental status and functioning by a psychiatrist for the purpose of establishing a psychiatric diagnosis and/or recommending a course of psychiatric treatment.

12. Psychiatric Pharmacologic Assessment is an assessment of psychotropic medication adjustment and monitoring services include prescriptions for psychotropic medications, review of the effects and side effects, and adjustment of the type and dosage of psychotropic medications prescribed that address the therapeutic goals outlined in the service plan.

13. Dental Exam includes services to evaluate and determine the client's need for dental restoration services provided by a dentist licensed in accordance with Arizona

laws or by the laws of the State in which he/she conducted the exam. A complete AZRSA Dental Examination Form is required.

14. Rehabilitative Service Evaluations

a. Physical therapy evaluation may include:

i. A comprehensive history systems review, tests and measures; this service may include, but is not limited to, tests of range of motion, motor function, muscle performance, joint integrity, neuromuscular status, and review of orthotic and prosthetic devices.

ii. Re-evaluation: The physical therapist re-examines the client to obtain objective measures of progress toward stated goals.

b. Occupational therapy evaluation

i. The occupational therapist evaluates the client's various movements required for activities of daily living such as dexterity, range of movement, and other elements may be suitable.

c. Physical performance test or functional capacity evaluation

i. The clinician (i.e. physical or occupational therapist) performs a test/measurement of physical performance evaluating function of one or more body areas and evaluates functional capacity. A written report is included. This is an addition to routine evaluation and re-evaluation.

d. Speech evaluation

i. This service may include evaluation of speech, language, voice, communication, and /or auditory processing, and /or aural rehabilitation status prior to speech therapy authorization.

15. Eye Exams services may include:

a. Regular eye exams for prescriptive lenses

i. This is a service that provides for the examination of the eye and ocular function provided by an optometrist (O.D), ophthalmologist (M.D or D.O) with training and experience in low vision evaluation, or a dispensing optician under the supervision of a optometrist or ophthalmologist.

b. Clinical Low Vision Evaluation

i. This is a specialty evaluation with the goal of assessing residual vision with emphasis on addressing functional problems of daily living and recommendation for low vision aids and adapted devices.

ii. This evaluation is provided by an optometrist (O.D), ophthalmologist (M.D or D.O) with training and experience in low vision evaluation, or a dispensing optician under the supervision of an optometrist or ophthalmologist.

iii. This evaluation is appropriate for clients whose vision:

1) Is best corrected vision to 20/60 or worse but no worse than 20/800.

2) Has extensive field loss that interferes with tasks of daily living such as travel.

3) Has double vision, vertigo, or glare sufficient to interfere with tasks of daily living such as reading or traveling.

iv. The clinical low vision evaluation includes:

1) Exterior eye examination

2) Internal eye examination

3) Visual Acuities including refraction with contrast or glare

4) Test of eye coordination and muscle function

5) Color vision

6) Glaucoma tests
7) Functional history
8) Reading and Near Vision
9) Intermediate Activities
10) Activities of daily living such as use of computer, cell phones, and PDAs, recreation, mobility driving, educational and vocational needs.
11) Recommendations for low vision aids and training in the use of the recommended aids including head mounted optical devices and systems.

c. Functional low vision evaluation

i. This is a specialty evaluation with goal of assessing residual vision with the emphasis on addressing functional problems of daily living.

ii. This evaluation includes review of clinical information, medical eye report, client demographics and comprehensive history of onset, treatments, surgeries, medications, family history, education and adjustment to vision loss.

iii. This evaluation also includes a visual needs assessment and task analysis, contrast sensitivity and color vision assessment, evaluation and recommendation for non-prescriptive aids and devices, computer software, task lightening, glare control and recommendations for additional training.

iv. This type of evaluation is provided to AZRSA clients with best-corrected vision of 20/60 or worse but not worse than 20/800.

v. Low vision evaluations should at minimum include:

1) Review of clinical information accompanying the referral;
2) Client interview;

3) Clinical evaluation to assess current visual function and the potential need for adaptive devices.

G. Psychological Evaluation

1. Psychological evaluations are used to:

a. determine the existence of a disability, the vocational significance of disability and the person's potential level of intellectual and psychosocial functioning;

b. provide recommendations for psychological services.

2. Counselors will provide the psychologist with specific information about the social/vocational history, medical history, and vocational objectives of the person being referred (if applicable) in order to increase the probability of a thorough psychological evaluation.

3. Counselors will make an effective referral using the Referral for Service form by providing the psychologist with a specific list of questions that need to be answered via psychological evaluation addressing the areas of ambiguity regarding the person's behavior, psychosocial, or intellectual functioning.

4. Providers will determine appropriateness of each psychological test for particular clients in relation to their disabilities and presenting problems.

5. Psychological assessment should result in:

a. Concrete, predictive statements about the individual's behavior in a wide range of situations and person's ability to cope with life demands.

b. A comprehensive written report with precise conclusions and recommendations that answered the counselor's referral questions.

6. Types of psychological evaluations

a. Minimal psychological evaluation is:

i. provided by a psychologist;

ii. used to confirm or update an established diagnosis and is appropriate for clients with a known history of psychosocial or cognitive impairment, for whom recent psychological information is available and only clinical interview and review of records by a psychologist is required.

iii. modified to accommodate an individuals disability, specifically for visually impaired and deaf clients.

b. Standard psychological evaluation is provided by a psychologist and is appropriate for most individuals when current psychological or mental health information is not available.

i. The Standard Evaluation will at minimum provide the following:

1) the five axis DSM IV diagnostic scheme

2) a detailed picture of the individual's cognitive and behavioral assets and liabilities;

3) assessment of psychopathology including personality disorder, barriers to employment and services required to achieve a vocational outcome and other recommendations that may be appropriate;

4) assessment of cognitive aspects such as general intelligence, verbal intelligence, performance intelligence, working memory, attention and concentration, speed of processing and concept formation;

5) academic skills which may be measured to assess current grade levels for reading, mathematics, and spelling as well as potential for learning;

6) adaptive functioning aspects which may include activities of daily living, money management, travel skills, communication skills, and homemaking;
7) psychosocial aspects which may include mental health functioning in the areas of personality structure, interpersonal relationships, attitudes towards work, family dynamics in relationship to the individual's' disability, adjustment to disability, etc.
8) Accommodations for individual's disabilities in the form of modified testing.

c. Standard psychological evaluation with educational component:

i. expands on elements contained in a standard evaluation assessing specific domains and it is used when cognitive abilities, academic achievement and scholastic aptitudes should be measured to obtain information needed for rehabilitation planning purposes;
ii. places an additional emphasis on the diagnosis of learning disabilities and attention deficit disorder.

d. Standard psychological evaluation with vocational interest component:

i. expands on elements contained in a standard evaluation assessing specific domains;
ii. should provide leads as to the fit between the person's personality and abilities and various vocational demands, in particular what the person wants from a job (desired reinforces) and reinforces available form particular jobs;

iii. will identify the client's career beliefs, vocational skills, proficiencies and abilities, vocational values and interests, aptitudes, and temperaments.

e. Standard psychological evaluation with psycho-sexual component:

i. is used only when an individual has been convicted of sex offenses, has documented history of sex offenses, or has a diagnosis of paraphilia, personality disorder, or conduct disorder that predisposes the individual to commit sexual act that constitute a danger to the health and safety of others and the individual is not being monitored by another agency to prevent re-offenses;

ii. focuses on an individual's sexual development, sexual history, paraphilic interests, sexual adjustment, risk level, and victimology.

iii. typically includes psychosexual and psychological inventories, and may include physiological testing of sexual arousal patterns, the individual's veracity, etc.;

iv. should contain a predictive statement of likelihood of committing sex offenses and the protection required to protect the community if VR places the individual in community employment when such information is not already available;

v. should be performed by a psychologist or a psychiatrist who are licensed and familiar with the state's statutes regarding sexually violent individuals and sexual offender treatment program and who have experience and training in this specialized field.

f. Neuropsychological evaluation:

i. Are provided by a neuropsychologist;

ii. Is used when cognitive, behavioral or personality changes due to brain injury, disease or dysfunction is known or suspected and consideration is being given for a comprehensive treatment and rehabilitation program;

iii. Can be modified to accommodate individual's disabilities, particularly for visually impaired and deaf clients.

H. Vocational Evaluations

1. Vocational evaluation is an individualized and systematic process designed to determine the client's present and future vocational potential by evaluating the client's employment-related strengths and limitations.

2. Vocational evaluation uses work activities, (either real or simulated) for assessing capabilities, exploring vocational areas and guiding employment choices.

3. Types of vocational evaluations

a. Basic Evaluation.

i. This level of evaluation is appropriate for individuals with a prior vocational evaluation where only basic updating of the previous vocational information is desired.

ii. Basic Evaluation may include but is not limited to assessing the following:

1) Vocational interests

2) Intellectual capacities

3) Physical, psychomotor and sensory capacities

4) Aptitudes

5) Academic achievements

6) Learning style

b. Moderate Evaluation.

i. This level of evaluation is appropriate for individuals who have not participated in any prior vocational testing and who require a

more in depth vocational evaluation that described in Basic Evaluation.

ii. Moderate Evaluation may include but is not limited to assessing the:

1) Vocational interests

2) Intellectual capacities

3) Physical, psychomotor and sensory capacities

4) Aptitudes

5) Academic achievements

6) Learning style

7) Transferable skills analysis

8) Work skills and work tolerance

9) Attitudes toward work and knowledge of occupational information and job seeking skills

c. Comprehensive Evaluation.

i. This level of evaluation is appropriate for individuals requiring a specialized, extensive vocational evaluation to answer the referral questions.

ii. The evaluator's report will provide an extensive description of the individual's assets limitations, and detailed findings from a variety of assessment test batteries and techniques, and the use of real or simulated work.

iii. Elements of the evaluation may include the following:

1) Cognitive abilities

2) Academic achievements (grade level) in reading, writing, spelling and mathematics.

3) Physical abilities

4) Sensory abilities

5) Aptitudes and vocational interests/exploration

6) Behavioral observations and work habits.

d. Comprehensive Vocational Evaluation - McCarron-Dial System

i. is appropriate for individuals who are blind and/or visually impaired and for individuals with neuropsychological problems requiring a specialized, extensive vocational assessment to answer the referral questions.

ii. This evaluation identifies relative strengths and weaknesses in verbal-spatial-cognitive, sensory, motor, emotional and adaptive behavior areas of functioning.

iii. This evaluation is expected to be completed within a one-week period.

iv. This evaluation will include, but is not limited to, the following:

1) Physical, psychomotor, cognitive, and sensory capacities and limitations;

2) Academic and vocational achievements

3) Learning style including ability to understand, recall, and respond;

4) Personal, social, and work related behaviors (e.g. motivation and attitude toward work, attendance and punctuality, acceptance of supervision, social behaviors and impulse control, etc.) based on direct observation of work-related behaviors during evaluation;

5) Vocational interests, aptitudes, and career aspirations;

6) Analysis of transferable skills, job seeking skills, knowledge of occupational information, and job keeping skills;

7) Analysis of the client's potential for success in the specific field of work;
8) Analysis the client's needs for job and other accommodations.

e. Situational Work Assessments:
i. is used to create real life work situations in a controlled or supervised setting;
ii. is for clients with disabilities who have had unsuccessful or very limited exposure to work;
iii. is typically used for VR clients who have already had psychological or vocational testing done but need additional observation while performing real work or for those who are determined to not need structured testing or for whom such testing is not appropriate;
iv. is often used for persons with limited cognitive ability.
v. This service can also be used for Trial Work Experience during the Extended Eligibility determination.
vi. Counselors will authorize situational assessment for a maximum of four weeks (one month).
1) If more time is needed to assess a client's vocational potential, supervisory approval is required.

4. Comprehensive neuro-rehabilitation evaluation
a. is a comprehensive multidisciplinary evaluation of AZRSA clients who need post acute restoration or disability skills development services that addresses the AZRSA clients with injuries, diseases, and disorders of the central and peripheral nervous system including but not limited to:
i. Brain Injury (acquired or traumatic brain injury)

ii. Spinal Cord Injury (disease, injury or disorder)
iii. Neuromuscular Diseases
iv. Cerebral Palsy
v. Peripheral Neuropathies
vi. Multiple Sclerosis
vii. Epilepsy
viii. Parkinson's Disease

b. These evaluations must include at least two different professions and two different services that are related to the clients needs.
c. These assessments must include vocational assessment including an analysis of the individual's personality, career interests, social pragmatics, intelligence, and related cognitive functions, educational achievement, work experience, vocational aptitudes, and employment opportunities.
d. The involvement of a particular discipline in this assessment process depends upon the individual's specific needs and goals, as well as the availability of any prior evaluations.
e. This multidisciplinary team approach means the evaluation report will include separate sections for each discipline involved in the assessment, with an integrated recommendations section that offers both separate and joint treatment proposals.
f. This assessment must be limited to information that is necessary to identify the rehabilitation needs of the individual and develop the IPE/ILP plan and may include an analysis of the pertinent medical, psychiatric, neuropsychological and other vocational, educational, cultural, social, recreational other factors, and related functional limitations that affects the employability and rehabilitation needs of the individual.
g. Following the initial assessment a follow up consultation is required.

i. The consultation includes the VR Counselor, the client and his/her advocates, and if appropriate, the clinical coordinator, case manager, or primary clinician.

ii. Optimally all of the staff who participated in the assessment should attend the assessment staffing.

iii. The primary questions to be addressed at this meeting are:

1) Is the client competitively employable?

2) Does the client require extended supports?

3) What level of family or community supports exists?

4) What are the client's transferable skills?

5) What are the client's unmet rehabilitation needs cognitive, social, and physical?

6) What level and duration of services will be needed to achieve a vocational outcome?

h. Follow up assessment may be authorized to address issues which were not addressed in depth, due to time constraints, during the initial assessment or to address issues that were identified during the initial assessment.

SECTION 8.7 - RESTORATION SERVICES

A. Diagnosis and Treatment of Impairments includes:

1. Corrective surgery or therapeutic treatment that is likely, within a reasonable period of time, to correct or modify substantially a physical or mental impairment that constitutes a substantial impediment to employment;

2. Diagnosis and treatment for mental and emotional disorders;

3. Dentistry;

4. Nursing services;

5. Necessary hospitalization (either inpatient or outpatient care) in connection with surgery or treatment;

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 visual aids prescribed by personnel who meet State licensure laws and are selected by the individual;

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 individuals with end-stage renal disease, including transplantation, dialysis, artificial kidneys, and supplies; and

16. Other medical or medically related rehabilitation services.

B. Physical and mental restoration services are used to diagnose and treat physical and mental impairments.

1. Vocational Rehabilitation provides physical and mental restoration services if client's disabling condition is stable or slowly progressive and the service is expected to substantially modify, correct, or improve a physical or mental impairment that is a substantial impediment to employment within a reasonable length of time and financial support is not readily available from another source, such as health insurance.

2. Vocational Rehabilitation provides only physical and mental restoration services that are rehabilitative in nature and help achieve an employment outcome.

a. Vocational Rehabilitation does not provide medical care services.

b. Vocational Rehabilitation does not provide emergency medical or psychological services except:

i. Vocational Rehabilitation may pay for treatment costs of medical complications and emergencies associated with restoration services sponsored by AZRSA when the success of the IPE is directly jeopardized and comparable benefits are not available.

3. Physical/mental restoration services may be provided only when the clinical status of the individual is chronic in nature, stable or slowly progressive and when the impediments resulting from the condition can be corrected, ameliorated or circumvented within a reasonable period of time as part of an overall vocational rehabilitation plan.

4. Physical/mental restoration services are provided only when included in an Individualized Plan for Services (IPE) and when there is an agreement on a set of clearly stated objective.

5. The scope, duration and frequency of each medically related therapeutic modality must be prescribed by the

client's examining physician as part of the rehabilitation plan and the client must have the potential for improvement due to rehabilitation intervention.

6. Individualized prescription and fitting of sensory and other technological aids and devices must be performed only by individuals licensed in accordance with state licensure laws or by appropriate certified professionals

7. Clients shall be actively involved in selecting the type and nature of restorative services and in selection of service providers.

8. AZRSA authorizes no more than three month increments of mental or physical restoration services at a time.

a. Extension of services must be reviewed by an agency consultant.

b. Services extension will only be granted, if appropriate, if there is documented progress towards the stated goals of the service.

9. Vocational Rehabilitation will only pay for medically or vocationally necessary recommended options.

a. Experimental, high risk or controversial procedures (e.g. organ transplants, end stage renal disease and treatment, transsexual restorative services, cochlear transplants, etc.) must be reviewed and approved by AZRSA Administrator or designee.

C. A review of comparable benefits must be conducted prior to purchasing restoration services unless the availability of these benefits would delay the progress towards achieving an employment outcome/ immediate job placement to any individual with extreme medical risk.

1. Any available benefits must be used either in lieu of or to supplement Vocational Rehabilitation services.

D. Payment of restoration services by Vocational Rehabilitation is conditioned on a client having economic need.

E. Physical Restoration Services

1. Includes but not limited to:

a. Medical treatment
b. Surgical services
c. Hospitalization
d. Dental Treatment
e. Rehabilitative services

2. Medical Treatment Provided by Various Medical Specialties

a. Services in this category may include medical treatment and surgical services performed in the office, clinic, hospital, home, nursing facility or other location by a licensed doctor of medicine or osteopathy.

b. The scope, duration and frequency of each therapeutic modality in medical specialty areas such as cardiology, dentistry, neurology, opthalmology, ENT, respiratory therapy chiropractic, podiatry , massage and manual therapy etc. must be prescribed by a qualified physician as part of the rehabilitation plan and the client must have the potential for improvement due to rehabilitation intervention.

c. Laboratory and radiology services radiology, lab work, anesthesia, medication, etc. should be identified with the restoration service itself

3. Surgical services

a. Corrective surgery or therapeutic treatment that is likely, within a reasonable period of time, to correct or modify substantially a physical or mental impairment that constitutes a substantial impediment to employment;

b. When including surgery as an IPE service, the counselor must analyze and document the following factors:

i. Prognosis and doctor's written recommendation.
ii. Vocational and Medical necessity.
iii. Analysis of how the surgery will correct, stabilize, or reduce the progression of the disabling condition, if appropriate.
iv. Client's willingness to adhere to lifestyle changes, as appropriate, before and after surgery.
v. Client's prior efforts to resolve the issue using alternatives to surgery, if such alternatives are available and medically feasible.
vi. Availability and application of comparable benefits (unless the client requires the service immediately because of extreme medical risk.)
vii. Analysis of how/why the surgery is required to reduce or minimize an impediment to employment and the impact of this service on the client's ability to achieve employment.
viii. Analysis of whether there are feasible alternatives.

4. Cataract removal is a covered surgical service when the cataract is visible by exam, ophthalmoscopic or slit lamp, and any of the following apply:

a. Visual acuity that cannot be corrected by lenses to better than 20/70 and is reasonably attributable to cataract
b. In the presence of complete inability to see posterior chamber, vision is confirmed by potential acuity meter reading, or
c. For clients who have corrected visual acuity between 20/50 and 20/70, a second opinion by an ophthalmologist to demonstrate medical necessity may be required.
d. Cataract surgery is covered only when there is a reasonable expectation by the operating ophthalmic surgeon that the member will achieve improved

visual functional ability when visual rehabilitation is complete

5. Cochlear implantation provides an awareness and identification of sounds and facilitates communications for persons who have moderate to profound sensori-neural hearing loss (nerve deafness).

a. cochlear implant is an electronic device, surgically inserted, which converts speech and other sounds into electrical signals and sends these signals to the auditory nerve.

b. Evaluation, counseling and education prior to surgical implant are required to determine suitability of candidates for cochlear implantation.

c. To ensure the successful outcome for an implant recipient, post-implant rehabilitation must be provided by professionals familiar with cochlear implants.

d. AZRSA support for a cochlear implant is only warranted when hearing aids are not an option and the cochlear implant is necessary for the successful completion of the IPE and for obtaining and maintaining gainful employment.

e. The role of the counselor is to insure that the client has sufficient information to make a decision whether or not the cochlear implant is the most effective method for facilitating communication, to assist them in achieving their vocational goal.

f. The role of the cochlear implant team (ENT surgeon and audiologist) is to provide counseling and guidance, based on their assessments, to the client to make an informed decision.

g. Before beginning this process it is important the client:

i. Understands the prescribed cochlear implant program, and is willing and able to complete the program

ii. is aware of side effects and similar communication enhancements with tactile

stimulation instruments, but elects the cochlear implant to stimulate hearing; and

iii. has expressed realistic expectations that the implant may be enhanced by a hearing aid in the better ear and/or use of other assistive listening devices, and

iv. understands the implant can create the perception of sound, but will not restore normal hearing.

h. AZRSA support may only be approved once all other possible options and comparable benefits are ruled out.

i. Cochlear implant purchases must be pre-approved before it is made a part of an IPE. Purchase of the cochlear implant will occur only in Status 13, Individualized Plan for Employment and should not be purchased for the purpose of eligibility determination.

j. All services related to cochlear implants are performed by ENT surgeons and licensed audiologists.

k. The following criteria must be documented prior to AZRSA supporting a cochlear implant:

i. The consumer has a moderate to profound sensori-neural hearing loss in both ears and is unable to effectively utilize hearing aids.

ii. The consumer has been pre-approved as a Cochlear Implant candidate by the Cochlear Implant Team.

iii. The cochlear implant likely will ameliorate the vocational impediment.

l. Evaluation/Medical process for receipt of a Cochlear Implant

i. Comprehensive Audological Evaluation

1) Documentation from a licensed audiologist is required (e.g. comprehensive exam with comments

regarding the inappropriateness of hearing aids)

2) A RSA Audiologic Consultant must be utilized to confirm that a hearing aid is not feasible.

ii. Pre-approval Process involves:

1) Documentation from an ENT surgeon is required to confirm the RSA consumer is an appropriate candidate.

2) An evaluation report must include a diagnosis, recommendations for treatment, and prognosis.

3) the client is in good general health, as evaluated by a general history and physical examination; and does not have any serious medical problems that would preclude surgery or the aural rehabilitation program.

4) If any additional evaluation is required (e.g. psycho-social evaluation or general medical examination) the ENT surgeon and CI team will inform the consumer

5) If additional evaluation is required the VR counselor could assist with purchase of these evaluations if comparable benefits are not available.

iii. Documentation in the case file showing how the Cochlear Implant will ameliorate the barriers to employment. The following areas must be addressed by the VR counselor:

1) understanding of spoken communication,

2) job performance,

3) job security,

4) increased confidence, and/or

5) expanded capability.

m. Approval Process

i. Prior to IPE development AZRSA Statewide Coordinator for Deaf and Hard of Hearing must review and approve the recommendation for a cochlear implant to ensure the case is consistent with policy.

ii. High cost case approval policies apply and should be followed after approval by the AZRSA Statewide Coordinator for the Deaf and Hard of Hearing.

iii. When sending the information for review, the following must be included:

1) any required or supplemental evaluations as specified in this policy; and

2) justification of how the cochlear implant surgery will lessen the vocational impediment; showing it is feasibly appropriate and required to meet the consumer's IPE goal.

n. Aural rehabilitation is required of all individuals receiving cochlear implants. AZRSA will support with twelve sessions with a certified speech pathologist/audiologist.

i. Approval for additional sessions as requested by specialists (e.g. audiologist or Speech-Language Pathologist) will be determined on a case-by-case basis.

o. Replacement of Cochlear Implant Processors will be purchased by AZRSA as replacements when the processor has either been lost or stolen and an extended warranty is no longer available.

p. Upgrades of Cochlear Implant Processors are appropriate when:

i. the client's current processor is beyond repair, and

ii. the specific processor model is obsolete, or

when it is warranted for the client to maintain their current educational or employment goals.

q. AZRSA Audological Consultant must be utilized prior to authorization and purchase of all cochlear implant processors.

6. Treatment of either acute or chronic medical complications associated with or arise out of the provision of physical and mental restoration services.

a. Allowable charges may include room charges, supplies used, lab or x-ray services.

i. If a client is referred to a hospital for x-rays but is not actually admitted as an inpatient or outpatient, the x-rays will be paid by CPT codes and at the rates allowed for those codes.

ii. If the hospital bills for physicians such as a hospital call or surgery, these services will be paid at by CPT codes and at the rates allowed for those codes.

7. Dental Treatment

a. Dental restoration services are restricted to situations in which dental conditions prevent employment due to severe cosmetic reasons (i.e. missing teeth and/or visible decay) or chronic infection.

b. AZRSA will not authorize the following:

i. Gold inlays;

ii. Fixed bridges, except in unusual circumstances, and only for anterior teeth.

iii. Partial dentures, unless they replace one or more anterior teeth and/or at least four posterior teeth on one side of the arch and one on the other side of the arch.

iv. Restoration of natural teeth or implants, posterior to the second bicuspids, including fillings, crowns and endodontics.

c. Consultation on dental plans in excess of $850.00 must be obtained from the AZRSA dental consultant.

d. The Dental Examination Form must be used for obtaining the dental exam and for subsequent consultation.

e. Consultation is obtained from the AZRSA dental consultant to:

i. Determine if rates proposed by the attending dentist are acceptable.

ii. To identify procedures which are outside of the scope of AZRSA policy.

f. Dental services: provided by dentists licensed by the state dental board in accordance with A.R.S 32-1232

8. Rehabilitation Therapies (Occupational, Physical, Speech)

a. The scope, duration and frequency of each therapeutic modality must be prescribed by a qualified physician as part of the rehabilitation plan and the client must have the potential for improvement due to rehabilitation.

i. These service must be provided by or under the direct supervision of a licensed therapist.

b. Physical therapy (PT) is service provided by a licensed and certified physical therapist to restore, maintain or improve muscle tone, joint mobility or physical function.

c. Physical therapy has the following goals:

i. increasing or maintaining a joint's range of motion,

ii. increasing muscle strength,

iii. relieving pain or muscle spasms,

iv. teaching techniques of ambulation.

d. Based on the results of an evaluation, a physical therapist selects from among a variety of treatment

modes, including passive exercise, active exercise, use of heat or cold, massage, manipulations, electrotherapy, and ultrasound.

e. AZRSA covers necessary physical therapy services which include but are not limited to:

- **i.** The administration and interpretation of tests and measurements performed within the scope of practice of PT as an aid to the client's treatment
- **ii.** The administration, evaluation and modification of treatment methodologies and instruction and
- **iii.** The provision of instruction or education, consultation and other advisory services

f. Occupational therapy (OT) is a service provided by a licensed and certified occupational therapist that directs the individual's participation in selected activities to restore, maintain or improve functional skills.

g. OT services are medically prescribed treatments to improve or restore functions which have been impaired by illness or injury, or which have been permanently lost, or reduced by illness or injury.

h. OT is intended to improve the client's ability to perform those tasks required for independent functioning.

i. OT services may include, but are not limited to:

- **i.** Cognitive training
- **ii.** Exercise modalities
- **iii.** Hand dexterity
- **iv.** Hydrotherapy
- **v.** Joint protection
- **vi.** Manual exercise
- **vii.** Measuring, fabrication or training in use of prosthesis, arthrosis, assistive device or splint
- **viii.** Perceptual motor testing and training
- **ix.** Reality orientation
- **x.** Restoration of activities of daily living

xi. Sensory reeducation, and
xii. Work simplification and/or energy conservation.

j. Speech therapy is the medically prescribed provision of diagnostic and treatment services that include evaluation, diagnostic and treatment services that include evaluation, program recommendations for treatment and/or training in receptive and expressive language, voice, articulation, fluency, rehabilitation and medical issues dealing with swallowing.
k. This service is provided by a licensed and certified speech/language pathologist.
l. Therapy services may include:
i. Articulation training
ii. Auditory training
iii. Cognitive training
iv. Esophageal speech training
v. Fluency training
vi. Language treatment
vii. Lip reading
viii. Non-oral language training
ix. Oral-motor development, and
x. Swallowing training

F. Mental Restoration Services

1. Vocational Rehabilitation provides mental restoration services that are rehabilitative in nature and help clients achieve an employment outcome.
2. Mental restoration services may be provided when the clinical status of the individual is chronic in nature, stable or slowly progressive and when the impediments resulting from the condition can be corrected, ameliorated or circumvented within a reasonable period of time as part of an overall vocational rehabilitation plan.
3. Mental restoration services are provided only when included in an Individualized Plan for Services (IPE) and

when there is an agreement on a set of clearly stated objectives.

4. The expectations of mental restoration services are:

a. A Written Treatment Plan with clearly stated treatment goals;

b. Monthly progress reports indicating progress toward achievement of the goals;

c. Client has improved their ability to cope with the symptoms of their metal health condition(s);

5. Mental Restoration services include psychotherapy and professional counseling for the purpose of helping an individual with symptoms of mental illness, behavioral problems or personal growth.

6. Providers of mental restoration services will maintain active licensure and certification as required by the State of Arizona for providing said services.

G. Prosthetic and Orthotic

1. This group of services include:

a. Orthotic devices

b. Prosthetic devices

c. Durable medical equipment

d. Hearing aids

e. Visual Aids/optical devices

2. AZRSA covers reasonable and medically or vocationally necessary durable medical equipment (DME) and orthotic/prosthetic devices.

3. This service includes aids and devices prescribed by personnel who meet State licensure law.

4. Orthotics is a service that provides durable items and appliances that can withstand repeated use and are medically necessary and essential to the rehabilitation of the client may include but is not limited to:

a. Knee brace

b. Cane (for support)

c. Compression stocking

d. Crutches

e. Orthotic shoes
f. Shoe inserts
g. Sit/stand stool
h. Special shoes-foot conditions
i. Support stocking
j. Walker

5. Prosthetics is a service that provides a fabricated substitute for a diseased or a missing part of the body may include but is not limited to:

a. Artificial limb
b. Eye, prosthetic
c. Prosthesis

6. Durable medical Equipment (DME) means sturdy, long lasting items and appliances that can withstand repeated use, are designed to serve a medical purpose and are not generally useful to a person in the absence of a medical condition, illness or injury which may include but is not limited to:

a. Custom seating
b. Footplates
c. Power wheelchair
d. Three wheel scooter
e. Wheelchair, manual. etc.

7. DME may be purchased or rented only when there are no reasonable alternative resources from which the medically necessary medical equipment can be obtained at no cost.

8. Total expense of rental will not exceed the purchase price of the item.

9. Rental fees must terminate no later than the end of the month in which the client no longer needs the equipment

10. Reasonable repairs or adjustment of purchased equipment is covered when necessary to make the equipment serviceable and when the cost of the repair is less than the cost of rental or purchase of another unit.

11. Hearing Aids

a. AZRSA's contribution to the purchase of hearing aids and services focuses on meeting the functional needs of the individual to assist them in meeting their vocational goals.

b. It is the Vocational Rehabilitation Counselor's responsibility to determine the vocational necessity of the hearing aid(s) based upon medical documentation from a licensed audiologist and/or ENT physician, feedback from an AZRSA Audiology Consultant, and information provided by the client.

c. The Vocational Rehabilitation Counselor should clearly understand the client's vocational and/or educational related communication needs prior to determining if the hearing aid(s) are necessary for a successful employment outcome.

d. Counselors and other professionals will assist clients in determining which hearing aids and audiological services best meet their needs.

e. Purchase of hearing aids can be done:

i. In Status 06 as part of an extended evaluation (Status 06).

ii. In Status 10 if the counselor can document the necessity of the hearing aids for activities which lead to determining a feasible vocational goal and/or for psychological and vocational evaluation.

iii. In Status 13 as part of the IPE.

iv. In Status 32 as part of a post-employment service (see Chapter 11 Post Employment Services for further details and restrictions).

v. Hearing aids should not be provided in Status 02.

f. Prior to purchasing a hearing aid, a comprehensive audiological evaluation must be completed by a licensed audiologist.

i. A hearing aid dispenser cannot complete evaluations.

g. Use of an AZRSA Audiological consultant is required to approve the hearing aids recommended by the licensed audiologist and to review comprehensive audiological evaluations to determine if appropriate or if further evaluation is needed.

h. The client may have the option to select a more costly or cosmetically desirable hearing aid, but it is the client's responsibility to pay any costs beyond that approved by AZRSA.

i. AZRSA will support the client with one initial purchase of hearing aids before or during an IPE.

i. Exceptions can be made by following the appropriate procedures detailed in Chapter 8.3.

j. AZRSA will include the manufacturers warranty at time of initial purchase of hearing aids.

k. Extended warranties are the responsibility of the client.

l. Clients may elect to use only one hearing aid for environmental sound awareness if such is their preference despite a recommendation from a licensed audiologist for two aids.

m. Trial periods of hearing aid use are appropriate to help clients determine if they can benefit from hearing aids.

n. Refer to applicable contracts and the PPT manual for specifics regarding process and procedure for purchasing a hearing aid.

12. Visual aids/optical devices include, but are not limited to:

a. Eye Glasses (Spectacles)

b. Contact Lenses

c. Low vision aids (e.g. vision magnifier)

d. Tinted lenses

e. Microscopic lenses,

f. Telescopic lenses

g. Low vision services training in use of low vision aids; fitting

13. Eye glasses consist of glass or plastic lens mounted in a plastic or metal frame to compensate for refractive errors in an individual's lens or cornea to achieve best corrected vision.

a. Eye glasses may or may not correct an individual's visual acuity to 20/20.

b. With the exception of telescopic or microscopic lens systems AZRSA does not differentiate between eye glasses and low vision glasses.

c. Lens material:

- **i.** Plastic
- **ii.** Standard Plastic
- **iii.** Plastic featherweight
- **iv.** Plastic Safety
- **v.** Glass

d. Lens type:

- **i.** Single
- **ii.** Bifocal
- **iii.** Trifocal
- **iv.** Progressive

e. Frames:

- **i.** Plastic
- **ii.** Metal
- **iii.** Standard Metal
- **iv.** Lightweight flexible titanium

f. Tints:

- **i.** Standard Tints
- **ii.** Sunglasses

g. Coating:

- **i.** Anti scratch
- **ii.** Anti glare
- **iii.** UV

14. Contact lens are thin plastic lens that are fitted over the cornea of the eye to compensate for refractive errors in an individual's lens or cornea to achieve best corrected vision, or address diseases or injuries of the cornea .

a. AZRSA provides contact lens based on medical necessity.

15. Eye glasses and contact lens can be dispensed by an Ophthalmologist (M.D. D.O.) Optometrist (O.D), or Licensed Dispensing Optician.

H. Other Restorative Services

1. Comprehensive neurorehabilitation services are post acute restoration or disability skills development services that addresses the needs of AZRSA clients with injuries, diseases, and disorders of the central and peripheral nervous system.

a. These including but not limited to:

i. Brain Injury (acquired and traumatic brain injury

ii. Spinal Cord Injury (disease, injury or disorder)

iii. Neuromuscular Diseases

iv. Cerebral Palsy

v. Peripheral Neuropathies

vi. Multiple Sclerosis

vii. Epilepsy

viii. Parkinson's Disease

b. Comprehensive Neurorehabilitation is provided to AZRSA clients with injuries, diseases, and disorders of the central and peripheral nervous system in order to return (rehabilitate) them to their former level of vocational functioning or develop the ability to function in an employment setting (habilitate) and to become gainfully employed through restoration or disability skill development.

c. Comprehensive Neurorehabilitation is a multi-disciplined approach to restoration or disability skill development which includes the following professions:

- **i.** Neuropsychology (required)
- **ii.** Occupational Therapy (required)
- **iii.** Physical Therapy (required)
- **iv.** Speech and Language Therapy (required)
- **v.** Vocational Specialist/Therapist (required)
- **vi.** Physical Medicine and Rehabilitation (optional)
- **vii.** Neurology (optional)
- **viii.** Special Education (optional)
- **ix.** Recreational Therapy (optional)
- **x.** Social Work (optional)
- **xi.** Psychiatry (optional)
- **xii.** Clinical Coordination/Case Management (optional)
- **xiii.** Assistive Technology Assessment and Training (optional)
- **xiv.** Other professions as approved by AZRSA Central Office Staff (optional)

d. Comprehensive neurorehabilitation service planning is based on the results of the comprehensive assessment as documented on the Health Appraisal and Order of Selection Worksheet.

- **i.** It means that 2 or more separate service needs as identified on the Health Appraisal provided by 2 or more professionals.
- **ii.** Comprehensive services must include vocational services or work reintegration.
- **iii.** Vocational services includes development of job seeking skills, acting as an employer resource for development of compensatory employment skills, on site job coaching, and conducting work station evaluations.

e. A staffing must take place within 10 calendar days of the end of each treatment period.

i. The staffing will include the Vocational Rehabilitation Counselor, the client and her/his advocate, and at a minimum the assigned primary clinician.

ii. Optimally each professional who provided services within the treatment period should participate.

f. The staffing will review the client's progress towards completing his/her intermediate objectives as stated on the IPE.

i. Adjustment to services, time frames, amendments to the IPE and recommendations for additional services not covered by comprehensive neurorehabilitation services will be discussed and if consistent with AZRSA policy implemented.

g. If it becomes apparent that the intermediate objectives cannot be met, the IPE goal cannot be met, or the client does not adhere to her/his responsibilities as specified by the IPE the neurorehabilitation services will be terminated.

h. Upon completion of services a discharge staffing is expected to be held. The staffing will include the Vocational Rehabilitation Counselor, the client, and at a minimum the primary clinician.

i. For Vocational Rehabilitation clients who are employed full time a staffing is not required.

ii. The staffing will review service delivery, achievement of the client's intermediate objectives, and recommendation for post closure services.

iii. A written discharge summary and final invoice must be submitted within 20 calendar days from the date of the discharge staffing.

2. Cognitive Skills Development

a. Cognitive Skills Development includes developmental or restorative services for individuals with inherited learning disabilities or individuals who lost their cognitive skills as a result of brain injury.

b. This service provides training to recover or maintain cognitive skills using specialized/adaptive learning techniques.

c. The individual often needs to develop compensatory methods of processing and retrieving information when disability, illness or injury has affected cognitive processes.

d. These services should be provided by licensed/certified psychologist, neuropsychologist, occupational therapist, rehabilitation specialist or special education teacher.

e. Cognitive skill development includes mental exercises that assist the patient in areas such as:

- **i.** Attention/concentration
- **ii.** Memory
- **iii.** Organizing
- **iv.** Reasoning
- **v.** Problem Solving
- **vi.** Decision Making
- **vii.** Social Pragmatics

3. Prescription Medications/Pharmacy Services

a. Any medications, including over-the-counter drugs, must be specifically prescribed by a health care provider in order to be paid for through Vocational Rehabilitation funds.

b. Prescription medications prescribed by a primary care provider, physician, other practitioner or a dentist and provided by a licensed pharmacy or dispensed under the direct supervision of a licensed pharmacist in accordance with Arizona laws is required.

c. Vocational Rehabilitation policies related to provision of services apply.

4. Dance, Music, Art Therapies, Native Healing, and Fitness Services

a. The Arizona Rehabilitation Services Administration respects and values alternative healing processes to support individuals in their vocational or independent living goals.

b. Those therapies not otherwise listed that have been determined to help the individual progress towards their vocational or independent living goal by improving the emotional, mental, physical or spiritual well being of the individual being served.

c. These may include, but are not limited to: Dance therapy, Art therapy, Music therapy, Native Healing and Fitness.

d. Native Healing ceremonies will be coordinated with the appropriate tribal entity to ensure the use of a qualified practitioner.

SECTION 8.8 - REHABILITATION COUNSELING

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

1. This service is distinct from the general counseling and guidance relationship that exists between the counselor and the individual during the entire rehabilitation process.
2. It does not include restoration services (treatment and management of diagnosed psychological conditions).
3. This service is identified as a separate service on the IPE only when the vocational rehabilitation counselor himself develops a counseling program with the client, with specific goals, etc. or when such a program is purchased from a community provider.

B. Rehabilitation Counseling and Guidance Provided by the Vocational rehabilitation Counselor

1. In all cases, a counselor develops a collaborative relationship with each applicant and eligible individual and promotes the individual's full involvement and participation in the rehabilitation process.
2. The counselor's role in providing information about and guiding the individual in exploration of options is critical to supporting informed choice of the individual.
3. Rehabilitation counseling and guidance also includes support and assistance with problem solving and clarification of values, as well as information about and referral to community resources and coordination of services.

4. If required by the individual, the counselor will provide individual, substantial counseling services that are vocational in nature and are specifically designed to assist the individual in participating in the rehabilitation process and in reaching an employment outcome.

5. Such rehabilitation counseling will involve multiple sessions throughout the rehabilitation process, be included in the IPE, and address issues such as vocational exploration, career decision making, establishment of a career path including short and long term goals, self-advocacy in the work place, development of problem-solving skills, and use of community resources related to employment.

6. This substantial level of service is distinct from the general counseling relationship that exists between the counselor and the client throughout the rehabilitation process.

7. The level of service is determined according to the vocational rehabilitation needs of the individual consistent with his or her informed choice.

8. When this service is provided by the vocational rehabilitation counselor:

a. It is not subject to economic needs test.

b. The service is exempt from comparable benefits search.

C. Rehabilitation Counseling and Guidance Provided by Qualified Vendors

1. Rehabilitation counseling is provided only within the context of a vocational rehabilitation Individualized Plan for Employment.

2. Psychological consultation to assist in the development of goals/objectives is recommended prior to authorizing counseling services.

3. Rehabilitation counseling objectives must be developed and listed as IPE intermediate objectives.

a. Rehabilitation counseling must be vocational in nature and be specifically designed to assist the

vocational rehabilitation client in participating in the rehabilitation process and in reaching an employment outcome.

b. Such rehabilitation counseling will address issues such as vocational exploration, career decision making, establishment of a career path including short and long term goals, self-advocacy in the work place, development of problem-solving skills, and use of community resources related to employment.

4. AZRSA authorizes no more than three month increments of rehab counseling services at a time.

a. Re-authorization is based on positive written progress reports and an additional authorization to the provider.

b. Extension of services must be requested and approved by a vocational rehabilitation supervisor.

c. Decision to continue a course of counseling services is based on written progress reports which show progress towards achievement of IPE goals.

5. Economic need must be determined prior to purchase of such services.

6. Providers are expected to assist clients in dealing with rehabilitation, marriage/family and employment/vocational issues but only as they directly impact the client's ability to prepare for, engage in or retain employment.

7. Providers must meet applicable standards set by State law and the requirements of applicable licensing and/or certification and have experience in vocational aspects and impact of disability.

SECTION 8.9 - POST-SECONDARY EDUCATION AND VOCATIONAL/OCCUPATIONAL TRAINING

A. Training services are designed to help the individual improve educationally or vocationally or to adjust to the functional limitations of his or her impairment.

1. College or University Training

a. Full-time or part-time academic training above the high school level leading to a degree (associate, baccalaureate, graduate, or professional), a certificate or other recognized educational credential. Such training may be provided by a four-year college or university, community college, junior college, or technical college.

2. Vocational/Occupational Training

a. Occupational, vocational, or job skill training provided by a community college and/or business, vocational/trade or technical school to prepare students for gainful employment in a recognized occupation, not leading to an academic degree or certification.

B. Education and training provided/paid for by Vocational Rehabilitation shall be required by, and consistent with, the client's vocational goal that justifies the selection of educational, occupational or vocational training/education as specified in the client's IPE.

C. The IPE should establish specific educational goals (e.g. acceptance into an educational major program) as intermediate objectives.

D. Assistive technology access needs to support the educational program should be determined through professional assistive technology evaluation at least one semester prior to enrollment with training applied and AT competencies reached prior to starting school curriculum.

E. Continued educational support is conditioned on acceptable progress towards achievement of intermediate objectives.

F. The type and amount of education or training to be sponsored by the Vocational Rehabilitation program should be based on generally accepted employer expectations for the planned vocational goal area or job.

G. Clients must meet generally accepted requirements, or a school's specific requirements, for a program of study before the Vocational Rehabilitation counselor will authorize school attendance.

> **1.** The Vocational Rehabilitation Counselor should not set arbitrary pre-requisites (e.g. IQ, SAT, GATB scores) for Vocational Rehabilitation sponsorship of education.

H. If the client has defaulted on school loans, a current payment plan must be in place or repayment requirements waived before Vocational Rehabilitation can financially support an education plan.

> **1.** If default status has been resolved and eligibility for a Pell Grant is determined, the IPE amendment must reflect the total amount of the grant and how the funds are being used.

I. Vocational Rehabilitation will not pay more for privately funded school education than the costs of comparable programs in available publicly funded educational institutions.

> **1.** The client will be asked to pay any excess costs.
> **2.** Exceptions to this policy must be based on disability related needs wherein the privately funded school can better serve the disability related needs of the client than a comparable publicly funded Arizona institution.

J. If a client is required to participate in the payment of tuition costs, the Cost Sharing Agreement for School Tuition is used to indicate client's level and method of financial participation.

K. In most circumstances, clients are expected to attend in-state schools.

1. For students attending Arizona schools, AZRSA only pays in-state tuition rates (the client is responsible to pay the difference between in-state and out-of-state fees).
2. Out-of-state education is restricted to situations where there are no other options.
3. For policy related to client's attendance of out-of-state institutions see Chapter 8.9-S.

L. The overall educational plan must be summarized on a Plan of Study form (as an Attachment to IPE), unless coursework for training/education program is preset (in which case, only a copy of the catalog is necessary).

1. If not completed when the training/education is initiated, a Plan of Study form will be submitted to the Vocational Rehabilitation Counselor for review within two months of initial attendance at the school.
2. Students must abide by the approved Plan of Study.
3. Changes to the originally approved Plan of Study must occur through mutual agreement between the counselor and the client.
4. The written Plan of Study is to be reviewed annually, at a minimum, to assure successful completion of classes in a timely manner.

M. Provision of books, tools, supplies, computers and uniforms

1. If a client meets economic need, Vocational Rehabilitation will pay for all required books, tools and uniforms identified on a course syllabus and up to $50.00 per semester for general supplies.
2. If a client meets economic need, Vocational Rehabilitation will pay for up to $50 of general supplies which do not include any supplies listed on the course syllabus.

3. Vocational Rehabilitation will not continue to authorize school costs after a client has been placed on academic probation by the school: i.e. Vocational Rehabilitation will not authorize or pay for the next semester's tuition.

a. Academic probation will need to be removed by the school prior to Vocational Rehabilitation resuming sponsorship.

b. Payment of any residential or other living costs also stops for the months following being placed on academic probation.

4. Personal computers or electronic note takers for a student may be purchased under the following circumstances:

a. There is a lack of availability to or lack of access to existing resources and the demands of the school program require the issue of a personal computer or electronic note taker; or

b. There is a need for accommodation because of the individual's disability and there is lack of access to or availability of existing resources.

5. Other education related items or service that are determined necessary for the completion of the client's educational goals may be considered but must fit into the overall Vocational Rehabilitation policies.

N. Accommodations

1. Vocational Rehabilitation will only pay for educational accommodations needed by individuals attending a private school if the school does not fall within the scope of ADA requirements.

a. If the private school is not covered by ADA, cost sharing for accommodations will be negotiated between the school and the counselor.

b. If the private school is covered by the ADA but the non-provision of educational accommodations by AZRSA will cause an undue

hardship for the client then an exception should be pursued (see Chapter 8.3 Exceptions) for AZRSA to assist the client with educational accommodations.

2. Vocational Rehabilitation shares the burden of accommodation with public educational institutions.

a. For clients attending public educational institutions, the Vocational Rehabilitation program pays for deaf interpreting costs, attendant costs, and some reader costs.

b. In many colleges, arranging for interpreters is handled by the school (under the terms of an Intergovernmental Agreement) and payment is made by AZRSA at the district level.

c. Some agreements may involve AZRSA paying for other accommodations such as document conversion.

O. Economic need

1. Tuition costs do not require a determination of Economic Need.

2. Costs of books, supplies, uniforms, etc. do require an economic need determination

P. Comparable benefits

1. All clients in applicable programs must apply for Pell Grants and provide documentation, to be filed in the CROS, before a counselor can authorize school enrollment and encumber tuition costs.

2. Client must provide documentation of a Pell Grant application (statement from the school's financial aid officer, signed copy of the application or a copy of the on-line application on the Internet from www.fafsa.ed.gov) before the counselor can authorize tuition and other educational costs.

3. Documentation that a Pell Grant application has been denied is required before payment is authorized for a second semester or after the first five months of support.

a. Tuition for a second semester or continuation of a program after the first five months will not be authorized without first checking for written confirmation, documented in the CROS, that there is a Pell Grant determination in the file.

4. An individual will be presumed eligible for a Pell Grant if the client or his parents/guardians refuse or neglect to apply.

a. In the absence of required documentation, the IPE must indicate that Vocational Rehabilitation will not continue to pay the tuition.

5. Monies available from educational grants, trust funds, insurance benefits must be used to pay for educational costs first.

a. The total amount of student financial aid assistance (Pell Grant) and the amount of other comparable benefits (e.g. ICA sponsored training) are deducted from Vocational Rehabilitation's portion of tuition costs first.

b. Any remaining monies will then be used to pay for other educational costs.

6. Other resources that should be explored for comparable benefits and which, if applicable, be used are:

a. Veterans Administration;

b. Bureau of Indian Affairs;

c. Tribal grants;

d. Insurance benefits or trust funds set aside specifically for education;

e. Individuals who are disabled because of an industrial injury may be eligible for rehabilitation costs paid by Worker's Compensation.

i. If this is not possible, ICA Special Fund may be able to fund all or part of the costs of rehabilitation.

7. Student loans and scholarships awarded based on merits are not considered comparable benefits.

Q. AZRSA has established maximum levels of financial support for a postsecondary Associate or Baccalaureate degree program.

1. Published fees per semester/session are to be used.
2. The client is expected to use Pell Grant monies to pay for tuition, books, supplies, etc. first.
a. The level of Vocational Rehabilitation financial support must be lowered by subtracting the cumulative amount of available Pell Grant assistance from the support level amounts.

3. Listed below are the maximum amounts of tuition support for an entire Associate or Baccalaureate degree program.
a. Associate Degree (not including pre-college level courses) – maximum of 72 credit hours.
b. Baccalaureate Degree (includes costs/time frames of Associate Degree) – maximum of six years.

R. Exceptions

1. Maximums may be exceeded for specialized degree programs that substantially surpass the usual credit requirements for degree completion on a case-by-case basis.
2. Maximums may be exceeded when the client requires additional time to complete coursework because of disability related reasons but has clearly demonstrated s/he is clearly able to achieve employment goals.
3. See section 8.3 for procedures related to requesting an exception.

S. Out-of-state educational programs

1. Vocational Rehabilitation program will fully support an individual to attend an out-of-state school only when the vocational goal requires education or training that is not available within the State and/or the school can better serve the disability related needs of the client than a comparable publicly funded Arizona institution.

2. The client must have successfully completed pre-college coursework in-state prior to attending an out-of-state school.

3. Vocational Rehabilitation services will coordinate and negotiate the payment for educational accommodations with out-of-state schools.

- **a.** The educational institutions resources, if available, should be utilized first.
- **b.** Negotiation about payment for educational accommodations must not lead to an undue hardship for the client.
  - **i.** AZRSA should accept payment for educational accommodations if the negotiations and coordination lead to an undue hardship for the client.

4. Cost comparison of out-of-state schools must be done (including tuition, travel, housing, etc.) in selecting an appropriate school.

5. The client must plan to be a full time student, as defined by the school unless less than full time status is justified by a disability related need.

6. The maximum credit hours set for in-state students apply to students at out-of-state schools.

7. The client is expected to use Pell Grant monies to pay for tuition, books, supplies, etc. first.

- **a.** The level of Vocational Rehabilitation financial support must be lowered by subtracting the cumulative amount of available Pell Grant assistance from the support level amounts.

8. AZRSA assists students with financial support to pay for basic living expenses only for full time students.

9. Levels of assistance are:

a. Transportation and Travel

i. Vocational Rehabilitation support is for costs incurred only while the school is in session or for transportation to and from school

ii. Vocational Rehabilitation only supports local travel while the student/client is attending an out-of-state school for educationally necessary expenses.

iii. Vocational Rehabilitation payment for the student who is living on campus to travel home is restricted to two round trips per school year.

iv. Vocational Rehabilitation provides support for one round trip travel home for someone residing in an apartment.

v. The amount of monies available for travel home is based on a round trip plane ticket from an airport in Arizona to the school using the best rates that are available a month or earlier before the client/student's scheduled departure time.

b. Food/Meals

i. Vocational Rehabilitation will pay for the cost of a 19 meal per week meal plan or equivalent when client lives on campus.

ii. For students living off campus, AZRSA will contribute equal to the equivalent of the average full-time meal plan available to on-campus students of the institution towards the cost of food/meals.

c. Residence

i. Vocational Rehabilitation will pay for posted dorm rates (double or shared rooms) for the time dorms are open during the client/student's stay.

ii. If a client chooses to not live in the school dorms, AZRSA will pay only for actual residential costs during the school year.

iii. These costs must be equal to or less than posted dorm rates.

iv. In order to determine actual costs, clients living off campus must provide their counselor with a copy of the lease or rental agreement and a list of roommates sharing the rented or leased apartment.

v. The Vocational Rehabilitation program will support only the amount resulting from dividing the total cost of the apartment by the number of roommates.

vi. This documentation is required and is a condition for Vocational Rehabilitation support.

vii. Vocational Rehabilitation will not accept any liability for additional costs if the client accepts responsibility, as the lessor or renter, for an amount in excess of the calculated amount.

viii. The client must provide counselor with any documentation of changes to his/her living arrangements.

ix. Client must find his/her own resources to pay for residence costs which are in excess of posted dorm rates or for residence costs during a summer recess.

T. Qualified educational institutions/programs

1. In-State programs

a. Educational and training programs will only be authorized for institutions in Arizona which are approved under the Competition Impractical exemption and are available under any of the following:

i. AZRSA, DES or statewide contracts

ii. Arizona Department of Education- HEAT available at http://www.ade.state.az.us/arizonaHEAT/providers/provider_list.asp

iii. Arizona College and Career Guide issued by the Arizona Commission for Postsecondary Education available at http://accg.azhighered.org/accg/default.asp

2. Out-of-State programs

a. Educational and training programs will only be authorized for institutions which are approved under the Competition Impractical exemption and are available at the U.S. Department of Education Database of Accredited Post-secondary Institutions and Programs.

i. http://www.ope.ed.gov/accreditation/

3. If an educational institution is not listed under any of the above web sites polices under Section 8.3 Exceptions should be followed if the institution is still desired.

U. Advance Degree Programs

1. AZRSA may support clients in degree programs beyond the Baccalaureate if the advanced degree is necessary to meet the vocational goal of the client's IPE.

a. If the vocational goal can be met with a lesser degree, the advanced degree should not be finance by AZRSA or made a part of the IPE.

2. All general policies regarding post-secondary education apply

3. AZRSA will assist in paying for only classes detailed in the client's Plan of Study.

V. Online and Correspondence Educational Programs

1. AZRSA may support clients in degree programs from online and correspondence educational programs.

2. All general policies regarding post-secondary education apply.

3. Payment for room, board, and meals will not be paid to or for clients unless the client must leave home for a portion of the educational program.

- **a.** Refer to general polices related to room, board, and meals in this circumstance.
  - **i.** Payment for this type of service will only last while the client is required by the educational program to be away from home.

SECTION 8.10 - ON THE JOB TRAINING

A. On-the-job Training (OJT) is training in specific job skills by a prospective employer.

1. Generally the individual is paid during this training and will remain in the same or a similar job upon successful completion.
2. This also includes apprenticeship-training programs conducted or sponsored by an employer, a group of employers, or a joint apprenticeship committee representing both employers and a union.

B. This group of services represent opportunities for Vocational Rehabilitation clients to learn job habits/skills, to try out different jobs, to build resumes by getting some hands-on work experiences, etc. within real employment work settings.

1. These are stand-alone opportunities which are not part of a larger job placement effort for which Employment Services are designed.
2. The various kinds of on-the-job training and work experiences include:

a. Paid on-the-job training - The employer provides real productive work opportunity(s).

i. The client is paid a salary during this training. Unless indicated otherwise, the client will remain in the same or a similar job upon successful completion.
ii. On-the-job training involves the counselor in negotiating a contract with the employer.

b. Apprenticeship training - Training conducted or sponsored by an employer, a group of employers or a joint apprenticeship committee representing both employers and a union.
c. Non-paid work experience - Involves a variety of employment experiences to permit clients to explore potential career areas, develop appropriate work

behaviors, create a work history and make contacts for future employment opportunities.

d. Volunteer services - volunteer placements in order for clients to gain experience, confidence and exposure to potential job opportunities in their career field.

i. If using contracted services, service providers must meet all terms of the contract.

ii. Client's can independently identify and become involved in volunteer services that are not related to AZRSA contracted service providers.

C. Before placement in a real work setting, the client must have the basic knowledge, skills, and supports to be safe and to be able to adequately perform.

D. Clear intermediate objectives need to be contained in the IPE (e.g. to obtain _____ skills, to develop job habits, to learn skills needed for the which he will need once he has been hired, to build a resume for job, to confirm or change vocational goal from _____ to _____).

E. All Fair Labor Standards Act (FLSA) rules must be followed as they apply to paying wages and working conditions. Non-paid work experience can only be used when individuals meet the FLSA definition of trainee or volunteer.

F. Employer/Provider Standards

1. Employer must be a legitimate and recognized business owner.

2. Employer must be able to demonstrate the capacity, skill and time to provide training and supervise the trainee.

3. Volunteer placement contractors will be an expert in the area of volunteer services and experienced in working with persons with special needs.

G. Negotiating OJT Contracts with Employers

1. Counselor negotiates the terms of the OJT Contract with the employer with involvement from the client.
2. Counselor and client both sign the contract and provide that to the purchasing technician.
3. The purchasing technician sends the contract to the employer, along with an authorization with a request that the original contract, signed by employer, to be returned to counselor.

a. A copy of the completed contract is to be filed in CROS.

4. Client must be aware of all details of the OJT contract:

a. Length of OJT
b. Work expectations
c. Payment schedules
d. Hiring possibilities
e. Insurance and liability coverage

5. The employer places the client on the payroll as an employee at the beginning of the OJT period, takes out the necessary Social Security deduction and pays Workers Compensation and Unemployment Insurance premiums.
6. Counselor may offer to pay employee's share of the Workers Compensation premium cost.
7. Training cost, paid by Vocational Rehabilitation, averaged over the length of the contract cannot exceed half (50%)of the individual's anticipated salary.

a. See Chapter 8.3 Exceptions is an exception to this policy is deemed necessary.

8. The length of contract should be appropriate to the job.
9. An OJT-Invoice for services rendered is to be completed monthly by the employer and submitted to the counselor.

10. Counselors must receive a written narrative report monthly from the employer, with the contract billing form, before issuing payment for services.

11. Supporting documentation (OJT contract, incentive payment agreement, progress notes) must be filed in the CROS.

H. Workers Compensation coverage

1. Vocational Rehabilitation does not assume responsibility for workers compensation coverage in situations where there is an employer/employee relationship established under the Department of Labor standards and where other Federal and State laws define the responsibilities of employers to provide such coverage.

2. If AZRSA pays Workers Compensation for an employee, the counselor will:

- **a.** Notify employer using workers compensation coverage letter,
- **b.** Record coverage in IRIS.
- **c.** Insert a copy of the coverage letter in the CROS.

I. Volunteer Services

1. This service assists individuals with disabilities who are engaged in a rehabilitation training and/or education plan to find an appropriate volunteer setting in order to gain experience, confidence and exposure to job opportunities in their chosen career field.

2. This service is not for on the job training or job development.

SECTION 8.11 - BASIC EDUCATION, LITERACY TRAINING AND TUTORING

A. Basic education and literacy trainings are used for clients who want to go to college or vocational schools but who are not ready for such coursework and/or clients who do not aspire to college but need a higher level of skills in order to function effectively in the work-place and may need basic education or literacy training.

1. Basic Education is a service that provides instruction in educational areas necessary for an individual to function effectively.

a. An academic foundation in basic subjects (reading, writing and arithmetic) is often required in order for an individual to progress to higher education or to function in employment.

b. If this is the result of life circumstances (individuals who dropped out of high school early) rather than disability related factors or English not being an individual's primary language it is considered basic education.

2. Literacy training is a service that provides instruction in practical English language skills and English as a Second Language.

3. Service Provision

a. AZRSA will pay for a maximum of 24 credit hours based on the current college rate per credit hour for pre-college level coursework.

b. For students who are not planning to attend college, the counselor must set clear and measurable objectives consistent with IPE goals and continue to provide basic, or literacy education/training based on progress and measured achievement of goals.

c. The counselor must include any planned basic academic or literacy training in the IPE.

i. Intermediate objectives need to be set whether these services are provided as a precursor for further educational/vocational training or to function in employment.

d. Tuition authorizations/payments must be consistent with the Plan of Study.

e. Prior to requesting an authorization for additional education costs or approving payments, the counselor must check to make sure that:

i. the client is actively participating in educational or training programs,

ii. the client has provided required reports of satisfactory progress or of grade reports for the prior school term or session.

4. Prior to AZRSA assuming payment for these services, comparable should be explored such as:

a. Community resources

b. Programs through the Worforce Investment Act

c. Programs available at community colleges

d. Programs available at One Stop Centers

e. Programs provided by the Arizona Department of Education

f. Programs offered through the Labor Department

g. Online programs

h. Other programs provided by the school the client is attending

5. Basic education and literacy can be provided by programs available under the Competition Impracticable exemption

a. These are listed under any of the following:

i. Arizona Department of Education- HEAT available at

http://www.ade.state.az.us/arizonaHEAT/providers/provider_list.asp

ii. Arizona College and Career Guide issued by the Arizona Commission for Postsecondary Education available at http://accg.azhighered.org/accg/default.asp

b. Payment is based on the current rates published by the qualified educational institutions.

c. Public schools (academic, literacy and tutoring programs) are paid on a semester or quarterly;

d. If the program is not available under the approved Competition Impracticable, the service is purchased using the Request for Quotes in accordance with the AZRSA Procurement Policy.

B. Basic computer literacy training

1. Basic computer literacy programs are programs that teach essential computer skills by providing a series of highly interactive exercises, and hands-on assistance in using Internet , Windows, and Microsoft Office , Excel, and other computer programs.

2. Programs available under the Competition Impracticable for Educational and Vocational training programs should be used.

3. A classroom setting should be utilized whenever possible.

a. If classroom setting is not appropriate and one-on-one instruction is required, providers must submit evidence that they have experience, skills and knowledge in computer applications as demonstrated by their education and/or work experience.

C. Remedial Education

1. This service focuses on the use of special learning strategies to compensate for learning disability or other cognitive disorders.
2. It includes remediation and adapted education/instruction.
3. It does not include neuro-rehabilitation or other cognitive re-training.
4. This service includes intensive intervention and instruction to improve and/or achieve previously deficient academic skills (e.g. reading, writing and mathematics) necessary to perform academically at the level required by the minimum qualifications of a job or of a post-secondary educational institution.
5. Specific populations will require specific methods of approach to effectively assist them in learning.

a. The clients preferred communication and preferred learning media method should be utilized by the provider in this process.

6. All professional expectation related both to the provision of this type of service as well as specific to the population being served should be met by the service provider.

D. Academic tutoring

1. Academic Tutoring is a service that provides additional, special or remedial private instruction and it is used for clients who need assistance in learning a specific classroom subject.

a. This must be distinguished from remedial education, literacy training and supported education when the client's disability related deficits require additional assistance.
b. This includes one–on-one instruction with post-secondary course homework assignments and comprehension of subject matter, to include separation of relevant from irrelevant information,

techniques for test taking, studying, notetaking and organizing course material and help understanding concepts and their relationships.

2. Academic Tutoring includes instruction/tutoring specifically designed to increase the academic achievement of eligible AZRSA clients by attaining proficiency in the core academic area(s).

3. Core academic subjects include but are not limited to the following:

- **a.** reading/language arts;
- **b.** English, mathematics;
- **c.** science (including the areas of biology, chemistry, physics, earth science and general science);
- **d.** arts (visual and music);
- **e.** history;
- **f.** geography;
- **g.** civics/government;
- **h.** economics, and
- **i.** foreign languages.

4. Academic tutoring provided by a peer

- **a.** The school's tutor program should be utilized when available.
- **b.** If tutoring is not available in a college/university setting, rates paid by VR are equivalent to customary rates paid within colleges or universities to student tutors.
- **c.** Payment is made to a client following the Client Purchase process.
  - **i.** The client submit a form Statement of Services Rendered at the end of each month as evidence that service was provided.

- **d.** To qualify as a peer tutor the tutor must:
  - **i.** be a student who is currently enrolled in an accredited college or university;

ii. demonstrate experience in subject area by minimum of a 3.0 GPA in the subject requiring tutoring (transcripts are required).

5. Academic tutoring provided by qualified professionals/agencies

a. It is expected that these services will:

i. Be based on the client's specific educational needs in order to meet the required academic standards.

ii. Assist in building the client's comprehension and skills necessary for successful completion of the selected educational goal which will lead to obtaining employment consistent with the client's strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice.

iii. Be accessible outside of regular school hours.

iv. Provide appropriate accommodations and support for the client's disability related needs.

v. Utilize only instruction, content, and curriculum that are secular, neutral, and non-ideological to model positive behavior and encouragement.

vi. Utilize instruction, content, and curriculum that are consistent with the client's course of study and aligned to the required academic standards.

b. Providers are expected to utilize staff with applicable licensure, certification, expertise, and experience to tutor regarding specific areas of study, meet state and federal requirements, and to also accommodate optimally the specialized

and individualized needs of persons with disabilities.

E. Instructional Tutoring

1. Instructional tutoring is a service that provides additional, special or remedial private instruction and it is used for clients who need assistance in learning a specific vocational subject.

a. This must be distinguished from remedial education, literacy training and supported education when the client's disability related deficits require additional assistance.

b. This includes one–on-one instruction with specific vocational subject matter related specifically to a client's vocational training program.

c. Service providers should demonstrate an expertise in the subject matter through maintenance of valid certifications and licensure required for specific vocational fields that the tutoring concerns or, if such documentation is not required to operate in the specific field, a history of at least five years of professional experience in the field that the tutoring concerns.

F. GED Preparation

1. This service is used for clients who want to go to college or to vocational schools but are not ready for such coursework and/or clients who do not aspire to college but need a higher level of skills in order to function effectively in the work-place and may need GED .

a. This includes GED preparation

2. The counselor must include any planned GED training in the IPE.

3. Intermediate objectives need to be set whether these services are provided as a precursor for further educational/vocational training or to function in employment.

4. The counselor must set clear and measurable objectives consistent with IPE goals and continue to provide this training based on progress and measured achievement of goals.

5. Authorizations/payments must be consistent with the Plan of Study.

6. Prior to requesting an authorization for additional education costs or approving payments, the counselor must check to make sure that:

- **a.** the client is actively participating in educational or training programs,
- **b.** the client has provided required reports of satisfactory progress or of grade reports for the prior school term or session.

7. Comparable benefits such as free programs available in the community should be used prior to the use of VR funds, for example:

- **a.** One Stop Centers -Workforce Investment Act (WIA) Programs;
- **b.** Arizona Department of Education – local colleges;
- **c.** other community programs

8. GED preparation programs available under the Competition Impracticable exemption and listed under any of the following should be used:

- **a.** Arizona Department of Education- HEAT
- **b.** Arizona College and Career Guide issued by the Arizona Commission for Postsecondary Education

9. Payment is based on the current rate rates published by the qualified educational institutions.

10. Public schools are paid on a semester or quarterly.

11. Private programs are expected to accept payment on a month-to-month basis for services provided.

a. Payments are based on receipt of monthly progress reports along with monthly billings which indicate both progress in the course subjects and attendance.

b. If the client terminates, payment for that month will be prorated. The counselor should be notified, immediately, of any absences exceeding three days in any given month.

G. Basic education, literacy and tutoring programs are expected to accept payment on a month-to-month, unless otherwise specified, basis for services provided.

1. Payments are based on receipt of monthly progress reports along with monthly billings which indicate both progress in the course subjects and attendance.

2. If the client terminates, payment for that month will be prorated.

3. The counselor should be notified, immediately, of any absences exceeding three days in any given month.

SECTION 8.12 - JOB READINESS TRAINING

A. This group of services assists clients to explore their employment options and to achieve employment readiness skills.

B. These are stand-alone training opportunities which are not part of a larger job placement effort for which Employment Services are designed.

C. Several services comprise this group:

1. Work Exploration
2. Work Adjustment Training
3. Other Services Not Elsewhere Classified

D. Work Exploration is defined as a service that provides orientation to the world of work for the purpose of assisting individuals with disabilities in understanding the meaning and value of work, making a decision to pursue employment or preparing for employment

1. Work Exploration is different than Employment Services, Employment and Retention because it does not involve paid work and because the purpose is not to achieve the IPE vocational goal.

E. Work Adjustment is defined as a service that provides treatment and training in the meaning, value, and demands of work and in the development of positive attitudes toward work.

1. This service is designed to:

a. provide training to foster an understanding of the meaning, value, and demands of work, and develops skills, good work habits and a positive attitude towards work;

b. uses real work as a vehicle for the training; and provides assistance in obtaining employment

F. Work Exploration and work adjustment training are contract services which provides structured training/instruction program which includes:

1. orientation to work;
2. job readiness,
3. work ethics,
4. appropriate work behaviors and consequences of adverse behavior;
5. meaning and value of work and time management;
6. impact of work on benefits.
7. Non-paid work experiences are part of the instructional plan.
8. Services are provided in a group or an individual setting.

G. Other services not elsewhere classified

1. These service are limited to single, short term educational/training experiences such as:
a. individual classes about dressing/ grooming,
b. time management and career exploration provided at community colleges or in specialized training seminars.

2. These services are generally used in a combination with work exploration, disability skills training programs, and orientation and adjustment to disability.
3. This service is utilized by transition counselors to assist students in focusing on a specific goal and appropriate training program and may include job shadowing experiences and other short term employment related skill experiences.
4. Programs available under the Competition Impracticable exemption and listed under any of the following should be used:
a. Arizona Department of Education- HEAT
b. Arizona College and Career Guide issued by the Arizona Commission for Postsecondary Education.

SECTION 8.13 - DISABILITY RELATED SKILLS TRAINING

A. This grouping comprises a variety of instructional services designed to help a person with a disability be more independent in the home and within the community.

1. These services can be provided before or with other vocational services.

a. They should always be provided in a context of preparing for or reinforcing an employment goal.

b. Vocational Rehabilitation provides only those disability related services that are rehabilitative in nature and help achieve an employment outcome.

2. These services may be provided only when the barrier resulting from the disabling condition can be corrected, ameliorated or circumvented within a reasonable period of time as part of or in preparation for an overall vocational rehabilitation plan.

3. Upon review of the assessments by the client and the counselor, a determination will be made regarding the need for these services.

a. Evaluations and consultations should be used when necessary.

4. Counselors should discuss with clients the advantages and disadvantages of different settings (itinerant services, day services, residential services), philosophy or approach and intensity of different service providers, and individual needs (client's age, past abilities, skills, level of confidence).

5. The counselor should work with the provider to develop a written disability skill training plan and to set clear and measurable service objectives to be achieved.

6. Economic need is not a requirement for provision of any of these services.

a. Client transportation to receive these services also can be provided regardless of economic need.

7. Comparable benefits should always be used when available and appropriate.

a. These may include but are not limited to:

i. Support groups,

ii. Independent Living Centers,

iii. Free training by community organizations

B. Orientation and Mobility Training

1. This service provides orientation to the environment and instruction in independent travel and mobility within the home, community or work environment.

2. For blind or visually impaired individuals, this service includes instruction, as needed, in:

a. Basic Concept Development

b. Pre-Cane Skills

c. Cane Techniques

d. Residential Travel

e. Light Business Travel

f. Downtown Travel

g. Public Transportation

h. Rural Travel

i. Special Situations

j. Instruction in independent travel.

3. For clients with other disabilities besides blindness:

a. This is a contract service that assists a client in safely navigating an identified environment.

b. Service objectives may include but is not limited to:

i. use of power operated mobility devices;

ii. safe transfer and travel techniques;

iii. accessibility issues;

iv. instruction in how to follow directions and identification of environmental clues;

v. safe navigation of streets;

vi. use of public transportation.

C. Vision Rehabilitation Therapy/Rehabilitation Teaching

1. This service provides instruction in independent living areas of adapted communications skills, personal management, and home management using low-vision and adaptive techniques.

2. Training in adaptive communication skills include but are not limited to:

- **a.** Personal record keeping
- **b.** Braille
- **c.** Keyboarding
- **d.** Time management
- **e.** Handwriting
- **f.** Telephone use
- **g.** Assistive technology

3. Training in personal management includes but is not limited to:

- **a.** Diabetic adaptive techniques
- **b.** Medication management
- **c.** Coin & paper money ID
- **d.** Banking system
- **e.** Budgeting procedures
- **f.** Clothing
- **g.** Grooming/Hygiene
- **h.** Managing mail
- **i.** Pre-cane skills

4. Training in Home includes but is not limited to:

- **a.** Food preparation
- **b.** Sewing
- **c.** Cleaning
- **d.** Laundry
- **e.** Child care
- **f.** Home maintenance

5. Service providers are expected to have Vision Rehabilitation Therapist (CVRT) certification by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP), or to be working

towards their ACVREP and operation with direct supervision by a CVRT.

D. Orientation and Adjustment to Disability

1. Orientation and adjustment to disability training for the blind and visually impaired.

a. This service provides information and/or hands-on orientation regarding all aspects of vision loss.

i. While these sessions can be presented individually, it is AZRSA-SBVI preference that orientation and adjustment services be administered in group sessions when ever possible or appropriate.

ii. In addition, all O&A services must meet AZRSA, SBVI competency, and Best Practice Standards.

b. Information includes but is not limited to:

i. use of Braille;

ii. use of Low Vision Services;

iii. use of community Resources related to Blindness;

iv. Blindness Advocacy Organizations and Support Groups;

v. Rehabilitation Teaching and Orientation and Mobility;

vi. Self Advocacy support and skill development;

vii. Medical, psychological, and social aspects of disability and how they relate to independent living;

viii. Assistive Technology;

ix. Transportation approaches and resources;

x. Instruction and/or counseling is provided to assist individuals to know the implications of, and adjust to, their disabilities and its impact on independent living and on work.

c. Service provision will be coordinated by a certified Rehabilitation Teacher, or rehabilitation counselor.

d. Individual service sessions will be provided by individuals who meet the professional standards for that particular service.

2. Orientation and adjustment to disability training for all other disabilities

a. This is a contract service that provides instruction in a number of independent living areas such as:

i. assisting individuals to understand and accept their disability;

ii. using disability-related community resources, goods and services;

iii. providing training in self-advocacy, personal living skills, home management, and independent travel.

b. These services are frequently available and provided by independent living centers to broad range of individuals with physical disabilities.

c. This service is not therapy or rehabilitation counseling.

d. Service objectives may include but are not limited to assisting clients in:

i. understanding and gaining acceptance of their disabilities;

ii. obtaining information about specific disability related services;

iii. developing self-advocacy, personal living skills and home management.

e. AZRSA contracts should be referred to for specific details on service provider requirements.

E. Adapted Communication

1. This is a service that provides training to assist an individual to communicate effectively using adapted communication techniques.

2. Adapted Communication is training/education in other languages which are specifically adapted to the needs of persons with disabilities.

a. This does not include adapted communication training to access or make use of technological aids or devices and/or access and use of computer applications (including augmentative communication devices).

3. This includes but is not limited to training to a level of intermediate proficiency in:

a. Braille training

b. Deaf/Blind tactile training

c. American Sign Language (ASL)

d. Augmentative and Alternative Communication (AAC)

4. Providers should meet professional standards and/or contract requirements for the provision of specific trainings.

F. Comprehensive day based disability related skills training for the blind

1. A residential or day based comprehensive disability related skills training program is designed to meet the unique vocational rehabilitation needs of clients who are blind or visually impaired.

2. The services provided to each client are identified by a comprehensive assessment.

3. The services may include:

a. Teaching adapted communication skills, personal management skills and home management skills,

b. Orientation to the environment and instruction in independent travel and mobility (e.g. use of public transportation, map reading, cane training, etc.),

c. Training and support in self-advocacy, interpersonal skills, personal safety and use of leisure time,
d. Assistance in understanding and acceptance of disability,
e. Training in use of assistive technology,
f. Readiness for work in terms of teaching job seeking skills, work exploration, trial employment, etc.

4. The service provision should result in:
a. clients having the necessary adaptive skills and self-confidence to be successful in employment or post secondary education,
b. seamless transition from high school to post high school vocational services,
c. expediting a client's progress toward achieving self-sufficiency through work.

G. Disability Related Skills Training Not Elsewhere Classified

1. Disability Related Skills Training NEC includes, but is not limited to, services such as remediation for persons with learning disabilities, cognitive skills development, community and work integration skills development, etc.

H. Supported education

1. This service provides one-time, temporary or intermittent assistance, within an educational setting, to Vocational Rehabilitation clients with significant disabilities who require assistance with registration, navigation, connecting with school resources or accessing needed accommodation services.
2. This service is not educational tutoring, rehabilitation or career counseling or to be used for providing ongoing or continuous supports within the educational setting.
3. They are intended:

a. To help register students for school, to orient them to the school campus and school services, and assist a student to coordinate any needed special services.
b. To provide one-time, temporary or intermittent assistance in the educational setting.

4. This service should be provided by persons who are familiar with campus environments/processes and are qualified by their training, education and experience to work with persons with significant disabilities.

I. Cognitive Skills Development

1. Cognitive Skills Development includes developmental or restorative services for individuals with inherited learning disabilities or individuals who lost their cognitive skills as a result of brain injury.
2. This service provides training to recover or maintain cognitive skills using specialized/adaptive learning techniques.
3. The individual often needs to develop compensatory methods of processing and retrieving information when disability, illness or injury has affected cognitive processes.
4. Cognitive skill development includes mental exercises that assist the patient in areas such as:

a. Attention/concentration
b. Memory
c. Organizing
d. Reasoning
e. Problem Solving
f. Decision Making
g. Social Pragmatics

5. These services should be provided by licensed/certified psychologist, neuropsychologist, occupational therapist, rehabilitation specialist or special education teacher.

SECTION 8.14 - VOCATIONAL AND MISCELLANEOUS TRAINING

A. Miscellaneous training includes any training not discussed elsewhere in the manual.

1. If the service is for re-training for a new career, see Chapter 6 IPE Planning.
2. If the training is not for a new career, then the training must assist the individual to achieve identified IPE goals and intermediate objectives.
3. Economic need is not required to receive training services.
4. General policies related to tuitions, books, materials, and supplies as described in Section 8.9 apply to these trainings also.

B. Job Training

1. This service provides various paraprofessional vocational training services to AZRSA clients with disabilities to assist them in developing specific vocational skills and improve their ability to secure and maintain employment.
2. The services includes a systematic vocational training program, in a disability-friendly environment, that prepares individuals with disabilities for entry-level employment opportunities or for career advancement in the competitive and integrated labor market.
3. Job Placement is an optional component that may be provided under this service.
4. Job Training can only be purchased from community rehabilitation program (CRP) providers and/or other organizations under contract with AZRSA to provide a specified job training program.
5. The client should develop specific vocational skills and improve his/her ability to secure and maintain employment as well as completing internships if applicable.

C. Miscellaneous Training

1. This service includes financial support to pay for a seminar, conference or class which conveys specific, focused information which is not used as part of a degree or certificate program or formal program of training, but is required or recommended for a job.
2. The scope is limited, although may be scheduled over multiple days.
3. This service should lead to knowledge/information acquisition the client can use on a job.

SECTIONS 8.15 - JOB RELATED SERVICES

A. Job-related services include job search assistance, job placement assistance, and on-the-job support services.

> **1.** AZRSA classifies these services under Employment Services

B. Job search and job readiness activities support and assist a client in searching for an appropriate job. Job search assistance may include help in resume preparation, identifying appropriate job opportunities, developing interview skills, and making contacts with companies on behalf of the client.

C. Job placement assistance is a referral to a specific job resulting in an interview, whether or not the individual obtained the job.

D. On-the-job Supports are support services provided to an individual who has been placed in employment in order to stabilize the placement and enhance job retention.

> **1.** Such services include job coaching, follow-up and follow-along, and job retention services.

E. Employment Services is a contracted service through AZRSA which prepares and places individuals in a job that is consistent with their IPE goal.

> **1.** The service chosen to achieve this goal is based on the needs of each individual client.
> **2.** These services are purchased only after an IPE has been completed and a vocational goal has been identified.
> **3.** These services are not to be confused with vocational evaluations/situational assessments, work exploration contracts, disability related skills training or on-the-job training.

4. The VR counselor should be involved and support the client throughout the whole employment and placement process including:

a. employment goal planning;
b. deciding on an appropriate employment setting;
c. placement in a specific job.

5. Comparable benefits should be explored and may include:

a. One Stop Centers (Workforce Connections),
b. Job Service offices,
c. JOBS and school career center services
d. non-paid supports (consisting of friends, co-workers, supervisors, family or volunteers)
e. paid supports.

6. When a decision is made to purchase one of the three employment services to assist in the employment preparation and placement process of a client with special needs, these services will be purchased only from providers and/or organizations under contract with AZRSA.

7. A face-to-face meeting ("Pre-Service Consultation Meeting") between the client, the contractor and the VR counselor is required prior to a deciding to proceed with services.

a. This meeting is used to select the appropriate service and set clear objectives and timelines for the selected service.

8. The counselor is responsible for monitoring the appropriateness of the job placement.

9. These services, except for related uniforms/tools/ supplies (if purchased separately), will be provided regardless of economic need.

F. Service Descriptions and Definitions

1. Competitive Employment: Work in the competitive labor market that is performed on a full-time or part-time

basis in an integrated setting and for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled. Wages are paid by the employer not the Contractor.

2. Extended Supported Employment: Ongoing services needed to support and maintain an individual with a disability in employment after the VR program terminates employment support services.

3. Group Placement: Two or more people working in the same area of a business who are provided job coaching by the same job coach.

4. Integrated Setting:

a. With respect to the provision of services, means a setting typically found in the community in which applicants or eligible individuals interact with non-disabled individuals other than non-disabled individuals who are providing services to those applicants or eligible individuals;

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

5. Job Coach: A Contractor's employee who assists clients to adjust to a job within a work environment.

6. Job Placement: A service component or stand alone service that results in the client is working in a job that is consistent with the vocational goal and which may include but is not limited to:

a. job site development specific to the chosen career goal,

b. selective job placement through job analysis,

c. work site analysis for needed accommodations,

d. direct job placement

7. Job Readiness Skills Development: A service component or stand alone service that results in the client having basic job readiness skills necessary to successfully obtain and maintain employment which may include but is not limited to:

a. job seeking skills training,
b. assistance with self–directed job search techniques,
c. employer expectations,
d. resume writing,
e. interview skills/mock interviews.

8. Job Stabilization: a service component or stand alone service that results in the client working successfully, without job coaching supports (i.e. adjustment to the work environment), on a job that is consistent with his/her vocational goal, and maintaining the agreed upon minimum work hours which may include but is not limited to:

a. follow ups with the client after job placement,
b. work adjustment counseling, to ensure the client's stabilization at work.

9. Natural Supports: Any assistance, relationship or interaction that allows a person to maintain employment in ways that correspond to the typical work routines and social interactions of other employees.

a. Natural supports may be developed through relationships with people or put into place by the adaptation of the work environment itself, depending on the support needs of the person and the environment.

10. Successful Employment: Employment outcome means, with respect to an individual, 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 in an integrated setting, including self-employment, telecommuting, or business ownership, that is consistent with an individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. When A Vocational Rehabilitation client who is in competitive employment has been placed on the employer's payroll:

a. The employment should be consistent with the client's abilities, capabilities, interests, and informed choice;

b. The employment should be in the most integrated setting possible, consistent with the client's informed choice;

c. The client is no longer dependent on Vocational Rehabilitation for payment of supported employment services.

d. The employment outcome must be consistent with the IPE or the IPE must, with the client's agreement and signature, be amended.

e. Successful Employment does not include:

i. employment of an inmate within a correctional facility;

ii. employment in a non-integrated or sheltered setting;

iii. work under an On the Job Training (OJT) contract;

iv. involvement in a Work Experience Program or volunteer program;

v. involvement in Job Corps;

vi. work for a Temporary Employment Agency unless this type of employment setting is the pre-identified client's goal.

11. Successful Rehabilitation: A client is successfully rehabilitated when all of the following criteria are met:

a. The provision of services under the IPE has contributed to the achievement of the employment outcome;

b. The client has achieved the employment outcome as described on the IPE and that outcome is consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice;

i. If the employment outcome differs from that described in the IPE the client and counselor must agree on and sign an amendment to the IPE which adds the new employment outcome.

c. The employment outcome is in the most integrated setting possible, consistent with the client's informed choice;

d. The client and the Vocational Rehabilitation counselor consider the employment outcome to be satisfactory and agree that he/she is performing well on the job,

e. The client has maintained employment for a minimum of 90 calendar days. This means that;

i. The client has been placed on an employer's payroll, even on a probationary status, as an employee, for work performed on a full-time or part-time basis in an integrated setting,

1). The client is compensated at or above the minimum wage

2) The individual's wage and level of benefits are not less than that paid by the employer for the same or similar work performed by nondisabled individuals;

ii. The client who will be closed as self-employed, has met the employment criteria described on the business plan,

iii. The client who will be closed as a BEP Manager has been satisfactorily managing a BEP enterprise,
iv. The client who will be closed as a homemaker has been able to perform or supervise task required in the home to make a home for his/her family which will support another member of the household to engage in competitive employment,
v. The client living in a residential facility has obtained employment within the facility,
vi. The client who will be closed in supported employment is working in an integrated setting with other non-disabled workers and earning the same wages as the non-disabled workers, with the help of disability related supports to maintain employment,
vii. The client is working as part of a family business as an unpaid family worker,
viii. The client has enlisted in the armed services,
ix. The client has entered an apprenticeship program.

f. The IPE services are completed;
g. The client is no longer receiving supported employment services using Vocational Rehabilitation funds (for clients requiring employment support services);
h. The client has been informed of the availability of Post Employment services and the need for PES has been evaluated and if necessary, PES have been planned.

12. Supported Employment: competitive employment in an integrated setting, or employment in integrated work settings in which individuals are working toward competitive employment, consistent with the strengths,

resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals with ongoing support services for individuals with the most significant disabilities:

a. 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

b. Who, because of the nature and severity of their disabilities, need intensive supported employment services from the designated State unit and extended services after transition or transitional employment for individuals with the most significant disabilities due to mental illness.

13. Working Week (client specific): a week in which the client works the agreed upon minimum work hours.

G. Some services are presented in the form of Performance Based contracts.

1. These are differentiated from traditional contracts in that payment to providers is based on meeting milestones with clients as opposed to simply providing services to clients.

2. See specific contracts for details

SECTION 8.16 - TRANSPORTATION SERVICES

A. Transportation and travel related expenses are services necessary to enable an applicant or eligible individual to participate in Vocational Rehabilitation services or to relocate for a job.

1. Examples include but are not limited to:

a. vehicle repair

b. relocation expenses incurred by the individual in connection with a job placement that is a significant distance from the individual's current residence,

c. per diem mileage,

d. bus

e. taxi

f. air fare

B. Vocational Rehabilitation will not buy vehicles requiring a license, even when needed to achieve an IPE goal.

C. The Vocational Rehabilitation program does not replace or supplement programs or services (e.g. TANF, SSI, public housing, other income assistance) that are intended to meet the individual's basic needs for food, clothing, shelter, transportation, child/adult care, reader/interpreter services, attendant care services, child day care services, etc.

1. The Vocational Rehabilitation program can pay for additional costs for these services which are incurred as a result of, or which are part of, a vocational rehabilitation effort.

2. The Vocational Rehabilitation program provides or supplements existing support services when necessary only to support Vocational Rehabilitation sponsored activities or services.

3. For eligible clients with an IPE, the supports are provided only to support activities written in the IPE.

D. Eligibility for these services, and a pre-condition for continuing to pay for these services, is the client's continued participation in their IPE.

E. Vocational Rehabilitation support of a client's transportation needs is considered in the following order of precedence:

1. Public subsidized transport, if available, will be used unless disability related issues prevent its use. Public subsidized transportation includes Rapid Transit, bus, Dial-A-Ride, Van Tran, etc.

2. When public transportation is not available or appropriate, AZRSA will support client using his/her own transportation by paying mileage reimbursements.

3. Vocational Rehabilitation will pay for repair of a client's (or family member's) vehicle when public transportation is not available or is inappropriate for disability related reasons.

a. Repairing a vehicle must be the only economical method of making transportation available for the client.

b. Any decision to repair a client's vehicle must be reviewed and approved by the supervisor.

4. The cost of taxi transportation, or more expensive alternatives, may be provided as a last resort.

F. Transportation services are conditioned on economic need, unless they support assessment services or disability related skill training services.

G. Car Repair and Towing

1. Car repairs will not be supported by Vocational Rehabilitation until after an IPE has been developed and approved.

a. The approved IPE must contain the needed repairs.

b. Prior to IPE implementation (Status 13), counselors and clients will find other means to meet the client's transportation needs.

2. Vocational Rehabilitation will not pay for routine automobile maintenance (tune-ups, oil changes, tire rotation, routine replacement of belts and hoses, etc.).

3. Vocational Rehabilitation support for car repair is limited to a total of $2,000 per client during the IPE and post-employment services.

a. Any exception to the $2,000 car repair limit must be reviewed by a supervisor and approved by the District Program Manager.

b. Exceptions must be based on unique disability related needs of an individual see section 8.3.

c. In the case of an exception, Vocational Rehabilitation will only pay for 80% of the eligible care repair.

i. The client will be responsible for the remaining 20%.

4. Towing costs and diagnostic testing related to the specific vehicle repair can be paid for by AZRSA.

a. These costs are separate and should not be factored into the overall $2000 car repair limit.

5. Car repair will be provided only by qualified dealers or repair shops who can provide a warranty/guarantee for their services.

H. Relocation Expenses

1. Vocational Rehabilitation will pay for transportation related moving expenses in connection with a job placement that is a significant distance from the individual's current residence.

a. This includes but is not limited expenses required to move the clients household good.

I. Transportation

1. If necessary to support client's own transportation, Vocational Rehabilitation will pay for mileage.

a. Mileage is calculated using the Transportation Worksheet.

2. Per diem and lodging is paid only for one-time travel situations rather than on-going maintenance.

a. Short-term lodging and meals required to participate in assessment or training services not within commuting distance of the client's home are included; and

b. Per diem and lodging expenses incurred in providing services will be billed in accordance with the current Arizona Department of Administration (ADOA) Accounting Manual, Section II-D and the laws relating to travel contained in the Arizona Revised Statutes 38-621 through 38-627, as may be amended.

c. Travel guidelines can be found at www.gao.state.az.us/travel

J. Car Insurance

1. Car insurance will not be paid unless the following conditions exist:

a. client has no alternatives to driving;

b. client has no resources to pay for insurance;

c. if car insurance is not paid, client's employment will be jeopardized.

2. Car insurance will be paid for once by AZRSA and should be for a term of 6 months to a year.

K. Other transportation related expenses can be paid for by AZRSA if they are required to assist the client in achieving their employment goal.

1. Some examples are:

a. bicycles

b. parking permits

L. AZRSA will not pay for parking/traffic fines.

SECTION 8.17 – MAINTENANCE

A. Maintenance is Vocational Rehabilitation support service that is available only to support an individual's participation in the Vocational Rehabilitation program.

1. They are never themselves the purpose or focus of a rehabilitation effort.

2. Maintenance is monetary support provided for those expenses, such as food, clothing and rent that are in excess of the individual's normal expenses and that are necessitated by participation in an assessment for determining eligibility, participation in IPE planning or receipt of services under an IPE.

3. The Vocational Rehabilitation program does not replace programs or services (e.g. TANF, SSI, public housing, other income assistance) that are intended to meet the individual's basic needs for food, clothing, shelter, transportation, child/adult care, reader/interpreter services, attendant care services, child day care services, etc.

a. The Vocational Rehabilitation program can pay for additional costs for these services which are incurred as a result of, or which are part of, a Vocational Rehabilitation effort.

b. The Vocational Rehabilitation program provides or supplements existing support services when necessary only to support Vocational Rehabilitation sponsored activities or services.

c. For eligible clients with an IPE, the supports are provided only to support activities written in the IPE.

4. Eligibility for these services, and a pre-condition for continuing to pay for these services, is the client's participation in planned rehabilitation services.

5. Payment of maintenance is restricted to costs in excess of the individual's customary living expenses which are a result of participating in Vocational Rehabilitation services.

6. Counselor and client are required to explore the potential impact of maintenance payments on the client's receipt of support payments from SSA, food stamps, TANF, AHCCCS, etc.

B. Comparable benefits

1. All alternative resources must be investigated and used first before maintenance services can be provided.

C. Economic Need

1. Maintenance payments are conditioned on the client having economic need.
2. Vocational Rehabilitation may pay for these services only if all of the client's financial resources are not sufficient to pay these costs.

D. Maintenance payments for clients while they are living at home.

1. These expenses, if appropriate, may include, but are not limited to,:

a. Lunch when a client is away from home during mealtime, the meal is not provided for free, and the client cannot reasonably be required to carry a lunch.
b. The costs for other suitable clothing or hygiene products directly related to being in the community when the client was not in the public prior to his rehabilitation program.
c. The actual cost of short-term expenses required in order for an individual to participate in IPE services at a site that is not within commuting distance of an individual's home.

E. Maintenance payments for clients while they are living away from home.

1. AZRSA may pay for the cost of an individual's rent when he/she requires an extended period of time living away from home, while retaining his/her primary residence.

a. This does not apply to clients who change their permanent residence.

2. Maintenance for clients living away from home for educational/training purposes are detailed in Section 8.9 Post-Secondary Education and Vocational/Occupational Training.

F. Vocational Rehabilitation may pay for initial one-time costs, such as security deposits or charges for the initiation of utilities, required for an individual who has relocated.

1. Maintenance is not used for relocation expenses related to the transportation of a client's household goods.

a. See Section 8.16 - Transportation Services for policies relating to relocation costs related to the transportation of a client's household goods.

G. AZRSA does not pay for:

1. Residential costs if the student lives within commuting distance of the program or is living away from home by choice, not due to a disability or program related need;
2. Rent, except for individuals living away from home;
3. Other basic living needs, not listed above;
4. General living costs resulting in a loss of income due to participation in IPE services or a self-employment plan.

H. Clothing as maintenance

1. Clothing (maintenance) is a client's ongoing responsibility.
2. Clothing assistance is never routine or provided on an ongoing basis.

3. Decisions about the need for clothing assistance should be based on evidence that the client's existing wardrobe does not meet the basic requirements for the activity that he/she will be performing.

a. The activity should be related to tasks in the IPE.

4. Since clothing is a client's ongoing responsibility, clothing (maintenance) will not be provided as a Post-Employment service.

SECTION 8.18 - REHABILITATION TECHNOLOGY

A. Rehabilitation technology is the systematic application of technologies, engineering methodologies or scientific principles to meet the needs of, and address the barriers confronted by, individuals with disabilities in areas that include education, rehabilitation, employment, transportation, independent living and recreation.

1. This includes the following types of services:

a. Rehabilitation engineering service: the systematic application of engineering sciences to design, develop, 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.

b. Assistive technology device: 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.

c. Assistive technology service: any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device including but not limited to:

i. evaluating the needs of an individual with a disability, including a functional evaluation of the individual in his/her customary environment;

ii. purchasing, leasing, or otherwise providing for the acquisition by an individual with a disability of an assistive technology device;

iii. selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
iv. coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
v. training or providing technical assistance for an individual with a disability or, if appropriate, the family members, guardians, advocates, or authorized representatives of the individual; and
vi. training or providing technical assistance for professionals (including individuals providing education and rehabilitation services), employers, or others who provide services to, employ, or are otherwise substantially involved in the major life functions of individuals with disabilities to the extent that training or technical assistance is necessary for an individual with a disability to achieve an employment outcome.

B. The application and use of rehabilitation technology should be a consideration throughout the rehabilitation process, starting at referral.

1. The Health Appraisal and Order of Selection Worksheet is the first formal tool to begin identifying potential rehabilitation technology needs.
2. Clients who are diagnosed with blindness, visual impairments, deafness, hearing impairment or with significant upper extremity limitations should have an AT evaluation done prior to doing any other evaluations.
3. If there is reason to believe that the client needs, or can benefit from rehabilitation technology, the Assistive Technology Profile and AT Plan should be completed with the client, counselor, and AT Specialist.

4. Rehabilitation technology goods or equipments are never provided solely to help another agency or employer's to meet their ADA accessibility and/or reasonable accommodations requirements.

5. Rehabilitation technology planning must include all of the following:

- **a.** evaluations (comprehensive evaluations are often the most important component of rehabilitation technology).
- **b.** consultations by agency contractors or staff,
- **c.** training in the use of the technology,
- **d.** follow-up/follow-along services,
- **e.** setup/installation,
- **f.** adjustments/configuration (such as JAWS scripting),
- **g.** client involvement in all phases of the process, including final review and sign-of on the results of a technology project before AZRSA makes final payment, etc.
- **h.** Installation, training (in the use of technological devices from the contract provider) and follow-up, when appropriate, will be authorized and paid for when these services are not part of a contract or provided for in the original purchase price.

6. Team staffings between the counselor, the client and rehabilitation technology specialists are required to identify needs, finalize prescriptions, assess most appropriate technology needs and to integrate all the parts of the process.

7. Employment related technology services/devices are purchased for a client when the technology is portable, not specifically designed to a specific employer's work station and can be used in other jobs or for independent living applications.

8. A personal computer is considered as "assistive technology equipment" when the purpose of the purchase is to accommodate a disability related need.

a. The Personal Computer Purchase Screening Tool is to be used to justify a purchase of a personal computer.

9. The Equipment Contract with Client is to be completed by the counselor, and signed by the client, whenever equipment valued at over $300 is purchased.

a. The Equipment/Software List is completed by an adaptive aids and devices contractor or the counselor and becomes part of the Equipment Contract with Client.

10. The Equipment Disposition is to be completed by the counselor whenever equipment is to be:

a. Retained by the client upon closure

b. Is no longer needed and has been returned to AZRSA, or

c. Equipment has been transferred to another client.

11. The process of placing an individual into a job should include a consideration of the client's rehabilitation technology needs related to successfully perform the essential functions of the job.

a. This may include assisting the employer with a job site assessment.

C. Economic Need is not a consideration for this category of services, except for vehicle modifications.

1. A computer purchased for reasons other than an accommodation to a disability is considered to be goods or services and is also subject to an economic need determination.

D. This category of services is exempt from the requirement to making a prior determination about the availability of comparable services and benefits available under any other program.

1. However, where such services have been determined to be available, such resources shall be used.
2. AZRSA can facilitate the process by purchasing the evaluation, training or other supports.

E. Assistive Technology Assessments

1. Seating and mobility assessment

a. A service that provides evaluations to determine an individual's need for an item or equipment to perform normal living or employment skills tasks.

2. Home modification assessment

a. A service that provides evaluations to determine an individual's need for alterations to a home to assist the individual to continue to reside in the property.
b. See Section 8.20 Home Modifications for further details

3. Computer access assessment

a. A service that provides evaluations to determine an individual's need for software and/or hardware to assist the individual in utilizing a personal computer in relation to work functions.

4. Work station evaluation

a. A service that provides evaluations to determine an individual's need for alterations to a work environment to assist the individual in performing work functions
b. See Section 8.21 Work Site Modifications for further details

5. Independent living skills assessment

a. A service that provides an assessment to determine an individual's need for assistance in

understanding his or her disability and developing the tools to become more independent and confident in basic living skills.

6. Adaptive driving assessment and vehicle modification assessment

a. A driving evaluation is a comprehensive assessment of an individual's abilities and/or potential to become a safe and independent driver.
b. See Section 8.19 Adaptive Driving and Vehicle Modifications for further details.

7. Augmentative communication evaluation

a. A service that provides an assessment and recommendation to determine an individual's need for augmentative or alternative communication devices/equipment for the purpose of generating speech communication.

F. Instructions in use of AT

1. This service provides training in the use of an item or equipment to perform normal living or employment skills tasks.
2. Technology training is provided to ensure that an individual learns how to use assistive devices which have been provided to him/her and can therefore achieve the maximum benefit from the use of assistive technology.

a. When training is not provided as part of the purchase or when additional training is needed it may be provided by the vendor from whom the devices were purchased, or may be purchased separately.
b. An individual who is skilled in the use of the device should provide the needed training.
c. The trainer should have knowledge of the special needs of individuals with the particular disabilities of

the individual being served, and can practice good instruction techniques which are appropriate for each individual.

3. These services include:

a. services that assist clients in the selection, acquisition, or use of an assistive technology device.
b. coordination and use other therapies or services with assistive technology devices

G. Access and use of computers

1. This service provides opportunities to access computer technology that will assist an individual to obtain information, develop skills, and/or perform tasks and includes:

a. Adapted Computer Access Training: one-on-one training with an individual on the use of specialized computer access equipment and programs.
b. Instruction in Adapted Computer Access: provides instruction in the use of adaptive computer applications. An individual who has the necessary knowledge and communication skills should provide this instruction.

H. Assistive Technology/Adaptive Aids and Devices

1. Any item, piece of equipment or product system whether maintained commercially off the shelf, modified or customized, that is used to increase, maintain or improve functional capabilities of individuals with disabilities.
2. Examples of assistive technology/adaptive aids and devices that might be purchased for blind/visually impaired clients:

a. computer software for adaptive purpose(screen reading, speech input, work prediction, screen magnification, etc.)

b. computer hardware for adaptive purpose(adaptive keyboards, mice ,etc.)
c. digital voice recorder
d. dome magnifier/video magnifier
e. large print overlay
f. talking calculator, compass, watch
g. white cane
h. taped text

3. Examples of assistive technology/adaptive aids and devices that might be purchased for deaf/hard of hearing clients:

a. telephone amplifiers
b. captioned videos,
c. doorbell amplifier
d. sonic boom alarm clock
e. flasher alarm
f. signalers
g. TTD
h. TTY
i. FM systems

I. Other Assistive Technology Services

1. Installation: A service that provides installation and inspection of equipment, ensure that the equipment is complete, that it works and that it was shipped as ordered in order to assist a person in using equipment to perform living and employment skills tasks.

a. Installation of access equipment and software and/or assistance to work site technical support personnel to ensure proper setup may also be provided.

2. Follow-up involves follow-up visit to make sure the set up is working and to make modifications.

a. This includes short term training with the devices, to evaluate the effectiveness of the assistive technology devices, environmental or vehicle

modifications in improving the individual's functional capacities, and to determine if the assistive technology goals have been achieved.

3. Repair: A service that repairs or modifies aids and devices that assist persons in performing normal living skills.

J. Assistive technology warranties

1. AZRSA can pay for an initial manufacture's warranty for an assistive technology device, piece of equipment, or product for a specified period of time following the date of purchase if the warranty is available at the time of purchase by the manufacturer.
2. An initial manufacture's warranty must guarantee repair and/or replacement of parts or the entire device, equipment, or product when the parts and/or workmanship are faulty.
3. AZRSA will not purchase extended warranties.
4. See section 8.3 for procedures related to requesting an exception.

SECTION 8.19 - ADAPTIVE DRIVING AND VEHICLE MODIFICATIONS

A. See Chapter 8.18 Rehabilitation Technology for general policies and information related to rehabilitation technology.

B. Adaptive driving assessment and vehicle modification assessment

1. A driving evaluation is a comprehensive assessment of an individual's abilities and/or potential to become a safe and independent driver and is completed by a Certified Driving Rehabilitation Specialist.

a. Driving Evaluation may include but is not limited to:

i. Physical/functioning assessment including:

a) range of motion, muscle strength, coordination, and sensation,

b) muscle tone, endurance, and reaction time,

c) ambulation/transfer, mobility aids, orthotic devices and seating considerations.

b. Visual-perceptual assessments including:

i. visual acuity, field of vision, depth and color perception,

ii. stereopsis and contract sensitivity,

iii. ocular motor skills (visual pursuits and saccades),

iv. night vision, glare vision/recovery, figure/ground and spatial relations.

c. Cognitive assessment through observation and/or instrumentation of:

i. memory, judgment and decision making,

ii. reasoning and insight attention, concentration and impulsive behavior,

iii. planning and sequencing.

d. In-Vehicle Assessment to:

i. Personalize the evaluation vehicle and adaptive equipment (e.g., primary and secondary controls)

ii. Observe pre-driving tasks such as:

a) entry and exit skills,

b) loading of mobility aid(s),

c) driving position and posture,

d) pre-driving checks (e.g., seat adjustment, mirrors, seat belt),

e). orient individual to vehicle and equipment.

e. On-road assessment including:

i. selection of driving environment and route to achieve evaluation goal

ii. observation and evaluation of client's performance under various roadway and traffic conditions including:

a) physical skills such as braking, acceleration, and steering/turning ability to operate secondary controls, vehicle maneuvers/control etc.

b) visual skills (e.g., scanning, mirror use, lead time)

c) endurance;

d) cognitive/behavioral skills such as memory judgment and decision-making, reasoning and insight, attention, concentration, and impulsive behavior, planning and sequencing, time and space management, communication (e.g., turn signals, horn, lights), following directions and instructions, topographical orientation, response to traffic controls and road signs, etc.

C. Vehicle modification specifications

1. A vehicle modification specification describes necessary modifications to be made to an existing vehicle or the factory options and additional modifications needed when purchasing a new vehicle.

2. A vehicle modification specification is a complete plan for all of the modifications and adaptive equipment necessary to meet the individual's needs.

a. Recommendations should be written for a specific make, model/year vehicle.

b. The Certified Driver Rehabilitation Specialist will include an expiration date for the specification, not to exceed one year.

3. The driver rehabilitation specialist may see the vehicle or receive adequate literature regarding the vehicle, or confer with vendors, vehicle dealerships, manufacturers and/or an automotive or rehabilitation engineer to ensure the recommendation of the most appropriate vehicle adaptations.

4. If further driving instruction is needed, the specifications need to include that and the estimated number of hours needed.

D. Vehicle assessment

1. A vehicle assessment determines whether an existing vehicle is suitable (i.e. safely accommodate the modifications being considered for the individual's transportation needs) for the recommended modifications and whether the vehicles are mechanically and structurally sound.

2. The following areas must be considered as part of the vehicle evaluation for both structural and non-structural modifications:

a. Mechanical: AZRSA requires a mechanical inspection and a reliability check for vehicles requiring structural modifications with odometer readings of 50,000 to 75,000 miles or if there are plans to make modifications which significantly change the weight distribution or otherwise have significant impact on major systems of the vehicle. Vehicles having more than 75,000 miles are normally not eligible for structural modifications funded by the Vocational Rehabilitation program.

b. Adaptability: Vehicles must be compatible with all recommended adaptive equipment to be installed and planned structural modifications.

E. Vehicle modification inspection

1. A vehicle modification inspection is done to assure that the equipment installed is consistent with the recommendations of the CDSR and that the installation meets or exceeds manufacturer's specifications for installation.

2. A vehicle modification inspection is required after any modification or installation of adaptive equipment.

3. A functional vehicle modification inspection verifies that all adaptive equipment and modifications meet the individual's functional needs and are consistent with his/her abilities.

4. This inspection must be completed prior to discharge of the vehicle to the client.

F. Vehicle modification

1. The application of rehabilitation technology to meet the needs of and address the barriers

confronted by individuals with disabilities who intend and are able to drive after modifications are made or to allow such individuals to be transported in their own (or a relative's) vehicle.

2. Vehicle modification includes the whole range of modifications needed by a person with an impairment to drive or be a passenger in a vehicle.

3. Vehicle modification includes the cost of existing modifications on a used or new vehicle or modifications to purchase for a currently owned vehicle (cars, trucks, SUVs, full-size vans or minivans) which is suitable for modifications.

4. Modifications may include but are not limited to the following:

a. Non-structural modifications such as hand controls, simple secondary controls, car-top or rear wheelchair or scooter carriers, spinner knobs, ignition or parking brake extensions, accelerator and brake extensions, under-vehicle wheelchair lifts, swing arm lifts, and other ramps, lifts or wheelchair storage devices which do not require lowering floors or raising roofs.

i. These non-structural modifications are typically done as individualized modifications, and do not necessitate structural changes to the vehicle.

b. Structural modifications involving modification of the original structure of the vehicle, such as lowering floors, raising roofs, moving gas tanks, modifications of the electrical system, modifications of steering apparatus, including digital steering systems, reduced or zero effort steering, and digital controls.

i. Structural modifications are typically done as a full size van or minivan

conversion package, which would include lowered floors or raised roofs, lifts or kneeling functions with ramps, electronic operation of doors, ramps, lifts and installation of power lift seats requiring structural modification, six way transfer seats, or wheelchair lockdown systems for driving from a wheelchair.

5. Vehicle modifications may be provided for the purpose of enabling an individual with a disability to go to work.

6. All reasonable transportation alternatives must have been considered, and the need for the client to use his/her own or family member's vehicle to meet rehabilitation or employment needs must be documented.

7. The AZRSA will only modify vehicles which the client or family member own, or will own, and which are insured.

8. Vocational Rehabilitation will not modify leased vehicles.

9. Whoever is going to be the driver of the modified vehicle must have:

a. the ability to drive and use the modifications,

b. a legal right to drive (the counselor must visually verify the driver's license and make a copy for the file).

10. Vehicle modifications paid for by AZRSA are limited to those items which directly relate to improving or ameliorating the individual's functional limitations in regard to driving.

a. AZRSA does not pay for items that are standard equipment or options, such as automatic

transmission, power steering, power brakes, power door locks, tilt steering wheel, etc.

b. AZRSA does not pay for other standard interior features of a vehicle, such as molded door panels, passenger seats, benches, side and back windows, overhead console, lighting, private shades, carpeting, side wall fabric, valance, clothes hangers.

c. AZRSA does not pay for standard floor features such as corrosion coating, matching spare tire carrier, or passenger captain chair base, etc.

11. A client must be provided a Vehicle Modification Planning Letter, the pamphlet "Considerations for Adaptive Driving and Modifying Your Vehicle", and be provided a comprehensive review of pertinent AZRSA policies at the beginning of any discussion about vehicle modifications.

12. The client should be encouraged to consult with a certified driver rehabilitation specialist (CDRS) prior to the purchase of a vehicle.

a. The Certified Driver Rehabilitation Specialist can recommend specific models of vehicles which are known to support the needed adaptive equipment or are already adapted to accept needed modifications.

b. AZRSA does not accept liability or responsibility for purchase decisions made by the client.

13. Structural modifications are done only to vehicles with odometer readings of less than 50,000 miles, unless the vehicle can pass an inspection by an auto mechanic of the brakes, electrical system, body, power train, engine, and safety features, which documents that the vehicle is in good working order and requires no major repairs.

14. Although Vocational Rehabilitation will not purchase vehicles, Vocational Rehabilitation may pay for the added cost/value of a new or used vehicle which has been modified for use by a person with disabilities.

a. The added cost/increased value is determined by determining what a similar non-modified vehicle would cost (e.g. by Blue Book, dealer listings, etc.) subtracted from the cost/value of the modified vehicle to be purchased.

b. The increased value/cost of the vehicle must be determined by someone other than the counselor, the client, or the seller of the vehicle;

15. If the vehicle to be modified is a used vehicle, the counselor must take into consideration the safety of the vehicle and the ability of the vehicle to meet the clients' needs before agreeing to participate in its purchase;

16. Required approvals:

a. Supervisory approval is required for all vehicle modification.

b. District Program Manager approval is required for all vehicle modifications costing over $10,000.

c. If approved by the District Program Manager, Central Office Program Services staff review vehicle modifications costing $10,000 or more for compliance with policy.

i. The counselor should send the entire CROS, or all information pertinent to the review, to Attn: Program Services Section, 930A, with a progress note explaining the request for review and any other pertinent information.

17. Plans must be made with the client to purchase necessary insurance coverage for adaptive modifications made to vehicles and for continued maintenance checks and servicing after modifications have been done.

18. Prior to doing an authorization and delivering a client's vehicle to the contractor, a meeting will be scheduled at a location convenient to the client.

- **a.** This meeting will be attended by the Certified Driving Rehabilitation Specialist (CDRS) who did the evaluation and wrote the specifications, the Vocational Rehabilitation client, the contract vendor, and the Vocational Rehabilitation counselor.
- **b.** The vehicle to be modified must be available for this meeting.
- **c.** After this meeting, the contractor provides AZRSA with a specific list of initially planned modifications and anticipated costs.
  - **i.** Following this, AZRSA issues the appropriate authorizations and sends the authorization letter, with the approved list of modifications, to the vendor to start the vehicle conversion process.

19. Prior to authorization payment for a vehicle modification, a Mechanical Vehicle Modification Inspection and Functional Vehicle Modification Inspection must be completed.

- **a.** This must involve the Certified Driving Rehabilitation Specialist (CDRS) who did the evaluation and wrote the specifications, and the Vocational Rehabilitation client.
- **b.** The modified vehicle must be available.
- **c.** Payment is authorized if the modification is complete, satisfactory and performed within the criteria that were set.

20. The client must be determined to have economic need to receive vehicle modification services.

21. Service providers are expected to meet all required and legal requirements and professional standards regarding the service they are providing.

22. Vehicle Modifications are subject to economic need policies (see Section 6.12 Economic Need).

K. Adapted driving training

1. The driver training assists the client to develop behind the wheel competency in a full range of roadway environments and provide assistance to obtain or maintain a driver's license (with or without restrictions).

2. The Certified Driver Rehabilitation Specialist develops a written training plan with clearly stated goals based on a driver evaluation which indicates that being a safe driver is possible and that the client is likely to be able to obtain a license.

3. Driver training is provided in a vehicle that is matched to the driver's individual needs.

4. A proper driver's license or a driver's permit is required before driver training is provided.

5. Some individuals may need additional training in their own vehicle after modifications are completed before formally applying for a driver's license.

6. The Certified Driver Rehabilitation Specialist implements recommendations proposed in the assessment that may include but is not limited to:

a. driver education and training (e.g. driver improvement courses, defensive driving courses, advanced driving skills, video behind-the-wheel course review, etc.)

b. behind-the wheel driver education and training (e.g. driver improvement and defensive driving courses, advanced driving skills)

c. resolving licensing issues (e.g. road test).

d. coordinating the process of obtaining driver's license which may involve assisting the client with passing the written test, obtaining driving permit, and conducting road tests with Motor Vehicle Division (MVD).

7. See related contracts for contractor/service provider requirements, obligations and duties.

SECTION 8.20 - HOME MODIFICATIONS

A. See Chapter 8.18 Rehabilitation Technology for general policies and information related to rehabilitation technology.

B. Home modification

1. The application of rehabilitation technology to meet the needs of, and address the barriers confronted by individuals with disabilities within the home environment.
2. Only a Vocational Rehabilitation eligible individual whose IPE has a specific employment goal and for whom home modification needs can be accurately assessed will be considered for a home modification.
3. Vocational Rehabilitation involvement in home modifications will be to remove barriers to an existing home that are impediments to the achievement of an intermediate objective or the employment goal in an approved IPE.
4. Specific home modifications are provided only once unless there is a new disability related need and/or a new Vocational Rehabilitation case has been opened and the counselor can demonstrate a distinctly different vocational goal.

a. Other exceptions require approval from District Program Manager as detailed in Chapter 8.3 Exceptions.
b. Moving is not in and of itself a reason for a new/repeated modification.

5. AZRSA will not purchase or pay for permanent structures, add-ons, enclosed carports or other major reconstructions including removal of load bearing walls.
6. Structural repairs may be done only when there is a lease of longer than one year.
7. Modifications to rental housing/office units will be restricted to portable and/or removable items, e.g.,

ramps, grab bars, hand-held shower heads, lever faucets, door knob extensions and other adaptive aids and devices.

8. The AZRSA will make modifications to rental housing/office units only when prior written permission from the landlord/owner and/or any lien holder has been obtained. The form Permission to Renovate is to be used.

9. A home office modification should be approved only when all requirements for a self-employment plan have been met and the self-employment plan has been approved.

10. Payment for a home/home office modification is made only when the adequacy and satisfaction with the modification has been obtained from the client, and is verified by the rehabilitation technology specialist (when applicable), and a lien release is provided by the vendor when significant modification/repair work has been done.

a. A written assessment from a rehabilitation technology specialist (e.g. rehabilitation engineer, occupational therapist) is required for any modifications costing $1,500 or more.

11. A licensed contractor must be used for any modifications to a home or home office costing $750 or more.

SECTION 8.21 - WORK SITE MODIFICATION

A. See Chapter 8.18 Rehabilitation Technology for general policies and information related to rehabilitation technology.

B. Work Site Modification

1. Work site modifications are 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 activities

a. This is differentiated from providing assistive technology to a client as work site modification remains with the employer and is not transferred to the client.

2. Consultation and recommendations can be provided to the employer to assist in assessing employee needs regardless of who pays for rehabilitation technology.

3. Large employers (15 or more employees) are required under ADA to pay for work related modifications.

4. Purchase of work site modifications and/or equipment are done under the terms of a Memo of Understanding negotiated between an employer and the administrator of AZRSA.

5. A licensed contractor must be used for work modifications of $750. or more.

SECTION 8.22 - READER SERVICES, BRAILLE TRANSCRIPTION AND DOCUMENT CONVERSION

A. Reader services are for individuals who cannot read print because of blindness or other disability.

1. Reader services include, in addition to reading aloud, transcription of printed information into Braille or sound recordings if the individual requests such transcription.
2. Reader services are generally for individuals who are blind or deaf-blind, but may also include individuals unable to read because of serious neurological disorders, specific learning disabilities, or other physical or mental impairments.
3. Reader Services may be provided at anytime during the Vocational Rehabilitation program.
4. Reader services/note taker services are not conditioned on economic need.
5. For policies regarding these services in relation to students see Section 8.9 Advanced Education and Vocational Training.

B. Reader/Scriber Services

1. The purpose of this service is to make printed text available and/or accessible to blind/visually impaired clients for the purposes of IPE development, reaching intermediate objectives and/or obtaining an IPE goal.
2. Examples of reader services can include but are not limited to:
a. reading textbooks or class materials to students,
b. assisting clients with paperwork needed for obtaining employment,
c. assisting students with note-taking in class,
d. assisting clients with proofreading for visual formatting when composing documents for school or employment purposes.

3. Reading/scribing services do not include decision making with respect to the completion of the assignment

and should be provided in accordance with the RSA/SBVI Best Practice standards.

a. Reading/scribing services are not considered tutoring and should not be utilized as such.

4. Readers/scribers may be selected by the client, or recruited by the school/college/employer to perform a specific reading service or services.

5. In order to be approved as a reader/scriber vendor, the provider must have received, read and submitted a AZRSA reader/scriber competency form which instructs the provider on the standard procedures for service provision.

6. The vendor will be identified through mutual agreement between the client, vendor or counselor or designated AZRSA staff member in order to establish reading assignments and fee schedule rates based on AZRSA/SBVI Best Practice standards.

7. The following competency levels must be established to determine the most appropriate level of reading assignment as well as appropriate payment rate.

a. Basic Reader: Read aloud in person or on four-track tone-indexing machine. Ability to read fluidly in English. Must provide services within time lines provided by client.

b. Intermediate Reader/Scriber: Read/scribe printed information in person in English. Ability to spell Basic English with assistance from client. Ability to enlarge the printed page with use of copy machine to the client's preference if needed. Ability to meet timelines by client.

c. Advanced Reader/Scriber: Reading/writing in foreign languages. Ability to verbally or tactile depict charts and graphics. Ability to scan and edit text in electronic format including enlargement if needed. Ability to proof read and assist client with formatting. Ability to meet client time lines.

8. Reader/scribers will utilize the reader timesheet provided by the vocational rehabilitation counselor and submit it to the client each month for payment and service verification purposes.

9. The client is responsible for providing the verified timesheet to the counselor or designated AZRSA staff member for payment.

10. The reader/scriber may not provide services past the amount indicated by the authorization letter until an extension agreement has been made between the client and vendor.

C. Note taker

1. A service generally used in a classroom or training setting, that provides an alternate method for an individual to take notes.

D. Braille transcription services

1. This service converts texts to a system of writing and printing for the blind using varied arrangements of raised dots that represent letters and numbers identifiable by touch; and trains in its use.

2. Services can include:

- **a.** Electronic Braille transcribed file.
- **b.** Hard Braille copy in English or other languages.
- **c.** Hard-copy Braille in Nemeth Code with or without graphics.
- **d.** Electronic version of the Braille Transcription service, including scanning, formatting, Grade I & II Nemeth Code, and Graphics transcription.
- **e.** Braille Hard-copy in English or other languages
- **f.** Nemeth Code math Braille hard-copy, with or without graphics
- **g.** Binding

3. In order to be approved as a Braille Transcription vendor, the provider must have the Library of Congress Braille transcription certification, or possess Braille

transcription experience as determined by AZRSA/SBVI competency and Best Practice

E. Advanced Scripting (configuration)

1. This service is writing code to make a specific assistive technology product perform as required, including reading what is not read automatically and identifying and/or eliminating software conflicts.

2. Service providers:

a. Must have completed advance workshops in advanced software configuration such as the Freedom Scientific Scripting level I and II workshops, or demonstrate experience in the ability to write Logic Based code which enables assistive technology products to perform reasonably across multiple environments.

b. Must have experience with specific assistive technology/software to be considered to be a provider in that assistive technology environment.

c. Must adhere to the AZRSA, SBVI Competency and Best Practice standards.

F. Document Conversion

1. The purpose of this service is to perform the task of creating accessible forms and documents for screen reading software (i.e. JAWS 6, 7, 8), screen magnification (i.e. ZoomText 8, 9), custom color themes (i.e. High Contrast Black – as listed in Microsoft) and speech input products (i.e. Dragon Naturally Speaking 8, 9) for DES/AZRSA.

SECTION 8.23 - INTERPRETING SERVICES FOR INDIVIDUALS WHO ARE DEAF OR HARD OF HEARING

A. Interpreting services include sign language and oral interpretation services for individuals who are deaf or hard of hearing; and tactile interpretation services for individuals who are deaf-blind.

1. Video Remote Interpreting is also available for individuals who utilize sign language.
2. Interpreting services may be provided as a support service, or accommodation, at any time during the VR process.
3. Real Time Captioning, or CART, services are also available for individuals who are deaf or hard of hearing who may not know sign language.

B. When purchasing services, counselors must use DES contracted providers (statewide contract for sign language interpreting/CART) who have the skill, expertise and ability to communicate with the deaf and hard of hearing.

1. RSA will utilize only those interpreters who have general or legal licensure, unless one is not available <u>and</u> the VR client specifically requests an interpreter who only has provisional licensure.
2. Reference applicable contracts for details related to contractor requirements and payment

C. Sign Language interpreting for assessments and evaluations (e.g. vocational evaluations, hearing/medical exams, situational assessments,…) required for eligibility or IPE planning:

1. If direct communication is not available by the evaluator, and sign language is the client's primary communication mode, the interpreter must possess <u>both certification and legal or general licensure</u>.

2. Interpreters with provisional licensure are not be utilized.

D. Sign Language Interpreting and CART services for private schools, please see policy Section 8.9.

E. For sign language interpreting and CART services at a Maricopa Community College, a *MCCCD Referral for Services* form for the client must be completed and sent to the designated Disability Services contact person (see Appendix 5) This is to be completed and sent to the college at least eight weeks prior to the start of a new semester.

1. For sign language interpreting and CART services at other community colleges and universities refer to the IHE agreements.

F. Interpreting services are not conditioned on a client meeting economic need.

SECTION 8.24 - PERSONAL ASSISTANT SERVICES

A. Attendant Care/Personal Assistance is a service that provides a qualified individual to supply needed services in order for an individual to remain in his/her home and/or participate in work/community activities.

1. Services must be necessary to achieve an employment outcome and may be provided only in conjunction with other vocational rehabilitation services.

2. These personal assistant services can only be provided during the time that the client is involved in an IPE.

3. Personal assistant services for separately authorized travel to evaluations and special events may be provided, as necessary.

a. Counselor may provide for the assistant's per diem expenses if it is necessary that the assistant accompany the client.

4. The client is expected to manage his/her own personal assistant services.

5. Comparable benefits must be reviewed prior to authorization of this service.

a. AHCCCS/ALTCS attendant care services should be used first for non-IPE related activities.

6. Economic need is not a pre-condition for receipt of this service.

7. If personal assistant services are required to enable the client to attain the vocational goal, Vocational Rehabilitation may reimburse these services for no more than a total of 54 hours per month.

8. Vocational Rehabilitation cannot support this level of personal assistance if a spouse, family member or friends are available.

B. Sighted guide service

1. The purpose of this service is to provide one-on-one assistance for clients who are blind and visually impaired in navigating new environments through the use of sighted guide technique.

2. Examples include sighted guide assistance to navigate college or universities, one-stop centers, IPE development assessments, etc.

3. Sighted guide services may be used to assist the client when the environment is new, or when orientation and mobility skills are such that independent travel is limited.

4. Sighted guide services are inappropriate for those clients with sufficient skills to navigate specific environments.

5. Sighted guide services do not include transportation to the specific location.

6. Clients can identify a potential sighted guide.

- **a.** Recruitment sources can include college/universities, employment settings, or any other source where willing vendors may be found.
- **b.** In order to be approved as a sighted guide vendor, the provider must have received basic sighted guide competency training by a designated blindness services staff in accordance with the RSA/SBVI Best Practice standards.
- **c.** Sighted guides must be able to provide services according to the client's scheduling needs.

SECTION 8.25 - BUSINESS/SELF-EMPLOYMENT TECHNICAL ASSISTANCE SERVICES

A. Self-employment consultation

1. This service provides consultation to AZRSA clients in planning for self-employment and developing an approvable Business Plan.

2. Self-Employment Consultation (or Phase I of Self-Employment Plan) occurs prior to the client pursuing self-employment and developing a Business Plan.

3. The provider should discuss the client's proposed self-employment goal and explore the full range of entrepreneurial planning issues, as well as the client's entrepreneurial strengths and limitations related to the achievement of that goal.

4. A written assessment report should be provided to the referring AZRSA counselor within ten (10) business days after the meeting with the client which includes:

a. An assessment of the appropriateness of the client's self-employment goal in relation to his/her entrepreneurial strengths and limitations.

b. A discussion of the client's potential and readiness for success in a self-employment endeavor.

c. A summary of recommendations concerning the client's need for further research, training, self-employment training course(s) and steps necessary for a development of an appropriate business plan.

5. Specific contracts should be consulted for further details related to payment and requirements.

B. Business plan consultation

1. After the client has completed the recommended and required training (provided by AZRSA) and developed an initial Business Plan, the provider should:

a. Review the proposed Business Plan;

b. Advise the client of the Business Plan's strengths and weaknesses; and

c. Make recommendations for the Business Plan's improvement.

d. Depending on the client's individual needs and the AZRSA Counselor's request, the provider may assist the client with improving the Business Plan and prepare the client for presenting the Business Plan to the Self Employment Review Committee (SERC).

e. Communicate the findings and recommendations for improvement of the Business Plan in writing to the client and to the referring AZRSA counselor after the meeting with the client.

f. Provide a written summary to the AZRSA counselor indicating that the client's Business Plan is complete and ready to be presented to the SERC.

C. Entrepreneurship training

1. A client desiring self-employment who has never successfully operated a business must complete a self-employment training course.

a. Such courses are available from post-secondary institutions, the SBA, Small Business Development Centers, or micro-lending agencies.

b. The course must be comprehensive in nature, covering the financial, managerial, marketing, and personal factors involved in owning/operating a business.

c. If a local course of training is not available, the client may use the audio-visual self-employment training tapes available in each district.

d. If the material is too complex for an individual, the counselor will find other methods of developing the client's awareness of the essential elements of operating a business and document the methods used in the CROS.

2. If supported self-employment is being developed, other individuals who are integral members of the client's

supported plan and who have never successfully operated a business must complete entrepreneurship training.

D. During Phase 1 of the IPE, Vocational Rehabilitation will not fund goods and services that actually create a business.

SECTION 8.26 - INFORMATION AND REFERRAL SERVICES

A. Information and Referral Services

1. This service provides information about services available from other agencies, assists individuals to contact another agency and does appropriate follow-up.
2. Every person who has a disability has a right to request and receive information and referral services about the availability of disability services and resources from the Vocational Rehabilitation program regardless of eligibility status.
3. Vocational Rehabilitation Local offices must arrange work schedules in order to provide information and referral services to clients and non-clients.
4. Requests for information and referrals should be responded to within 24 hours of receipt of the request.
5. Clients who are required to wait for services due to Order of Selection or lack of long term employment support services must be provided individualized information and referral services, by the Vocational Rehabilitation counselor, to help the client to know and access other resources.

B. Advocacy

1. This service assists individuals to identify their legal rights to benefits, remove barriers to attaining needed benefits and increases access to those benefits.
2. Counselors are expected to be client advocates, as appropriate, and assist clients to advocate for themselves or refer clients to other agencies when clients need more advocacy than the Vocational Rehabilitation counselor is able to provide.

C. Benefits Consultation - Consultation for SSI/SSDI beneficiaries, by certified work incentive specialists, to determine whether they should attempt to work, impacts of

work on benefits and to assist with financial planning, as appropriate.

1. Every SSI/SSDI recipient who applies for Vocational Rehabilitation services must be informed about available benefits consultation and planning services from certified work incentive specialists and/or Social Security directly.

2. Counselors are expected to know basic information about the impact of work on benefits and incorporate that information to help the client decide whether to apply for Vocational Rehabilitation services, plan a program of Vocational Rehabilitation services and decide to close their case as successfully employed.

3. Clients can be referred to other agencies for the provision of benefits counseling.

4. Persons providing formal benefits counseling must be certified through the Social Security Administration as a Work Incentives Benefits Specialist.

5. Benefits Consultation should include:

a. Disseminating accurate information on how employment will impact Social Security benefits and medical benefits.

b. Providing information to beneficiaries regarding employment incentives, including Impairment Related Work Expenses (IRWE), Plan for Achieving Self-Support (PASS) and Trial Work Period, if appropriate.

c. Providing information regarding the Ticket to Work Program.

d. Providing information regarding services to assist beneficiaries to obtain or return to economic self-sufficiency.

e. Developing, as necessary and appropriate to the specific beneficiary, a personalized benefit planning and management plan.

f. Providing ongoing assistance to beneficiaries on issues concerning Social Security benefits.

g. Providing the service in a group or beneficiary one-on-one, which may include the AZRSA Counselor and/or the beneficiary's family/guardians.

D. Community Education and Information

1. This services provides information and/or instructions to promote and support the vocational rehabilitation of individuals through personal contact, printed materials and media presentation.

E. Economic need is not required in order to receive information and referral services.

SECTION 8.27 - CLIENT EQUIPMENT

A. Any equipment purchased for a client during the course of the vocational rehabilitation services must be for the purpose of obtaining, maintaining, or advancing in employment.

1. The equipment is provided for the use of the client to achieve the goals of their IPE and/or to support the fulfilled goals of their IPE.
2. Ownership of the equipment is considered to be that of the State of Arizona until such time as it is, within the mandates of policy, transferred to the client.

B. RSA Equipment Contract

1. An Equipment Contract must be completed when providing equipment to a client.
a. This includes technological aids or devices or equipment adaptations
b. The form is completed and signed both in instances when equipment is purchased for the client and when the equipment is transferred from another client or from a storage supply.
c. The contract states why and for what purpose the equipment is being provided.
d. The contract documents the client's agreement to return the equipment when it is no longer needed for the intended purpose.
e. The contract remains in effect for as long as the client has the equipment and the equipment retains its value.

C. Monitoring

1. The counselor must assess whether the client is using the equipment for the purpose(s) intended
a. At the time of equipment delivery
b. During routine mandatory contact

c. At the time of case closure
d. At the opening and closing of any PES services
e. At annual reviews.

2. The counselor must document in case notes that they have:

a. Inquired with the client regarding the condition of the equipment
b. Assessed the continued need of the client for the equipment
i. This note must detail the results of this assessment.

c. Assessed whether the client continues to use the equipment for the purpose that AZRSA supplied it to the client.
i. This note must describe how the equipment continues to be used by the client for this purpose.

D. Recovery of equipment

1. When equipment is no longer needed by the client or when the equipment is no longer being used for the purpose intended in the IPE, the counselor must request the return of the equipment unless:

a. Recovery of the equipment will have negative impact on the health or welfare of the client;
b. The equipment has become obsolete;
c. The value of the equipment has depreciated to less than $300 and it cannot be readily used by other clients; and/or
d. The client has significantly contributed to the cost of the item.

2. If the equipment is determined by the counselor, despite no longer being used and/or no longer being used for the purpose intended in the IPE, to not require recovery based on the criteria listed in D-1(a-d) of this

policy, the counselor must staff the situation with and receive permission from their supervisor to leave the equipment in the possession of the client.

3. Recovered equipment should be returned to the local AZRSA office by the client.

4. If the client does not return the equipment:

a. The counselor must

i. notify their supervisor and District Program

ii. Complete an Unusual Incident Report (UIR)

iii. Submit the completed UIR with copies of the Equipment Contract, any purchase documentation, and any correspondences with the client that relate to the equipment to the District Program Manager.

b. The District Program Manager must:

i. Review the information

ii. Submit a copy of all information to the AZRSA Administrator or designee.

iii. Submit a copy of the UIR to the Office of Risk Management.

E. Staff will report the availability of the equipment for use by other program clients within the Integrated Rehabilitation Information System (IRIS).

F. Transfer of recovered equipment to another program client

1. Equipment purchased for a client which is no longer needed by that client is recovered and placed on the client equipment list in the Integrated Rehabilitation Information System (IRIS).

2. If another client is found to need the equipment it will be made available to him/her.

a. In that case, both client records of service (CROS) will be annotated.

b. In the donor CROS, the file will reflect that the equipment was re-possessed and made available to the other client.
c. The recipient's file will document how the equipment was acquired and from which client.

3. The donor of the equipment will delete the item from the IRIS Equipment list once it is no longer available.

G. Employment related goods/services

1. This service provides goods necessary for training and entry into employment.
2. This service may include the following:
a. Initial equipment (tools): Tools, equipment, initial stocks and supplies are materials and hardware required to carry out the duties of a job.
b. Occupational licenses: Occupational licenses are licenses, permits, certificates or bonds showing you meet certain standards or have accomplished certain achievements and/or have paid dues, fees or otherwise qualify to engage in a business, a specific occupation or trade, or other work.
c. Worker's compensation
d. Work uniform
e. Work equipment repair

H. Self-employment initial equipment

1. Initial stock is the initial inventory of merchandise and goods necessary for direct resale by a client under a self-employment plan.
2. Supplies are those expendable items consumed on the premises which are necessary to carry out the day-to-day operations of a self-employment business such as but not limited to:

a. pencils
b. paper
c. janitorial supplies

3. The purchase of initial stock and supplies does not require the client to meet economic need standards.
4. Initial stocks and/or supplies can only be purchases within an approved self-employment plan.
5. Initial stocks or supplies may be purchased by the Vocational Rehabilitation counselor as a one time purchase.
6. The amount of initial stocks purchased will be no more than is necessary for the client to generate sales revenue to re-purchase stock.

a. This generally means an initial supply for the first two weeks to a month.

7. The amount of initial supplies purchased will not exceed supplies sufficient to last through the first six months of operation.
8. AZRSA will not pay to restock or resupply a clients business.
9. For a client entering employment as a BEP operator, BEP will assume responsibility for providing the initial stocks and goods, the initial cash bank, and the expendable supplies necessary for operation of the facility.

SECTION 8.28 - NON-ENGLISH LANGUAGE INTERPRETING

A. Non-English language interpreting and translation is a service that provides oral and written translation of English into the primary language of an applicant or eligible individual.

1. For details related to service provision and provider requirements refer to applicable contracts.

SECTION 8.29 - CHILD CARE

A. This service provides supervised planned care for children during a portion of a 24-hour day.

B. Comparable benefits should be explored before AZRSA assumes responsibility for payment for child care.

1. Benefits through the State of Arizona Child Care Administration must be explored.
2. If benefits are available through the State of Arizona Child Care Administration then that must be used.
3. If benefits are available through the State of Arizona Child Care Administration then AZRSA cannot pay for or in any way supplement child care services for clients.

C. Payment for child care services must follow guidelines put forward in the State of Arizona Child Care Administration's Policies

D. Child care services must be in support of an IPE goal and is intended as an assistance for transition to work and not as a long term service.

SECTION 8.30 - OTHER SERVICES

A. Services which have not been described elsewhere in this manual, which are not explicitly or implicitly prohibited, and which are necessary for an individual's rehabilitation may be made available but must have prior review and approval by the supervisor.

> **1.** Consultation with central office policy unit and/or contract unit should be considered in situations when the service being considered is unfamiliar or out of the ordinary.

CHAPTER 9 - IMPLEMENTING AND MANAGING AN IPE

Section 9.1 - Initiating an IPE
Section 9.2 - Case Monitoring & Progress Notes
Section 9.3 - Other Types of Monitoring that are Required
Section 9.4 - Case Reviews by Supervisors
Section 9.5 - IPE Amendments/Revisions
Section 9.6 - IPE Completion Status 22

SECTION 9.1 - INITIATING AN IPE

A. IPE's must be finalized and implemented as soon as possible but no later than 120 calendar days of the eligibility decision unless there is a documented reason for the delay.

B. A delay in finalizing and implementing the IPE within required time frames require and exception to be made which entails completing the Extension of IPE Implementation Agreement Form.

1. This form should describe:
- **a.** The reason for a time extension
- **b.** The anticipated length of the extension
- **c.** The planned activities and time duration
- **d.** The eligible individual's agreement.

2. This should be discussed with the client

3. A copy of the completed form should be provided to the client prior to the end of the 120 calendar day maximum time allowed for IPE implementation.

C. IPE's are initiated for eligible individuals when:

1. The client is able or will be able to work legally in the United States of America, including trust territories and possessions, at the completion of their IPE, as documented in the CROS;

2. The IPE has been signed by the client and the Vocational Rehabilitation counselor, and any/all approvals have been obtained;

3. For clients with the most significant disabilities whose on-going employment success is dependent on the availability of employment support services, funding has been identified and will be available at the completion of the plan;

4. All of the services which are essential for the achievement of the employment outcome are/will be available;

5. The client is in an OOS priority group(s) eligible for immediate services.

D. Proper procurement procedures and authorizations must be completed after an IPE has been approved and before IPE services are provided.

SECTION 9.2 - CASE MONITORING & PROGRESS NOTES

A. The following requirements apply to the management of IPE's:

1. Progress Notes

a. The Client's Record of Service (CROS) must include case narrative notes (i.e. Progress Notes) to summarize progress, explain decision points, and provide a general chronology throughout implementation of the IPE.

b. The progress note narrative relating to these critical points must be labeled, dated and initialed by the VR counselor completing the note.

c. It is up to the VR counselor's discretion how much detail is necessary to document a decision.

2. Client/Counselor Contact

a. To review IPE progress, there shall be client-counselor contact at least every 90 calendar days.

b. Acceptable forms of contact include:

- **i.** Face-to-face;
- **ii.** By phone;
- **iii.** Written correspondence;
- **iv.** E-mail; and,
- **v.** Other electronic formats.

c. The CROS shall contain records of these contacts and supporting documents.

d. The progress note should record the client's progress toward meeting goals and any other information which is relevant to the client's participation in VR services.

e. Two useful sources of supporting documents include the Client's Monthly Progress Report and the Vendor Monthly Progress Report forms.

3. Annual Review/Comprehensive Review of Progress

a. AZRSA staff will review the IPE with the client, and the client's representative if appropriate, as often as necessary, but at least once each year to assess the progress in meeting the intermediate objectives identified in the IPE and a review of services.

b. If an intermediate objective has not been achieved or cannot be achieved, its impact on accomplishing the employment outcome must be considered.

c. Following the review, it will be determine whether the IPE will be continued as written, modified, or terminated.

SECTION 9.3 - OTHER TYPES OF MONITORING THAT ARE REQUIRED

A. Case management involves the monitoring of certain activities. Below are routine activities that are to be completed while an IPE is being implemented, i.e. active status, VR Status 13:

1. Check accuracy of bills and review client progress as documented in vendor reports.

a. Vendor activities are to be in line with established goals and addressed functional limitations;

2. Review school registration, study plan and grades; and,

3. Review CROS content, location of paperwork, completeness of case notes and forms, etc.

SECTION 9.4 - CASE REVIEWS BY SUPERVISORS

A. Supervisors are expected to review IPEs on a regular basis.

1. This ensures quality and adherence to policy and provides training and guidance for Vocational Rehabilitation counselors.

B. Supervisors will review at least 5 cases per counselor, per quarter, using the current case review instrument.

1. These will be in addition to the more limited reviews related to IPE approval and other types of decisions requiring supervisory approval.

C. Supervisors should review the IPE of counselors with under 2 years of experience as a vocational counselor.

1. The supervisor has the discretion to make an exception to this rule for new counselors if the supervisor believes the counselor's work is not in need of such reviews.
2. The supervisor can reinstitute this requirement for any counselor in their unit if deemed necessary by the supervisor regardless of the amount of experience a counselor has.

D. Frequent staffings should occur between supervisors and all staff.

1. The purpose of these staffings is to improve the quality and consistency among staff of decision making.
2. Following a staffing, the supervisor should record the results of the staffing and who participated in the staffing in the progress notes.
3. A full range of discussion and critical thinking should occur during these staffings related to clients on the counselor's caseload.

E. Other situations requiring supervisor review

1. Any decision to repair a client's vehicle must be reviewed and approved by the supervisor.
2. Case closures require a review and approval by the supervisor.

SECTION 9.5 - IPE AMENDMENTS/REVISIONS

A. IPE amendments/revisions

1. Amendments and revisions will include the full and active participation of the client in the decision making process.

2. Revisions substantially impacting the IPE will not take effect until signed by the client, or an authorized representative, and the supervisor when required.

a. When such changes make it difficult to read the plan, the IPE can be rewritten.

b. An IPE must be amended when services are added, when services are no longer needed, or when the employment goal changes.

3. Amendments having lesser impact on the IPE may be initiated with a verbal agreement and take effect without a signature. Verbal agreements should be documented in the progress notes.

a. Examples of these amendments might include changes in cost, extension of services, and changes in timing of service.

B. In instances where a current IPE is found not to be in accordance with current policies, the following instructions apply:

1. Vocational Rehabilitation counselors must honor commitments made in an existing IPE until it is properly and appropriately amended;

2. If an IPE is out of compliance with policies, the Vocational Rehabilitation counselor will document this fact in the case file and indicate how and when the IPE will be amended to bring it into conformance with current policies;

3. If a revision related to policy compliance causes undue hardship for a client, an exception must be approved by the District Program Manager.

a. This exception should be clearly documented and explained in the CROS

b. See Chapter 8.3 Exceptions for further details and procedure.

SECTION 9.6 - IPE COMPLETION / STATUS 22

A. A case can be moved to status 22 when all of the following conditions have been met.

1. The employment outcome as described on the IPE has been achieved;
2. Rehabilitation services have been substantially completed;
3. The client has achieved the intermediate objectives to the extent possible; and
4. All parties agree that the client has benefited from Vocational Rehabilitation services.
5. The client has achieved stability in employment.

B. Before moving a case to status 22 substantial services such as training, physical/mental restoration, etc. should be completed.

1. Vocational Rehabilitation goods and services needed for the job such as follow-up training on AT, tools, uniforms and other employment related goods may be provided in status 22.

C. Clients Entering Self employment

1. Criteria for employment status (VR Status 22) and closure status (VR Status 26) are planned during the development of the business plan and Part 2 of the IPE.
2. When the client has met the employment criteria described on the business plan the case should be moved to status 22.

D. Clients Requiring Employment Support Services (ESS)

1. The decision that a client is successfully employed has to be coordinated with the person, organization,

etc. who will be responsible for providing the employment support services.

2. The client will be determined to be successfully employed and the case moved to status 22 when;

- **a.** the client is working in an integrated setting with other non-disabled workers and earning the same wages as the non-disabled workers, with the help of disability related supports to maintain employment; and
- **b.** the necessary employment support services are in place.

3. The Vocational Rehabilitation counselor, the client, and the representative of the agency or program that will be responsible for employment support services must meet and agree that the client is ready for Vocational Rehabilitation Status 22.

4. Transfer of responsibility for providing or paying for employment support services should occur at the time the case is placed in status 22.

5. The Coordination of Extended Supported Employment Services, Part 2 form will be used to document the results of the meeting and agreement to transfer responsibility for provision and payment of employment support services.

- **a.** This form is also used to document the level and type of support the individual will need and the date of transfer.

6. Part 2 of The Coordination of Extended Supported Employment Services form is completed at the point a decision is made that;

- **a.** the client's employment is stable,
- **b.** the individual has received maximum benefit from rehabilitation services, and
- **c.** it is appropriate to shift responsibility for ongoing employment support services from RSA to the agency or individual responsible for providing

or paying for employment support services e.g. DDD or BHS service delivery systems.

7. This decision is made jointly by those directly involved with the individual's vocational program including:

a. the individual,
b. a representative from the provider of services,
c. a representative of the behavioral health system, Developmental Disabilities or other agency, if appropriate and
d. a Vocational Rehabilitation representative.

8. Signatures are added either by members from this team at the staffing or by designated representatives after the staffing.

CHAPTER 10 - CLOSURES

Section 10.1 - Successful Rehabilitation (VR Status 26)
Section 10.2 - Special Issues for Successfully Rehabilitated Closures
Section 10.3 - Clients not Considered Employed for Purposes of a Successful VR Closure
Section 10.4 - Unsuccessful Closures Due to Ineligibility
Section 10.5 - Unsuccessful Closures Not Related to Eligibility

SECTION 10.1- SUCCESSFUL REHABILITATION (VR STATUS 26)

A. A client is successfully rehabilitated and the case can be closed status 26 when all of the following criteria are met:

1. The provision of services under the IPE has contributed to the achievement of the employment outcome;

2. The client has achieved the employment outcome as described on the IPE and that outcome is consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice

a. If the employment outcome differs from that described in the IPE the client and counselor must agree on and sign an amendment to the IPE which adds the new employment outcome.

3. The employment outcome is in the most integrated setting possible, consistent with the client's informed choice;

4. The client and the Vocational Rehabilitation counselor consider the employment outcome to be satisfactory and agree that he/she is performing well on the job,

5. The client has maintained employment for a minimum of 90 calendar days. This means that;

a. The client has been placed on an employer's payroll, even on a probationary status, as an employee, for work performed on a full-time or part-time basis in an integrated setting,

i. The client is compensated at or above the minimum wage

ii. The individual's wage and level of benefits are not less than that paid by the employer for the same or similar work performed by nondisabled individuals;

b. The client who will be closed as self-employed, has met the employment criteria described on the business plan,
c. The client who will be closed as a BEP Manager has been satisfactorily managing a BEP enterprise,
d. The client who will be closed as a homemaker has been able to perform or supervise task required in the home to make a home for his/her family which will support another member of the household to engage in competitive employment,
e. The client living in a residential facility has obtained employment within the facility,
f. The client who will be closed in supported employment is working in an integrated setting with other non-disabled workers and earning the same wages as the non-disabled workers, with the help of disability related supports to maintain employment,
g. The client is working as part of a family business as an unpaid family worker,
h. The client has enlisted in the armed services,
i. The client has entered an apprenticeship program.

6. The IPE services are completed;
7. The client is no longer receiving supported employment services using Vocational Rehabilitation funds (for clients requiring employment support services);
8. The client has been informed of the availability of Post Employment services and the need for PES has been evaluated and if necessary, PES have been planned.

B. Process Requirements

1. Updated employment information is to be recorded in IRIS as soon as the information becomes known.
2. A conversation with the client must be attempted at the time of closure to discuss plans to close the case, to verify continuing employment, and to determine that

employment continues to be consistent with the following:

a. client's strengths
b. resources
c. priorities
d. concerns
e. abilities
f. capabilities
g. interests
h. informed choice.

3. A copy of the IPE Closure form, which includes information regarding the availability of and plans for PES, must be provided to the client and, if appropriate, the client's authorized representative.

4. A notification letter of intent to close the case must be sent to the client at least 15 business days prior to closure, along with an explanation of the client's rights to appeal.

C. Documentation of Vocational Rehabilitation Status 26 Closures

1. The IPE must include:

a. The basis on which the client was determined to be rehabilitated
b. Completed Individualized Plan for Employment
c. Completed Successful Closure form
d. Plans for the provision of PES.

2. The progress notes must document the method used to notify the client of case closure and rights of appeal.

a. If there is no client signature on the Closure form, the progress note must explain the lack of signature and describe how the employment information was obtained.

3. The narrative in the progress notes must provide any additional explanation of the reasons for the closure and the basis on which the decision was made.
4. The Vocational Rehabilitation counselor must ensure that all closure criteria have been met.
5. The employment must be attributable, at least in part, to Vocational Rehabilitation's intervention.
6. If the functional limitations have been corrected, ameliorated or circumvented and the employment meets the criteria for a successful closure, the Vocational Rehabilitation counselor may close the case as rehabilitated.
7. When a client chooses employment which the Vocational Rehabilitation counselor does not consider compatible with the client's functional limitations, the case can be closed as rehabilitated if:

a. A substantial service has been provided which directly impacts the client's ability to work;
b. The Vocational Rehabilitation counselor documents counseling efforts to guide the client into suitable employment;
c. The effects of the client's disability will not pose a danger to the client or others; and,
d. All other closure criteria are met.

D. Supervisors should review all closure decisions of counselors with under 2 years of experience as a vocational counselor.

1. The supervisor has the discretion to make an exception to this rule for new counselors if the supervisor believes the counselor's work is not in need of such reviews.
2. The supervisor can reinstitute this requirement for any counselor in their unit if deemed necessary by the supervisor regardless of the amount of experience a counselor has.

SECTION 10.2 - SPECIAL ISSUES FOR SUCESSFULLY REHABILITATED CLOSURES

A. A client is closed successfully rehabilitated in Self-Employment, including a manager in BEP when all the below are met:

1. All rehabilitation criteria described in Section 10.1 have been met.
2. When the criteria set in Vocational Rehabilitation Status 22 and Vocational Rehabilitation Status 26 are met.
3. A decision to close the case as successful (VR Status 26) will be made when the counselor and client agree that:

a. The client appears to be managing the business appropriately;
b. The business appears to be on a stable course;
c. The goals set regarding profit levels have been reached;
d. The business is self-sustaining; and,
e. That the anticipated timeline for closure have been met.

B. Successfully rehabilitated closures for Homemakers

1. In order for the homemaker activities to be considered gainful employment, the client's work as a homemaker must result in some economic benefit.

a. An economic benefit is achieved if helping a client to be a homemaker permits someone else in the household to obtain, gain, or to maintain employment.

2. When all other closure criteria are met and the Vocational Rehabilitation services rendered are directly related to the client performing or supervising task necessary for the successful operation of the home, the case may be closed as successfully rehabilitated.

3. Activities considered homemaker activities which are part of the successful rehabilitation process include such task as financial management, housekeeping, meal planning and preparation and family care (child care or care of and incapacitated individual).
4. Self-care activities such as grooming, hygiene, dressing, eating, drinking, etc. are not considered employment activities for successful rehabilitation purposes.

C. Successfully rehabilitated closures in residential facilities employment

1. Some clients living in a residential facility can obtain employment within the facility (i.e., state schools for the disabled, chronic disease hospitals, homes for the aged, etc), that meets the criteria for successful rehabilitation.
a. This employment must be in an integrated setting.

2. Employment for a person institutionalized within a correctional facility or mental hospital is not considered employment for rehabilitation purposes.
3. When all closure criteria are met and the client is remunerated, either through provision of room and board, salary, or both, the Vocational Rehabilitation counselor can close the case as successfully rehabilitated.

D. Supported Employment Outcome

1. Supported employment as an employment outcome means working in an integrated setting with other non-disabled workers and earning the same wages as the non-disabled workers, with the help of disability related supports to maintain employment.
a. See Section 8.15-F12 for further details.

2. The decision that a client is successfully employed and that the Vocational Rehabilitation case should be closed has to be coordinated with the person, organization, etc.

who will be responsible for providing or paying for those employment support services.

3. The Vocational Rehabilitation counselor will convene a staffing prior to closing the case.

a. The Vocational Rehabilitation counselor, the client, the client's representative if appropriate, and the representative of the agency or program that will continue to be responsible for employment support services must meet and agree that employment continues to be satisfactory and that the case is ready for Vocational Rehabilitation case closure Status 26.

b. The CROS must document the results of this staffing.

E. Successfully rehabilitated closures for unpaid family workers

1. When a client is working as part of a family business for which the employment does not involve monetary remuneration to the client, the Vocational Rehabilitation case can be closed as successfully rehabilitated if all other closure criteria are met, and

a. The client is paid in kind, i.e. room and board,

b. The Vocational Rehabilitation services provided to the client are directly related to the client performing work activities in the particular business.

F. Successfully rehabilitated closures in the armed services

1. Entry into the Armed Services is considered paid employment, a successfully rehabilitated closure can be taken when all other closure criteria are met.

G. Successfully rehabilitated closures with temporary agencies, apprenticeships and on probationary status.

1. Clients employed through a temporary employment agency may, or may not, be considered a successfully rehabilitated closure.

2. The decision is based on whether the client intends to work through a temporary agency on a regular basis or wants a permanent job as documented in the CROS.
3. Clients who are in probationary employment or employed in an apprenticeship program can be closed as successfully rehabilitated, if all other closure criteria are met. of this staffing

SECTION 10.3 - CLIENTS NOT CONSIDERED EMPLOYED FOR PURPOSES OF A SUCCESSFUL VOCATIONAL REHABILITATION CLOSURE

A. An individual is not considered to be employed when:

1. Employed within a correctional facility if they are incarcerated
2. Employed within a psychiatric institution if they have been mandated there for treatment.
3. Employed in a non-integrated or sheltered setting.
4. Employed in an On-the-job training,
5. Working in a work experience programs,
6. Enrolled in Job Corps,
7. Employed in a 700 hour Civil Service appointments.

SECTION 10.4 - UNSUCCESSFUL CLOSURES DUE TO INELIGIBILITY

A. Ineligibility decisions after a client was determined eligible

1. A decision that a client is ineligible to receive further services under an existing IPE may be made at any time during the life of the case.

2. A client would be determined ineligible if there is clear and convincing evidence that he/she can no longer benefit from Vocational Rehabilitation services in terms of an employment outcome due to the severity of the disabilities.

3. If it is determined that a client receiving services under an IPE is no longer eligible for services, AZRSA staff will:

a. Base decisions on:

i. The results of a comprehensive review of progress toward achievement of intermediate objectives and the employment goal; and

ii. The lack of other options to affect a successful outcome.

b. Make the determination only after providing an opportunity for full consultation with the client and if appropriate, with the client's representative.

4. When a counselor determines, on the basis of clear and convincing evidence, that a recipient of Vocational Rehabilitation services no longer meets the eligibility requirements, there must be a certification of ineligibility indicating the reason for the ineligibility determination, dated and signed by the Vocational Rehabilitation counselor making the determination.

5. The client will be notified of this determination as follows:

a. A Closure Notification Letter , an ineligibility certification, a statement of rights and Request for a Review of a Decision form, is sent to the client at least 15 business days prior to closing the case.

b. The individual will be provided with a description of services and a referral to other programs available from the statewide workforce investment system, including information about services available at a local One Stop center, that may address the individual's training or employment related needs, and will be referred to other local providers if the ineligibility determination is based on a finding that the individual is incapable of achieving an employment outcome.

c. The client, or as appropriate, the individual's representative, will be informed in writing, using appropriate modes of communication and the individual's native language of the right to appeal any eligibility decision made by AZRSA staff.

i. The client shall also be provided information on services available from the Client Assistance Program.

6. A closure form will be attached to the IPE which will contain documentation that will include:

a. How the client has had the opportunity for consultation regarding the ineligibility decision;

b. That a review of this decision will be available to the client within 12 months;

c. The views of the client and;

d. The rationale for the ineligibility decision which demonstrates that the client is not capable of achieving an employment outcome.

7. Clients whose cases are closed because of an ineligibility decision may request a review of the ineligibility decision prior to the scheduled review if

they have new information which shows that the conditions on which ineligibility was determined no longer exist or have substantially improved.

B. Supervisors should review all closure decisions of counselors with under 2 years of experience as a vocational counselor.

1. The supervisor has the discretion to make an exception to this rule for new counselors if the supervisor believes the counselor's work is not in need of such reviews.

2. The supervisor can reinstitute this requirement for any counselor in their unit if deemed necessary by the supervisor regardless of the amount of experience a counselor has.

SECTION 10.5 - UNSUCCESSFUL CLOSURES NOT RELATED TO ELIGIBILITY

A. A case should not be closed unsuccessful until all efforts have been made to locate the client and find out whether he/she is employed, or is interested in continuing with their Vocational Rehabilitation program.

B. A case can be closed at any point in the Vocational Rehabilitation process for the following reasons

1. The client cannot be located, contacted or has moved and reasonable efforts have been made to locate them;
2. The client declines to accept or utilize vocational rehabilitation services after reasonable efforts have been made to encourage participation;
3. The client commits suicide/dies;
4. The client has been institutionalized under circumstances which preclude provision of services for a substantial or indefinite period of time;
5. The client transfers elsewhere;
6. Transportation is not feasible; or
7. The client failure to cooperate.

C. The closure progress note must explain the reason for closure.

D. Supervisors should review all closure decisions of counselors with under 2 years of experience as a vocational counselor.

1. The supervisor has the discretion to make an exception to this rule for new counselors if the supervisor believes the counselor's work is not in need of such reviews.
2. The supervisor can reinstitute this requirement for any counselor in their unit if deemed necessary by the

supervisor regardless of the amount of experience a counselor has.

E. A Closure Notification Letter is sent to the client at least 15 business days prior to closing the case.

1. An explanation of the client's rights to appeal must be attached to the letter.

F. The client whose case was closed for reasons not related to eligibility may re-apply for Vocational Rehabilitation services whenever the reasons no longer exist, or have been resolved.

G. A decision to terminate services for any reason not related to eligibility does not require a review and reconsideration within twelve months.

CHAPTER 11 - POST EMPLOYMENT SERVICES

Section 11.1 - Overview of PES
Section 11.2 - PES Planning
Section 11.3 - PES Closures

SECTION 11.1 POST EMPLOYMENT SERVICES (PES)

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

B. Post-employment services (PES) may only be provided to a client whose case has been closed successfully in status 26.

1. PES is considered an amendment to the last existing IPE in the CROS.
2. A re-determination of eligibility is not required in order to provide post-employment services.
3. Post employment services are provided without re-assigning the client to an Order of Selection (OOS) group.
4. When deciding whether any service can be provided as a post-employment service all of the following criteria must be met:

a. The service is needed to address a disability related need that was documented in the original case.
b. The service(s) is required either:
i. To help the client avoid losing the job; or
ii. To help the client regain employment that was lost for disability related reasons;

c. The service(s) is limited in scope and duration.
d. The service(s) is needed to support the employment outcome that was in the IPE at the time of closure.
e. Advancing in Employment

i. When necessary, post-employment services can be provided to assist an eligible individual who is employed to advance in employment.
ii. The criteria for providing post-employment services must be met and the advancement must be closely related to the original employment outcome.
iii. In addition, it must be determined that the existing employment is no longer consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities and interests and vocational rehabilitation services are needed to enable the individual to advance in employment.
iv. Post-employment services to assist an individual to advance in employment are not intended to support an individual in obtaining a new job that is unrelated to the original employment goal.

5. If a different disability than was originally present in the original IPE or major exacerbation of the original disability is suspected as the reason for seeking Vocational Rehabilitation services, a new case should be opened and an eligibility determination made.
6. If a new employment goal is being considered, a new eligibility decision and a new rehabilitation plan must be developed.
7. A new eligibility determination and a new rehabilitation plan should be considered if the need is for complex or comprehensive services.

SECTION 11.2 - PES PLANNING

A. PES Plan Development

1. Post-employment services are to be provided under an amended IPE.
2. The IPE for post-employment services should be developed when the post-employment services goal is mutually agreed upon by the counselor and client.
3. The PES plan is documented on the Post Employment Services form.
4. The same signature and approval requirements that are required for an initial IPE are required for a PES plan.
5. For services dependent on economic need of the client, economic need must be re-determined at the time PES is being requested/provided.

a. PES are subject to the same economic need policies which apply to specific services provided under an initial IPE.

6. PES are subject to the same policies regarding comparable benefits as all other services provided by Vocational Rehabilitation.

a. Employer training programs and employer financial assistance for career advancement should be explored and utilized prior to providing services to assist an individual in advancing in employment.

7. The employer should be looked at as a potential source of services if the service needed can be considered an ADA accommodation.
8. PES for Self-Employment plans

a. PES may be provided for a successfully rehabilitated client closed in self-employment.

i. As PES is short-term and only those services needed to maintain employment are

provided, the services offered should be limited in nature and should only support an appropriate, viable business.

ii. A professional business consultant might be needed to help determine the viability of continuing the business.

iii. AZRSA will not give further support to a business that is not capable of success.

b. PES may not exceed the 10% overspend of the original plan without re-submittal of the business plan to the supervisor or Self-Employment Review Committee.

9. PES for clients receiving Employment Support Services

a. PES for clients receiving employment support may be funded and provided for clients receiving employment support services if Vocational Rehabilitation services are needed by the client to maintain the supported employment placement.

b. Specific post-employment services may be provided if limited re-intervention is necessary because specific services are needed to maintain the job placement and the extended services provider does not provide these services to anyone else.

c. Post-employment services for clients in supported employment may not be used in situations of underemployment or if extensive training would be required.

10. A copy of the PES plan will be provided to the client.

B. PES Service Planning

1. Post-employment services are intended to ensure that the employment outcome remains consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

2. These services are available to meet rehabilitation needs that do not require a complex and comprehensive provision of services.

a. These services should be limited in scope and duration.

3. Post-employment services may include any vocational rehabilitation service or combination of services necessary to assist the individual in maintaining, regaining or advancing in employment.

4. Post employment services cannot be used only to enhance the client's financial situation, e.g. pay bills, purchase clothing, etc.

5. Services provided during post-employment services are subject to the same policy and procurement requirements as the provision of the service during any other part of the Vocational Rehabilitation process.

6. Supportive services such as transportation and personal assistance services may only be provided in conjunction with another rehabilitation service.

7. Counseling and guidance by the Vocational Rehabilitation counselor are as important during the post-employment service period as they are during other phases of the vocational rehabilitation process and should be included in PES planning if appropriate

C. Comments and Restrictions Regarding Services

1. Assessments

a. PES can be used to do assessments to help evaluate a workplace problem that surfaces after Vocational Rehabilitation closure.

b. Results of current medical or other recent evaluations should be obtained first before new assessments are purchased.

c. A new application is required if assessments are needed to evaluate a new disability, worsening functional limitations, or identify a new more appropriate vocational goal.

2. Diagnosis and Treatment of Impairments

a. The Vocational Rehabilitation program provides restorative services only.

b. The Vocational Rehabilitation program does not provide emergency services, acute medical care or on-going medical care.

c. For restoration services, PES is often used to do required follow-ups to a restoration service that Vocational Rehabilitation provided under an IPE such as an adjustment to a prosthesis after six months, a follow-up visit for an eye surgery, etc.

d. Restoration services are not used for non-disability related needs such as routine physical exams, etc.

3. Counseling and Guidance

a. Follow-up, supportive counseling and guidance for successfully rehabilitated client's may be used in PES if the service meets the provisions of PES and is a short or one time intervention.

b. PES is not used to provide on-going therapeutic counseling and guidance, psychotherapy or psychiatric care after a successful closure.

4. Disability Related Skills Training

a. This service may be provided as a PES when assistance is needed to help a client deal with a new role in his/her current job, an adjustment to a new situation, a short orientation and mobility

training for an employee transferred to a new location, etc.

5. Job Development and Placement Services

a. Job development and placement services to help a client regain employment after losing a job is appropriate if there are disability related reasons why such assistance is necessary.

b. This service is not provided as PES for a client who wants to enter a new career field or who has lost or expects to lose their jobs for reasons not related to their disability.

c. If job development and placement is needed because another type of employment must be sought due to new disabilities or a change in functional limitations, a new application and eligibility determination is necessary.

6. On the Job Supports

a. On the job supports may be delivered for a short period of time during PES.

b. If the need for longer term employment support services is found after successful Vocational Rehabilitation closure, a new Vocational Rehabilitation case may be opened or a referral made to agencies providing employment support services.

7. Transportation Services

a. On-going transportation is not provided by Vocational Rehabilitation once a client goes to work and is considered to be successfully working.

b. A month's worth of bus tickets, a car repair, or other time limited help may be given to help the client to get a good start on a job.

c. The restrictions in policy for providing car repair services apply in PES as well.

8. Rehabilitation Technology

a. Vocational Rehabilitation provides for the initial equipment, installation, training, and follow-up of assistive technology.

b. AZRSA does not provide on-going maintenance, repair or upgrades.

i. These limitations apply during the initial IPE and for PES.

ii. Both the employer and the client need to know that Vocational Rehabilitation does not provide these services on an on-going basis.

c. For rehabilitation technology services, PES may be used in the following circumstances:

i. To do a required initial follow-up after the client is working successfully to make adjustments for minor changes in job duties or changes in the work environment that impacts assistive technology,

ii. To provide additional assistive technology to the employer,

iii. To provide an initial upgrade or adjustments to equipment because of changes in the job environment or changes in the client's relationship to the work environment,

iv. To provide re-training on some aspect of an client's assistive technology equipment.

d. RSA does not use PES to:

i. Repair equipment;

ii. Upgrade existing AT equipment not required to meet impairment related needs or not supported based on a feature match analysis;

iii. Pay maintenance costs of current equipment;

iv. Replace equipment for reasons other than discussed above;

v. Pay for warranty renewals.

9. Reader, Interpreter, and Personal Assistant Services

a. These services may sometimes make possible the initial entry to a job and therefore be an appropriate temporary service to a client when first employed.

b. The use of these services would not normally be provided in PES unless there was an unusual or one-time special circumstance requiring Vocational Rehabilitation intervention to retain/maintain employment.

10. Advocacy or benefits planning

a. A referral for benefits planning can be provided for advice regarding impact of work and salary on benefits.

11. Purchase of Employment Related Goods and Supplies, Repair of Equipment, etc.

a. Initial provision of employment related goods and supplies should have been done during the original IPE.

b. The Vocational Rehabilitation Program cannot re-supply the client with goods and supplies as a PES unless they were planned in the IPE before closure, and then only within the limits set in policy for providing initial goods, supplies or services.

c. Initial stock and supplies are only provided during the first six months after beginning employment

SECTION 11.3 - PES CLOSURES

A. Outcome results of PES are to be documented on the Post Employment Services form and in IRIS.

B. Upon closure of PES the client is notified that PES is considered completed and invited to sign the completed Post Employment Services form.

C. Post-employment services are completed when:

> **1.** The individual has achieved the rehabilitation objectives established during PES and has maintained, regained or advanced in employment;
> **2.** The scope and duration of services to address the individual's rehabilitation needs are such that a new rehabilitation effort should be considered and a re-determination of eligibility, given current circumstances, should take place;
> **3.** The condition or situation becomes such that post-employment services cannot enable the individual to maintain, regain or advance in employment.

D. The decision to end post-employment services should be made by the counselor in consultation with the client.

E. If appropriate, referral to other agencies or facilities will be initiated by the Vocational Rehabilitation Counselor.

CHAPTER 12 - ANNUAL REVIEW OF CLOSED CASES

Section 12.1 - Introduction
Section 12.2 - Annual Review of Ineligibility
Section 12.3 - Annual Review of Extended Employment and Sub Minimum Wage Employment

SECTION 12.1 – INTRODUCTION

A. Annual reviews are conducted on the following cases:

1. Any case closed for reasons of ineligibility based on a finding that the individual is incapable of achieving an employment outcome.

2. Any cases closed (prior to January, 2007), with an employment outcome in an extended employment setting in a community rehabilitation program or any other employment under section 14(c) of the Fair Labor Standards Act, the Vocational Rehabilitation program has a continuing responsibility toward clients.

B. Policies and Process

1. Cases for which an annual review is required must be identified at time of closure and kept in the local Vocational Rehabilitation office during the review period.

2. A progress note will be entered into the CROS to document the method by which the review was done and the results.

SECTION 12.2 - ANNUAL REVIEW OF INELIGIBILITY

A. A Review within 12 months and annually thereafter if requested by the individual or, if appropriate, by the individuals representative is required for any ineligibility determination that is based on a finding that the individual is incapable of achieving an employment outcome (Status 08, 28, or 30).

> **1.** This review need not be conducted in situations in which the individual has refused it, the individual is no longer present in the State, or the individual's whereabouts are unknown.

B. The purpose of the review is to determine if the individual wishes to be reassessed for vocational rehabilitation services.

C. The Vocational Rehabilitation counselor will send the "annual review of ineligible closure" letter to each ineligible client remaining on the annual review list.

D. During the review the Vocational Rehabilitation counselor gives the individual and as appropriate, their parent, guardian, legal custodian or other representative, the opportunity for a full consultation in the reconsideration of the ineligibility decision.

E. Based on information obtained from the individual with a disability and/or other sources, a determination must be made as to whether services are now likely to be beneficial.

> **1.** When there is an indication that the client may now be able to benefit from services, the case should be reopened and a redetermination of eligibility should be completed.

F. If a review indicates that the individual's condition is still too significant to benefit from agency services, this decision

should be discussed with the individual or their representative, prior to sending it in writing

G. Only one agency-generated review will be performed in these cases.

1. Subsequent reviews are required only when requested by the individual or their authorized representative.

SECTON 12.3 - ANNUAL REVIEW OF EXTENDED EMPLOYMENT AND SUB MINIMUM WAGE EMPLOYMENT

A. Annual reviews for two years, (and thereafter at the individual's request) are required if a Vocational Rehabilitation client:

> **1.** Achieved an employment outcome (prior to January, 2007) in which the individual is compensated in accordance with section 14(c) of the Fair Labor Standards Act (i.e., the individual is working in an integrated setting, but is compensated at less than the minimum wage);
> **2.** Has been closed unsuccessful because they remain in supported employment within an integrated or sheltered setting

B. The purpose of the annual review is to determine the interests, priorities, and needs of the individual for employment or training for competitive employment in an integrated setting in the labor market.

C. The annual review must:

> **1.** Provide for input into the review and re-evaluation by the individual with a disability and, if appropriate, a parent, family member, guardian, an advocate, or an authorized representative of the individual, other agency representative (DDD, BHS), and provider of extended employment if the individual requests, desires, or needs assistance;
> **2.** Provide for maximum efforts, including the identification of vocational rehabilitation services, reasonable accommodations, and other support services, to enable such an individual to benefit from training or to be placed in employment in an integrated setting; and
> **3.** Provide for services designed to promote movement

from extended employment to integrated, competitive employment, including supported employment.

D. The annual review must be recorded in a dated Progress Note in the CROS. The results of the annual review shall also be recorded in IRIS.

E. The Progress Note must discuss how the review was done (i.e. contact with the client, client representative, and/or client's provider, if necessary), the results of the review, and an explanation of why:

1. The individual maintains his/her current placement;
2. The individual can move into competitive employment with or without supports by re-applying for VR services; or
3. The individual is no longer in the job market and does not wish to be, or cannot be, employed.

F. If a progressive move is possible, the client shall be determined eligible again and provided appropriate VR services.

G. If the client continues to be appropriately employed in a non-integrated setting, one additional subsequent annual review will be planned.

H. If the client has dropped out of the labor force, is no longer working or is unavailable for other reasons (e.g. has moved out of state), the case may be closed.

CHAPTER 13 - SPECIAL POPULATIONS

Section 13.1 - Individuals Who Are Blind or Have Visual Impairments
Section 13.2 - Individuals Who Are Deaf-Blind
Section 13.3 - Individuals Who Are Deaf or Hard of Hearing
Section 13.4 - Individuals With Developmental Disabilities
Section 13.5 - Individuals Who Are In Transition From School to Work
Section 13.6 - Individuals With Serious Mental Illness
Section 13.7 - Individuals With Substance Dependency
Section 13.8 - Individuals With Work Injuries in Arizona
Section 13.9 - Individuals Who Are Sex Offenders
Section 13.10 - Individuals Who Are Clients in Another State or Clients of Tribal VR Programs Within Arizona
Section 13.11 - Individuals Who Are Currently Employed
Section 13.12 - Individuals Who Are at the Arizona State Hospital
Section 13.13 - Individuals Who Are Associated With the Juvenile Correctional System
Section 13.14 - Social Security Recipients/Ticket to Work
Section 13.15 - Individuals With a Brain Injury
Section 13.16 - Individuals With Spinal Cord Injury

SECTION 13.1 - INDIVIDUALS WHO ARE BLIND OR HAVE VISUAL IMPAIRMENTS

A. Legally blind means a person who:

1. After examination by an ophthalmologist, has been determined to have no vision acuity or has a central visual acuity of 20/200 or less in the better eye with the best correction by single magnification.
2. Has a field defect in which the peripheral field has been contracted to such extent the widest diameter of visual field subtends an angular distance no greater than 20 degrees.

B. Partner Information

1. The Governor's Council on Blindness and Visual Impairment, the Arizona Council of the Blind, the National Federation of the Blind of Arizona, the Blinded Veterans Association and other advocacy groups provide input on appropriate directions for services to the blind and visually impaired.
2. RSA has extensive relationships with in-state and out-of-state agencies which provide services for persons who are blind and visually impaired.

C. Resource Information

1. RSA Best Practices for persons who are blind and visually impaired are attached to the policy manual and distributed as an RSA/AIM.

a. Services provided should be consistent with Best Practices or, if not consistent, a reason noted in the client progress notes.

2. Attention to program accessibility will be provided for persons who are blind or visually impaired.

a. Staff will inquire about and make necessary accommodations for the applicant.

b. This includes material in Braille, large print, audio cassette and electronic format.

3. The Arizona Directory of Services for Persons Who are Blind and Visually Impaired(updated annually) is a reference to services for the blind and visually impaired.

D. New vendors who provide services to persons with a primary disability of blindness or visual impairment in selected service areas must be approved by SBVI and meet RSA/SBVI competency and Best Practice standards. These services are:

1. Assistive Technology
2. Employment Services Pilot
3. Job Development and Training
4. Orientation and Adjustment to Disability
5. Orientation and Mobility
6. Rehabilitation Teaching
7. Work Adjustment

E. Referral/Intake

1. Individuals referred to a local Vocational Rehabilitation office with visual impairments as the primary disability should be referred to a rehabilitation counselor for the blind (RCB), when a specialist is available within the geographical area, or to another counselor who has been trained and designated as serving individuals who are blind and visually impaired before a case file is initiated.

2. If the client has multiple disabilities or a progressive ocular condition which will result in a significant visual impairment, the individual should also be referred to a RCB.

a. When a client has visual problems, the counselor may make arrangements for consultation with RSA staff who serve blind and

visually impaired clients such as a rehabilitation counselor for the blind, a rehabilitation teacher or mobility instructor, or staff at AIB or BEP.

b. Central Office Services for the Blind and Visually Impaired (SBVI) staff are available for coordination, technical assistance and training in all areas of blindness.

3. Persons who are blind or visually impaired should attend special orientation to blindness workshops where available.

4. For individuals who are both deaf or hard of hearing and blind or visually impaired, see Special Populations Section 13.2, Individuals Who are Deaf/Blind.

F. Eligibility

1. A visual loss that can be corrected with the use of glasses to the extent that a functional limitation of vision does not result is not a substantial impediment to employment for eligibility purposes.

2. To document loss of visual acuity, an evaluation by a physician skilled in the diagnosis and treatment of visual conditions or an optometrist licensed in the state in which he/she practices must be provided.

3. When it becomes apparent that the major disabling condition is visual, consultation with a RCB should be considered as soon as the eligibility decision has been made and prior to IPE development.

4. In those cases in which multiple disabilities are present and involve more than one specialist counselor, the major focus of anticipated services should indicate by whom those services can best be provided.

5. When the client has a substantial visual impairment but is not served by a RCB, consultation should be obtained in relation to the visual disability and services available.

G. IPE Planning

1. Disability Related Skills Training should be considered for all clients who are blind or visually impaired.

2. The provision of comprehensive services is most efficient and effective and should be used whenever possible.

a. This training is provided with or before other vocational services.

b. It should always be provided in a context of an employment goal.

c. Components of Comprehensive disability related skills training related to individuals who are blind or visually impaired include:

i. Orientation and adjustment to disability

ii. Rehabilitation teaching

iii. Orientation and mobility

iv. Assistive Technology and related computer skills training

v. Job readiness and/or work adjustment services when the focus is placed on overcoming barriers that exist due to blindness/visual impairment and self advocacy

vi. Work-station evaluation is included in comprehensive disability services once the disability adjustment and vocational skills have been acquired with emphasis on accommodating the workplace for individuals who are blind or visually impaired

vii. Job development, placement and job coaching once basic disability adjustment and vocational skills are acquired with emphasis on supporting individuals who are blind or visually impaired

3. For individuals who are blind, a screening for hearing loss, done by appropriate medical specialist or certified audiologist, will be obtained if deemed necessary/appropriate by the counselor and client.

4. Prior to assistive technology (AT) purchases, assessments are needed to determine the best approach to addressing the client's training and employment needs.

5. Purchases are approved according to a "feature match approach".

6. There are four considerations in the selection of equipment:

- **a.** Abilities/limitations of the client,
- **b.** Specific tasks related to IPE,
- **c.** Specific environmental considerations
- **d.** How features of the recommended equipment can support the previous three considerations.

7. There is a seven-step process for a Vocational Rehabilitation client who wishes to enter the Business Enterprises Program (BEP):

- **a.** Introduction to BEP
- **b.** Application and Background Checks
- **c.** Job Shadowing at a BEP Merchandising Operation

d. Screening Evaluation for Acceptance into the BEP Training Program.

e. BEP Operator Training

f. Licensing as a BEP Licensee

g. Placement Services

H. Low Vision Evaluation

1. See Section 8.7

I. Eye restoration services for clients who are blind or experience visual problems:

1. General policy guidelines for providing physical/mental restoration services must be met.
2. A surgery may be performed on one eye when the other eye is good only when the job goal and/or achievement of IPE intermediate objectives require use of both eyes.
3. A surgery may be performed that won't improve current vision but will reduce future vision loss.
4. Contact lenses are purchased only when needed for therapeutic reasons.
5. The provision of any surgery is contingent upon the client's ability to provide for the necessary medical management or maintenance.
6. Eye restoration services are provided only if the condition under treatment is stable or slowly progressive, for example:

- **a.** Provision of low vision aids
- **b.** Correction of vision with glasses or specialized lenses to improve functional vision
- **c.** Glaucoma procedures
- **d.** Cataract surgeries
- **e.** Corneal transplants
- **f.** Treatment of chronic vitreous hemorrhaging from proliferative diabetic retinopathy after the first 60 days
- **g.** Cosmetic eye problems severe enough to cause social rejection

7. Conditions which do not meet the criteria for being "stable/slowly progressive" because they are considered transitory conditions, or physical restoration services which may not be provided because they are considered emergency or medical care services include:

- **a.** Medical Glaucoma treatment.
- **b.** Acute intra-ocular bleeding in the eye (e.g. diabetic vitreous hemorrhage) less than 60 days old.
- **c.** Acute retinal detachment.
- **d.** Medical care for diabetes.

e. Acute infection or inflammation of the eye

f. Cosmetic refractive surgery (e.g. radial Keratonomy)

8. When aids and devices are provided, the counselor should consider the need for trial use, training, refitting and follow up checks as part of the treatment plan.

J. Assistive Technology

1. DES/RSA contracts were developed specifically to provide services to individuals who are blind/visually impaired.

a. They may be used, however, for any client of RSA programs.

2. The categories of assistive technology may include:

a. Optical Character recognition systems and scanners

b. Refreshable Braille display, Braille embossers, Braille translation software

c. Computer Character Magnification--hardware and software

d. Closed circuit TV systems

e. Speech synthesizers and associated software

f. Electronic note takers and notebook computers

g. Computers with Braille and Speech input/output

h. Keyboards, computers, computer monitors

3. Bi-Optic Telescopic Lens System

a. Bi-Optic driving involves the provision of a clinical low vision evaluation, a Bi-Optic Telescopic Lens System, plus the necessary adapted driving evaluation and recommended adapted drivers training in order that a visually impaired client is able to drive an automobile, within the parameters of the ADOT driving rules.

b. A bi-optic telescopic lens system for driving purposes may only be provided to a Vocational Rehabilitation client if it addresses impediments to employment resulting from the client's impairments and promotes the achievement of intermediate objectives or an employment outcome.

c. The following criteria must exist for the provision of a bi-optic telescopic lens system for driving purposes:

- **i.** The client has full visual field in at least one eye
- **ii.** The client can enhance his/her visual acuity to 20/60 for a restricted driver's license or 20/40 acuity for an unrestricted license, with a maximum of 4X binocular or monocular telescopic lens.
- **iii.** A clinical low vision evaluation shows that the client can benefit from the bi-optic lens system under the ADOT Chapter 4, R17-4-503 amendment guidelines,
- **iv.** A bi-optic lens system is prescribed by an optometrist or ophthalmologist possessing special knowledge of the Arizona bi-optic driving standards and practices for meeting vision acuity required for driving (ADOT Chapter 4, R17-4-S03 amendment),
- **v.** The client uses magnification as the main method of obtaining optimal visual acuity requirements, and
- **vi.** An adapted driving evaluation with recommended adapted driver's training is provided as an immediate follow-up services.

d. If there is reason to believe the client needs or can benefit from a bi-optic lens system for driving purposes, the Vocational Rehabilitation counselor

and the client must review the Pre Drivers Discussion form and discuss the rights and responsibilities of driving under the provisions in the ADOT Chapter 4, R17-4-503 amendment.

e. The Health Appraisal Worksheet Form is used initially to identify potential benefits of using a bi-optic telescopic lens system for driving purposes and adapted drivers training by identifying the need for adaptive driving under the major life area of mobility in the Vocational Rehabilitation program.

f. The IPE Progress note must describe the results of the adapted driver's evaluation and training, their outcome and the justification for the need for the bi-optic telescopic lens system for driving purposes.

g. The Vocational Rehabilitation client must agree to participate in an adaptive driver's assessment and complete individualized adapted driver's training using the bi-optic telescopic lens system.

i. Adapted drivers assessment/training for individuals using bi-optic telescopic lenses must be provided by occupational therapists, or therapist in a related field, with specific training in driving with low vision.

ii. The adapted driver's assessment must consist of functional assessment of both stationary and dynamic environmental interaction with the use of the telescope, as well as knowledge and ability to apply understanding of the driver's rules.

iii. A written report which describes the results of the evaluation and recommendations for training must be provided no later than 10 business days after the adapted driver's evaluation. A staffing with the provider, Vocational Rehabilitation

counselor and client must occur to review recommendations.

h. Once adapted driver's training has been successfully completed the client is then expected to apply for a driver's license at a Motor Vehicle Division office.

K. Orientation and Adjustment to Disability (OAD)

1. Provides instruction and/or hands-on orientation on all aspects of vision loss.

2. While these sessions can be presented individually, it is RSA/SBVI preference that orientation and adjustment services be administered in group sessions whenever possible.

3. OAD sessions include Information about:

a. Use of Braille

b. Use of low vision services

c. Use of community resources related to blindness

d. Blindness advocacy organizations and support group.

e. Rehabilitation teaching, orientation and mobility

f. Self advocacy support and skill development

g. Medical, psychological and social aspects of disability and how they relate to independent living

h. Assistive technology and transportation

i. Instruction and/or counseling to assist individuals to understand the implication of and adjustment to their disabilities and the impact on independent living and work.

L. Rehabilitation Teaching (RT)

1. Provides instruction in independent living areas of adapted communications skills, personal management

and home management using adaptive techniques and, if needed, appropriate low vision devices.

2. Instruction includes:

a. Training in adapted communication such as:

i. Personal Record Keeping
ii. Braille
iii. Keyboarding
iv. Time Management
v. Handwriting
vi. Telephone Use
vii. Assistive Technology

b. Training in personal management such as:

i. Diabetic Adaptive Techniques
ii. Medication Management
iii. Coin and Paper Money ID
iv. Banking System
v. Budgeting Procedures
vi. Clothing
vii. Grooming/Hygiene
viii. Managing Mail
ix. Pre-cane skills

c. Training in home management such as:

i. Food Preparation
ii. Sewing
iii. Cleaning
iv. Laundry
v. Child Care
vi. Home Maintenance

M. Orientation & Mobility

1. Provides orientation to the environment and instruction in independent travel and mobility within the home, community or work environment.

2. Instruction includes:

a. Basic Concept Development

b. Pre-Cane Skills
c. Cane Techniques
d. Residential Travel
e. Light Business Travel
f. Downtown Travel
g. Public Transportation
h. Rural Travel
i. Special Situations (use of GPS)

N. Reader/Scriber Services

1. Make printed text available and/or accessible to blind/visually impaired clients for the purposes of IPE development, reaching intermediate objectives and/or achieving an IPE goal.
2. Client and counselor agree on level and specific needs of client, ability to meet timelines, service delivery and format method.
3. Reading/scribing services do not include decision making with respect to the completion of the assignment and should be provided in accordance with the RSA/SBVI Best Practice standards.
4. Services can include:
a. Reading text or class materials to students aloud in person to a blind/visually impaired client.
b. Reading text on to a four-track, tone-indexing tape recording system.
c. Taking notes during a class or presentation and providing them in an alternative format.
d. Reading and scribing documents that must be filled out or completed in a specific pen and paper format.
e. Scanning and editing text in to electronic formats.
f. Proofreading client written documents and assisting with making visual formatting changes for required or professional formatting purposes.

g. Making charts and/or graphics in tactile and/or accessible method.

h. Assisting clients with paperwork needed for obtaining employment.

O. Braille Transcription Services

1. Provide access to printed documents to blind and visually impaired consumers in a Braille format.

2. Services can include:

a. Electronic Braille transcribed file.

b. Hard Braille copy in English or other languages.

c. Hard-copy Braille in Nemeth Code with or without graphics

P. Sighted Guide Services

1. Provide one-on-one assistance in navigating new environments for clients who are blind or visually impaired through the use of sighted human guide technique.

2. This service is provided on a time limited basis, and only until the consumer has obtained the orientation and mobility skills to travel independently.

3. Human guide services can be provided to the consumer if it will enable him/her to access environments related to meeting intermediate objectives and/or obtaining the IPE goal.

SECTION 13.2 - INDIVIDUALS WHO ARE DEAF-BLIND

A. Persons who have combined vision-hearing loss (deaf-blind) are those individuals who:

1. who have a central visual acuity of 20/200 or less in the better eye with corrective lenses, or a field defect such that the peripheral diameter of visual field subtends/encompasses an angular distance no greater than 20 degrees, or a progressive visual loss having a prognosis leading to one or both of these condition; and
2. who have a chronic hearing impairment so severe that most speech cannot be understood with optimum amplification, or a progressive hearing loss having a prognosis leading to this condition; and
3. for whom the combination of impairments described in clauses (1) and (2) cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment, or obtaining a vocation; or
4. who despite the inability to be measured accurately for hearing and vision loss due to cognitive or behavioral constraints, or both, can be determined through functional and performance assessment to have severe hearing and visual disabilities that cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment, or obtaining vocational objectives.

B. RSA has relationships with local and national agencies/organizations which provide services and/or consultation for persons who have combined vision and hearing loss.

1. The following agencies and organizations can provide resources and/or services to Vocational Rehabilitation Counselors serving clients with combined vision and hearing loss, those who are deaf-blind.

a. American Association of the Deaf Blind, http://aadb.org/http://aadb.org/
b. Arizona Association of the Deaf-blind Tucson, Inc. 127 N. Mountain Avenue, Tucson, AZ 85719 (TTY # (520) 408-7299)
c. Arizona Council of the Blind, www.acb.org/arizona/www.acb.org/arizona/
d. Arizona Deaf Blind Community, www.azdeafblindcom.orgwww.azdeafblindcom.org
e. Arizona Deafblind Project www.azdb.netwww.azdb.net
f. Commission for the Deaf and Hard of Hearing, ACDHH www.acdhh.orgwww.acdhh.org
g. Community Outreach Program of the Deaf - www.copdaz.orgwww.copdaz.org
h. Governor's Council on Blindness and Visual Impairment: www.azdes.gov/rsa/gcbvi/aspwww.azdes.gov/rsa/gcbvi/asp
i. Helen Keller National Center www.hknc.orgwww.hknc.org
j. National Family Association for Deaf-blind, www.nfadb.org
k. National Federation of the Blind of Arizona www.nfbarizona.com
l. Valley Center of the Deaf, http://www.vcdaz.org/

C. REFERRAL

1. Individuals with combined vision and hearing loss may require the skilled services of both Vocational Rehabilitation counselors for the deaf and Vocational Rehabilitation counselors for the blind.
2. To establish the most effective counselor/client relationship, the individual will be able to choose which specialty counselor he/she feels would best meet his/her service needs. If the individual does not have a preference then the following guidelines will apply:

a. The Vocational Rehabilitation counselor for the deaf (RCD) will generally serve those clients who were educated as deaf persons and function primarily by means of manual communications, either visually or by touch and consult with the Rehabilitation Counselor for the Blind, RCB throughout the VR process.

b. The Vocational Rehabilitation counselor for the blind (RCB) will generally serve those clients whose primary means of communication is spoken language and/or whose hearing is sufficient to understand speech, and will consult with the RCD throughout the VR Process.

D. Intake

1. For individuals with combined hearing and visual loss, it is recommended the initial staffing includes deaf-blind specialists and persons knowledgeable about deafness and persons knowledgeable about blindness

2. A staffing should be held with the applicant and appropriate team members, to assist to determine who will be the primary Vocational Rehabilitation Counselor.

E. Accessibility

1. AZRSA staff conducting the intake should inquire about and make necessary accommodations for the applicant. All documents and correspondence will be provided in alternative format to make communication accessible.

2. Sign language interpreters, typists and other types of communication/information access assistants for the deaf-blind will be considered.

3. Communication Access may include the following:

a. one-on-one situations (both expressively and receptively) to allow individuals to participate in various vocational related activities;

b. small group situations such as communicating with co-workers;
c. using tele-communication/electronic information systems with success and independence;
d. using automated interaction systems such as security signaling systems;

4. Information Access will include:

a. using the Visual System for purposes of communication (sign language, lip reading, text based); information technologies for alerting and signaling purposes, negotiating safely and efficiently through various environments, accessing visual displays, and viewing items in the environment.
b. Using the auditory system for the purposes of communication; locating information in the environment such as the direction people are speaking from, direction of traffic, location of obstacles, and other items in the environment as well as being alerted or signaled by someone.
c. Using a tactual system for the purposes of communication – sign language, finger spelling, finger Braille, tactual symbols/object cues and other alternative methods

F. Eligibility

1. All basic eligibility requirements for Vocational Rehabilitation must be met.
2. Proper identification of disability codes will include one for vision loss and one for hearing loss.
3. For individuals with total deaf-blindness, use disability code 08.
4. For those individuals with combined vision-hearing loss who do not meet the federal definition of deaf-blindness, list all appropriate disability codes.

G. Deaf-Blind Categories

1. There are 4 distinct groups in the Deaf-Blind category:

a. Individuals who are totally deaf and totally blind
b. Individuals who are deaf with some visual impairment
c. Individuals who are blind with some hearing loss
d. Individuals who hear speech and are functionally blind

2. All four of these groups will have different approaches to their rehabilitation needs in the areas of communication, information access, education, and employment. Each individual's services need to be reviewed on a ongoing basis to determine if their needs are being appropriately addressed.

H. IPE Planning

1. For clients who are deaf-blind, current visual and hearing assessments will be obtained if current records are more than one year old.

a. For hearing loss, by a certified audiologist, and for visual loss, by a licensed opthamologist, or other medical specialist, will be obtained by the Vocational Rehabilitation counselor.
b. All assessments will be reviewed with the AZRSA audiological and vision consultants to determine if any specialized evaluations should be considered.

2. The AZRSA Manager for Services to the Blind & Visually Impaired and the AZRSA Statewide Coordinator for the Deaf and Hard of Hearing can provide consultation and technical assistance, as needed, to Vocational Rehabilitation counselors in areas of communication, daily living skills, assistive technology, and other specialized needs of deaf-blind persons.

I. Support Service Providers for People who are Deaf-Blind

1. Many deaf-blind individuals live with communication barriers, limited opportunities for employment, education and socialization and have limited access to transportation.
2. Support Service Providers (SSP's) provide visual information to deaf-blind people to allow them to access their own community and to make their own decisions.
3. Support Service Providers are not interpreters.
4. Support Service Providers provide visual information to deaf-blind people to allow them to access their own community and to make their own decisions. By utilizing SSP's, deaf-blind individuals are able to participate in vocational, home, and community based activities.
5. Support Service Providers can be utilized at any time during the individual's vocational rehabilitation program to assist with the tasks mentioned above.

SECTION 13.3 - INDIVIDUALS WHO ARE DEAF OR HARD OF HEARING

A. Deafness, Primary Communication is Auditory, means the individual primarily depends on speech reading and/or visual communication, such as speech to text translation, for receptive communication and uses spoken language for expressive communication.

> **1.** Examples include: Individuals who have been identified in the past as being oral deaf or late deafened adults and now would also include many deaf individuals who use cochlear implants and/or English based signs; Individuals who generally use a TTY and TTY Relay Services, including Voice Carry-Over (VCO) option.

B. Hard of Hearing, Primary Communication is **Visual**, means the individual primarily depends on auditory input aided by hearing aids and/or assistive listening technology and often relies on visual cues such as speech reading, body language, text translation or an English based sign language to supplement auditory input for receptive language and uses spoken language for expressive language.

> **1.** Examples include: Individuals who generally use amplified telephone along with hearing aid T-switch and may use (TTY/VCO).

C. Hard of Hearing, Primary Communication is **Auditory**, means the individual primarily uses any remaining residual hearing, which allows the individual to hear and understand speech with little or no visual input, generally with the use of hearing aids, and can benefit from assistive listening technology use in some situations for receptive communication and uses spoken language for expressive communication.

1. Examples include: individuals who generally use telephone with ease with the proper amplification.

D. While hearing loss is a major form of hearing impairment, there are other conditions of the ear that result in functional limitations leading to disability, such as:

1. The constant ringing of tinnitus
2. The dizziness of Meniere's disease
3. The extreme sensitivity to sound of hyperacusis
4. The effects of aging on hearing known as presbycusis.

E. Causes of deafness or hearing loss include, but are not limited to:

1. Accidents/injuries
2. Congenital conditions
3. Infection/high fever
4. Diseases (e.g. Rubella and Spinal Meningitis)
5. Hereditary hearing loss
6. Excessive exposure to loud noise
7. Physical disorders
8. Strokes
9. Unknown causes.

F. A resource is the Arizona Commission for the Deaf and Hard of Hearing (ACDHH):

1. Serves as a statewide referral and resource center on issues which concern the deaf and hard of hearing communities;
2. Provides telecommunication devices for qualified Arizona residents who are deaf, hard of hearing, speech impaired or deaf-blind through Arizona Technology Equipment Distribution Program (AZTEDP).

G. Referral/Intake

1. The client determines his/her own communication mode.
2. Appropriate modes of communication include, but are not limited to:

- **a.** The use of interpreters
- **b.** Real time captioning
- **c.** Specialized telecommunications services
- **d.** Materials in electronic formats
- **e.** Graphic presentations.

3. AZRSA staff should inquire about and make necessary accommodations, such as interpreting, for the applicant's initial visit to the Vocational Rehabilitation office.

- **a.** This applies to all processes in the case.

4. During the intake, the Vocational Rehabilitation counselor will inquire about the applicant's most appropriate communication method and establish their reasonable accommodation needs for the Vocational Rehabilitation process.
5. Clients who are deaf, whose primary mode of communication is sign language, (including transition students), will be referred to a Rehabilitation Counselor for the Deaf (RCD), if one is available within the geographical area.
6. All deaf or hard of hearing clients are to be advised that RCDs are available as counselors, or as consultants, for their case.

- **a.** The deaf or hard of hearing client who does not use sign language will utilize informed choice and make the decision whether or not he/she wants to be served by a RCD.

7. Consultation with the AZRSA State Coordinator for the Deaf, or a Rehabilitation Counselor for the Deaf (RCD), is available to general Vocational Rehabilitation counselors working with this population.

H. Assessment

1. To document hearing loss, an evaluation by an audiologist licensed in the state in which he/she practices must be obtained.

2. All assessments should be done in the client's preferred mode of communication if direct communication is not available, a sign language or CART service should be utilized.

a. These interpreters should posses both certification and legal or general licensure.

3. For clients who are deaf or hard of hearing, psychological evaluations must be administered by a practitioner who is knowledgeable about deaf culture, the ramifications of hearing loss and various communication needs.

4. The Hearing Loss Screening Tool should be used for clients with hearing loss.

5. For clients who are deaf or hard of hearing, psychological evaluations must be administered by a practitioner who is knowledgeable about deaf culture, the ramifications of hearing loss and various communication modes.

a. The sign language interpreter needs to possess either NAD Level 4 or 5, NIC (Advanced or Master) or RID (CI and CT) certification <u>and</u> possess (legal or general) licensure issued by the Arizona Commission for the Deaf and Hard of Hearing.

b. The psychologist should ask the interpreter for a copy of their certification and license before administering the evaluation and preferably at time of confirming the interpreter for the assignment.

6. See also Section 8.6

I. IPE Planning

1. Communication needs must be addressed when planning IPE services and for any future changes and amendments.

2. RCD's can provide consultation and technical assistance to Vocational Rehabilitation staff in areas of communication, daily living skills, assistive technology, vocational implications of a client's hearing loss and other specialized needs of deaf or hard of hearing clients.

3. Before a Vocational Rehabilitation counselor (non-rcd) signs off on an IPE for a client who is deaf, the AZRSA State Coordinator for the Deaf will be consulted regarding the appropriateness of the IPE.

4. For clients who are deaf, a vision exam (completed by appropriate medical specialist) will be obtained by the counselor if the individual reports any difficulty with night or peripheral vision.

a. This is recommended to check for Ushers Syndrome, which is a disability affecting both vision and hearing loss.

5. Whenever possible, vendors should be utilized that have sign language proficiency, a knowledge of hearing loss, and an understanding of reasonable accommodations.

a. If such a vendor is not available, appropriate accommodations need to be provided for the client.

J. For Interpreting Services for the Deaf, utilize the DES State Contract for Sign Language Interpreting/CART services.

K. Out of state post-secondary educational program for individuals who are deaf/hard of hearing.

1. Education at, including but not limited to, Gallaudet/NTID/CSUN is available in a "barrier-free" educational environment.

a. These schools provide one on one communication using sign language, which include campus support services (e.g. academic tutoring, academic advising) and peer and instructor communication.

2. The client must be able to complete pre-college coursework within AZRSA Vocational Rehabilitation policy which is within one year and not to exceed 24 credit hours.

3. Prior to support for attendance at Gallaudet, the Vocational Rehabilitation counselor should have obtained documentation from a psycho-educational evaluation, or reading comprehension exam showing the Vocational Rehabilitation client does possess the minimum English comprehension level required by the school for entry level course work.

a. If the evaluation shows the Vocational Rehabilitation client has not achieved this level of comprehension, but has the ability to do so, he/she can be supported at the school for up to 24 credit hours to assist the client in fulfilling academic deficiencies and for assisting with improving the overall English comprehension level.

4. The Client must be accepted by the school.

5. The client must apply for a Pell Grant.

6. Vocational Rehabilitation provides tuition support for attendance at schools including but not limited to Gallaudet, NTID or CSUN when the client's IPE vocational goal:

a. Requires post-secondary education; and

b. Requires the client to attend full-time, as defined by the school, and complete their program within the maximum time limits set in Vocational Rehabilitation policy; and

c. Specifically requires a college/university certificate or degree program that is not available in-state; or

d. Offers the most appropriate communication method, matched to the client's learning style, which is not available in-state.

L. IPE Approval

1. Standard IPE approval procedures should be followed.

2. If limited availability of the most appropriate communication method is the reason used for attendance at Gallaudet/NTID/CSUN the RCD's who require supervisory approval as well as all other Vocational Rehabilitation counselors are required to obtain a second level review by the AZRSA State Coordinator for the Deaf/Hard of Hearing.

a. This does not take the place of supervisory approval but is in addition to supervisory approval.

3. For clients attending Gallaudet or NTID, the Vocational Rehabilitation counselor should attach the academic program checklist for the agreed upon vocational goal to the IPE for approval by the supervisor.

a. The Plan of Study Form will be completed after the client is able to finish placement testing and meets with his/her academic advisor at the school.

4. The Agreement of Understanding Form will be shared with and signed by the client.

M. Refer also to Section 13.2 regarding individuals who are both deaf/hard of hearing and blind.

Section 13.4 - INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

A. Developmental disability means a severe, chronic disability which:

1. Is attributable to mental retardation, cerebral palsy, epilepsy or autism;
2. Manifests before age eighteen;
3. Is likely to continue indefinitely; and,
4. Results in substantial functional limitations in three or more of the following areas of major life activity:
- **a.** Self-care;
- **b.** Receptive and expressive language;
- **c.** Learning;
- **d.** Mobility;
- **e.** Self-direction;
- **f.** Capacity for independent living;
- **g.** Economic self-sufficiency.

B. Partner Information

1. Division of Developmental Disabilities (DDD):
- **a.** Refers individuals for Vocational Rehabilitation services;
- **b.** Provides non-vocational support services while client is in the Vocational Rehabilitation program; and,
- **c.** Is responsible for maintaining funded clients in employment with extended employment support services, if needed.
  - **i.** Arizona Long Term Care System (ALTCS) pays for medical services and employment support services after Vocational Rehabilitation, through a Title XIX Waiver.

2. Regional Behavioral Health Authority (RBHA) is often a partner for clients who have a dual diagnosis of both a mental health and developmental disabilities.
3. Community Rehabilitation Programs (CRP's) are community resources available to provide services to individuals with developmental disabilities.

C. Referral/Intake

1. The Vocational Rehabilitation program becomes a potential partner to DDD when:

a. The referred individual's goal is consistent with the mission of the Vocational Rehabilitation program

b. The type of employment the individual is seeking meets the Vocational Rehabilitation definition of employment outcome

2. The individual needs Vocational Rehabilitation services, as follows:

a. The goal of work for the individual must be to become economically self-sufficient or reduce/eliminate dependence on government supports to the extent possible through meaningful and sustained employment.

i. The goal of involvement in work activities is not sufficient.

b. The employment goal must be employment in the community.

i. Employment that is not integrated is not considered an employment outcome as defined by the Rehabilitation Act of 1973, as amended, for the Vocational Rehabilitation program.

3. If the individual will require extended employment support services after the completion of a Vocational

Rehabilitation program, resources to pay for such supports (e.g. Title XIX/ALTCS funding, private pay, natural supports) must be identified prior to implementation of the Individualized Plan for Employment (IPE).

4. For individuals who have previously been rehabilitated by Vocational Rehabilitation, a new referral is appropriate when:

- **a.** The individual wants to make a progressive move in situations of underemployment, or
- **b.** Due to new disabilities or worsening functional limitations the existing employment is no longer consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities and interests and vocational rehabilitation services are needed to enable the individual to maintain or regain employment.

5. DDD staff make referrals to the Vocational Rehabilitation office closest to the client's residence.

6. All referrals from DDD are to be entered into IRIS upon receipt (status 00), with the appropriate special project coding.

7. All Referrals from DDD should come with a DDD Referral to Vocational Rehabilitation form signed by the DDD District Program Manager, or designee, indicating if the client is eligible for extended employment support services funding.

8. AZRSA staff will contact the appropriate DDD Support Coordinator if a DDD eligible client (or his/her parents, guardians, et al.) decides to approach the Vocational Rehabilitation program directly and not through the DDD Support Coordinator and the Individualized Service Plan (ISP) process.

- **a.** In this circumstance the Vocational Rehabilitation counselor will complete the intake and eligibility process but he/she cannot proceed with IPE planning without a Part 1 in order to

confirm Title XIX/ALTCS eligibility for those individuals believed to require extended employment support services.

b. When a funding source cannot be identified, the Vocational Rehabilitation case will remain in "Status 11 WTG" for those who require funded extended employment support services following the Vocational Rehabilitation process.

c. Individuals who do not have a need for funded extended employment support services will have an IPE developed after eligibility determination.

D. Vocational Rehabilitation staff shall inform the DDD Support Coordinator about eligibility decisions.

E. IPE

1. Decisions regarding all aspects of a client's plan, both vocational and non-vocational, should be discussed with the Vocational Rehabilitation counselor and the ISP team.

2. The ISP team, as applicable, includes: the client, guardian, significant others, DDD Support Coordinator, DDD Employment Program Specialist, Vocational Rehabilitation Counselor, residential staff, and community rehabilitation program staff.

3. Vocational Rehabilitation counselors will confirm or identify an eligible client's need for extended employment support services after thorough assessments of the client's abilities and capabilities.

4. Vocational Rehabilitation counselors will keep DDD Support Coordinators informed of the client's needs.

5. Vocational Rehabilitation counselors will do an assessment to determine whether the individual will require extended employment support services and if other resources (e.g. IRWE, parent pay, etc.) are a reasonable alternative, especially for clients who are not Title XIX/ALTCS eligible.

6. In the event an IPE has been implemented and it is later determined the client needs extended employment support services, Vocational Rehabilitation services will cease until such time as the provision and funding (if appropriate) of those services is identified.

F. Services

1. Behavioral Interventions/Behavior Management for mutual clients with DDD:

a. The Vocational Rehabilitation counselor and ISP team are responsible to design a plan/strategy to assist clients with challenging behaviors to succeed in a work environment.

b. Article 9, Managing Inappropriate Behaviors, Arizona Administrative Code 6-6-9, outlines the rights of clients, prohibits or limits the use of some behavior intervention techniques, and sets up an oversight process.

c. As a member of the ISP team, the Vocational Rehabilitation counselor is responsible to participate in team meetings and plan development, and to make IPE changes as appropriate/necessary to support a behavior management plan.

2. DDD Support Coordinators need to keep Vocational Rehabilitation counselors apprised of any changes in the client's Title XIX/ALTCS status.

a. If the Vocational Rehabilitation client is receiving services based on continuing Title XIX/ALTCS eligibility in order to fund future extended employment support services, a loss of such eligibility will result in the client's discontinuation of Vocational Rehabilitation services and placement in interrupted Vocational Rehabilitation Status 24 until Title XIX/ALTCS eligibility is re-established, or an alternative funding source is identified.

G. Vocational Rehabilitation staff have the responsibility to notify the DDD Support Coordinator when a client is considered successfully employed and to request a staffing.

1. At the staffing, Part II of the Vocational Rehabilitation Coordination of Extended Supported Employment form will be completed, and the Vocational Rehabilitation Status 22 date will be agreed upon by all team members.

2. The Vocational Rehabilitation Status 22 date is when DDD or other funding sources will assume responsibility for extended employment support services.

H. Case Closures

1. Vocational Rehabilitation cases should be closed successfully following a minimum of ninety days of stability during Vocational Rehabilitation Status 22.

2. While in Status 22, confirmation should be made with DDD that the client continues to receive extended employment support services funded by DDD and that employment remains stable and appropriate.

3. All standard policies and procedures for case closures should be followed.

SECTION 13.5 - INDIVIDUALS WHO ARE IN TRANSITION FROM SCHOOL TO WORK

A. "School" means any public institution established for the purposes of offering instruction to pupils in programs for preschool children with disabilities, kindergarten programs or any combination of grades one through twelve (see ARS 15-101.19).

B. Transition from School to Work 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:

1. Post-secondary education
2. Vocational training
3. Integrated employment (including supported employment)
4. Continuing and adult education
5. Adult services
6. Independent living
7. Community participation.

C. The coordinated set of activities must be based upon the individual student's needs, taking into account the student's preferences and interests, and includes:

1. Instruction
2. Community experiences
3. The development of employment and other post-school adult living objectives
4. Acquisition of daily living skills and functional vocational evaluation.

D. Transition services must promote or facilitate the accomplishment of long-term rehabilitation goals and intermediate rehabilitation objectives identified in the student's Individualized Education Plan (IEP) and Vocational

Rehabilitation client's Individualized Plan for Employment (IPE).

E. Intergovernmental Agreement (IGA) is a contracting tool between two governmental entities.

1. Activities to be performed must be within each entity's authorizing status.

F. Third Party Cooperative Agreements use funds from other agencies to create new services or modify existing services that have a vocational rehabilitation focus.

1. AZRSA uses two types of IGAs to implement third party cooperative arrangements with schools:

a. Transfer agreements, referred to as School to Work Agreements, are used to establish the basic relationship, specify the amount of monies to be transferred to AZRSA, specify the amount of money this transfer will generate to pay for Vocational Rehabilitation services to mutual clients/students and describe how the money will be spent.

b. Youth Transition Program (YTP) is an IGA between a school district and AZRSA, using some of the monies generated by the Transfer Agreement, to provide a grouping of services provided by schools for students who are Vocational Rehabilitation clients.

G. Memorandum of Understanding (MOU) is an informal written agreement used as a tool to document the relationships between a local Vocational Rehabilitation Unit and High School, which outlines the general parameters of how Vocational Rehabilitation will work with that school's students.

H. Partner Information

1. The Intergovernmental Agreement (IGA) between AZRSA, Arizona Department of Education/Exceptional Student Services (ADE/ESS) and Division of Developmental Disabilities (DDD) presents a joint vision of collaboration between the three agencies and contains specific guidance/instruction regarding the implementation of that vision.

2. AZRSA also has partnerships with:

a. Regional Behavioral Health Authorities (RBHA's)

b. Child Protective Services (CPS)

c. The Arizona Department of Juvenile Corrections (ADJC)

d. County juvenile probation programs.

I. Referral/Intake/Outreach

1. AZRSA staff, local schools, and other partners as appropriate will agree on how they will consult and provide technical assistance to each other in planning for the transition of students with disabilities from school to post-school activities.

a. They should also discuss and agree under what circumstances and to what extent the Vocational Rehabilitation counselor will be available to provide consultation for a student(s) when a formal referral to the Vocational Rehabilitation program is not involved.

2. Local AZRSA staff and local school staff will agree on the methods for reaching out to students with disabilities who may need and could benefit from Vocational Rehabilitation services.

a. Brochures, flyers, or informational letters will be made available to students and their parents to explain the Vocational Rehabilitation program's mission, the role Vocational Rehabilitation plays in the transition process and IEP development,

Vocational Rehabilitation referral policies and procedures, and information about the existence of any third party cooperative agreement programs available as part of the IEP and Vocational Rehabilitation processes.

3. A Vocational Rehabilitation referral may be initiated by a family member, school personnel, DDD, CPS, RHBA or juvenile corrections/probation.

4. Referrals are accepted for students with enough time to do necessary vocational planning to complete IPE development and obtain approval as early as possible but no later than by the time the student exits the school system.

5. When additional resources are available through third party agreements with schools, referrals will be made in accordance with those agreements.

J. Eligibility

1. Vocational Rehabilitation must accept school documentation that a disability exists and that it is a substantial impediment to employment.

2. The student's need for Vocational Rehabilitation services and the ability to benefit in terms of achievement of an employment outcome need to be documented.

3. Additional assessments may be necessary to determine a student's need for Vocational Rehabilitation services and to develop an IPE.

K. IPE Planning

1. For students eligible for special education under the Individuals with Disabilities Education Act (IDEA), schools use the IEP planning process to prepare students for transition from school to work or post-school activities.

a. The IEP documents the results of such planning.

2. IPE and IEP planning processes are separate, and each process has its own rules.

a. It is important that there is coordination and collaboration at the points the two processes intersect.

3. Schools are not to presume Vocational Rehabilitation involvement in either planning IEPs or in providing services without the active involvement, knowledge, and consent of assigned AZRSA staff.

4. In order to plan and develop an IPE, the Vocational Rehabilitation counselor needs access to information available from the school, such as:

a. evaluations (psycho-educational, medical, vocational, mobility);

b. IEP;

c. Individualized Vocational Education Plan (IVEP);

d. Multidisciplinary Evaluation Team (MET) reports;

e. School transcripts;

f. Other school records as appropriate.

5. Copies of both the IEP and IPE should be shared with those individuals directly involved with the student's educational and vocational rehabilitation plans.

a. To the extent possible, the two plans should be consistent with each other.

b. AZRSA and school staff should include appropriate elements from each other's plans in their own.

c. For the Vocational Rehabilitation counselor, a copy of the IEP is required for Vocational Rehabilitation case record documentation.

6. The Vocational Rehabilitation counselor/school must obtain parent or guardian's permission for a student's participation in assessments that may be located away from the school site.

a. Separate approval must be obtained to take a student off school grounds for participation in an assessment or any other activity.

7. With timely notice from the school, it is expected that AZRSA staff will participate in an IEP meeting, if Vocational Rehabilitation involvement has been determined to be necessary and appropriate.

a. If an AZRSA staff person is not able to attend, appropriate input will be provided before the meeting, if at all possible.

b. School staff are responsible for developing alternative ways (including written correspondence and conference calls) to enable AZRSA staff to participate in an IEP meeting when participation is necessary.

8. The IPE should be completed early enough to allow a seamless transition to Vocational Rehabilitation services at the time the student exits the school system (or to allow the student timely access to Vocational Rehabilitation sponsored programs or services under school agreements).

9. Staff from the school, Vocational Rehabilitation and other participating agencies will attempt to resolve disputes regarding responsibilities, costs, goal/service selection, etc., when planning programs and services.

a. The IGA should be used as a tool for resolving conflicts.

b. It is not intended, however, that either school or AZRSA staff use the agreement to impose decisions or control the decision making process of the other.

c. If not resolved at the counselor and school level, issues can be elevated to the school principal and the Vocational Rehabilitation Unit supervisor.

L. Services

1. Local school and AZRSA staff should discuss and agree on:

a. The appropriate contacts for all students with disabilities;

b. The Vocational Rehabilitation counselor's planned visitation schedule to the school;

c. How AZRSA staff will be informed of planned IEP meetings; circumstances under which separate Vocational Rehabilitation input is sufficient or when actual attendance is expected;

d. Joint outreach activities within the school.

2. Vocational Rehabilitation services that will be available to Vocational Rehabilitation eligible students while they are still in school, as needed, are:

a. Information and referral services

b. Assessments needed for eligibility and IPE planning

c. Vocational counseling and guidance

d. Other individualized services can also be provided.

3. All other Vocational Rehabilitation services are provided under an IPE upon the student's exit from the school system, unless a third party cooperative agreement exists between the school and AZRSA to provide IPE services for students while still enrolled in school.

4. For transitioning students with disabilities who receive special education services:

a. Students receiving special education services who are eligible for, and who need, Vocational Rehabilitation services will receive those services as appropriate to their unique situations.

b. The provision of Vocational Rehabilitation services is not intended in any way to shift the responsibility of service delivery from the school to Vocational Rehabilitation during the transition years.

c. School officials will continue to be responsible for providing a free and appropriate public education as defined by the IEP.

d. The role of the Vocational Rehabilitation is primarily one of planning for the student's years after leaving school.

5. Vocational Rehabilitation policies and procedures (including cooperation with appropriate agencies) are designed to ensure that transitioning students who do not receive special education services have access to and can receive Vocational Rehabilitation services, if appropriate, and to ensure outreach to and identification of those individuals.

SECTION 13.6 - INDIVIDUALS WITH SERIOUS MENTAL ILLNESS

A. Services to individuals with serious mental illness (SMI) are overseen by an Interagency Service Agreement (ISA) between Arizona Department of Economic Security (ADES) and Arizona Department of Health Services (ADHS), Division of Behavioral Health Services (DBHS).

1. It is recommended that Vocational Rehabilitation counselors read the ISA for additional information.

B. Serious Mental Illness (SMI) , for this policy, means an individual who has been determined to meet the criteria for "SMI" established by ADHS/DBHS and is therefore eligible for treatment.

C. Partner Information

1. There are four Regional Behavioral Health Authorities (RBHAs) serving six AZRSA districts.

a. A RBHA is an entity that contracts with ADHS/DBHS to provide case management in coordination with a network of local community providers.

b. For further information see DBHS website at http://www.azdhs.gov/bhs/.

2. The Regional Vocational Plan is the tool/mechanism for the coordination and cooperation between AZRSA, RBHAs and community providers.

3. The goal of the ISA, between AZRSA and ADHS/DBHS, is to increase the number of employed individuals with serious mental illness who are successful and satisfied with their vocational roles and environments using their transferable skills, commitment and resources within AZRSA and ADHS/DBHS.

4. In order to receive services under the terms of the ISA, there must be documentation that an individual has been diagnosed as having a Serious Mental Illness (SMI) by a qualified mental health professional.

D. Referral/Intake

1. Individuals who are designated as having SMI are referred to Vocational Rehabilitation when the individual's goals include employment.
2. The referral is made by the RBHA, or their contracted provider clinical staff, or directly by a Community Rehabilitation Provider under special arrangements such as Orientation to the World of Work.
3. A meeting is convened as soon as possible to initiate the Vocational Rehabilitation application and planning process.
4. The designated clinical team member (e.g. a case manager) is responsible to provide:

a. Written evidence of eligibility and enrollment of the individual as someone with a designation of SMI
b. A signed release of information form
c. Psycho-social assessment reports
d. Current psychiatric and medical evaluations and current medication information.

5. The goal is to expedite the eligibility process to a maximum of 30 calendar days.

E. Eligibility

1. Documentation signed by a RBHA medical professional (e.g. physician or psychologist) that the applicant is designated as having SMI is sufficient to document the existence of a psychiatric disability.

F. IPE Planning

1. IPE planning must be done in coordination with the RBHA's Individual Service Plan (ISP) process.

2. Vocational success for clients having a diagnosis of SMI is considered an integral part of recovery.

3. It is expected that most, if not all, clients having a diagnosis of SMI will require extended employment support to maintain success in their job.

a. ADHS has an Arizona Health Care Cost Containment System (AHCCCS) waiver to provide extended employment support services to individuals having SMI.

b. A Vocational Rehabilitation Coordination of Extended Supported Employment form, used for planning and coordinating extended employment support services:

i. Part I is completed before initiating an IPE.

ii. Part II is completed at the time a client is considered to be successfully employed and prior to moving the case into Vocational Rehabilitation Status 22.

G. Services

1. In addition to the general services available to Vocational Rehabilitation clients, special service programs have been developed for clients having a diagnosis of SMI (e.g. Orientation to the World of Work and Work Exploration).

a. Orientation to the World of Work and Work Exploration are programs utilized in assisting clients to make the informed decision of whether to go to work or not.

b. Not all services are available in all districts.

H. For client's with a diagnosis of SMI who also receive Social Security benefits refer to Section 13.4 Social Security Recipients for further information.

SECTION 13.7 - INDIVIDUALS WITH SUBSTANCE DEPENDENCY

A. Substance abuse: Per the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV), a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12 month period:

> **1.** Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.
> **2.** Recurrent substance use in situations in which it is physically hazardous.
> **3.** Recurrent substance-related legal problems.
> **4.** Recurrent substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of substance.

B. Substance dependent: Per the DSM-IV, a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

> **1.** Tolerance: The need for greatly increased amounts of the substance to achieved intoxication or a marked diminished effect with continued use of the same substance.
> **2.** Withdrawal: A maladaptive behavioral change, with physiological and cognitive concomitants, that occurs when blood or tissue concentrations of a substance decline in an individual who has maintained prolonged heavy use of the substance.
> **3.** The substance is often taken in larger amounts or over a longer period than was intended.
> **4.** There is a persistent desire or unsuccessful efforts to cut down or control substance use.

5. A great deal of time is spent in activities necessary to obtain the substance.
6. Important social, occupational, or recreational activities are given up or reduced because of substance use.
7. The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

C. DSM-IV specifies "substances" as alcohol, amphetamines, caffeine, cannabis, cocaine, hallucinogens, inhalants, nicotine, opioids, phencyclidine, sedatives, hypnotics, and anxiolytics as general categories.

1. Substance abuse and substance dependency can result from the use of one or a combination of any of the above substances in a manner that meets the criteria for the respective definitions.

D. Diagnosis

1. "Substance dependence" is the condition that can be considered a significant impairment which has the potential to interfere with an individual's employment and which requires Vocational Rehabilitation services.
2. A diagnosis of "substance abuse" cannot be used to determine Vocational Rehabilitation eligibility.
3. The report used to describe "substance dependency" for eligibility purposes must include descriptive statements which illustrate the substance dependency upon which the diagnosis is based.
a. The report must also include information regarding the history of treatment and current treatment.

4. Counselors will make every attempt to obtain existing documentation of substance dependency.

a. When requesting an existing document, the appropriate client release of information form must be enclosed.

5. The diagnosis of "substance dependency" must be made by a licensed medical doctor.

E. General Vocational Rehabilitation eligibility policy is to be followed with this special population. In addition:

1. Whether or not someone is abusing drugs/alcohol is relevant to determining whether the individual can benefit from Vocational Rehabilitation services in terms of an employment outcome.

2. A client is assumed to be able to benefit unless there is clear and convincing evidence to the contrary.

3. Arbitrary periods of sobriety cannot be used as general standards for making the required individualized Vocational Rehabilitation eligibility determinations.

4. It is the responsibility of the counselor to use trial work experiences or extended evaluation services to determine "ability to benefit" if there is a strong indication that the individual's dependency on drugs/alcohol meets the definition of a significant disability.

5. Individuals who have marketable skills in occupations which pose no immediate and direct threat to continued sobriety and who require no other services may not be eligible.

a. "Stress on the job" or "the job drives me to drink" are not unconditionally appropriate reasons for abandoning useable work skills.

b. Example: A salesperson works in a high stress job which has led to a regression in his alcohol dependency which in turn led to a loss of his job. This individual still has the skills of a salesperson which could be used in another job with less

stress. There is nothing about sales in general that pose a threat to their sobriety. The threat was the specific job which was high stress. There is no need for vocational rehabilitation as this individual can continue to be a salesperson.

6. Individuals with marketable skills may, however, require vocational counseling, job development and placement assistance, and other services related to their disability and resultant unemployment. Such individuals would be eligible for Vocational Rehabilitation services but would not have access to training or education services.

F. IPE Services Restrictions

1. Detoxification is considered an acute medical service and is not provided by RSA.

2. Alcohol and/or drug abuse maintenance programs are considered medical care services and are not provided by RSA.

SECTION 13.8 - INDIVIDUALS WITH WORK INJURIES IN ARIZONA

A. Work Injured means clients who have impairments which result from work related injuries sustained while working in Arizona or outside Arizona, while working for an Arizona company, which prevent them from returning to former employment.

B. Partnership Information

1. There is an Interagency Service Agreement (ISA) between the Industrial Commission of Arizona (ICA), Special Fund, and AZRSA.
2. The ICA Special Fund contains monies that can be used to fund retraining programs or other services for disabled workers served by Vocational Rehabilitation.
3. The AZRSA ICA Statewide Coordinator, located at AZRSA Central Office, is the liaison between AZRSA and the ICA Special Fund.
4. AZRSA ICA Specialists are AZRSA District specific Vocational Rehabilitation staff who provide technical assistance and information to general Vocational Rehabilitation counselors or work directly with those clients who have been determined to be eligible for a Special Fund award.
5. The ICA Database is a separate information system within AZRSA which is maintained for coordination and reporting.
6. For contact information related to ICA see Appendix 1.

C. Referral/Intake

1. Referrals come to the AZRSA ICA Specialist in three ways:
- **a.** From the AZRSA ICA Statewide Coordinator;
- **b.** Self referrals or referrals from lawyers; or,

c. Referrals from other Vocational Rehabilitation counselors.

2. When a Vocational Rehabilitation counselor in a local office identifies a client on his/her caseload as a worker who became disabled on the job, he/she is expected to always:

a. Obtain the individual's Social Security number, date of injury, the company the individual was working for, and the State in which the injury occurred;

b. Enter a Target Group "08" code (in IRIS) if the injury occurred in Arizona or while working outside of Arizona but for a company registered in Arizona;

c. Contact the AZRSA ICA Statewide Coordinator and provide the name, social security number, and date of injury of the client.

3. The AZRSA ICA Statewide Coordinator will call the ICA Special Fund and ask for verification of:

a. Registration of the individual as being injured on the job in Arizona or for an Arizona company (Target Group 08) and

b. Eligibility status of the individual for an ICA Special Fund award.

D. Eligibility

1. Eligibility requirements for funding by the ICA Special Fund include:

a. Permanent impairment;

b. Inability to return to former employment; and,

c. Loss of earning capacity (LEC) award.

2. The ICA requires:

a. A client attend GED preparation classes, if he/she does not have a GED; and,

b. The attainment of a GED before authorizing a Special Fund award for a client to attend college.

E. IPE Planning

1. The Vocational Rehabilitation counselor will apply for an ICA Special Fund award (if the client is eligible for a Special Fund award), with technical assistance and support from the AZRSA ICA Specialist, to pay for retraining costs for the client.

2. The narrative request must contain:

a. Client's name, social security number, and date of injury;

b. Employment Outcome (vocational goal);

c. School name;

d. Length of time, including projected beginning and ending date, of services; and,

e. Costs, the specific dollar amount being requested (to cover retraining and employment costs only), of the services to be provided and a rationale for the request.

3. When the client is determined eligible for a Special Fund award:

a. The Vocational Rehabilitation counselor completes the Request for Special Fund Encumbrance.

b. Upon receipt of approval, the Vocational Rehabilitation counselor initiates or modifies the existing IPE to reflect use of Special Fund monies as a comparable benefit to pay for the client's ICA Special Fund approved services.

c. The Vocational Rehabilitation counselor requests and uses Vocational Rehabilitation funds to pay for other costs in the IPE;

d. The Vocational Rehabilitation counselor informs vendors to send invoices/bills for Special Fund

expenditures directly to the ICA Special Fund; and,

e. The Vocational Rehabilitation counselor is responsible to document progress and transmit this information (such as grade reports, progress or lack thereof, interruptions in the program, etc.) to the ICA Special Fund.

f. Funding code GNOX is to be used for these cases

4. If a client is determined ineligible for a Special Fund award then general VR procedures should be followed to assist the client.

F. If an Order of Selection (OOS) is in effect, the ICA Specialist shall work directly with clients who are in a closed priority category and determined eligible for a Special Fund award, to provide services outside of the scope of the Vocational Rehabilitation program using only the ICA Special Fund monies that have been awarded.

1. The ICA Specialist will:

a. Send the client a modified eligibility/OOS letter;

b. Keep the client's case open in IRIS (and on the OOS Waiting list) until the ICA plan is completed;

c. Use the existing Vocational Rehabilitation file and the information it contains

i. However, the Vocational Rehabilitation counselor will create a special section or insert a manila folder to keep all of the records of the service planning, service plan, progress notes, etc. which relate to the non-Vocational Rehabilitation work;

d. The client will sign the Vocational Rehabilitation Eligibility and OOS Letter (ICA) form, stating that if a mutually agreed upon

rehabilitation plan cannot be formulated or if the plan is disapproved by the ICA Special Fund, the client understands that he/she will be put in a deferred status for Vocational Rehabilitation services.

F. If an Order of Selection (OOS) is in effect, the ICA Specialist shall work directly with clients who are in a closed priority category and determined eligible for a Special Fund award, to provide services outside of the scope of the Vocational Rehabilitation program using only the ICA Special Fund monies that have been awarded.

1. The ICA Specialist will:

a. Send the client a modified eligibility/OOS letter;

b. Keep the client's case open in IRIS (and on the OOS Waiting list) until the ICA plan is completed;

c. Use the existing Vocational Rehabilitation file and the information it contains

i. However, the Vocational Rehabilitation counselor will create a special section or insert a manila folder to keep all of the records of the service planning, service plan, progress notes, etc. which relate to the non-Vocational Rehabilitation work;

d. The client will sign the Vocational Rehabilitation Eligibility and OOS Letter (ICA) form, stating that if a mutually agreed upon rehabilitation plan cannot be formulated or if the plan is disapproved by the ICA Special Fund, the client understands that he/she will be put in a deferred status for Vocational Rehabilitation services.

G. Services

1. ICA will fund only what is agreed to in the award.

a. If more funding is needed, the Vocational Rehabilitation counselor may write an award amendment for additional retraining costs.

b. If additional funding is not awarded, the Vocational Rehabilitation counselor will use Vocational Rehabilitation funding.

H. Closures

1. Any interruptions, lack of progress, elimination from a program, or case closure must be reported to the ICA Special Fund.

2. Closure will be in Status 30, whether the outcome is successful or not, with ICA case file notes indicating actual results.

3. If the client is determined to be in a closed priority category of the OOS and the client is not eligible for a Special Fund award, the case remains with the original Vocational Rehabilitation counselor and the client remains on the OOS deferred list.

SECTION 13.9 - INDIVIDUALS WHO ARE SEX OFFENDERS

A. These policies apply to clients who are sex offenders, have a history of sex offenses, sex offenders in recovery, or are potentially sex offenders:

1. Who have been identified though a psychosexual evaluation, psychological, psychiatric, or mental health evaluation by a licensed mental health professional as having a paraphilia that involves:

- **a.** The suffering of one's partner (sexual sadism)
- **b.** Children (pedophilia)
- **c.** Non-consenting persons (rape)
- **d.** Voyeurism
- **e.** Exhibitionism
- **f.** Frottereurism (compulsion to fondle, rub, or touch), or
- **g.** Has a personality disorder, conduct disorder, or other mental illness that predisposes him/her to commit sexual acts that may constitute a danger to the community;

2. Who have a felony or misdemeanor conviction for sex offense/s;

3. Who are under court ordered (civil or criminal court) supervision for sex offense(s);

4. Who are committed to the Arizona Community Protection and Treatment Center for paraphilia or sex offense(s);

5. Who are committed to the Arizona State Hospital for paraphilia or sex offense/s;

6. Who have expressed sexually aberrant ideas to the Vocational Rehabilitation counselor; and/or,

7. Who relate to the Vocational Rehabilitation counselor a history of paraphilia, along with plans for harmful, predatory, or violent acting out of the sexual aberrant ideas on others.

B. Confidentiality

1. Clients will be informed:

a. The counselor/client relationship is not privileged and that consumer records can be subpoenaed;

b. It is the responsibility of Vocational Rehabilitation counselors report to the proper authorities the intent of the client to commit a criminal act when it comes to the Vocational Rehabilitation counselors attention; and,

c. Expression of sexually aberrant ideas and plans to commit harmful, predatory or violent acting out of these ideas must be reported to the proper authorities.

C. Eligibility

1. Eligibility must be based on the same criteria as eligibility for any other disability.

2. The acts or criminal offenses that an individual may have committed are not in and of themselves the basis for eligibility.

a. Eligibility is based on the diagnosed mental disorder and its impediment to the individuals vocational goals.

2. All applicants who have been diagnosed or otherwise identified through a psychological, psychiatric, or other mental health evaluation performed by a licensed mental health professional, with paraphilia and or a personality disorder, conduct disorder, or other mental illness that predisposes them to commit sexual acts that may constitute a danger to the health and safety of the community, or otherwise as identified in a psychological or psychiatric evaluation as recommending a psychosexual evaluation, will have

a current psychosexual evaluation on file prior to determining eligibility and to assist in IPE planning.

3. A psychosexual evaluation is a very invasive evaluation that focuses on an individual's sexual history, parpahilic interests, sexual adjustment, risk level, and victimology.

- **a.** It will include psychosexual and psychological inventories and may include physiological testing of sexual arousal patterns and a polygraph.
- **b.** The report also includes a full social history, familial history, employment/educational history, case formulation, specific treatment recommendations, and, if appropriate, specific recommendations for re-entry into the client's profession or career.

4. A current (not more than 2 years old) psychosexual evaluation may be provided by:

- **a.** State, Federal, or local Department of Corrections or judicial authority;
- **b.** Regional Behavioral Health Authority; or,
- **c.** Other Department of Health Services program.

5. When a psychosexual evaluation is not available or is not current, the Vocational Rehabilitation Counselor will purchase an evaluation from a licensed psychologist with expertise in the area of paraphilia and sex offenses.

6. Refusal to either supply a current psychosexual evaluation or to participate in a new psychosexual evaluation may present an impediment to Vocational Rehabilitation's ability to provide services and Vocational Rehabilitation's ability to determine eligibility.

- **a.** Applicants should be informed that without this psychosexual evaluation an assessment of the disability and its effect on the clients ability to work cannot be made.

b. Refusal of the client to provide or participate in a psychosexual evaluation may be grounds for closure of the Vocational Rehabilitation case.

7. Those applicants with extreme forms of paraphilia, personality disorders, conduct disorder, or other mental illness that predisposes them to commit sexual acts and who, in the opinion of the evaluator, are at high risk for acting out may be placed in extended evaluation (VR Status 06) to gather clear and convincing evidence that the he/she is either eligible or will not be able to benefit in terms of an employment outcome from Vocational Rehabilitation services.

8. Although paraphilia may contradict specific types of employment or specific job requirements, documentation must demonstrate that the reported disability is an impediment to employment as a basis for Vocational Rehabilitation intervention.

9. The following documentation must be present in the CROS that indicates that the applicant can be reasonably expected to benefit from Vocational Rehabilitation services:

a. Agreement to participate in treatment and that treatment is available, when treatment has been recommended by a competent mental health professional;

i. The client should be informed that failure to participate in recommended treatment may impede Vocational Rehabilitation's ability to adequately proceed with the goals of an IPE and may lead to closure of the Vocational Rehabilitation case.

b. Necessary controls exist to shield the community from potential harm;

c. The applicant agrees to make any disclosures that Vocational Rehabilitation decides are

necessary to protect employers or the public from potential harm.

D. If at any time during the life of the case it becomes evident that the client is a sex offender, presents with a diagnosed paraphilia, or expresses ideas that indicate the possible existence of such a paraphilia a psychosexual evaluation should be requested.

1. In some instances, refusal to comply with the psychosexual evaluation may be grounds for closing the Vocational Rehabilitation.

a. Policies related to psychosexual evaluations at the time of eligibility also apply here.

E. Extended Evaluation

1. The Vocational Rehabilitation counselor must inform Community Rehabilitation Programs (CRP's) about the risk the applicant may pose to other clients and staff.

2. Vocational Rehabilitation counselors will not place an applicant in any setting that provides access to children or vulnerable adults.

F. IPE Development

1. AZRSA will not support an employment outcome that allows access to a vulnerable populations or will exacerbate a client's paraphilia.

2. AZRSA will not provide treatment for paraphilia or a personality disorder or conduct disorder associated with sex offenses as these are long term treatments and do not fall within the guidelines of AZRSA.

a. Suitable community resources should be used to meet the client's treatment needs.

3. AZRSA will not provide supervision or surveillance in the community.

4. To the extent possible, IPE's should be managed by Vocational Rehabilitation counselors who are

knowledgeably about the justice system and the special dynamics of sex offenders.

5. When a knowledgeable AZRSA staff is not available, the Vocational Rehabilitation counselor should consult with other Vocational Rehabilitation counselors and supervisors who have knowledge, training and/or expertise in this area.

6. As necessary, the Vocational Rehabilitation counselor should obtain consultation from AZRSA contracted consultants.

7. An IPE must be approved by all parties having a relevant, legal or treatment relationship with the client (e.g. a probation/parole officer, psychotherapist, or case manager).

8. A job developer will only assist with job development and support and will never provide surveillance.

9. Disclosure of paraphilia or the client's sex offender status to an employer should not be made directly by AZRSA staff or contractors.

- **a.** The duty to inform the community, including employers, rests with law enforcement agencies.
- **b.** Information concerning a clients' disability and other personal factors is covered by confidentiality policy.
- **c.** AZRSA may, under certain circumstances, require that the client self disclose in order to protect the community, employer, and/or co-workers.

SECTION 13.10 - INDIVIDUALS WHO ARE CLIENTS IN OTHER STATES OR CLIENTS OF TRIBAL VOCATIONAL REHABILITATION PROGRAMS WITHIN ARIZONA

A. Clients in other states are individuals who report that they have an open case with the public Vocational Rehabilitation program in another state.

B. Clients of tribal Vocational Rehabilitation programs are individuals who report that they have an open case with the Vocational Rehabilitation program of a tribal entity within Arizona (Section 121 VR Program).

C. Partner Information

1. AZRSA has a Memorandum of Understanding (MOU) with all tribes who operate a Section 121 Vocational Rehabilitation program in Arizona.

D. Referral/Intake

1. Applicants requesting services from AZRSA while they are eligible Vocational Rehabilitation clients in another state should be told:

a. There is no reciprocity between states.

b. They will have to apply for services and be determined eligible in Arizona;

c. An applicant must be present in Arizona to apply;

d. When an applicant is present in Arizona, he/she should be asked if they intend to become a client in Arizona, or to remain a client of the state from which they came;

e. If the applicant indicates that they intends to remain in Arizona and would like to become a client of the Arizona Vocational Rehabilitation program:

i. Eligibility determination and IPE planning should be initiated with the understanding that AZRSA will not initiate an IPE for the purpose of supplementing (or duplicating) another State's IPE;

ii. The other state's Vocational Rehabilitation counselor will be notified of the applicant's intentions.

f. If the applicant does not intend to become a client of Arizona's Vocational Rehabilitation program, the Vocational Rehabilitation counselor should inform the applicant and the other state's Vocational Rehabilitation counselor that courtesy counseling can be provided.

i. Courtesy counseling for another state should be requested and approved through the District Program Manager where the service is being sought.

ii. This service is limited in scope and should be coordinated with the other state.

iii. During courtesy counseling AZRSA does not open a case for the client.

2. Applicants who are clients of tribal Vocational Rehabilitation programs within the State of Arizona (Section 121 VR Programs) may be referred to AZRSA to supplement services available from the tribe.

a. The AZRSA Vocational Rehabilitation counselor will contact the Sec. 121 Vocational Rehabilitation counselor to coordinated services for the joint client.

E. Eligibility decisions should be made in accordance with RSA policies.

F. IPE Planning

1. A client cannot receive IPE services from two states at the same time.

a. The client must apply in Arizona and close the case in the other state before Arizona IPE services can start.

2. The Arizona Vocational Rehabilitation program will not do a joint plan with an other state's Vocational Rehabilitation program.

3. For clients associated with Arizona tribal Vocational Rehabilitation programs, existing MOUs provide for development of joint cases.

a. Services provided by AZRSA should not duplicate services provided by the tribal Vocational Rehabilitation program, but could supplement those services.

b. The IPE and CROS should contain information about those services provided by the tribal Vocational Rehabilitation program.

G. In joint cases between AZRSA and tribal Vocational Rehabilitation programs within Arizona, the Vocational Rehabilitation counselors of the two programs should make arrangements for communication and coordination of services.

H. MOU's with the Arizona tribal Vocational Rehabilitation programs provide for both programs to claim a successful rehabilitation (VR Status 26) at closure.

SECTION 13.11 - INDIVIDUALS WHO ARE CURRENTLY EMPLOYED

A. Referral/Intake

1. The Vocational Rehabilitation program can help individuals with disabilities maintain employment.

2. The Vocational Rehabilitation counselor will help the employer/client discern whether they need Vocational Rehabilitation assistance with accommodations, or if the client's needs are more appropriately met through ADA accommodations to maintain employment.

a. If service needs can be more appropriately met with ADA accommodations, the Vocational Rehabilitation counselor should offer technical assistance to the employer and advocacy assistance to the employee to meet the employee's needs.

b. The ADA and Section 504 of the Rehabilitation Act as amended requires that reasonable accommodations be available to ensure full access of persons with disabilities in areas of employment, education, social services, etc.

c. Schools, employers and agencies are not permitted to request or require persons with disabilities to apply for Vocational Rehabilitation services to obtain such reasonable accommodations.

d. Vocational Rehabilitation will not determine an applicant eligible solely for the purpose of assisting a school, employer, or agency to purchase or pay for goods and services required to meet reasonable accommodation or Individuals with Disabilities Education Act (IDEA) requirements.

3. The Vocational Rehabilitation counselor needs to help the employer/client discern whether the individual with disabilities has other rehabilitation needs in order to maintain or progress in his/her field of employment.

B. Eligibility

1. In the case of an applicant who is already employed, ability to benefit in terms of an employment outcome means:

a. A substantial increase in the applicant's level of employment (in cases of under-employment);

i. Example: The individual with a physical or mental impairment whose current employment: (1) does not meet minimum standards for employment outcome; (2) involves payment of less than minimum wage; or (3) involves the payment of extended employment support services because of the impediments imposed by that impairment would likely meet this eligibility criterion.

b. Change from a job, with the same or a different employer, which is not consistent with the applicant's physical/mental impairments;

i. Example: An individual with a physical or mental impairment who is already employed, but not in a setting consistent with his/her abilities and capabilities, and who desires to obtain new employment that would be consistent with his or her abilities and capabilities, would likely meet this eligibility criterion.

ii. Example: An individual with a physical or mental impairment who is employed but whose job duties will aggravate his/her impairment (or create a new impairment) would likely meet this eligibility criterion.

c. Maintenance of employment which would otherwise be lost;

i. Example: An individual who is employed but requires short-term, specialized disability related Vocational Rehabilitation services such as: rehabilitation counseling and guidance, rehabilitation technology, restorative services, job seeking skills training, interpreter support for job interviews, advocacy/support, etc., to keep his/her job would likely meet this eligibility criterion.

ii. Example: An individual with a physical or mental impairment who is currently employed, but is in jeopardy of losing that employment due to disability-related factors (e.g., the individual's disability is progressive and results in additional functional limitations), would likely meet this eligibility criterion.

d. Progressive moves (for an individual receiving extended employment support services) :

i. From one level of employment supports (sheltered/supported) to the next, or

ii. From supported employment to competitive, non-supported employment.

SECTION 13.12 - INDIVIDUALS WHO ARE AT THE ARIZONA STATE HOSPITAL

A. Referral/Intake

1. Referrals to Vocational Rehabilitation are deferred until release dates have been set and the referred individual will be able to follow through with a Vocational Rehabilitation program.

a. Some Forensic patients are permitted with approval to leave the State hospital grounds to participate in community activities (employment or educational activities), while on the Conditional Release Unit.

b. Some Civil patients are permitted with a pass to leave the State hospital grounds with an escort.

2. For individuals in rehabilitation programs within the State hospital, Vocational Rehabilitation should attempt to complete the following while the client is still in the hospital if possible:

a. Eligibility determination.

b. IPE development.

3. In some cases, a referral from the State hospital for the purpose of consultation and technical assistance may be appropriate.

B. Eligibility for Vocational Rehabilitation involvement is not based on where an individual lives, but is based on Vocational Rehabilitation eligibility criteria.

C. IPE Planning

1. Vocational Rehabilitation will not be involved, except as consultants, in activities that are the responsibility of the institution, that are designed to

meet the institution's needs, or that are not consistent with Vocational Rehabilitation program goals, such as:

a. Discharge planning;

b. Services not directly related to or required for eligibility determination or IPE planning;

c. Trial work;

d. Instructional classes within the Institution (e.g. "exploring work as a higher order activity");

e. On or off-site "work activities";

f. Off-site "sheltered employment";

g. "Work as therapy" (e.g. hospital day program);

h. Work within the institution; and,

i. Adjustment services within the institution.

2. Vocational Rehabilitation will initiate IPE planning or provide Vocational Rehabilitation services to clients who will need extended employment support services only if long-term support resources are identified and financial commitments to make them available, at the levels needed, have been made.

D. Services

1. While the client is still in the State hospital, Vocational Rehabilitation may be involved in:

a. Consultation services;

b. Assessments for eligibility and IPE planning;

c. IPE planning activities;

d. Time-limited, off-site work adjustment services;

e. Assistive Technology (AT) needed for planning or to support work adjustment.

f. Other services may be available to forensic patients while on the Conditional Release Unit of the State Hospital, as the person is permitted off-grounds independently and approved by the Psychiatric Security Review Board (PSRB).

2. Vocational Rehabilitation will provide the same services available to other clients after the client is discharged, based on individual needs.

SECTION 13.13 - INDIVIDUALS WHO ARE ASSOCIATED WITH THE JUVENILE CORRECTIONAL SYSTEM

A. Intergovernmental Agreement (IGA) is a coordination between two governmental entities.

1. This agreement is designed to address an identified problem or need by working cooperatively with each other to address the same problem or need.

B. Partners

1. AZRSA has two Intergovernmental Agreements specifically designed to address a service gap needed to address the vocational needs of the youthful offender.
2. The Interagency Agreement between AZRSA and the Arizona Department of Juvenile Corrections exists to address the vocational needs of youth who are adjudicated delinquents and committed to the Arizona Department of Juvenile Corrections (ADJC).
3. The Interagency Agreement between AZRSA and the Arizona Supreme Court, Administrative Office of the Courts (AOC) exists to address the vocational needs of:

a. Juveniles who are ordered to participate in treatment services within the juvenile court center.
b. Juveniles referred to the juvenile court for incorrigibility or delinquency offenses.
c. Juveniles who are transferred to the adult court and placed on probation.

C. Referral/Intake

1. Referrals to Vocational Rehabilitation are deferred until release dates have been set, as Vocational Rehabilitation is unable to provide IPE services while the youth is still incarcerated or is receiving services

that are the responsibility of the court or corrections systems.

2. Applications may be taken from youths if their anticipated release date is within 30-60 calendar days.

a. Due to time constraints and federal guidelines regarding processing applications, determining eligibility and implementing an IPE, Vocational Rehabilitation counselors should not prematurely accept a Vocational Rehabilitation referral unless the youth has a release date which is pending.

b. This is necessary to avoid unnecessary closure prior to their actual release from the institutional setting.

D. Eligibility

1. To the extent possible, current existing documentation provided by CPS, ADJC, and the AOC should be utilized to document eligibility.

a. Existing documentation provided by systems partners if used for determining eligibility purposes should be no more than 2 years old.

2. Standard eligibility requirements for Vocational Rehabilitation apply to this situation.

a. Involvement with the judicial system and incarceration are not grounds for eligibility.

3. Eligibility decisions must be based on the information obtained from a psychosexual evaluation, psychiatric/psychological evaluation, mental health records, medical records or other evaluations.

a. There must be clear documentation that the diagnosed disability creates barriers to obtaining or maintaining employment.

b. Having a history of sexual misconduct, conduct disorder, oppositional defiant disorder, adjustment

disorder, alcohol or drug abuse alone does not constitute a disability that imposes a barrier to employment.

c. Documentation must demonstrate that the disability is an impediment to employment as a basis for Vocational Rehabilitation intervention.

4. Additional assessments may be necessary if needed to document eligibility for Vocational Rehabilitation services and to develop an IPE.

a. Additional documentation should be purchased if the current information is outdated.

b. Case notes or documentation provided by systems partners that is used for eligibility must contain a diagnostic statement which is signed by:

i. A physician skilled in the diagnosis and treatment of mental or emotional disorders (psychiatrist), licensed by the state in which he/she practices;

ii. A psychologist; licensed or certified by the state in which he/she practices; or,

iii. A licensed physician.

E. Vocational Rehabilitation will not be involved, except as consultants, in activities that are the responsibility of the institution, that are designed to meet the institution's needs, or that are not consistent with Vocational Rehabilitation program goals, such as:

1. Discharge planning;

2. Services not directly related to or required for IPE planning;

3. Institution based trial work;

4. Instructional classes within the Institution: e.g. educational classes;

5. On or off-site "work activities";

6. Off-site "sheltered employment?;

7. "Work as therapy" e.g. hospital day program;

8. Work within the institution; and,
9. Adjustment services within the institution.

F. Services

1. IPE services should be commensurate with the client's abilities and capabilities and should take the past academic history into account

a. For example, it is not realistic for a 17 year old youth with 2 high school credits to return to high school, or it is not realistic for a youth to enroll in college when they have a 2nd grade reading level.

2. Job Development will never be provided solely to assist the youth with their conditions of probation or parole.

a. Job Development should be utilized to assist the individual in achieving their vocational goal as identified in their IPE.

3. While the individual is still within the institution, Vocational Rehabilitation may be involved in:

a. Consultation services;
b. IPE planning activities; and,
c. Assistive Technology needed for planning or to support work adjustment.

4. IPE services begin once the individual is released from the correctional facility and may include any service available to other Vocational Rehabilitation clients.

5. IPE services may be interrupted if the youth has new/existing/pending charges, is on warrant status, has absconded from a placement, or has returned to the institution.

a. Generally, if an IPE has been implemented the case should be moved to status 24 pending the release of the client from the corrections system.

b. Every attempt should be made to contact the client to inform them of the status of their case and their responsibility to contact Vocational Rehabilitation upon their release.

c. Systems partners such as probation or parole officers should also be notified of the status of the case.

d. If eligibility is not determined and an IPE has not been written or implemented, the case file should be closed and a new one reopened upon the youth's release.

SECTION 13.14 - SOCIAL SECURITY RECIPIENTS/TICKET TO WORK

A. Blind Work Expenses (BWE) are items that are treated as impairment related work expenses for those that are receiving SSI payments due to blindness.

B. Impairment Related Work Expenses (IRWE) are deductions from earned income for the cost of items and services that an individual needs in order to be able to work, that are used to compute an SSI payment or SGA for SSDI recipients.

C. Plan for Achieving Self-Support (PASS) is income and/or resources set aside over a reasonable time to enable an individual to reach a work goal and become financially self-supporting.

> **1.** The amount set aside may be used for occupational training or education, occupational equipment, etc., and is not counted in the determination of an SSI payment amount.

D. Social Security Disability Insurance (SSDI) provides benefits to people who have a disability or who are blind, who are insured by the worker's contributions to the Social Security trust fund. Title II of the Social Security Act authorizes SSDI benefits.

E. Substantial Gainful Activity (SGA) is an earnings guideline to evaluate work activity and whether an individual is disabled under the law.

F. Supplemental Security Income (SSI) program provides cash assistance payments to individuals who are older, people with disabilities or are blind and individuals who have limited income and financial resources.

1. Title XVI of the Social Security Act authorizes SSI benefits.

G. Ticket to Work (TTW) is a program of the Social Security Administration (SSA) to assist SSI/SSDI beneficiaries to receive the assistance and vocational rehabilitation services through Employment Networks (ENs) that they need to go to work if they choose to do so.

H. Trial Work Period (TWP) is an incentive which allows an individual to test his/her ability for up to nine months, within a 60 month consecutive period, and continue to receive SSDI benefits no matter how much is earned during that period.

I. Referral/Intake/Application

1. All SSA beneficiaries who contact AZRSA should be provided with information about the Work Incentives, Planning and Assistance (WIPA).
2. Individuals who may have a Ticket to Work (Ticket) must be identified by the Vocational Rehabilitation counselor or by the Rehab Tech at intake or time determined eligible for Vocational Rehabilitation.
3. AZRSA needs evidence of Social Security beneficiary status based on a disability to determine whether the individual was issued a Ticket and the status of that Ticket.
4. Applicants should be asked if they have:
- **a.** Received a Ticket to Work and
- **b.** If their Ticket to Work has been assigned to anyone

5. If the applicant has assigned their Ticket to Work to an Employment Network (EN):
- **a.** Ask who it was assigned to
- **b.** Get contact information for who the TTW was assigned

c. Ask if there is a current TTW Individual Work Plan (IWP) implemented

d. If the client has assigned the ticket to another organization AZRSA should request contact information for that organization.

- **i.** If a written agreement exists between the organization and AZRSA joint provision of services between AZRSA and the organization should be explored.

e. Inform the client that he/she is welcome to explore services through the Vocational Rehabilitation program regardless of whether they choose to assign the ticket to AZRSA, assign/maintain assignment of the ticket with another entity, or chose not to assign the ticket

f. The individual can "pull" his/her Ticket and have it re-assigned by writing a letter and:

- **i.** Faxing it to Maximus at 703-683-3289 or
- **ii.** Mailing it to Maximus at P.O. Box 25105, Alexandria, VA 22313

6. Correctly identifying applicants who receive SSDI or SSI Disabled and SSI Blind benefits as opposed to SSI Aged, SSA Survivors, or benefits under another worker's social security number (disabled adult child benefits) is essential for AZRSA to recoup its expenditures under the SSA Reimbursement program.

7. Claims for reimbursement of monies spent by Vocational Rehabilitation can only be made for SSDI and SSI recipients.

8. Proof of SSA recipient status can be documented by obtaining one of the following:

a. A copy of the SSA-831 (Allowance)

b. A copy of the SSA-833 (Continuance)

c. An Administrative Law Judge's allowance decision

d. A SSI award notice

e. A facsimile of an SSI/SSDI monthly check
f. A SSA document verifying current entitlement

9. Verification of monthly Social Security benefit data (dollar amounts) can be obtained by the following methods:

a. By utilizing SSA's Third Party Query (TPQY) system and mailing the TPQY REQUEST FORM to Social Security Administration, TPQY Verification Unit, 16241 N. Tatum Blvd., Phoenix, AZ 85032.

b. By having the client call SSA's toll-free number, 1-800-772-1213, and request a "benefit verification letter".

i. The letter will be sent to the client's home address.

ii. Arrange to obtain a copy of the letter for the CROS.

c. By having the client call SSA's toll-free number, 1-800-772-1213, and request oral verification of his/her monthly benefits while she/he is present in the Vocational Rehabilitation office.

i. The Vocational Rehabilitation counselor will then document the results of the telephone conversation in the CROS.

J. Eligibility

1. SSA beneficiaries are presumptively eligible for Vocational Rehabilitation services because SSA has already determined that they have a disability, which is considered to be a significant impediment to employment, such that they are presumed to be able to benefit in terms of achieving an employment outcome and will need Vocational Rehabilitation services.

2. Applicants identify that they want to work when signing the Vocational Rehabilitation application form.

3. If the Vocational Rehabilitation counselor has a significant question that the applicant may not be able to benefit in terms of achieving an employment outcome due to the severity of the disability, the Vocational Rehabilitation counselor will take steps to obtain clear and convincing evidence documenting the applicant is either eligible or incapable of benefiting in terms of an employment outcome from the provision of Vocational Rehabilitation services.

a. These situations should be approached with the presumption of eligibility and not with the attempt to find a reason for ineligibility.

4. The CROS will document the facts that led to the presumption of eligibility and address each eligibility criteria.

5. Additional assessments or information that may be needed for IPE planning purposes shall not delay the eligibility decision.

6. Eligibility is not to be construed to create an entitlement to specific Vocational Rehabilitation services.

K. IPE Planning

1. As part of IPE planning, the Vocational Rehabilitation counselor needs to discuss the impact of work on the client's benefits and any requirements attached to the use of the Ticket.

a. The client's goal is economic self-sufficiency and should include planning to get along without SSA benefits.

b. Clients should also know that there are protections through the TTW program for individuals who try to work and get off of benefits and do not succeed.

c. To be sure that clients know what protections exist and how to use them, all clients should be

referred to and receive benefits counseling from the WIPA program concerning how work impacts benefits.

2. Tickets are not officially assigned until the client signs an IPE and the SSA 1365 Form is submitted and a confirmation letter is received back from Maximus.

a. The client acknowledges the assignment of his/her Ticket to AZRSA when he/she signs the IPE.

3. The presence or absence of a Ticket should not affect the way a Vocational Rehabilitation counselor works with a client.

4. There are no special or different service policies for working with SSA beneficiaries.

a. The only difference is to know and advise the client about the incentives and disincentives of work and coding the case correctly for possible reimbursement.

5. When a client chooses to work with the Vocational Rehabilitation program, the actual Ticket must be requested from the client by the Vocational Rehabilitation counselor (and assigned to AZRSA) at the time an employment outcome and a suitable plan of services have been agreed upon.

6. For those SSI/SSDI beneficiaries who have an SSA-1365 Ticket Assignment form is to be completed and sent in for every client who signs an IPE.

7. For active clients already being served under an IPE when they receive the Ticket, the Vocational Rehabilitation counselor should request the Ticket and complete the SSA-1365 form immediately.

8. If the client is concerned about signing the Ticket Assignment form and decides not to sign it refer them to Maximus to discuss options.

9. SSA regulations allow Vocational Rehabilitation counselors to merely make a copy of the IPE signature page and send it with the Ticket Assignment form signed and dated by the counselor.

10. Clients should not be pressured into signing the Ticket Assignment form.

11. Vocational Rehabilitation counselors must discuss the various Social Security work incentive programs during the IPE planning process, including the use of Plans to Achieve Self Support (PASS) and Impairment Related Work Expenses (IRWE).

12. PASS/IRWEs are considered client resources, not comparable benefits, within the Vocational Rehabilitation program.

13. Clients will not be required to use Social Security work incentives to offset Vocational Rehabilitation services for which they are eligible.

a. However, AZRSA will not pay for services that are being offset in a pre-existing PASS/IRWE.

14. Vocational Rehabilitation counselors will assist clients to utilize a PASS or IRWE to buy services/goods which Vocational Rehabilitation cannot provide, but which are necessary to achieve or maintain a successful employment outcome.

15. Vocational Rehabilitation counselors will not purchase PASS/IRWE development or monitoring services.

16. Vocational Rehabilitation counselors must counsel clients about their responsibilities to adhere to PASSes/IRWEs.

17. A pre-existing PASS approved by Social Security does not obligate Vocational Rehabilitation funds, control Vocational Rehabilitation decision making, or IPE development.

L. IPE Management

1. Completing the SSA-1365 form and sending it to Maximus:

a. Make a copy of the Ticket to be assigned to AZRSA.

b. If no Ticket exists, complete the SSA-1365 and send it to Maximus following the rest of this process.

c. SSA-1365 Ticket Assignment form must be completed by the Vocational Rehabilitation counselor and sent to Maximus at the time the Ticket is assigned.

d. The (EIN) number to identify AZRSA is 86-6004791-1.

e. The actual Ticket has a number that is placed in Block 3 (it is the client's SSN).

f. A copy of the Ticket and SSA-1365 must also be sent to the AZRSA TTW coordinator at Central Office.

g. The client is not protected from Continuing Disability Reviews (CDR) unless the SSA-1365 form has been sent and accepted by Maximus.

h. Maximus will send a confirmation letter to the AZRSA TTW coordinator.

i. The original will be sent to the Vocational Rehabilitation counselor to be filed with the Ticket in CROS.

M. Review of progress

1. The AZRSA TTW coordinator or designated staff is required to prepare and send an annual progress report to Maximus, for as long as the individual is in the Ticket to Work program, on a Timely Progress Report form.

2. Maximus will be keeping track of progress by Ticket holders to determine participation or non-participation.

3. The client's continued participation is necessary to avoid a CDR.

4. It is important that counselors know and inform TTW clients of SSA participation requirements and the potential impact of the non-participation on continuing beneficiaries disability benefits.

N. Assignment of a Ticket to another EN:

1. A list of ENs which have a current Memorandum of Understanding (MOU) with AZRSA will be provided to all staff called EN List with MOU.

2. If a Ticket has been assigned to another EN.

a. Joint clients will be served by a Vocational Rehabilitation counselor, but overseen by the AZRSA TTW coordinator.

b. A staffing will be held to review the IWP to assure the client understands the plan and IWP services does not violate any AZRSA legal or policy rules.

3. For individuals who have assigned their Ticket to another EN which does not have an MOU with AZRSA, he/she will have been told that services needed to go to work will be handled by the other EN, not Vocational Rehabilitation.

4. If a client is already involved in an IPE and chooses to remain with another EN, the client will be placed in interrupted Vocational Rehabilitation Status 24.

a. The case may be closed after a reasonable time and lack of participation with Vocational Rehabilitation, or if requested by the client.

O. Joint Clients

1. MOU's regulate how AZRSA and EN's jointly assist clients in their pursuit of an employment outcome.

2. EN's will be responsible for case management.

3. A meeting between the client, client Representative, EN representative, and AZRSA staff (including the AZRSA TTW coordinator) is needed to ensure

agreement of the plan and to determine shared services and joint case goals.

4. The CROS and all the required Vocational Rehabilitation casework documents will be prepared based on the EN's IWP, after Ticket assignment to the EN.

5. The role of Vocational Rehabilitation is to provide those services that have been agreed upon by all parties as needed to assist the client to obtain an employment outcome and achieve Substantial Gainful Activity (SGA).

6. AZRSA has developed a system to manage the shared reimbursements of joint clients, which elements include:

a. Record keeping requirements;

b. Quarterly reports with approved ENs available electronically; and,

c. Payment distribution procedures, which will be reviewed and managed with AZRSA TTW coordinator participation.

P. Participation Review

1. The time period for using a Ticket ends with the earliest of the following:

a. 60th month for which an outcome payment is made to an EN or State Vocational Rehabilitation agency;

b. The day before the effective date of a decision that the beneficiary is no longer making timely progress;

c. The close of the 3 month extension period in which the beneficiary's Ticket is in an inactive status;

d. The month before the actual month in which the beneficiary's entitlement ends (SSDI) or the beneficiary's eligibility for monthly SSI cash payments terminates.

2. AZRSA required reporting, at least yearly, of Timely Progress.

a. First 24 months- The beneficiary is actively participating in the IWP.

i. Counselor may send Maximus a copy of the IPE, progress notes, or the AZRSA TTW Participation Review Form to show progress.

b. 3rd year 12month period - beneficiary must work for at least three (3) months of the 12 at or above SGA.

i. These months do not need to be consecutive.

c. 4th year or next 12 months - Beneficiary must work for six (6) months of the 12 at or above SGA.

i. These months do not need to be consecutive.

d. 5th year or subsequent 12 months- beneficiary must work for at least six months (6) of the 12 at a level sufficient to stop the SSI or SSDI cash payment (zero cash benefits).

e. AZRSA will document income with copy of paycheck stubs and income.

f. AZRSA can inform Maximus when a client is not participating or meeting SGA threshold.

Q. Successful Vocational Rehabilitation Closure

1. Successful Vocational Rehabilitation closures will be documented per Vocational Rehabilitation policy.

2. Post Employment Services (PES) are available to Ticket clients as any other client who successfully completes a Vocational Rehabilitation program.

3. Successful Vocational Rehabilitation closures where income is above SGA will be tracked by the Vocational

Rehabilitation counselor for SSA outcome reimbursement.

4. Work Opportunity Tax Credits (WOTC) is an incentive for employers.

a. Be sure that the employer knows about WOTC and apply for it.

5. Verification of Income will require the beneficiary to supply a copy of pay stubs to be attached to the Progress Review for TTW form (beneficiaries need to agree from the start to share this information).

6. A claim for reimbursement must be made when the client meets SGA and is 9 months after meeting SGA even if the case remains open and client is still in active status.

a. For example, a college student is working while in school and meets SGA and is taken off of benefits. RSA will not be reimbursed till one year after client is taken off of SSA benefits.

7. Vocational Rehabilitation counselors need to regularly up date income information during the progress of the case to avoid missing potential clients that may be making SGA and getting off of benefits.

R. Unsuccessful Vocational Rehabilitation Case Closure

1. Beneficiaries closed as unsuccessful Vocational Rehabilitation cases or who pulled their Ticket will be able to request a review from Maximus to evaluate issuing another Ticket.

2. Quality case documentation is needed for future review and reconsideration for services.

3. TTW appeals, disputes, and disagreements need to be elevated to the AZRSA TTW coordinator.

a. Maximus is responsible to intervene when disputes and disagreements occur.

4. TTW appeals will be the responsibility of the contracted Client Assistance Program (CAP), Arizona Center for Disability Law in Phoenix and Tucson.

S. If the client becomes an SSI/SSDI recipient during the life of the Vocational Rehabilitation case, the Vocational Rehabilitation counselor is responsible for verification of benefits.

T. Client Record of Service (CROS)

1. Once documentation of SSI/SSDI recipient status is obtained, all CROS documents should be placed in a file-jacket marked for easy identification.
2. The original Ticket and copy of the SSA-1365 form is placed behind the IPE in the CROS.
3. Maximus' confirmation letter will be filed behind the IPE also in the CROS.
4. SSA-1366-F3 is the newest SSA form for background information when the Ticket is assigned.

a. The form does not have to be completed unless requested by Maximus or unless AZRSA changes the reimbursement payment system.

5. All successfully closed SSI or SSDI cases will be kept in the local Vocational Rehabilitation office for three (3) years after the current Federal fiscal year the case was closed.

SECTION 13.15 - INDIVIDUALS WITH A BRAIN INJURY

A. DEFINITIONS

1. **Acquired Brain Injury (ABI)** is any injury to the brain that is not present at birth. (World Health Organization 1994)
2. **Arizona Governor's Council on Spinal and Head Injury (AZGCSHI)**is the statutory State agency that provides advocacy, education, and funding for special projects for individuals with TBI.
3. **Comprehensive assessment** is a multidisciplinary assessment of brain injury that includes occupational therapy, physical therapy, speech and language pathology, neuropsychology and vocational services, all of which must have a cognitive component.
4. **Comprehensive services** is a multidisciplinary approach to brain injury rehabilitation that includes occupational therapy, physical therapy, speech and language pathology, neuropsychology, and vocational services.
5. **Memorandum of Understanding (MOU)** refers to the agreement between the AZGCSHI and AZRSA outlining funding, staffing levels, and service agreements for the TBI project.
6. **Neuropsychological evaluation** is a comprehensive psychological evaluation with a focus on memory, cognition, attention, and other effects of brain injury on daily functioning. AZRSA purchases neuropsychological evaluations from neuropsychologists.
7. **Neuropsychologist** is a doctoral level psychologist with post doctoral training in the diagnosis and treatment of neurological conditions, including brain injury.

8. Post-concussion Syndrome is a condition that describes the on-going consequences of a TBI, usually associated with mild to moderate injury.

9. TBI specialists are Vocational Rehabilitation program reps and counselors who are in designated full or half-time positions working with clients with TBI. Program reps serve as consultants to counselors with general and other specialty caseloads and serve as liaisons to Community Brain Injury Programs.

10. Traumatic Brain Injury (TBI) is damage to the brain that is caused by an external acting force. (World Health Organization 1994)

B. ABI and TBI Diagnosis

1. AIB or TBI must be diagnosed and documented as such by:

a. Psychologist/neuropsychologist

b. Physical Medicine and Rehabilitation Physician (not a Chiropractor, D.C., or Naturopath, N.D or DNM)

c. Neurologist

d. Neurosurgeon

e. Other physicians (M.D or D.O) skilled in the diagnosis and treatment of brain injury.

f. School records that contain medical or psychological reports as opposed to anecdotal historical references.

C. Due to the possibility of significant cognitive limitations, Vocational Rehabilitation counselors must take special precautions to ensure that clients who cannot engage in full, active participation and informed choice have access to advocacy, such as family members, significant others, case workers, and community resources.

1. In the absence of such advocacy, Vocational Rehabilitation counselors will actively assist the client in locating an advocate who can assist.

D. Case transfer to a TBI specialist Vocational Rehabilitation counselor is only appropriate to pursue with clients who have a documented TBI diagnosis.

1. TBI specialists will act as consultants for Vocational Rehabilitation counselors with other caseloads for those clients that have multiple disabilities and the other disability is primary.

2. Clients with TBI will have the choice of working with a general Vocational Rehabilitation counselor, with consultation provided by the TBI specialist, or be transferred to the TBI specialist's caseload.

E. Eligibility

1. General Vocational Rehabilitation eligibility policy is to be followed with this special population.

2. Other factors to be considered in addition to the general Vocational Rehabilitation eligibility policy:

a. Vocational Rehabilitation Counselors should make every reasonable effort to obtain historical records.

i. Historical records not only document the presence of a brain injury, but also serve as a benchmark to measure how cognitive functioning may have changed over time.

b. When existing records are not available or cannot be obtained in a reasonable length of time, the Vocational Rehabilitation Counselor should purchase a neuropsychological evaluation in accordance with AZRSA policy.

F. Coding

1. The special project code TB in IRIS will only be used by the AZRSA TBI Specialists, and will be used to track a specific funding source.

2. ABI is not coded as a special project.

3. ABI as a disability will be coded in IRIS under:

- **a.** 01: accident/injury for anoxia (loss of oxygen to brain from drowning/suffocation, or brain injury or surgery from a tumor (non cancerous).
- **b.** 10: cancer for any cancer or treatment related brain injury including surgery, chemotherapy, or radiation therapy.
- **c.** 11: cardiac/other circulatory disorder including aneurism.
- **d.** 36: stroke or CVA
- **e.** TBI as a disability will be coded under 37: TBI.
  - **i.** All clients with documented TBI will be coded 37 regardless of the special project code (the special project code TB is only used by certain AZRSA staff as noted above).

G. Use of Consultation

1. Vocational Rehabilitation counselors should make liberal use of both neuropsychological and medical consultation throughout the rehabilitation process.

2. Vocational Rehabilitation counselors must use medical consultation for comprehensive services which include:

- **a.** Occupational therapy
- **b.** physical therapy
- **c.** speech and language therapy

3. Vocational Rehabilitation counselors must use neuropsychological consultation for:

- **a.** Overall program reviews
- **b.** Cognitive remediation
- **c.** Adjustment to disability counseling
- **d.** Psychotherapy.

e. When planning the level, intensity, and duration of restoration or disability skill training services required for the client to reach his/her employment outcome; and,

f. It is recommended for 90 day reviews during the course of restoration services or disability skills training.

H. IPE development/Assessments

1. Assessment, either comprehensive assessments or neuropsychological, in status 10, with consultation from an AZRSA neuropsychologist, is required when:

a. Existing records are insufficient for IPE planning, such as medical records from a medical center that do not address cognitive impairments or employment needs;

b. Existing records are older than 2 years old and need to be updated; or,

c. The injury is recent and the client is emerging from an acute recovery phase and has shown improvements which need to be documented for IPE planning.

2. Comprehensive assessment may be obtained from a network of independent professionals, community treatment center, clinic, or outpatient/hospital based program.

3. Issues that are typically addressed by a comprehensive assessment include:

a. Is the client capable of achieving an employment outcome?

b. Does the client require extended supports?

c. What level of family or community support does the client enjoy?

d. What are the client's transferable skills?

e. What are the client's cognitive skills?

f. What affect has the brain injury had on social pragmatics?
g. How has the brain injury affected the client's ability to communicate, both expressive and receptive communication.
h. What intensity and duration of services will be needed to achieve a vocational outcome?
i. What is the client's ability to exercise informed choice?
j. A neuropsychological evaluation must be obtained from a licensed psychologist who meets RSA's qualified vendor standards for neuropsychologist.
k. Situational assessments may be used to determine if a client will benefit from extended supports.

I. Health Appraisal

1. The health appraisal worksheet must reflect all of the anticipated services that will be required in order for the client to achieve her/his vocational outcome.
2. Intermediate objectives and services for each need must be addressed in the IPE.
3. Special attention should be paid to:
a. Expressive communication;
b. Receptive communication;
c. Cognitive retraining to overcome learning and communication problems resulting from severe injuries to the brain;
d. Managing anger/resolving conflicts;
e. Exhibiting behavior appropriate for a work environment;
f. Understanding/relating to others;
g. Psychological services needed by a client with a severe head injury to function in the work place;
h. Job placement for a client needing representation in job interviews;

i. Assistive technology to assist with medication management and personal organization;
j. Finding his/her way/mobility training (path finding);
k. Ability to drive a vehicle;
l. All aspects of taking care of self and household due to cognitive impairment;
m. All aspects of self direction;
n. All aspects of work skills;
o. Weakness/fatigue;
p. Fainting/seizures;
q. Involuntary inattentiveness (ADD);
r. Pain (headaches);
s. Physical or occupational therapy; and,
t. Special medication or treatment regimen.

J. Employment Outcome

1. Selection of the vocational outcome should follow Vocational Rehabilitation policy.
2. Vocational Rehabilitation counselors must be aware of possible cognitive limitations that may impact a client's ability to exercise informed choice in terms of selection of a vocational outcome.
3. Attention should be paid to:
a. Transferable skills and the possibility of returning to former employment, as old memories and previously learned skills are generally retained;
b. Vocational outcomes that require formal training, or require on-going training, should be weighed against possible limitations of memory and new learning; and,
c. The context of the employment setting should include the interpersonal and social demands of the employment setting not just the cognitive demands (i.e. social pragmatics).

K. IPE Services

1. When possible, neurorehabilitation and disability skill development services should be provided through comprehensive service providers.
2. Vocational Rehabilitation counselors will provide clients with written descriptions of available local and statewide neurorehabilitation programs.
3. Clients who live outside the major metropolitan areas could be sent to programs away from home, if local programs or providers are unable to meet the unique disability needs of the client.
4. Cost of services alone cannot be considered as the only factor in providing neurorehabilitation services.

a. Cost can be used as a factor in the selection of service providers if, based on feedback from both AZRSA's medical and neuropsychological consultants, the needs of the client can be meet with a less expensive option.

b. In cases in which the unique needs of the client can be met with a less costly option and the consumer chooses to attend the more expensive program, the additional costs will be determined and identified as the responsibility of the client in the IPE.
5. When comprehensive services are provided, the service code 009Z, Disability Related Skills Training, will be used.
6. When purchasing comprehensive service from providers (Comprehensive Treatment and Rehabilitation Programs) and teams, Vocational Rehabilitation counselors must emphasize that the IPE remains the central document for planning and measuring progress.

a. As such, the IPE must be reviewed at each team staffing.
b. Vocational Rehabilitation counselors will provide a copy of the IPE and amendments to the

treatment team with the expectation that the stated intermediate objects are incorporated into the treatment plans used by the treatment team.

SECTION 13.16 - INDIVIDUALS WITH SPINAL CORD INJURY

A. Spinal Cord is the major bundle of nerves that carry nerve impulses to and from the brain to the rest of the body.

1. The brain and the spinal cord constitute the Central Nervous System.
2. Motor and sensory nerves outside the central nervous system constitute the Peripheral Nervous System.
3. Another diffuse system of nerves that control involuntary functions such as blood pressure and temperature regulation are the Sympathetic and Parasympathetic Nervous Systems.

B. Spinal Cord Injury (SCI) is damage to the spinal cord that results in a loss of function such as mobility or feeling.

1. Frequent causes of damage are trauma (car accident, gunshot, falls, etc.) or disease (polio, spina bifida, Friedreich's Ataxia, etc.).
2. The spinal cord does not have to be severed in order for a loss of functioning to occur.

C. Vertebra are the rings of bone that surround the spinal cord.

1. These bones constitute the spinal column (back bones).
2. In general, the higher in the spinal column the injury occurs, the more dysfunction a person will experience.
3. The vertebra are named according to their location:
a. The eight vertebra in the neck are called the Cervical Vertebra. The top vertebra is called C-1, the next is C-2, etc.

i. Cervical SCIs usually cause loss of function in the arms and legs, resulting in quadriplegia.

b. The twelve vertebra in the chest are called the Thoracic Vertebra. The first thoracic vertebra, T-1, is the vertebra where the top rib attaches.

i. Injuries in the thoracic region usually affect the chest and the legs and result in paraplegia.

c. The vertebra in the lower back, between the thoracic vertebra where the ribs attach and the pelvis (hip bone), are the Lumbar Vertebra.

i. Injuries to the five Lumbar vertebra (L-1 thru L-5) generally result in some loss of functioning in the hips and legs.

d. The sacral vertebra run from the pelvis to the end of the spinal column.

i. Injuries to the five Sacral Vertebra (S-1 thru S-5) generally result in some loss of functioning in the hips and legs.

D. A complete injury means that there is no function below the level of the injury; no sensation and no voluntary movement.

1. Both sides of the body are equally affected.

E. An incomplete injury means that there is some functioning below the primary level of the injury.

1. A person with an incomplete injury may be able to move one limb more than another, may be able to feel parts of the body that cannot be moved, or may have more functioning on one side of the body than the other.

F. Level of Injury for SCI refers to the location of injury to the spinal cord.

1. The effects of SCI depend on the level of injury.

2. The level of injury is very helpful in predicting what parts of the body might be affected by paralysis and loss of function.

a. Cervical (neck) injuries usually result in quadriplegia.

i. Injuries above the C-4 level may require a ventilator for the person to breathe.

ii. C-5 injuries often result in shoulder and biceps control, but no control at the wrist or hand.

iii. C-6 injuries generally yield wrist control, but no hand function.

iv. Individuals with C-7 and T-1 injuries can straighten their arms but still may have dexterity problems with the hand and fingers.

b. Injuries at the thoracic level and below result in paraplegia, with the hands not affected.

i. At T-1 to T-8 there is most often control of the hands, but poor trunk control as the result of lack of abdominal muscle control.

ii. Lower T-injuries (T-9 to T-12) allow good trunk control and good abdominal muscle control. Sitting balance is very good.

iv. Lumbar and sacral injuries yield decreasing control of the hip flexors and legs.

3. Besides a loss of sensation or motor functioning, individuals with SCI also experience other changes such as:

a. Dysfunction of the bowel and bladder.

b. Sexual functioning is frequently affected

c. A loss of many involuntary functions including the ability to breathe, necessitating breathing aids

such as mechanical ventilators or diaphragmatic pacemakers.

d. Low blood pressure

e. Inability to regulate blood pressure effectively

f. Reduced control of body temperature

g. Inability to sweat below the level of injury

h. Chronic pain.

G. Partners and resources for the Vocational Rehabilitation counselor and client include:

1. Arizona Governor's Council on Spinal and Head Injuries (www.azheadspine.org);

2. Arizona Spinal Cord Injury Association (www.azspinal.org);

3. National Spinal Cord Injury Association Resource Center (www.spinalcord.org);

4. Christopher Reeve Paralysis Foundation (www.christipherreeve.org);

5. Paralyzed Veterans of America (info@pva.org);

H. Individuals with SCI may need accommodations due to their physical limitations and mobility limitations.

I. Eligibility determination should be made in accordance with Vocational Rehabilitation policy.

1. When reviewing ability to benefit from Vocational Rehabilitation services, the Vocational Rehabilitation counselor is encouraged to consider the use of Rehabilitation Technology and accommodations.

2. In conducting assessments for eligibility, Rehabilitation Technology and accommodations may need to be purchased.

3. Existing records should be used whenever possible to document the presence of a spinal cord injury.

J. IPE Planning, Development and Implementation

1. Clients with SCI may require more time and more comprehensive services in the development and implementation of an IPE.

2. Special consideration should be given to:

- **a.** Mobility issues
- **b.** Fatigue experienced by the individual
- **c.** The time required for attendant care
- **d.** Personal hygiene
- **e.** Bowel and bladder issues and dressing as they relate to work and training
- **f.** Transportation (both public transportation and sometimes the need for vehicle modifications)
- **g.** Access to facilities
- **h.** Home modifications
- **i.** Note takers for training
- **j.** Medications required and how they affect both physical and cognitive functioning
- **k.** Wheelchair seating issues
- **l.** Special computer software availability
- **m.** Tax incentives available to employers for providing accommodations to employees with spinal cord injuries.

3. The AZRSA Assistive Technology Specialist, located at AZRSA Central Office, is available for consultation on all aspects of the IPE.

VR POLICY MANUAL APPENDICES

Appendix 1 - ICA Contact Information

Appendix 2 - Economic Need Chart

Appendix 3 - Highlights and Changes to the VR Policy Manual

Appendix 4 - Tracking for Pre-Libera PIMs

Appendix 5 - MCC Contact Information

APPENDIX 1 - ICA CONTACT INFORMATION

ICA Special Fund:
Pat Gillis
(602)542-5752
patgillis@ica.state.az.us

AZRSA Statewide Coordinator and Liason to ICA
Joanne Steinman
(602)542-1228
JSteinman@azdes.gov

AZRSA District ICA Specialists
District 1 - John Harris (602)266-4434 x 209
District 2 - Pat Hansen (520)544-8618 x 113
District 3 - Belicia Johnson (928)779-4147
District 4 - Darryl Long (928)539-3175
District 5 - Cheryl Hernandez (520)836-6388 c 7169
District 6 - Eva Escalante (520)364-4446 x 113

APPENDIX 2 - ECONOMIC NEED CHART

Economic Need Chart

Fiscal Year 2008

Effective 10/1/2007	
Family Size	**Monthly Income**
1	2818.83
2	3686.17
3	4553.50
4	5420.83
5	6288.17
6	7155.50
7	7318.13
8	7480.75
9	7643.38
10	7806.00
11	7968.63
12	8131.25

Economic Need is based on 100% of the estimated Arizona State median income.

FY 2008 covers the period 10/1/07 through 9/30/08

Services Conditioned on Economic Need

- All purchased **counseling** services
- All **restoration** services
- All **books/tools/computers/software/tape recorders and other training materials** purchased for basic education, skill training/education, and business/vocational/technical education
- All **occupational licenses, tools/computers, work equipment** purchased for work
- **Vehicle modifications**
- All **transportation costs**, except transportation in support of an evaluation or adjustment to disability service
- All **food/clothing, living away from home, and relocation** maintenance
- **Child care** services

Economic Need must also be determined if any of these services are to be provided to a family member.

APPENDIX 3 - HIGHLIGHTS AND CHANGES TO THE VR POLICY MANUAL

Highlights and Changes to the VR Policy Manual

March 24, 2008

The following represent the significant changes to policy as well as some of the modifications to policy to clarify and better organize information. Changes and modifications present in Chapter 8 are not represented in this list.

1. Modified Section 1.10 Code of Conduct – Added policy and procedure handling breeches in the code of conduct.
2. Modified Section 1.14 Timely Provision of VR Services – Added information from PIM 07-02 regarding the 120 calendar day standard for the implimentation of an IPE.
3. Added Section 1.16 Employees and their Family Members as Clients – Added policy and procedure to detail how to handle potential conflicts of interest regarding the AZRSA employees and their family members as clients of VR.
4. Modified Section 2.6 Standards for E-Mail Communication – Clarified and brought together policies and standards regarding email usage and the use of encryption.
5. Added Chapter 4 Voter Registration - Added policy regarding voter registration and the responsibilities of AZRSA employees to clients into the main body of the policy manual. Clarified procedure.
6. Added section 5.9 Certification of Disability/Schedule A and B – Added to detail out VR's place and procedure regarding the Schedule A and B.
7. Added Section 6.8 Services Provided in VR Status 10 – Clarifies and details information related to topic.
8. Modified Section 6.10 (F1-a) Developing an IPE – Emphasizes that partial plans will not be used.
9. Modified Section 6.11 – (D-6e) Comparable Benefits – Discusses topics related to comparable benefits.

10. Modified Section 6.12 Economic Need – Clarified how to calculate economic need by standardizing terminology such as “gross income” throughout. Added in a stipulation regarding subtracting disability related costs from the adjusted gross income to assist clients in meeting economic need.
11. Modified Section 7.7 – Self-Employment IPE Phase 2 – Changes the monetary amount of business plans that require Self-Employment Review Committee approval from $2500 to $5000.
12. Added Section 9.4 Case Reviews by Supervisor – Clarifies and details information related to this topic.
13. Modified Section 9.5 IPE Amendments/Revisions – Allows approval by DPM for revisions to an IPE related to policy compliance
14. Added Section 9.6 IPE Completion Status 22 – Clarifies and details information related to this topic.
15. Modified Section 10.4 (A-5a) Unsuccessful Closures Due to Ineligibility – Modified the wording of time frame for sending the Closure Notification Letter and other paperwork from 15 working days to 15 business days.
16. Added Chapter 13 Special Populations

Highlights and Changes to the VR Policy Manual

June 20, 2008

The following represent the significant changes to policy as well as some of the modifications to policy to clarify and better organize information:

1. Modified language in Section 1.14(E-4) to emphasize the possibility of earlier involvement in the IPE process in relation to transition students. It now reads: *"An IPE for an eligible student with disabilities transitioning from school to work must be developed, prepared, approved and ready for implementation at the earliest possible time but at the latest by the time the student leaves the school setting"*.
2. Added stipulation in Section 2.2(C-3) mandating that all progress notes must be typed.
3. Modified language in Section 2.5(B) to clarify the meaning and reasoning behind possible renegotiation of an IPE after a case transfer. It now reads: "*When the client's case file is to be transferred the client must be told that the existing IPE will be reviewed by the receiving counselor and the client and that some of the terms of the IPE may need to be reviewed if the client's disability related needs have changed, the availability of services differs and/or a change of vendor is necessary due to the change in location*".
4. Added language to Section 5.4 (A-4b) emphasizing the need to case note information related to extending eligibility beyond allowed time frames without the signed agreement of the client. It reads: "*A progress note should be entered stating an unsigned extension is in place, any information available regarding the reason the extension is needed, the client's reasons for not signing, attempts AZRSA staff have made to get the extension signed and any remedies the client is pursing*

related to the extension". (This language has also been added to Section 5.5 (F-1d-iii(b)))

5. Removed a series of examples regarding possible eligibility scenarios from Section 5.4(B) which were determined to be confusing and subject to individual perception.
6. Added language to Section 5.4(E-7) to emphasize that specific vocational goals are not a consideration during the client eligibility process. It reads: "*Vocational goals are not considerations when establishing eligibility*".
7. Added language to Section 5.4(D-1) regarding presumptive eligibility and that a presumption of eligibility based on SSI/SSDI eligibility also entails a presumption that the applicant is "*an individual with a significant disability*". (This language has also been added to Section 5.8 (C-2c)).
8. Changed language in Section 5.6(I-2), taking out reference to using IPE forms for planning Trial Work. Added reference to a trial work plan (document being developed). It now reads: "***2.*** *A trial work plan is used to record the plan for such services.* ***a.*** *In such cases, the goal on the trial work plan is 'to determine an applicant's ability to benefit from VR services in terms of being able to achieve an employment outcome'*".
9. Updated entire Section 5.9 to align with current federal policy/procedure related to Schedule A. Remove reference to Schedule B, expanded list of persons who can provide a certification of disability and updated web links.
10. Modified language in Section 6.3(F) to clarify that in relation to an order of selection clients receiving SSI/SSDI have at least significant disabilities (Priority 2) but may have most significant disabilities making them eligible for Priority 1. It now reads: "***F.*** *Clients receiving SSI or SSDI based on disability are presumed to be individuals with at least a significant disability and should be assigned accordingly related to the Order of*

Selection Criteria. 1. Determination of these clients as having "most significant disabilities" must meet the same criteria and standards as all other clients involved with the vocational rehabilitation program".

11. Modified language in Section 6.8(B-4) to reflect a more positive connotation. Now reads: "*Clients whose life circumstances must be addressed*".
12. Added Section 6.10(D-2c-i) to solidify that AZRSA will not supply funding for firearms or services related to firearms. It reads "***i.*** *AZRSA will not purchase firearms, provide or support training related to the use and/or ownership of firearms, or assist with other costs related to the use and/or ownership of firearms*".
13. Modified language to exclude reference to eligibility in Section 6.10(G-3) and to clarify the role of intermediate objectives in the IPE process. It now reads: "***3.*** *Decisions about an individual's continued participation in an employment goal will be made based on the client's achievement of intermediate objectives.* ***a.*** *Substantive changes in the employment outcome should include an amendment to the IP*E".
14. Added language to Section 6.10(J) to emphasize then need to case note minor adjustments to an IPE. It now reads: "***1.*** *AZRSA staff must case note the minor adjustment, the reason for the minor adjustment, how the client was notified, when the client was notified and any follow up contact with the client in relation to the adjustment*".
15. Modified and expanded language in Section 6.13(C-1b) to clarify some criteria for clients moving to employment support services. It now reads: "***b.*** *At the time the Vocational Rehabilitation supported employment services have been completed, the client is ready to move into extended supported employment services and all substantive vocational rehabilitation services have been completed, the client is considered*

to be successfully employed (VR Status 22) and funding responsibility is turned over to the employment support services funding agent".

16. Modified language to delete reference to "correcting" disability related impairments from Section 7.3(B-2c-i). Now reads: "***ii.*** *Ameliorating or supports for disability related impairments as possible/necessary for achieving success in the chosen employment area*".
17. Modified language in Section 7.4(D-1b-viii) to clarify the intent to assist self-employment clients in planning to meet any disability related needs that may arise. It now reads: "***viii.*** *The client must also have a plan as to how they will cover his/her disability related expenses and/or insurance*".
18. Section 8.3 details exception policies for both policy and procurement. This section is meant to be used for any exception to policy that is deemed necessary and details appropriate and required procedure.
19. Section 8.4 clarifies the stance of RSA related to client missed appointments. Details that AZRSA will not pay for client missed appointments and that these are the responsibility of the client.
20. Section 8.5(C-2) discusses the raise of the limit of voucher approval from $1000 to $2000.
21. Section 8.7(E-5) added criteria for the provision of cochlear implants to clients.
22. Section 8.9(I) discusses payment for private schools and reinforces that AZRSA will only pay above the cost of a state school if there is a disability related need that can be better served by the private school.
23. Section 8.9(N) discusses the payment of educational accommodations for clients at private schools. Emphasizes that AZRSA will not pay for these accommodations unless the school is not covered by the ADA. Details that there is an avenue for exception to this policy if the policy is causing an undue hardship for the client.

24. Section 8.9(P-7) emphasizes that student loans and merit scholarships are not to be considered a comparable benefit.
25. Section 8.9(S) provides policy and guidance regarding clients attending out-of-state schools. Details that such a program will only be supported if the vocational goal requires education or training that is not available within the State and/or the school can better serve the disability related needs of the client than a comparable publicly funded Arizona institution.
26. Section 8.9(U) provides guidance regarding the pursuit of advanced educational degrees.
27. Section 8.9(V) provides guidance regarding the pursuit of online and correspondence degree programs.
28. Section 8.16(G) modifies the policy related to car repair, removing the clause of only one repair and leaving the limit of this service at a cumulative $2000.
29. Modified language in Section 9.5(A-2) to clarify policy related to IPE revisions. It now reads: "**2.** Revisions substantially impacting the IPE will not take effect until signed by the client, or an authorized representative, and the supervisor when required. **a.** When such changes make it difficult to read the plan, the IPE can be rewritten. **b.** An IPE must be amended when services are added, when services are no longer needed, or when the employment goal changes".
30. Added clarification to Section 10.1(A-2a) regarding a need to amend an IPE if the employment outcome of a case differs from the goal in the IPE. It reads "***a.*** *If the employment outcome differs from that described in the IPE the client and counselor must agree on and sign an amendment to the IPE which adds the new employment outcome*".
31. Added language to Section 10.2(C-1) to clarify the need for successful employment in a residential living facility (where the client resides) must be integrated. It reads: "***a.*** *This employment must be in an integrated setting*."

32. Revised language in Section 11.2(B-1) to clarify the intent and extent of PES. It reads: "**1.** Post-employment services are intended to ensure that the employment outcome remains consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. **2.** These services are available to meet rehabilitation needs that do not require a complex and comprehensive provision of services. ***a.*** These services should be limited in scope and duration".
33. Revised Section 11.2(C-6a) to allow for short term job supports in PES. It reads: "**a.** On the job supports may be delivered for a short period of time during PES. **b.** If the need for longer term employment support services is found after successful Vocational Rehabilitation closure, a new Vocational Rehabilitation case may be opened or a referral made to agencies providing employment support services".
34. Completely rewrote Section 13.2 to more adequately reflect the population being discussed.
35. Revised language in Section 13.5(I-4) to clarify the referral acceptance time frames for transition students. It reads: "**4.** Referrals are accepted for students with enough time to do necessary vocational planning to complete IPE development and obtain approval as early as possible, but no later than by the time the student exits the school system".
36. Revised language in Section 13.14(H5-d) to removed criteria requiring re-assignment of the TTW to AZRSA and providing guidance on how to appropriately handle a TTW that is assigned to another organization. It reads: "***d.*** *If the client has assigned the ticket to another organization AZRSA should request contact information for that organization.* ***i.*** *If a written agreement exists between the organization and AZRSA joint provision of services between AZRSA and the organization should be explored.* ***e.*** *Inform the client that he/she is welcome to explore services*

through the Vocational Rehabilitation program regardless of whether they choose to assign the ticket to AZRSA".

37. Added Appendices which include
    a. ICA Contact Information
    b. Economic Need Chart
    c. Running Highlights and Changes archive
    d. Tracking of Pre-Libera PIMs
    e. MCC Contact Information
    f. MORE TO COME!!!!!!!!!!!!!

Highlights and Changes to the VR Policy Manual

July 10, 2008

The following represent the significant changes to policy as well as some of the modifications to policy to clarify and better organize information:

1. Modified Chapter 8.4-C to reflect a change allowing payments for some client missed appointments. Section now reads:

"**C.** In determining payment for missed appointments the following procedure must be followed:

1. Refer to RSA contracts for any provisions in the contracts regarding missed appointments.

a. Many contracts have a provision for missed appointments built into the overall price paid to the provider and in such circumstances the provider cannot request that AZRSA pay additionally for any missed appointments.

2. For contracts or services that do not specifically address missed appointments, the following fee schedule applies:

a. For a service lasting 1 hour or less: 50% of the cost of the service to be provided.
b. For a service lasting more than 1 hour but no more than a full day: 25% of the cost of the service to be provide.
c. For a service that spans multiple days: 20% of the cost of the service to be provided.

3. Consideration for payment of missed appointments can only be made if requested by a provider."

APPENDIX 4 - TRACKING FOR PRE-LIBERA PIMS

PROGRAM INFORMATION MEMEORANDUMS

PIM 01-2: Economic Need - Section 6.12 and Appendix 2 for Need Chart –
PIM old policy.

PIM 01-3: PELL Grants – Section 6.11 , Section 8.9

PIM 01-5: ESS Application – **Expired -** PIM out of date.

PIM 01-6: New Tuition Policy – Updated policy regarding Tuition see:
Section 8.9.

PIM 01-7: Clothing – Section 8.17

PIM 02-1: Registration with Job Service – Section 6.13

PIM 02-2 ESS Coordination – Some of the policy & procedures may be
out of date as ISA's change. – Section 6.13, 8.15

PIM 02-3: RSA Fee Schedule – Expired - PIM out of date.

PIM 02-4: New Choice Forms – Expired - PIM out of date. **Forms in effect**

PIM 02-5: Changes in Recent Services and Contracts – Incorporated throughout Chapter 8 Services Section.

PIM 02-6 Working with ICA/Workman's Compensation – Section 13.8

PIM 03-4: Sexual Offender Protocol - Section 13.9

PIM 04-1: Vehicle Modification Policies – Section 8.18

PIM 05-1: Changes in Psychological Evals & No Shows – **Expired –** PIM out of date.

PIM 05-2: New Tech Offices and Business Changes – All offices Tech – PPT manual in place.

PIM 05-3: Revised IPE and IPE Planning Forms – Chapter 6

PIM 06-1: Client Contact Policy – Section 9.2

PIM 06-2: Discontinuation of Partial Plans – Section 6.10

PIM 06-3 Policy Exceptions to Service Limitations – Section 8.3 *exception policy has been incorporated throughout the policy manual as required by Federal Regulations.

PIM 06-4: Voter Registration Policy – Chapter 4

PIM 07-1: Order of Selection – Section 6.3

PIM 07-2: IPE Extended Time Standard – Section 9.1

PIM 07-3: Purchasing Process Changes and Procedures – Expired – PIM out of date.

PIM 07-4: Options for Purchasing Hearing Aids – Section 8.5

PIM 07-5: Vehicle Repair – Section 8.16

PIM 07-6: Educational-Vocational Training Program – Section 8.9

PIM 07-7: RSA Terms & Conditions – Procurement PPT

PIM 08-1: Hearing Aids Service Code Change – Service Codes not included in Policy Manual.

PIM 08-2: Out of State Post-Secondary Educational Program For Individuals Who Are Deaf/Hard of Hearing – Section 13.3

PIM 08-3: Inquiry and Referral Response Time Standard Policy - Section 5.2

PIM 08-4: Bi-Optic Driving Policy and Discussion – Section 13.1

Appendix 5

Maricopa Community Colleges
Contact Information

Chandler-Gilbert Community College Dawn Vucetich Dawn.vucetich@cgcmail.maricopa.edu 480-732-7050 2626 East Pecos Road Chandler, AZ 85225-2499	**Mesa Community College** Wink Harner Wink.harner@mcmail.maricopa.edu 480-461-7447 1833 West Southern Mesa, AZ 85202
District Office Tonya Drake Tonya.drake@domail.maricopa.edu 480-731-8024 2411 W. 14th Street Tempe, AZ 850281	**Paradise Valley Community College** Esther Schon Esther.schon@pvmail.maricopa.edu 602-787-7174 18401 N. 32nd Street Phoenix, AZ 85032
Estrella Mountain Community College Ramona Santiesteban Ramona.Santiesteban@emcmail.maricopa.edu 623-935-8935 3000 North Dysart Road Avondale, AZ 85392	**Phoenix College** Gene Heppard Gene.heppard@pcmail.maricopa.edu 602-285-7962 1202 W. Thomas Road Phoenix, AZ 85013
GateWay Community College Emily Bluestein-Taylor Emily.Bluestein@gwmail.maricopa.edu 602-286-8170 108 North 40th Street Phoenix, AZ 85034	**Rio Salado College** Terry Ferra Terry.ferra@riomail.maricopa.edu 480-517-8562 2323 West 14th Street Tempe, AZ 85281
Glendale Community College Mark Ferris m.ferris@gcmail.maricopa.edu 623-845-3082 6000 West Olive Avenue Glendale, AZ 85302	**Scottsdale Community College** Donna Young Donna.young@sccmail.maricopa.edu 480-423-6517 9000 East Chaparral Road Scottsdale, AZ 85256-2626
Maricopa Skill Center Lee Fullerton Lee.fullterton@gwmail.maricopa.edu 602-238-4304 1245 E. Buckeye Rd. Phoenix, AZ 85034-4101	**South Mountain Community College** N/A