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CHAPTER 1 – Preface

Section 1.1 – Structural Basis
Section 1.2 – Guiding Principles
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Section 1.1 – Structural Base

A. The Vocational Rehabilitation program is structured under the following documentation and is required to function within the confines of these documents:
   1. Federal Requirements
      b. 34 CFR § 361 and 363
   2. State of Arizona Requirements
      b. State of Arizona Administrative Rules Title 6 Chapter 4
   3. Guiding Documents
      a. Annual State Plan for the State Vocational Rehabilitation (VR) Program and the State Plan Supplement for the State Supported Employment Services Program
      b. Vocational Rehabilitation Policy Manual

B. Authority is granted by the Federal government for the following oversight structure for the Vocational Rehabilitation program in Arizona:
   1. Designated State Agency (DSA) is the Division of Employment and Rehabilitation Services (DERS)
   2. Designated State Unit (DSU) is the Arizona Rehabilitation Services Administration (AZRSA)

C. Standards for staff are as follows:
   1. All staff of AZRSA are required to abide by the most current Code of Ethics of the Commission on Rehabilitation Counselor Certification (CRCC)
   2. Qualified Vocational Rehabilitation Counselors:
      a. Vocational Rehabilitation Counselors must meet one of the following criteria to be considered qualified to perform the non-delegable functions of a Vocational Rehabilitation Counselor as defined in 34 CFR § 361:
i. Currently a Certified Rehabilitation Counselor (CRC) as defined by the CRCC;

ii. Have the academic and experience that would allow the individual to sit for the certification exam to become a CRC as defined by the CRCC; or

iii. Currently involved in an active plan approved by the administration of AZRSA that will allow, at the completion of the plan, the individual to sit for the certification exam to become a CRC.

b. Individuals hired as a vocational rehabilitation counselor that do not meet the criteria of qualified as defined in this section must have oversight and signature from a qualified vocational rehabilitation counselor for the following non-delegable functions:

i. Determination an applicant’s eligibility status for the VR program;

ii. Determination of the significance of an individual’s disability;

iii. All Individualized Plans for Employment and subsequent amendments; and

iv. Decisions to close a VR case.

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Section 1.2 – Guiding Principles

A. The following provide the philosophical base which the Arizona Rehabilitation Services Administration (RSA) is dedicated to using in the provision of services.

1. Mission

Arizona Rehabilitation Services Administration works with individuals with disabilities to achieve their goals for employment and independence.

2. Vision

Working with Clients - Arizona Rehabilitation Services Administration will deliver high quality services that result in employment and independence consistent with the self-direction and informed choice of the individual.

Working with Staff - Arizona Rehabilitation Services Administration will be competent, accountable professionals with a commitment to excellence in customer service. Our staff will be highly valued in an inclusive environment characterized by respect, open-communication, flexibility, and trust.

Working with Community - Arizona Rehabilitation Services Administration will be a leader and an engaged partner in the community; developing and sustaining collaborations that result in increased employment and independence for individuals with disabilities.
Section 1.3 Reserved

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CHAPTER 2 – Client Information

Section 2.1 – Confidentiality of Client Information
Section 2.2 – Electronic Case File
Section 2.3 – Client Release of Information
Section 2.4 – Obtaining Client Information from Third Party Sources
Section 2.5 – Client Social Security Number
Section 2.6 – Client Disclosure of Incriminating Information
Section 2.7 – Document Deletion for Electronic Case File (ECF)
Section 2.8 - Correspondence
Section 2.9 – Client Representatives
Section 2.10 – Official Signatures
Section 2.11 – Employee Non-Professional Relationships and Conflicts of Interests

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Section 2.1- CONFIDENTIALITY OF CLIENT INFORMATION

A. Definitions

1. “Client information” means all information specific to a particular client acquired by or generated by AZRSA in the process of application, eligibility determination, and service provision.

2. “Electronic Case File” or “ECF” means the portion of the client record of service created and/or stored in an electronic case management system.

B. Policy

1. Client information that may identify a client will be shared only with:
   a. Persons directly concerned with the administration of the client’s Vocational Rehabilitation program;
   b. The client and their guardian if applicable; and
   c. Persons authorized, in writing, by the client to receive specific information.

2. All records that contain client information that may identify a client must be maintained in a secure place that can be locked when AZRSA staff are not present.

3. Client records will never be stored in a car or in the home of an AZRSA staff unless that home has been designated as a workstation by the Department of Economic Security.

4. Computerized information, both in the ECF or stored electronically separate from the ECF, is subject to the same standards of confidentiality as other client information.

5. Verbal discussions that include client information that may identify a client must be done in a secure location and must ensure that it is not being relayed or overheard by individuals who do not meet the criteria of (1) of this section.
SECTION 2.2- ELECTRONIC CASE FILE

A. Definitions

1. “Electronic Case File” or “ECF” means the portion of the client record of service created and/or stored in an electronic case management system.

B. Policy

1. The official client record of service is located in the ECF which is maintained in the Libera system.

2. No hardcopy file, official or unofficial, will be maintained by AZRSA staff. All client records of service must be maintained electronically in the AZRSA electronic case management system Libera unless otherwise approved by the AZRSA administrator or designee.

3. Upon receipt of any referral, a client record of service will be created or updated in the Libera system within 3 days of receipt of referral.

4. All progress/case notes will be typed into the client’s ECF no later than one calendar week from the time the incident being recorded occurred. Handwritten or notes otherwise created outside of the Libera system progress notes must be retyped and are not to be scanned into the ECF.

5. Any document received related to the client, unless otherwise precluded, will be scanned into the ECF within 10 calendar days of receipts. Following the scanning the hardcopy of the information will be destroyed.

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SECTION 2.3 – CLIENT RELEASE OF INFORMATION

A. Definitions

1. “Client information” means all information specific to a particular client acquired by or generated by AZRSA in the process of application, eligibility determination, and service provision.

2. “Custodian of Records” means the individual designated by the AZRSA administrator to be responsible for the maintenance, distribution, and tracking of client records.

3. “Electronic Case File” or “ECF” means the portion of the client record of service created and/or stored in an electronic case management system.

B. Policy

1. Requests for release of client information, except requests that meet the criteria of (4) of this section, must be submitted in writing and processed by the AZRSA Custodian of Records or other single point of contact designated by the AZRSA administrator.

2. All client information released, except requests that meet the criteria of (4) of this section, can only be released by the AZRSA Custodian of Records or other single point of contact designated by the AZRSA administrator.

3. All releases of client information, except in response to requests that meet the criteria of (4) of this section, must include a list of all records sent as well as a detailed list of any records that were not sent including the rationale for not sending the information and any method the requestor might use to obtain the excluded records. A copy of this list must be maintained by the Custodian of Records.

4. The following criteria apply to the release of client information for purposes directly connected with the administration of the Vocational Rehabilitation program:

   a. Client information can be released in this situation without the signed consent of the client or the client’s legal guardian;

   b. Client information can be released for purposes directly connected with the administration of the vocational rehabilitation program; and
c. The information shared in connection with the administration of the vocational rehabilitation program will not exceed the amount and type of information that is necessary to achieve the goals for which the information is being provided.

5. The following criteria require AZRSA to release client information for purposes other than connected with the administration of the Vocational Rehabilitation program and do not require the signed consent of the client or the client’s legal guardian:

   a. Prior to the release of client information based on these criteria, the Custodian of Records must consult with the Arizona Attorney General’s office to ensure the legality of the release.

   b. Client information must be released in response to investigations in connection with law enforcement investigations;

   c. Client information must be released in response to investigations from the DES Office of Special Investigations (OSI) when OSI is acting in an official capacity on behalf of the Director of DES.

   d. Client information must be released to report to Child Protective Services, Adult Protective Services, or any law enforcement officer any incidents of documented or suspected child or adult abuse;

   e. Client information must be released in order to protect the client or others when the client poses an immediate threat to his or her safety or to the safety of others; and

   f. Client information must also be released in other situations required by law.

6. The following criteria allow AZRSA to release client information for purposes other than connected with the administration of the Vocational Rehabilitation program but do require the signed consent of the client or the client’s legal guardian:

   a. Prior to the release of client information based on these criteria an Authorization for Release of RSA Records form must be fully completed and signed by the client or the client’s legal guardian.

   b. Only the specific information requested can be released in regards to these requests.
7. The following criteria apply to requests of clients or a client’s legal guardian to view or to have copies of the client’s information:

   a. Prior to the release of client information based on these criteria an Authorization for Release of RSA Records form must be fully completed and signed by the client or the client’s legal guardian.

   b. Medical, psychological or other information that AZRSA determines to be potentially harmful to the client cannot be released directly to the client but must be provided to the client through a third party.

   c. The third party should be chosen or agreed to by the client and must be someone who can aid the client in appropriately interpreting the information being provided.

8. Client information other than that generated by AZRSA or resulting from a service directly purchased by AZRSA can only be released under the conditions established by the source and allowable by law.

9. Direct access to client information in the ECF is limited to individuals who have been approved by RSA security and who are logged in under their own individual log in ID. The provision of information from the ECF to others must be done in printed form or through electronic screenshots.

10. All records that are released must be documented with a Records Request Checklist and must be accompanied by a copy of this form.

    a. Any record not sent must be identified in this form and must also contain a description of why the document could not be sent and where it can be obtained.

C. Procedure

1. All Authorization for Release of RSA Records requests received by RSA personnel must be scanned and sent via email to the AZRSA Custodian of Records at +RSA Ombudsman (RSAOmbudsman@azdes.gov) within 2 business days.

2. Field staff forwarding the request should keep a copy of the email they sent to the AZRSA Custodian of Records.
3. The AZRSA Custodian of Records will begin to process the Request for Release of information within 24 hours of the receipt of the request. This process will encompass the following:

   a. When necessary, requesting a review by the Attorney General’s Office of the legality of releasing records.

   b. Contacting the local office and field personnel working with the client to ensure that all records are available in the ECF and to determine if there are any concerns with the release of specific information in the file.

   c. Printing all requested information that can legally and ethically be released to the requesting source.

   d. Sending the requested records to the requesting source along with a completed Records Request Checklist.

   e. Maintaining documentation of all records sent.
SECTION 2.4 - OBTAINING CLIENT INFORMATION FROM THIRD PARTY SOURCES

A. Definitions

1. “Third Party” means any individual or entity who is not directly involved, either organizationally or contractually, in the provision of service for a client of the Arizona Rehabilitation Services Administration.

B. Policy

1. AZRSA personnel will only request information related to clients from sources outside RSA under the following conditions:
   
a. The information is directly relevant to the establishment of client eligibility and/or to the successful planning and completion of the client’s rehabilitation program; and
   
b. The information is not available directly from the client.

2. All restrictions, unless precluded by law, placed on the information being received by the provider of the information will be honored.

3. Release of Information requests signed by clients for the receipt of outside information will only be created for specific information.

4. Release of Information requests will never be gathered as a blank signed form for future and/or uncertain use.

5. The Authorization for Disclosure of Health Information to RSA form will be used to request information from outside sources unless the outside source has their own form they require to be used for information requests.

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SECTION 2.5 – CLIENT SOCIAL SECURITY NUMBER

A. Definitions

1. “Electronic Case File” or “ECF” means the portion of the client record of service created and/or stored in an electronic case management system.

2. “Pseudo-Social Security Number” means a number generated by an entity outside of the Social Security Administration to serve as a placeholder when a Social Security Number is needed but not available.

3. “Social Security Number” or “SSN” means a nine-digit number issued by the Social Security Administration to all citizens and non-citizens who have permission to work in the United States. This number is used as a unique client identifier in the Libera case management system.

B. Policy

1. RSA staff will, as a part of referral and intake, gather all available identifying data from a client including the client’s SSN.

2. RSA staff will, if the client does not have a SSN available, utilize a pseudo-SSN provided by RSA administration until the client provides their true SSN.

3. RSA staff will inform clients who do not provide a valid SSN that RSA will not be able to provide services that require a valid SSN and will not be able to place the client in employment without a valid SSN.

4. RSA staff who are presented by a client with a SSN that matches a SSN associated with a different client in the Libera system will provide the client with a pseudo-SSN number and work with the client to resolve the discrepancy.

5. RSA staff will not delay processing of a referral or other client associated documentation due to lack of a valid SSN.

6. RSA staff will not implement an Individualized Plan for Employment until a valid SSN is provided that is associated with the specific client; a pseudo-SSN is not considered a valid SSN.
C. Procedure

1. When RSA staff encounters a SSN presented by a client that matches with a different client already in the Libera system the following process will be followed:

   a. Verify the SSN with client.

   b. If there continues to be a match between SSN’s, RSA staff will instruct the client to contact the Social Security Administration for assistance with alleviating the issue and to gather documentation confirming the SSN in question is associated with the client.

2. RSA staff will, when a pseudo SSN is needed, contact the RSA Data Security Analyst immediately via email and request a pseudo SSN.

   a. Upon receipt of the pseudo-SSN from the RSA Data Security Analyst all paperwork pending the pseudo SSN will be processed.

   b. If, after the use of a pseudo SSN, a valid SSN is presented to RSA staff, RSA staff will contact the RSA Data Security Analyst immediately and request the valid SSN be integrated into the client’s ECF.

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SECTION 2.6 – CLIENT DISCLOSURE OF INCriminating INFORMATION

A. Definitions

1. “Client Disclosure” means the relaying of information from a client to RSA employee in any medium.

2. “Incriminating Information” means information that may be a violation of the law or otherwise damaging to a client or which may be required under state law to be reported to law enforcement or a protective agency.

3. “Privileged Communication” means confidential communication that cannot, as protected by law and ethical standards, be divulged in most circumstances.

B. Policy

1. RSA staff will ensure that at any initial meeting between RSA staff and a client that the client has been informed that information shared with any RSA personnel is not considered privileged communication and is only protected by confidentiality laws. This will be reinforced at any time a client begins to disclose potentially incriminating information.

2. RSA staff will report any information to the proper authorities of incidents of documentation of:

   a. Suspected child abuse or neglect;

   b. Suspected vulnerable adult abuse or neglect;

   c. If the client is believed to pose a threat to their own safety; or

   d. If the client is believed to pose a threat to the safety of others.

3. RSA staff will document clearly and with specifics as they apply to:

   a. Informing clients regarding the lack of privileged communication protection between the client and RSA staff.

   b. Any information related to (2) of this section including the specific steps taken to report the information.
Section 2.7 - DOCUMENT DELETION FOR ELECTRONIC CASE FILE (ECF)

A. Definitions

1. “Deletion” means the complete removal of something that has become a permanent part of the ECF and which cannot be or should not be modified by the general user of the Electronic Case File.

2. “Electronic Case File” or “ECF” means the portion of the client record of service created and/or stored in an electronic case management system.

B. Policy

1. A document or case note will only be deleted from an Electronic Case File (ECF) when the document or case note has been placed in the wrong client’s case file.

2. The deletion of the document or case note will have the written approval of the local office supervisor who is responsible for the case. If the supervisor is not available the Assistant Program Manager or Regional Program Manager can approve the document deletion.

3. Only the Libera Systems Administrator or their designee will delete a document or case note from the ECF.

4. Documentation of the deletion will be maintained in a centralized location with the following information:

   a. The date the action was taken;
   b. The case file from which the document or case note was deleted;
   c. The case file which the document or case note was intended and place into;
   d. The name of the deletion requestor;
   e. The name of the individual performing the deletion;
   f. The name of the supervisor approving deletion;
   g. The name of Libera Systems Administrator approving deletion; and
h. A detailed description of the document or case note that was deleted.

5. Any deviation from this policy must be approved in writing by the RSA Administrator prior to any action being taken.

C. Procedure

1. RSA staff who is requesting the deletion must email their supervisor indicating which document they wish to have deleted and the reason for the deletion.

2. The supervisor will review the request and approve or deny the request.

3. If approved, the supervisor will send an email to the Libera System Administrator, or their designee, requesting the deletion. The email will provide a detailed description of the document to be deleted and the reasons for requesting the deletion.

4. The Libera System Administrator, or their designee, will maintain a record of all documentation deletions per (4) of this section.

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SECTION 2.8 - CORRESPONDENCE

A. Definitions

1. “Letter and/or correspondence” means a document used with internal and external audiences to communicate information.

2. “End notation” means the identification initials of the letter writer and letter reviewer.

B. Policy

1. All correspondence will be conducted with a consistent administration standards and in a professional manner.

2. All correspondence will adhere to the legal requirements for client confidentiality.

3. When at all possible, staff will utilize agency approved template letters available in Libera or on the intranet.

   a. When an agency approved template letter is not available that will serve the needs of a particular communication, staff may create their own letter using the Libera ‘client letter’ or DES approved letterhead.

   b. All correspondence that is created by staff as opposed to using the agency approved templates will be approved by the supervisor as demonstrated by the supervisor initialing by hand the final version as an end notation.

4. All correspondence will be scanned into the client ECF after all required signatures and initials have been incorporated into the letter in conformity with RSA policy as listed under Section 2.2.

5. Handwritten letters are not acceptable. All correspondence must be in the form of an RSA approved template or typed onto either the Libera ‘client letter’ or typed onto DES approved letterhead.

6. Correspondence is never to be backdated.
7. All correspondence that is being written to communicate a decision must contain client rights information, including 15 day right to request the review of a counselor determination and information about the Client Assistance Program.

C. Procedure

1. If it is determined that there is not a letter readily available in Libera as an agency approved template then staff will utilize the Libera letter called “client letter” in order to correspond with the client.

   a. If the Libera “client letter” is not available, staff will utilize the most current letterhead template for DES which is available on the intranet.

      i. The header logo and information on the letterhead will not be altered in any fashion.

      ii. The footer information will be modified to reflect the address that corresponds with the office address of the staff member sending the letter.

2. Staff and counselors will utilize spell check and grammar check tools available within the software systems.

3. Subjective information which is not pertinent to the case will not be included in correspondence.

4. The supervisor is responsible to review the content of the letters and provide a handwritten end notation on each letter prior to letter being sent.

   a. A forward slash and supervisors initials, in uppercase, will follow the initials of the author, in lowercase.

5. Staff will scan correspondence with the handwritten supervisory end notation into the client ECF per RSA policy.

6. The policy unit will be consulted if there are any questions about the information being communicated in the letter.

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Section 2.9 - Client Representatives

A. Definitions

1. “Authorized Representative” means an individual who Arizona Rehabilitation Services (AZRSA) has been given permission by a client to act on the client’s behalf. This individual does not have the authority to contradict the decision making authority of the client, only to serve on the client’s behalf as the client’s proxy representative.

2. “Electronic Case File or (ECF)” means the portion of the client record of service created and/or stored in an electronic case management system.

3. “Legal guardian” or “court-appointed representatives” means an individual with legal authority to make decision for a client regardless of the client’s wishes.

B. Policy

1. AZRSA staff will request and receive documentation to support an individual’s status as a client’s legal guardian or court-appointed representative before providing the individual with information regarding the client and before allowing the individual to make decisions for the client.

   a. Decisions and directions provided by a legal guardian or court-appointed representative supersede directions provided by the client when the two are in conflict.

2. AZRSA staff will allow a client to name another individual as their authorized representative; this request will be received in writing.

   a. AZRSA staff will not accept direction from an authorized representative that supersedes the direction or approval already given by the client without the client’s direct consent.

   b. If a client and their approved representative have a disagreement on a decision or course of action, AZRSA staff will follow the direction or desires of the client.

3. All written documentation and notifications which are provided to clients will also be provide to their legal guardian, court-appointed representative, and/or authorized representative.
C. Procedure

1. AZRSA staff will obtain verification of legal guardian status in the form of a court order and will scan the documentation into the ECF.

2. AZRSA staff will obtain a completed and signed Client Authorized Representative form if the client wishes to designate an authorized representative.

   a. The completed and signed Client Authorized Representative form will be scanned into the ECF.

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SECTION 2.10 – OFFICIAL SIGNATURES

A. Definitions

1. “Authorized Surrogate” means a person who has been verbally or in writing designated by an individual to assist the individual in completing a task.

2. “Electronic Case File” or “ECF” means the portion of the client record of service created and/or stored in an electronic management system.

3. “Electronic Signature” means the electronic representation of an individual’s signature on a document.

4. “Electronic Signature Pad” means an electronic device designed to accept an individual’s signature and produce it digitally in an electronic format.

5. “Signature” means a mark or sign made by an individual on a document to signify knowledge, approval, acceptance or obligation

B. Policy

1. Documents requiring the signed approval of a client, client’s guardian, an authorized representative of AZRSA, or any other party involved in a client’s case will, unless otherwise precluded and when any stipulations related to the specific format expressed in this policy have been met, be received in one of the following formats when available:

   a. Direct signature in ink on the document;

   b. Signature via electronic signature pad; or

   c. Confirmation of approval via email.

2. A direct signature in ink will be accepted in the form and be reflective of the style and content chosen by the client.

   a. There is no restriction on the instrument used to provide the signature or on the font, color, accuracy of spelling, use of abbreviations or legibility of the signature.

   b. The signature will be administered by the individual with whom the signature is associated or, at the request of the individual with whom
the signature is associated, by an authorized surrogate in the individual’s presence.

3. Signatures via electronic signature pad on an AZRSA document will only be completed through equipment approved by AZRSA management for this purpose.

   a. There is no restriction on accuracy of spelling, use of abbreviations or legibility of the signature.

   b. The signature must be administered by the individual with whom the signature is associated or, at the request of the individual with whom the signature is associated, by an authorized surrogate in the individual’s presence.

4. Confirmation of approval via email will only be utilized under the following conditions:

   a. The client has, prior to the approval via email, designated in writing the email address from which the approval is being sent as a valid email address from which RSA can accept such approvals;

   b. Only one email address at a time will be utilized and accepted by AZRSA from each client. The use of multiple designated email address continuous with one another is prohibited;

   c. The client has not, either verbally or in writing, notified AZRSA to no longer accept approvals from this email address or has not notified AZRSA, either verbally or in writing that their email address has been compromised and is no longer valid; and

   d. A copy of the confirmation email of each document will be scanned into the client’s electronic case file.

C. Procedures

1. Documents that a client signature is required on will be provided in their entirety to the client. The client will be allowed ample time to review the document and to ask questions prior to signature.

2. Client’s will be informed that on documents that require other levels of approval or other authorizing signatures that the document is not valid until all required signatures are received.
3. When available, clients will be encouraged to utilize the electronic signature pad to sign documents.

4. Clients may opt to not use the electronic signature pad and have the option, if they request, to have a hard copy paper to sign.

   a. In situations where a hard copy is not readily available the client must be made aware of the ramifications, if any, of a delay in signature.

5. Clients will be provided the option of utilizing their email to receive information and from which to provide approval regarding AZRSA documents.

   a. Clients will be informed verbally of the option of using their email as a means to receive and approve AZRSA documents.

   b. If a client opts to provide an email address to receive information and from which to provide approval of RSA documents, they are required to complete and sign the form “Client Email Authorization Designation”.

      i. This form will only be accepted when signed in hardcopy form or via electronic signature pad.

6. Upon completion of the “Client Email Authorization Designation” form, the form is to be scanned into the ECF and the email address designated on the form is to be inputted into the correct data field in the General Information and Referral Form in the ECF.

7. The Client Email Authorizations Designation will remain in effect until such time as the client requests, either verbally, in writing via hardcopy, or from the designated email address to rescind the designation or to change the email designation.

   a. To change the email designation to a new email address, the client will in person complete a new “Client Email Authorization Designation”. See (C)(5)(b) of this section for how to process this new form.

8. To receive a confirmation of approval of an acceptable AZRSA document via email the following steps must be taken:
a. The document must be sent following all email policy as described in Section 2.6 of this manual.

b. In the body of the email the client will be advised to review the attached or embedded document and respond with the document still attached or imbedded in the email to the counselor that they “Agree” or “Disagree” with the document.

c. Upon receipt of the client’s response the AZRSA employee receiving the email will case note the response and attach or scan a copy of the email into the ECF. The email will also be filed following DES standards for storing email information (see DES Policy 1-37-12-03).

   i. This case note will be labeled in the Libera system “Receipt of Completed Client Email Authorization Designation”.

   ii. The scanned document will be filed in the Libera system under “Signature”.

d. Following the documentation in (c) of this section, any forms that need to update will be updated to reflect the approval. The client signature date will be the date listed as the client’s response being sent from the client’s approved email address.

9. An email confirmation received from any address other than the one designated by the client in their most recent “Client Email Authorization Designation” will not be accepted as official by AZRSA. In these situations the client will be contacted to seek another method of confirmation or to change the designated email address.
Section 2.11 - Employee Non-Professional Relationships and Conflicts of Interest

A. Definitions

1. “Close Associate” means an individual who is or has been actively involved on a regular basis in business, social events, co-habitation, a romantic or sexual relationship, a service provider/recipient relationship, or other relationship that may affect the impartiality of an RSA employee.

2. “Confidential Caseload” means a caseload delineated for the sole purpose of managing client cases that are determined to present a conflict of interest due to the relationship between the client and an employee, service provider, or overseeing council member of RSA. This caseload is typified by being protected from access from individuals not assigned to the case and being assigned to a counselor being supervised by an RSA Manager.

3. “Conflict of Interest” means the involvement of an RSA employee in relationships outside of RSA that have the potential to corrupt or motivate an RSA employee to act, during the course of their job duties, contrary to the policy, procedure, and equitability of RSA programs.

4. “Electronic Case File” or “ECF” means the portion of the client record of service created and/or stored in an electronic case management system.


B. Policy

1. Employees of RSA will immediately report to the RSA Administrator or their designee if:

   a. They are currently a client of any RSA program;

   b. They apply to become a client of any RSA program;

   c. One of their family members or close associates are currently a client of any RSA program; or
d. One of their family members or close associates applies to become a client of any RSA program.

2. While in paid work status, employees of RSA cannot:

a. Receive services provided by or funded by any RSA program;

b. Participate or attend services provided by or funded by any RSA program for a family member or close associate;

c. Communicate with other RSA personnel or RSA vendors regarding their status as a client;

d. Communicate with other RSA personnel or RSA vendors regarding the status of a family member or close associate as a client;

e. Advocate, research, or provide advisement regarding their status as an RSA client;

f. Advocate, research, or provide advisement regarding the status of a family member or close associate as an RSA client;

g. Use equipment or resources provided by RSA for the purposes of the employee’s RSA employment in relation to the employee’s status as a client of any RSA program; and

h. Use equipment or resources provided by RSA for the purposes of the employee’s RSA employment in relation to the employee’s family member of close associate’s status as a client of any RSA program.

3. Employees, their family members, and their close associates cannot be provided services or case managed by personnel within the same office where the employee is stationed.

4. Employees cannot have access to or work in relation to their case, their family member’s case, or their close associate’s case within any RSA programs.

5. An individual’s status as an RSA employee, family member of an RSA employee, or close associate of an RSA employee will not serve as a reason to:

a. Provide expedited, enhanced, or extended services;
b. Impact the quality or quantity of services provided;

c. Provide varied criteria for eligibility, order of selection placement, or any other decision related to the provision of RSA services from what is provided to all other clients of RSA programs;

d. Influence the RSA employee’s work performance evaluation unless the RSA employee has violated the policy in this section; or

e. In any other way impact the employment of the RSA employee or the services provided to the RSA employee, the RSA employee’s family member, or the RSA employee’s close associate in a varying manner than all other employees and clients are impacted.

6. All applicants to any RSA program will be asked at the time of application or at the time of the first meeting between the applicant and RSA personnel if they, a family member, or a close associate are currently an employee of any RSA program.

7. RSA personnel who become aware of any potential conflicts of interest, as defined in this section of policy, of their clients or co-workers will report these potential conflicts to the Administrator of RSA or the Administrator’s designee.

8. Policy regarding potential conflict of interests due to an individual being a service provider of RSA, a council member of a body overseeing, or the family member of either of these groups is located in Section 1.17 of this manual.

9. All RSA employees are required to sign paperwork provided by RSA administration acknowledging their notification and understanding of the policies regarding non-professional personal relationships and conflicts of interests.

C. Procedure

1. At the time of referral or application by any individual to any RSA program the following process will be followed:

   a. The individual being referred or applying will be asked “Are you, a family member, or other close associate an employee of, vendor for, or appointed member of a council responsible for oversight of any aspect of the Rehabilitation Services Administration”.

   
i. This interchange including the client’s response should be documented in a case note in the client’s ECF.

b. Specific information regarding the name of the employee and the relationship the client has with the employee will be gathered if they answer affirmative to (a).

c. After information is gathered in relation to an affirmative answer to (a), this information will be documented in a case note.

d. The Deputy Administrator overseeing the program that the client is applying for will be notified immediately of any affirmative answers to (a). The following information should be provided in an email titled “Notice of Potential Conflict of Interest” to the Deputy Administrator:

   i. Client’s name;
   
   ii. Name of RSA Employee(s) in question; and
   
   iii. The reported relationship of the client and the RSA Employee(s).

   e. All decisions regarding permanent case assignment, eligibility, and receipt of services will be placed on hold until the Deputy Administrator provides directive related to the assignment of the client’s case.

2. If during the course of service provision an RSA employee becomes aware of a situation that could potential be a conflict of interest as defined in this section, the employee should follow all steps detailed in (1) above for reporting this potential conflict of interest.

3. Upon notification of a potential conflict of interest, the Deputy Administrator over the program in which services are being requested or provided will:

   a. Review the information regarding the potential conflict of interest;
   
   b. Determine based on the information provided and, if necessary, questioning of the involved RSA employee if a conflict of interest does exist;

   i. RSA employees who are clients and family members of RSA employees will always be treated as a conflict of interest.
ii. Close associates will be assessed on a case by case basis to determine if they create a potential conflict of interest.

c. If the Deputy Administrator determines that a conflict of interest exists, the case will be, when available, transferred to an established confidential caseload.

   i. If the conflict of interest precludes the use of the confidential caseload or a confidential caseload is not available for case assignment then the Deputy Administrator will identified a qualified individual located in a different office than where the employee in question is stationed and establish procedures to ensure the confidentiality and protection of all aspects of the client’s case.

4. Counselor’s assigned to a confidential caseload or who are handling discrete confidential cases will provide a quarterly report to the Deputy Administrator regarding the status of the cases.

5. If a conflict of interest is determined to exist for the Deputy Administrator overseeing the program that the individual is applying to or receiving services from then the situation will be referred to the RSA Administrator for review and assignment.

6. All employees of RSA will be required to complete and sign the form “Employee Statement of Understanding: Non-Professional Relationships and Conflicts of Interests” to affirm their understanding of the responsibilities and rights they have regarding potential conflicts of interest.

   a. A copy of this form will be:

      i. Place in the employee’s official personnel file;

      ii. Provided to the employee; and

      iii. Maintained by the employee’s supervisor in their supervisor file.

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CHAPTER 3 – Conflict Resolution

Section 3.1 – Overview of Appeals Process
Section 3.2 – Informal Resolution
Section 3.3 – Administrative Review
Section 3.4 – Mediation
Section 3.5 – Fair Hearing
Section 3.6 – Director Review of Fair Hearing

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Section 3.1 – Overview of Appeals

A. Definitions

1. “Administrative Review” means an investigation of laws, regulations, and policies that apply to the situation as well as any options available to resolve the concerns of the client by the AZRSA Administrator or their designee.

2. “Client Assistance Program” or “CAP” means a program established by Federal Regulation and is intended to advise, inform, assist, and advocate for clients and applicants in order for them to participate in programs.

3. “Electronic Case File” or “ECF” means the portion of the client record of service created and/or stored in an electronic case management system.

4. “Extended Support Services” or “ESS” means ongoing support services, usually provided by an entity not a part of AZRSA, which are needed to support and maintain an individual in supported employment after Vocational Rehabilitation services through AZRSA are completed.

5. “Individualized Plan for Employment” or “IPE” means a written program of services developed with the client that comprehensively documents the purpose, goals, responsibilities, and services necessary for a client’s successful rehabilitation.

6. “Fair Hearing” means a process by which an impartial Administrative Law Judge or ALJ will review the case and evidence provided by both the client and the agency in order to provide a written decision with regard to the disagreement.

7. “Informal Review” means review of the client case and the associated disagreement by the AZRSA local office supervisor.

8. “Mediation” means an informal resolution process which utilizes a qualified and impartial individual who is appointed by the State Attorney General’s Office to assist in the resolution of the disagreement.
9. “Ombudsman” means a representative assigned by the Administrator of AZRSA whose duties include assisting the applicant, client, and AZRSA in investigating and addressing complaints and guiding the client and agency through the complaint resolution process.

10. “Post-Employment Services” or “PES” means those services which may be provided within 1 year of successful closure from VR services if:

   a. The client was successfully employed as a result of services provided by the Vocational Rehabilitation program, and
   
   b. The client’s case has been closed by the Vocational Rehabilitation program.

11. “Request for Review of Determination” means a form provided to the client, or their representative, which serves as a written notice of appeal rights regarding decisions made by AZRSA personnel.

B. Policy

1. Anytime a decision which affects the provision of Vocational Rehabilitation services that has been made by AZRSA staff, AZRSA staff will provide the following information to the client or their representative:

   a. Advise the client of their right to request a review of the determination;
   b. Provide a written notice of client rights and appeals option by utilizing the Request for Review of Determination form; and
   c. Advise the client of the availability and the right to utilize the Client Assistance Program.

2. Notice of client rights and written notice of appeals will be provided in writing by utilizing the Request for Review of Determination form to the client, and their representative if appropriate, at the following times:

   a. When the client applies for services;
   b. When AZRSA staff makes an eligibility decision;
   c. When AZRSA staff determines placement into an Order of Selection category;
   d. When an Individualized Plan for Employment is developed;
e. At any time that the AZRSA staff makes a decision or intends to reduce, suspend, or terminate planned services and/or goods being provided;

f. When AZRSA staff notifies the client of intent to close the case for any reason; and

g. Upon denial of Post-Employment Services (PES).

3. AZRSA staff will advise the client of the following appeals processes available to them.

   a. Informal Resolution;
   b. Administrative Review;
   c. Mediation; and/or
   d. Fair Hearing.

4. If a decision is being disputed, AZRSA staff will ensure that the client, or their representative if appropriate, is aware that a formal request for review of a determination must be submitted within 15 calendar days of the date that the written decision letter was mailed.

5. Formal written requests are acceptable in the following formats:

   a. Utilizing a Request for Review of Determination; or

   b. Any other written communication which will include:

      i. An explanation of the issue(s) under contention;

      ii. Client, or their representative if appropriate, signature and date; and

      iii. An indication whether the client is willing to resolve the issue(s) through an informal review, administrative review, mediation, or formal due process hearing.

6. AZRSA staff will direct client who request assistance in completing a written appeal to the AZRSA Ombudsman or local CAP office.

7. The AZRSA Ombudsman will schedule a Fair Hearing to occur within 60 days of submitting a Request for Review of Determination regardless of the resolution options chosen.
8. AZRSA staff will work with the client and the AZRSA Ombudsman throughout the appeal process until a final resolution is provided.

C. Procedure

1. AZRSA staff will advise the client in writing of any decisions made which affects VR service provision and provide the client with a Request for Review of Determination.

2. AZRSA staff will advise the client of the Client Assistance Program (CAP) and provide the client with CAP contact information when issuing a written decision letter.

3. AZRSA staff will accept any written request for review and date stamp the request.

4. AZRSA staff will scan the written request for review of determination and load into the client’s ECF.

5. AZRSA staff will forward the written request for review electronically or via interoffice mail to the AZRSA Ombudsman within 2 business days of receipt of document.
Section 3.2 – Informal Resolution

A. Definitions

1. “Electronic Case File” or “ECF” means the portion of the client record of service created and/or stored in an electronic case management system.

2. “Information Resolution” means a meeting with the client and the Vocational Rehabilitation Counselor’s supervisor and/or Program Manager using objectivity and fairness to all parties in order to resolve the decision under contention.

3. “Ombudsman” means a representative assigned by the Administrator of AZRSA whose duties include assisting the applicant, client, and AZRSA in investigating and addressing complaints and guiding the client and agency through the complaint resolution process.

4. “Request for Review of Determination” means a form provided to the client, or their representative, which serves as a written notice of appeal rights regarding decisions made by AZRSA personnel.

B. Policy

1. AZRSA staff will date stamp any written request for review upon receipt and will inter the request into the client’s ECF within 10 calendar days.

2. AZRSA staff will forward the date stamped written request for review to the AZRSA Ombudsman within 2 business days.

3. The AZRSA Ombudsman will request a Fair Hearing to be scheduled to meet the 60 day requirement within 3 days of receipt of the Request for Review of Determination.

4. The AZRSA Ombudsman will assign an Informal Review action to the supervisor, Regional Program Manager, or their designee, within 3 business days of receipt of the Request for Review of Determination.

5. The designated supervisor, Regional Program Manager, or their designee, will conduct a review of the determination and complete and informal resolution within 10 business days of the receipt of the Informal Review action.
6. Documentation of the informal review will contain the following:

   a. Restatement of the issue in dispute;
   b. A review of the facts as presented by both parties;
   c. A statement of the decision rendered;
   d. An explanation of the decision which includes an analysis of the issues and applicable policies; and
   e. The electronic signature of the reviewer and date of review.

7. The client will be provided with the results of the informal review and the client will be informed of their right to Request a Review of the Determination and to proceed with any of the following processes:

   a. Administrative Review;
   b. Mediation; and/or
   c. Fair Hearing.

8. The AZRSA staff responsible, as listed in B9% of this section, for completing the informal review is responsible for sending the result of the informal review to the AZRSA Ombudsman within 2 business days of the client’s acceptance of determination or wish to proceed with another appeal process.

9. A Program Manager will be involved in the following circumstances:

   a. The local office manager made the decision which is in dispute; or
   b. Potential solution will require a decision and action which is only delegable to a Program Manager.

C. Procedure

1. Upon receipt of the request for Informal Review, AZRSA staff will:

   a. Date stamp the request on date received;
   b. Scan the request and file in the client’s ECF;
   c. Forward the request to the AZRSA Ombudsman within 2 business days; and
   d. Mail the client a completed letter titled “Informal Review Request Received”.

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2. Within 5 business days of receipt of the Request for Review of Determination, the AZRSA Ombudsman will request a Fair Hearing to be scheduled within 60 days of the receipt by AZRSA of the client’s Request for Review of Determination.

3. An Informal Resolution Action Form will be initiated by the AZRSA Ombudsman.

4. The AZRSA Ombudsman will task the supervisor, or their designee, requesting that the supervisor, or their designee, complete the action.

5. Upon receipt of the action, the supervisor, or their designee, will complete the action by reviewing the issue and applicable regulations, laws, and policies and will render a decision based on all of the above information.

6. Upon completion of the action the supervisor, or their designee, will mail a completed Informal Review Decision letter to the client with a Request for Review of Determination.

7. AZRSA will permit the client 15 calendar days to respond in writing regarding the client’s agreement or non-agreement with the AZRSA decision related to the Informal Review.

8. The supervisor, or their designee, will monitor the 15 calendar day timeline to ensure compliance.

9. If the client does not agree with the Informal Review decision, the client will indicate their preference for an Administrative Review, Mediation, or Fair Hearing.

10. After the 15th calendar day or upon response from the client the supervisor, or their designee, will complete the Informal Resolution Action Form and inform the AZRSA Ombudsman via email that the action has been completed.

11. Based on the response from the client, the AZRSA Ombudsman will advise all pertinent parties of the next steps as listed in the following sections.

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Section 3.3 – Administrative Review

A. Definitions

1. “Administrative Review” means an investigation of laws, regulations, and policies that apply to the situation as well as any options available to resolve the concerns of the client by the AZRSA Administrator or their designee.

2. “Electronic Case File” or “ECF” means the portion of the client record of service created and/or stored in an electronic case management system.

3. “Ombudsman” means a representative assigned by the Administrator of AZRSA whose duties include assisting the applicant, client, and AZRSA in investigating and addressing complaints and guiding the client and agency through the complaint resolution process.

4. “Request for Review of Determination” means a form provided to the client, or their representative, which serves as a written notice of appeal rights regarding decisions made by AZRSA personnel.

B. Policy

1. AZRSA staff will date stamp any written Request for Review of Determination upon receipt.

2. AZRSA staff will forward the date stamped written Request for Review of Determination to the AZRSA Ombudsman within 2 business days of the receipt of request.

3. Within 3 business days of receipt of the Request for Review of Determination the AZRSA Ombudsman will request a Fair Hearing be scheduled to be held within 60 days.

4. The AZRSA Administrator, or their designee, will conduct a review to include the following:

   a. A review of the determination;
   b. A review of regulations, laws, and applicable policies; and
   c. A review of any options available to resolve the concerns of the client.

5. Documentation of Administrative Review will contain the following:
a. Reinstatement of the issue in dispute;  
b. A review of the facts as presented by both parties;  
c. A statement of the decision rendered;  
d. An explanation of the decision which includes an analysis of the issues and applicable policies;  
e. A Request for Review of Determination with explanation of further appeal rights;  
f. The electronic signature of the reviewer and date of review.

6. The AZRSA Administrator, or their designee, will provide the client with the results of the Administrative Review in writing and the client will be informed of their right to request a review of the determination and proceed with any of the following processes:

   a. Mediation; and/or  
   b. Due Process Hearing.

7. If the client does not respond within 15 days the case will proceed to Due Process Hearing.

8. The AZRSA Administrator will inform the AZRSA Ombudsman within 2 business days of the client’s acceptance of determination or their wish to proceed with another appeal process.

C. Procedure

1. Upon receipt of the request for an Administrative Review, AZRSA staff will:

   a. Date stamp the request on the date received;  
   b. Scan the request and file in the client’s ECF; and  
   c. Forward the request to the AZRSA Ombudsman within 2 business days.

2. The AZRSA Ombudsman will schedule a Fair Hearing when the Request for Review of Determination is received.

3. Within 2 business days of receipt of request for an Administrative Review the AZRSA Administrator, or their designee, will complete a review per B(3)(a-c) of this section.

4. The AZRSA Administrator, or their designee, will inform the client in writing of the Administrative Review per B(4)(a-f) of this section.
5. The client will respond in writing within 15 calendar days if they are not in agreement with the decision.

6. The AZRSA Administrator, or their designee, will monitor the 15 day calendar day timeline to ensure compliance.

7. If the client does not agree with the Administrative Review decision, the client will indicate their preference for Mediation or a Fair Hearing.

8. After the 15th calendar day or upon response from the client the AZRSA Administrator, or their designee, will inform the AZRSA Ombudsman of the client’s acceptance or request to continue with the appeal process.

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SECTION 3.4 – MEDIATION

A. Definitions

1. “Client Assistance Program” or “CAP” means a program established by Federal Regulation and is intended to advise, inform, assist, and advocate for clients and applicants in order for them to participate in programs.

2. “Electronic Case File” or “ECF” means the portion of the client record of service created and/or stored in an electronic case management system.

3. “Mediation” means an informal resolution process which utilizes a qualified and impartial individual who is appointed by the State Attorney General’s Office to assist in the resolution of the disagreement.

4. “Ombudsman” means a representative assigned by the Administrator of AZRSA whose duties include assisting the applicant, client, and AZRSA in investigating and addressing complaints and guiding the client and agency through the complaint resolution process.

5. “Request for Review of Determination” means a form provided to the client, or their representative, which serves as a written notice of appeal rights regarding decisions made by AZRSA personnel.

B. Policy

1. AZRSA staff will date stamp any written Request for Review of Determination upon receipt.

2. AZRSA staff will forward the date stamped written Request for Review of Determination to the AZRSA Ombudsman within 2 business days of the receipt of request.

3. Within 3 business days of receipt of the Request for Review of Determination the AZRSA Ombudsman will request a Fair Hearing be scheduled to be held within 60 days.

4. Mediation will not be used to deny or delay the right of the client to a hearing or to deny any other right afforded under laws regulating the Vocational Rehabilitation program.
5. Vocational Rehabilitation Counselors will honor the client’s request for mediation and agree to participate in the mediation process except when the decision by a higher authority or law supersedes the counselor’s authority and the Vocational Rehabilitation Counselor is not able to mediate the issue.

6. A representative from AZRSA with the authority to approve and agree to the outcome of the mediation will be present at all mediations.

7. 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.

8. If the mediation results in a mediation agreement, the written agreement will be sent to the AZRSA Ombudsman for review.

9. If the mediation does not result in an agreement, the client will agree to one of the following options:
   
   a. Discontinue the dispute resolution process; or
   b. Proceed with a Fair Hearing.

C. Procedure

1. Upon receipt of the request for an Administrative Review, AZRSA staff will:

   a. Date stamp the request on the date received;
   b. Complete the section on the Request for Review of Determination indicating their willingness to participate in mediation;
   c. Scan the request and file in the client’s ECF; and
   c. Forward the request to the AZRSA Ombudsman within 2 business days.

2. Within 5 business days of receipt of the Request for Review of Determination, the AZRSA Ombudsman will request a Fair Hearing to be scheduled within 60 days of the date stamp received date on the request.

3. The AZRSA Ombudsman will notify the Attorney General Conflict Resolution Section of the need for a mediator.
4. The Coordinator for the State Attorney General’s mediation office will contact all parties involved including the AZRSA Ombudsman, Attorney General, Vocational Rehabilitation Counselor, client, and their representative if appropriate to schedule an appointment to conduct the mediation.

5. If an agreement is made, the mediator will prepare a mediation agreement document.
   a. The AZRSA Ombudsman will review the mediation agreement for the following:
      i. To ensure the mediation agreement is consistent with laws and policy; and
      ii. To ensure that the mediation agreement can be implemented.
   b. All parties will sign the mediation agreement indicating the next steps.

6. If all parties cannot come to an agreement, the client will elect to discontinue their rights to a resolution or pursue a Fair Hearing.

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Section 3.5 – Fair Hearing

A. Definitions

1. “Administrative Law Judge” or “ALJ” means an impartial official who presides at an administrative hearing to resolve a dispute between a government agency and someone affected by a decision of that agency.

2. “Electronic Case File” or “ECF” means the portion of the client record of service created and/or stored in an electronic case management system.

3. “Fair Hearing” means a process by which an impartial Administrative Law Judge will review the case and evidence provided by both the client and the agency in order to provide a written decision with regard to the disagreement.

4. “Ombudsman” means a representative assigned by the Administrator of AZRSA whose duties include assisting the applicant, client, and AZRSA in investigating and addressing complaints and guiding the client and agency through the complaint resolution process.

5. “Request for Review of Determination” means a form provided to the client, or their representative, which serves as a written notice of appeal rights regarding decisions made by AZRSA personnel.

B. Policy

1. AZRSA staff will date stamp any written Request for Review of Determination upon receipt.

2. AZRSA staff will forward the date stamped written Request for Review of Determination to the AZRSA Ombudsman within 2 business days of the receipt of request.

3. The AZRSA Ombudsman will request a Fair Hearing within 3 business days of receipt of the Request for Review of Determination.

4. A written request for a Fair Hearing will be considered received and filed timely on the date:

   a. The request was mailed as evidenced by the postmark or postage meter date on the envelope; or
b. The request was received in the office of the AZRSA Administrator if the request was transmitted by any other means.

5. A Request for a Review of Determination that is not filed by the client within the specified 15 calendar days from the disputed determination, or mailing of the decision resulting from an informal or administrative review, will be considered timely if it is established to the satisfaction of the AZRSA Ombudsman that the delay in submission was due to:

   a. AZRSA error or misinformation; or
   b. The delay or other action of the U.S. Postal Service.

6. The AZRSA Ombudsman will schedule a Fair Hearing upon receipt of a timely filed Request for Review of Determination.

7. The AZRSA Ombudsman will request the DES Office of Appeals to schedule a Fair Hearing within 60 days of receipt of the Request for Review of Determination.

8. If requested, the client and AZRSA will attempt to resolve the dispute prior to the hearing informally as listed in this Chapter.

   a. This client may choose to voluntarily withdraw the request for a formal hearing if a resolution is obtained informally prior to the date of the Fair Hearing.
   b. Upon receipt of a written request to voluntarily withdraw their request for a Fair Hearing and the matter in dispute has been resolved, the hearing will be vacated.

9. AZRSA will agree to extend the 60 day timeframe for the provision of a Fair Hearing if the client requests an extension on the original Request for Review of Determination.

10. AZRSA staff members who were involved in making the determination in dispute will participate in the Fair Hearing process including but not limited to attending the Fair Hearing if requested by the AZRSA Ombudsman, other official of AZRSA, or by an official of the Administrative Law office.

C. Procedure

1. Upon receipt of the request for a Fair Hearing, AZRSA staff will:

   a. Date stamp the request upon receipt;
b. Scan the request and file in the client’s ECF; and
c. Forward the request to the AZRSA Ombudsman within 2 business days.

2. The AZRSA Ombudsman will schedule a Fair Hearing when the Request for Review of Determination is received.

3. The AZRSA Ombudsman will notify the Attorney General Conflict Resolution Section of the need for a Fair Hearing to be scheduled within 60 days.

4. All involved parties will prepare and forward a summary of events and may be asked to participate in a pre-hearing meeting at least 10 days prior to the Fair Hearing.

5. The Administrative Law Judge (ALJ) will provide a written report of findings and the reason for the findings.

6. The AZRSA Ombudsman will review the findings and if necessary will staff the case with the Administrator and the Manager of Policy and Programs.

7. The AZRSA Ombudsman will inform all parties of the outcome of the hearing and will facilitate any additional steps if they are required.

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Section 3.6 – Director Review of Fair Hearing Decisions

A. Definitions

1. “Administrative Law Judge” or “ALJ” means an impartial official who presides at an administrative hearing to resolve a dispute between a government agency and someone affected by a decision of that agency.

2. “Department of Economic Security” or “DES” means a social service agency in the state government of Arizona which provides services and supports in order to promote the well-being and economic sufficiency of individuals in need.

3. “Director of DES” or “Director” means an individual appointed to oversee the functions of the Department of Economic Security.

4. “Electronic Case File” or “ECF” means the portion of the client record of service created and/or stored in an electronic case management system.

5. “Fair Hearing” means a process by which an impartial Administrative Law Judge will review the case and evidence provided by both the client and the agency in order to provide a written decision with regard to the disagreement.

6. “Ombudsman” means a representative assigned by the Administrator of AZRSA whose duties include assisting the applicant, client, and AZRSA in investigating and addressing complaints and guiding the client and agency through the complaint resolution process.

7. “Request for Review of Determination” means a form provided to the client, or their representative, which serves as a written notice of appeal rights regarding decisions made by AZRSA personnel.

B. Policy

1. If either the AZRSA Administrator or the client, upon receipt of the decision by the ALJ, are in disagreement with the decision of the ALJ, the entity in disagreement will file in person or by mail with the DES Office of Appeals a request that the Director of DES, or their designee, review the decision made by the ALJ within 20 calendar days of the decision.
2. In the event that the client or AZRSA files a request for reconsideration, the other party will have 20 calendar days to file a response to the request.

   a. The request for review may be filed in person or by letter to the Arizona Department of Economic Security, Office of Appeals, 207 E. McDowell Road, Phoenix, Arizona 85004.

   b. The request should contain the client’s name and social security number and a statement regarding the reason for the appeal.

3. Within 30 days of receipt of the request for review of the ALJ’s decision, the Director of DES, or their designee will do one of the following:

   a. Request a rehearing and provide documentation of additional evidence which is based on the following substantive criteria:

      i. The ALJ’s decision is inconsistent with the facts or evidentiary record and applicable Federal and State laws or Vocational Rehabilitation policy and is not supported;

      ii. The ALJ’s decision erroneously or fails to interpret or apply the provisions of Federal laws, regulations, Arizona State Plan, or Arizona VR policies which are consistent with Federal requirements; or

      iii. The ALJ’s decision fails to find appropriate or adequate interpretations to key portions of conflicting testimony or fails to recognize State agency options in the delivery of services which are permissible by Federal law or regulations.

   b. Agree with the decision on record; or

   c. Issue a written decision that contains a modified finding and the grounds upon which the decision is based; this will be considered the final decision of DES.

4. Reasonable time extensions will be granted at the sole discretion of the Director upon request of either or both parties for demonstrable good cause.
5. DES will distribute a copy of the decision and statement explaining the right for judicial review of the decision to each interested party.

6. The Director will not delegate the responsibility to make any final decisions to any officer or employee of AZRSA.

C. Procedures

1. Upon receipt of the request for Director Review of Fair Hearing Decision, AZRSA staff will:
   a. Date stamp the request upon receipt;
   b. Scan the request and file in the client’s ECF; and
   c. Forward the request to the AZRSA Ombudsman within 2 business days.

2. The AZRSA Ombudsman will forward the request to the DES Office of Appeals within 5 business days of receipt of request.

3. The AZRSA Ombudsman will coordinate the review of factual information and gathering of evidence for AZRSA as necessary.

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CHAPTER 4 – Voter Registration

Section 4.1 – Voter Registration

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SECTION 4.1 VOTER REGISTRATION

A. Definitions

1. “Offer of Voter Registration or NVRA-5” means the official voter registration acceptance or declination form. This form is also located in LIBERA and is named Voter Declination. These form names may be used interchangeably.

2. “Batch Report or NVRA-6” means a report filed with the Secretary of State’s Office regarding the number of voter registrations offered.


B. Policy

1. As a program within DES, Rehabilitation Services Administration (RSA) must comply with the National Voter Registration Act of 1993 by offering individuals the opportunity to register to vote at both the State and/or Federal level.


3. The Offer of Voter Registration (NVRA-5) and Arizona Voter Registration forms are available electronically in English and Spanish in the DES Digital Library. Each local office will maintain its own supply. The Offer of Voter Registration (NVRA-5) is available in LIBERA and is named Voter Declination.

4. All RSA staff must have access to required forms and be able to assist any individual who presents in the office requesting assistance in registering to vote.

5. All RSA staff will advise applicants or individuals of their right to register to vote and offer the opportunity to register:
   a. At each application for services.
   b. With each redetermination of eligibility.
c. When an individual appears at a local office to report a change of address.

6. All RSA staff will assist the applicant or individual in to re-register to vote when an applicant or individual requests assistance and:
   
a. Has a name change.
   
b. Requests a party affiliation change.
   
c. Has moved.

7. The applicant/client must be informed that accepting or declining the opportunity to register to vote will not affect the amount of assistance that will be provided by Vocational Rehabilitation.

8. Arizona RSA staff will refrain from any discussion of political parties, candidates, and will not seek to influence an applicant’s political preference or party registration.

9. The Offer of Voter Registration (NVRA-5) or Voter Declination must be completed and documented in all cases that voter registration is offered to an applicant or client.

10. The Offer of Voter Registration (NVRA-5) or Voter Declination must be scanned into the client ECF upon completion of the form.

11. The Arizona Voter Registration Form must be forwarded to the appropriate County Recorder regardless of the completeness of the form and individual’s citizenship information, within 5 business days.

12. The Batch Report (NVRA-6) will be completed and forwarded to the Secretary of State by the designated (primary or secondary) staff member by the 5th calendar day of the month.

13. The NVRA-6 Summary Report Excel spreadsheet must be forwarded to the Regional Program Manager the 10th day of each month.

14. Each Regional Program Manager, or their designee, will submit a composite Batch Report (NVRA-6) Excel spreadsheet to the Central Office by the 15th calendar day of the following month.

15. All local offices will retain the original Batch Report (NVRA-6) records for 3 years in a location designated by local office management.

16. Arizona RSA program staff will not destroy Offer of Voter Registration (NVRA-5) or Arizona Voter Registration forms.

C. Procedure
1. Each local office supervisor will designate both primary and secondary (backup) staff to be responsible for maintaining the supply of voter registration materials, collecting completed Arizona voter registration forms, completing the monthly reports (NVRA-6), and the transfer and retention of records.

2. Arizona RSA staff will provide an applicant or client with an Offer of Voter Registration (NVRA-5) or Voter Declination form and encourage the individual to complete the form indicating whether the individual accepts or declines the opportunity to register to vote in the following instances:
   a. Upon client or applicant request,
   b. At application,
   c. At re-determination of eligibility, and

3. Upon offering the Offer of Voter Registration (NVRA-5), Arizona RSA staff will provide the individual with the following instructions for completion of the form:
   a. The individual must use a black ink pen,
   b. The individual must complete all sections of the form except those marked optional,
   c. If the individual wishes to register to vote, instruct or assist the individual to mark “Yes”.
   d. If the individual does not wish to register to vote, instructor assists the individual to mark “No”,
   e. The individual should sign and date the completed form,
   f. If the applicant is unable to sign the form, instruct the individual to make an “X” on the signature line,
   g. If Arizona RSA program staff assisted the individual in completing the NVRA-5, staff will sign the form indicating that they assisted the individual in completing the form,
   h. If Arizona RSA program staff did not assist the individual, staff is responsible to review the form to ensure the NVRA-5 was completed appropriately.

4. An Arizona Voter Registration form should be provided to any individual who wishes to register to vote.
5. Arizona RSA may assist in completing the Arizona Voter Registration form and must review the form for completeness.

6. A complete Arizona Voter Registration form must contain the individual’s Arizona driver’s license number or non-operating identification license number and proof of citizenship.

   a. If the individual does not have either of these licenses, the individual must include the last four digits of their Social Security number.

   b. If the individual does not have a driver’s license, non-operating license, or Social Security number, program staff will leave the section blank and a unique identifying number will be assigned by the Secretary of State if appropriate.

   c. If the individual has an Arizona driver’s license or non-operating license issued after October 1, 1996, this will serve as proof of U.S. citizenship.

   d. If the individual does not have an Arizona driver’s license or non-operating license issued after October 1, 1996 proof of U.S. citizenship must be included with the Arizona Voter Registration form. The following documents are acceptable:

      i. A legible photocopy of a birth certificate that verifies U.S. citizenship and supporting legal documentation (i.e. marriage certificate) if the name on the birth certificate is not the same as the individual's current legal name.

      ii. A legible photocopy of pertinent pages of a U.S. passport identifying the individual.

      iii. Presentation to the County Recorder of U.S. naturalization documents or the number of Certificate of Naturalization in box 20 on the front of the form.

      iv. The individual’s Bureau of Indian Affairs Card Number, Tribal Treaty Number, or Tribal Enrollment Number in box 16 on the front of the form.

      v. A legible photocopy of a driver’s license or non-operating license from another state within the U.S. if the license indicates that the applicant has provided satisfactory proof of citizenship.

      vi. A legible photocopy of a Tribal Certificate of Indian Blood or Tribal or Bureau of Indian Affairs Affidavit of Birth.
vii. If the individual cannot or will not provide the above mentioned documentation but still wishes to register to vote Arizona RSA staff will proceed with processing and forwarding the forms to the appropriate parties as delineated in policy.

7. Arizona RSA staff will make a legible photocopy of the proof of citizenship and return the original documents to the individual. Do not attach original documents as they will not be returned.

8. Arizona RSA staff will accept any documentation presented as U.S. citizenship documentation and are not required to verify that it is an acceptable U.S. citizenship document.

9. Arizona RSA staff will attach the Arizona Voter Registration form to the photocopy of proof of U.S. citizenship or identifying information and place the form with the top portion of the Offer of Voter Registration (NVRA-5) form in the designated location for collection.

10. If the individual refuses to sign the Offer of Voter Registration (NVRA-5), Arizona RSA staff will complete the following steps:
   a. Mark “No” on the form,
   b. Indicate on the form that the individual declined the opportunity to register to vote,
   c. RSA staff will initial and date the NVRA-5.

11. Upon completion of the NVRA-5 form, the lower portion of the form is provided to the individual.

12. The upper portion of the NVRA-5 form is placed in the designated banker’s box in each office within 24 hours of completion of the form.

13. Designated staff will collect the Arizona Voter Registration forms from the collection site and send to the appropriate County Recorder’s office within 5 calendar days of completion of the Arizona Voter Registration form.

14. Designated staff will complete all lines on the Batch Report (NVRA-6) each month. Note: the line marked optional on the NVRA-6 form is NOT optional and must be completed.

15. By the 5th calendar day of the month, the designated staff person will forward a completed copy of the Batch Report (NVRA-6) by U.S. Mail to:

   DES Records Center
   Site Code 813Z
16. Designated staff will use the NVRA-6 Summary Report Excel spreadsheet to report the local office totals from the Batch Report that was sent to the Secretary of State to the Regional Program Manager, or their designee, by the 10th day of each month.

17. The original completed batch report (NVRA-6) forms are retained in a central location designated by the local office supervisor.

18. Each Regional Program Manager, or designee, will submit a composite Batch Report (NVRA-6) Excel Spreadsheet report to the Central Office by the 15th calendar day of the following calendar month.

19. The local office retains the upper portion of the Offer of Voter Registration (NVRA-5) forms and copies of the Batch Report (NVRA-6) in a designated location until a standard banker’s box is full.

20. When the standard banker’s box is full, another banker’s box will be located and placed in the designated location and the full box will be sent via interoffice mail to the DES Records Center at site code 813Z.

21. Designated staff will ensure the box contains the following information:
   a. Only the upper portions of the Offer of Voter Registration (NVRA-5) forms,
   b. Copies of the Batch Report (NVRA-6),
   c. The name of the individual sending the box,
   d. The office location and site code of the local office, and
   e. The contact number of the designated staff sending the box.

22. All Arizona RSA program offices will retain the original Batch Report (NVRA-6) records for 3 years in a location designated by the local office supervisor.
CHAPTER 5 - Intake, Application, and Eligibility

Section 5.1 - Referral
Section 5.2 - Application
Section 5.3 - Eligibility
Section 5.4 – Eligibility Extension
Section 5.5 – Assessment of Ability to Benefit During Eligibility
Section 5.6 - Ineligible
Section 5.7 – Order of Selection

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Section 5.1 –Referral

A. Definitions

1. “General Information and Referral form” means an electronic document which needs to be completed in Libera.

2. “Inquiry” means a request for information about RSA programs.

3. “Libera” means the electronic case management system utilized for AZRSA.

4. “Referral” means a request initiated by an individual or by another person to formally initiate participation in RSA programs.

B. Policy

1. AZRSA staff will respond to all inquiries and provide individuals with VR program information within 1 business day of receipt of inquiry.

2. AZRSA staff will enter all referrals and enter client information into the Libera system within five business day of receipt of referral.

3. AZRSA will not make access and referrals to RSA programs unnecessarily restrictive.

4. Every individual referred to RSA will be contacted and invited to apply for services.

5. All referral information is to be entered into Libera within one business day of receipt of referral.

C. Procedure

1. AZRSA staff will utilize the RSA Referral form in order to collect all necessary information when accepting a referral.

2. AZRSA staff will ensure that complete client information is entered into Libera within one business day.
3. AZRSA staff will perform a query within Libera to verify if the client’s information is currently in the Libera system.

4. If the individual is currently in the Libera system and active, AZRSA staff will inform the client of their counselor’s name and counselor’s contact information.

   a. A notification email will be sent to the current counselor with the client’s contact information.

5. If the individual is not currently in the Libera system, AZRSA staff will enter the client’s information into the General Information Referral (GIR) form in Libera.

6. AZRSA staff will update the client’s information as needed on the GIR form if the individual is currently closed in the Libera system.

7. AZRSA staff will ask if any accommodations are necessary to ensure complete access to program information.

8. AZRSA staff will make an appointment with the individual and their representative or referrer, if applicable, for orientation and/or intake.

9. AZRSA staff will utilize the “VR Orientation Appointment” letter which is available in Libera to confirm appointment date and time.

10. If client does not respond to attempt via phone, letter, or email to schedule an orientation or initial meeting, a VR Planned Closure (15 Day Closure Notification) letter will be sent to the client with a Request for Review of Determination.

   a. The counselor will proceed with case closure if the client does not respond within 15 days.

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Section 5.2 – Application

A. Definitions

1. “Adult” means any individual who has reached the age of 18 years of age.

2. “Application” means the form that RSA has approved for the Vocational Rehabilitation (VR) program that allows an individual to formally request to take part in the VR program.

3. “Authorized representative” means any individual approved in writing by a client to receive information, relay information, and provide a decision that communicates the client’s wishes to RSA.

4. “Client” means an individual who has applied to VR for services.

5. “Emancipated Minor” means a minor who is their own legal guardian.

6. “Minor” means an individual under the age of 18 years of age.

7. “Legal Representative or Court Appointed Representative” means a personal representative with legal standing to manage the affairs of another.

B. Policy

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

   a. An individual who was previously certified ineligible for VR services based on a finding that the individual is incapable of achieving an employment outcome has the right to have that decision reviewed within 12 months from the date of case closure and annually thereafter upon the client’s request.

      i. Reapplications will not be accepted earlier than 12 months from the date of case closure unless the individual provides clear evidence of a significant change in disability.

2. An individual is considered to have submitted an application when the individual has completed and signed the agency application.
3. Any adult or emancipated minor will sign their own application for it to be considered valid and submitted.

4. A minor, or someone having a legal guardian or court appointed representative, will have the guardian or representative signature on the application for it to be considered valid and submitted.

5. The dated application with all applicable signatures will be scanned into the ECF per policy.

6. Staff will collect all necessary demographic information to complete the requisite forms in Libera to complete the application process.

C. Procedure

1. If an interested individual requests VR services, AZRSA staff must provide the individual with an opportunity to apply including provision of an application to complete.

2. AZRSA staff will receive, date stamp, and enter all applications into Libera.

3. AZRSA staff will enter the application information into the client ECF and will include the following:
   a. Name;
   b. Social Security number;
   c. Date of birth;
   d. Gender;
   e. Address;
   f. Contact information;
   g. Special project code;
   h. Indicate if legally able to work in the United States;
   i. Indicate if economic need is to be determined;
j. Date of application received;

k. Signature by the client, if a minor, or someone having a legal guardian or court appointed representative, will have the guardian or representative signature on the application; and

l. Signature of AZRSA representative.

3. AZRSA staff will scan the entire, completed and signed application into the client ECF.
Section 5.3 – Eligibility

A. Definitions

1. “Eligibility Determination and Order of Selection Narrative” means a document written and recorded in the ECF which provides the reasons and justification used by a qualified staff in their decision related to a client’s eligibility for the vocational rehabilitation program and the client’s category in the Order of Selection.

2. “Significant Disability” means an individual who has physical or mental impairments that seriously limits one or more functional capacities 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.

3. “Qualified Staff” means a rehabilitation professional who meets the stated definition in the most current Vocational Rehabilitation State Plan.

4. “Electronic Case File” or “ECF” means the portion of the client record of service created and/or stored in an electronic management system.

B. Policy

1. AZRSA qualified staff will determine eligibility within 60 calendar days of the application date.

   a. Qualified staff will refer to Section 5.4 – Eligibility Extension if exceptional and unforeseen circumstances which are beyond the control of AZRSA precludes a determination of eligibility within the required 60 timeframe.

2. AZRSA qualified staff will base an applicant’s eligibility for VR services on only the following criteria:

   a. The applicant has a physical or mental impairment;

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

   c. The applicant requires VR services in order to prepare for, secure, retain, or regain employment; and
d. The applicant can benefit from the provision of VR services in terms of achieving an employment outcome.

3. Any applicant who has been determined eligible for Social Security benefits under Title II or Title XVI of the Social Security Act is presumed eligible for VR services and will be considered an individual with a significant disability.

   a. The only exception to this presumption exists if the AZRSA qualified staff questions the applicant’s ability to benefit in terms of an employment outcome due to the severity of the disability.

4. Qualified staff will utilize and review existing records, reports, and data to the greatest extent possible in order to determine eligibility.

5. If existing records are not available or are not sufficient to determine eligibility, AZRSA will purchase existing records or additional assessments for the purpose of determining eligibility.

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

6. Vocational goals will not be considered or discussed when determining eligibility.

7. AZRSA qualified staff will document in the client ECF an Eligibility Determination and Order of Selection Narrative.

8. AZRSA staff will provide a signed and dated letter of eligibility determination to the client for each eligibility determination made.

C. Procedure

1. AZRSA qualified staff will review existing records to determine eligibility.

   a. If the applicant does not have existing records, the counselor will complete the Authorization for Disclosure of Health Information to AZRSA and send the request within 5 calendar days of the meeting.
b. If records are not received within 20 calendar days, the counselor will discuss with applicant the need for additional assessments.

2. AZRSA qualified staff will obtain a copy of the applicants Social Security benefits if applicable and scan this documentation into the ECF.

3. AZRSA qualified staff will document in the ECF in a narrative fashion how the identified functional limitation(s) were identified as barriers to achieving a successful employment outcome and how the chosen service(s) correlate to the chosen functional limitation(s) and how those services will assist the client in obtaining an employment outcome.

4. AZRSA staff will send the client and client representative if applicable a letter of eligibility determination.

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Section 5.4 – ELIGIBILITY EXTENSION

A. Definition

1. “Qualified Staff” means a rehabilitation professional who meets the stated definition in the most current Vocational Rehabilitation State Plan.

B. Policy

1. Extensions to eligibility will be considered only when clear evidence exists which indicates the determination of eligibility cannot be made within the 60 day timeframe due to missing information which is anticipated to be available only after the expiration of the 60 day time frame.

2. Counselors will, when an extension is necessary, discuss and complete the Extension of Eligibility form with the client no later than the 59th day after the date of application.

3. The eligibility timeframe may be extended up to, but not to exceed 60 days, in order to receive the necessary information to determine eligibility.

4. Counselors must clearly and specifically document in a case note the rationale for the extension, the time frame chosen for the extension, and the steps that will be taken to complete the eligibility determination.

5. VR counselors who are on supervisory sign off must have all eligibility extensions reviewed and approved prior to implementation of Eligibility Extension form.

6. VR Counselors who are not on supervisory sign off may implement two consecutive extensions prior to obtaining supervisory review and sign off.

   a. A review by a supervisor is required prior to the implementation of any eligibility extension that may be needed after the first two extensions have been implemented.

7. For those applicants who have significant disabilities and the client’s ability to benefit from vocational rehabilitation services is in question, trial...
work experiences will be utilized. Clients will be placed in status 06 to further evaluate eligibility. Refer to section 5.5 – Assessment of Ability to Benefit During Eligibility for additional information.

C. Procedure

1. The time and date calendar found at http://www.timeanddate.com/date/dateadd.html will be utilized in order to accurately determine the original 60 day timeframe.

2. The counselor will begin to document the reason for delay and inability to accurately determine eligibility at a minimum of 30 days prior to the end of the eligibility determination period.

3. The counselor, or their designee, will begin attempts to contact the client in order to discuss the eligibility extension rationale and obtain client signature at a minimum of 30 days prior to the end of the eligibility determination period.

   a. All attempts to contact client and actions taken will be documented the client ECF.

4. The counselor is responsible for ensuring the Extension of Eligibility form is completed in Libera with rationale for the extension and the anticipated number of days which it is expected to take to determine eligibility prior to the expiration of allowable time frames.

   a. Case note should be titled “Eligibility Extension Rationale” and should contain information regarding efforts to obtain the necessary information, reasons why the information is not available and specific information regarding how the information will be obtained as well as the expected timeframes for obtaining the necessary information.

5. A supervisory review and approval in the form of a case note must be received prior to the expiration of the second extension if further extensions are believed to be justified and necessary.
a. Case note should be titled “3rd Eligibility Extension Supervisory Approval”

6. Supervisors, or their designee, must review and staff the case, develop a plan of action to complete eligibility determination, and document via case note in order to approve a third and subsequent extensions of eligibility.

   a. Supervisors should review the case file and staff the case with the counselor to determine the necessity of the extension.

      i. Case file review and staffing will consist of a review/discussion of the following:

         1. Review of client disability information;

         2. Review of planned and authorized services dates related to services which have been provided to obtain the necessary information;

         3. Review of documented attempts to obtain necessary information and reasons for delays;

         4. Discussion regarding necessity of additional information; and

         5. Discussion regarding eligibility criteria as it relates to the client.

   b. A plan of action to complete eligibility determination will be developed with the counselor to ensure eligibility is determined within the allotted timeframe.

      i. A plan of action to complete eligibility determination should document the specific steps which need to be taken in order to obtain necessary documentation, complete eligibility determination and the expected dates of completion for each step.
c. Documentation regarding the justification of a third and subsequent eligibility extensions must be entered into the client ECF.

i. Supervisors will enter a case note titled “4th Eligibility Extension Supervisory Approval” which details the review of case file, case staffing and the plan of action to complete the eligibility determination.

ii. Supervisors may approve up to 4 eligibility extensions. If a fifth eligibility extension is required, approval from the Regional Program Manager, or their designee, must be obtained.

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Section 5.5 - ASSESSMENT OF ABILITY TO BENEFIT DURING INITIAL ELIGIBILITY DETERMINATION

A. Definition

1. “Clear and Convincing Evidence” means that the qualified staff member will have definitive evidence from a trial work experience to conclude that a client is incapable, with or without supports, of benefitting from services in terms of an employment outcome.

2. “Extended Evaluation” means an exploration of a client’s ability and capacity to perform work duties in the most integrated setting possible for the purposes of eligibility determination.

3. “Qualified Staff” means a rehabilitation professional who meets the stated definition in the most current Vocational Rehabilitation State Plan.

4. “Trial Work Experience” means an exploration of a client’s ability and capacity to perform work duties in a realistic, integrated work setting for the purposes of eligibility determination.

5. “Trial Work Plan” means a written plan to assess a client’s ability to perform in work situations through the use of a trial work experience or extended evaluation.

B. Policy

1. AZRSA qualified staff will develop, initiate, and await completion of a trial work plan prior to any determination that a client’s disability is too significant and that the client is not able to benefit from VR services in terms of an employment outcome.

2. AZRSA qualified staff will develop and implement an extended evaluation within a trial work plan only when the client is not able to participate in a trial work experience due to the significance of the client’s disability and/or disability related impediments.

3. AZRSA qualified staff will only authorize those services that are necessary to determine the eligibility and extent of the client’s functional limitation(s) and service need(s).

4. Trial work experiences and extended evaluations will be conducted over a sufficient period of time to determine by clear and convincing evidence the
ability or inability of the client to benefit from VR services in terms of an employment outcome.

5. Trial Work Experiences and Extended Evaluations performed during initial eligibility determination will be planned utilizing a Trial Work Plan in status 06.

6. A Trial Work Plan Narrative will be entered into the client ECF.

7. AZRSA qualified staff will review and assess the applicant’s progress as often as necessary but at least every 30 days during the Trial Work Plan.

8. AZRSA qualified staff will discontinue all services associated with the Trial Work Plan when the following has been determined:

   a. There is sufficient evidence to conclude that the client can benefit from VR services in terms of an employment outcome; or

   b. There is clear and convincing evidence that the client is not able to benefit from services in terms of an employment outcome.

9. A case note detailing the outcome of the Trial Work Plan will be entered into the ECF.

C. Procedure

1. Qualified staff will utilize a Trial Work Plan in Status 06 to plan the services determined necessary to accurately determine eligibility.

2. Trial Work Plan services will be provided only for the time necessary to determine a client’s ability to benefit from VR services in terms of an employment outcome and the extent of the client’s functional limitation(s) and service need(s).

3. A Trial Work Plan Narrative will be entered into the client ECF and will include the following information:

   a. Rationale for the use of Trial Work Experience or Extended Evaluation;

   b. Explanation regarding why the type of setting was chosen;

   c. Description of services planned; and

   d. Information which will be gathered that will assist in determining eligibility.
4. Qualified staff will review the client’s progress in the Trial Work Plan every 30 days, at a minimum.

   a. A case note indicating a review of client progress will be entered into the ECF.

5. A case note which provides information about the outcome of the Trial Work Plan will include the following information:

   a. Review of the services provided;

   b. Review of vendor reports and client progress; and

   c. Determination of eligibility based on the above information.

6. Qualified staff will conduct a meeting to relay information to the client and their representative, if applicable, regarding the results of the Trial Work Plan and eligibility determination.

7. AZRSA staff will send the client and client representative, if applicable, a letter of Eligibility/Ineligibility as listed in Sections 5.3 and 5.5 respectively.
Section 5.6 - INELIGIBILITY DETERMINATION

A. Definitions

1. “Clear and Convincing Evidence” means that the qualified staff member will have definitive evidence from a trial work experience to conclude that a client is incapable, with or without supports, of benefitting from services in terms of an employment outcome.

2. “Extended Evaluation” means an exploration of a client’s ability and capacity to perform work duties in the most integrated setting possible for the purposes of eligibility determination.

3. “Qualified Staff” means a rehabilitation professional who meets the stated definition in the most current Vocational Rehabilitation State Plan.

4. “Trial Work Experience” means an exploration of a client’s ability and capacity to perform work duties in a realistic, integrated work setting for the purposes of eligibility determination.

5. “Trial Work Plan” means a written plan to assess a client’s ability to perform in work situations through the use of a trial work experience or extended evaluation.

B. Policy

1. Qualified staff will only make a determination of ineligibility based on the eligibility criteria as listed in Section 5.3.

2. Qualified staff may determine any eligible client to be ineligible at a later time if the client no longer meets all of the eligibility criteria as listed in Section 5.3.

3. An ineligibility determination will only be made after the counselor has provided the client with an opportunity to participate in a trial work experience or extended evaluation as described in Section 5.4 and has clear and convincing evidence that the client will not be able to benefit from services in terms of an employment outcome.

4. A signed and dated letter of ineligibility stating that the client is ineligible and providing referral source information will be provided to the client for each ineligibility determination made.
5. The counselor will review ineligibility determinations based on a client being too significantly disabled to benefit from vocational rehabilitation services within 12 months and annually thereafter if requested by the individual as listed in Section 12.1.

C. Procedure

1. AZRSA qualified staff will review existing records to determine eligibility.

   a. If after review of existing records, AZRSA qualified staff questions the applicant’s ability to benefit in terms of an employment outcome due to the severity of disability, the counselor will discuss with applicant the need for additional assessments to determine eligibility.

2. Qualified staff will conduct a Trial Work Experience or Extended Evaluation in status 06 in order to determine the client’s ability to benefit from VR services in terms of an employment outcome as listed in Section 5.4.

3. AZRSA staff will send the client and client representative, if applicable, a letter of ineligibility.
Section 5.7 – ORDER OF SELECTION

A. Definitions

1. “Communication” means an individual’s ability to exchange information effectively when participating in work related activities.

2. “Functional Limitation” means a limitation imposed by a disability that impedes or limits an individual’s functioning in an employment setting.

3. “Interpersonal Skills” means an individual’s ability to establish and maintain relationships with others at a level which allows the individual to participate in work related activities.

4. “Mobility” means an individual’s ability to get to work from home to move around a work site or participate in work activities.

5. “Order of Selection” or “OOS” means an organized and equitable method for serving groups of individuals with disabilities in a priority order if all eligible individuals cannot be served.

6. “Priority Category 1” means an eligible individual with the most significant disability and whose disability seriously limits three or more areas of functional limitation and who will require multiple vocational rehabilitation services that are anticipated to last longer than six months.

7. “Priority Category 2” means an eligible individual with a significant disability and whose disability seriously limits one or more areas of functional limitation and who will require multiple vocational rehabilitation services that are anticipated to last longer than six months.

8. “Priority Category 3” means all other individuals eligible for vocational rehabilitation services who have not been found to meet the criteria for Priority Category 2 or Priority Category 1.

9. “Qualified Staff” means a rehabilitation professional who meets the stated definition in the most current Vocational Rehabilitation State Plan.

10. “Self-Care” means an individual’s ability to perform activities of daily living at a level which allows the individual to participate in work activities.

11. “Self-Direction” means an individual’s ability to initiate, organize, and make decisions in one’s own best interest at a level which allows the individual to participate in work activities.
a. This does not pertain to the validity or worth of the goals or plans but the ability to plan, organize, and act on a course of action based on the individual’s personal values or goals.

12. “Waitlist” means a centralized tracking of individuals found not to meet the criteria for an open priority category which is maintained and managed through the Libera electronic case management system by the designee of the RSA Administrator.

13. “Work Skills” means an individual’s ability to meet employment expectations.

14. “Work Tolerance” means an individual’s ability to meet the demands of participating in work related activities.

B. Policy

1. AZRSA qualified staff will determine a priority category for every eligible client.

2. AZRSA qualified staff will assess the client’s functional limitations in following areas:
   a. Communication;
   b. Interpersonal Skills;
   c. Mobility;
   d. Self-Care;
   e. Self-Direction;
   f. Work Skills; and
   g. Work Tolerance.

3. AZRSA qualified staff will assess the client’s service needs in relation to each identified functional limitation.

4. Qualified staff will utilize and review existing records, reports, and data to the greatest extent possible in order to determine Order of Selection.
5. If existing records are not available or are not sufficient to determine Order of Selection, AZRSA will purchase existing records or additional assessments only for the purpose of determining Order of Selection.

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

6. Vocational goals will not be considered when determining Order of Selection.

7. Clients receiving SSI or SSDI based on the client’s own disability will be presumed to be individuals with at least a significant disability and will be placed into Priority Category 2 at a minimum.

   a. AZRSA qualified staff may determine that the client has functional limitations and service needs which warrant Priority Category 1 designation.

8. AZRSA qualified staff will document in the client ECF an Eligibility Determination and Order of Selection Narrative.

9. AZRSA staff will inform each client in writing of the client’s eligibility and order of selection priority category determination.

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

   b. Clients who are determined eligible, but whose priority category is not currently open within an Order of Selection will be maintained on a centralized waitlist until the priority category is opened for services to be provided.

C. Procedure

1. AZRSA counselor will review existing records to determine Order of Selection.

2. AZRSA counselor will obtain a copy of the applicants Social Security benefits if applicable and scan this documentation into the ECF.

3. AZRSA qualified staff will document in the ECF in a narrative fashion how the identified functional limitation(s) were identified as barriers to achieving
a successful employment outcome, how the chosen service(s) correlate to the chosen functional limitation(s), and how those services will assist the client in obtaining an employment outcome.
CHAPTER 6 - IPE Planning

Section 6.1 - IPE – General Requirements
Section 6.2 – IPE - Timelines
Section 6.3 – IPE – Legal Ability to Work in the US
Section 6.4 – IPE- Development
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Section 6.6 – IPE - Management

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SECTION 6.1 - IPE GENERAL REQUIREMENTS

A. Definitions

1. “Counselor” means an employee of AZRSA who provides vocational guidance and counseling but may not meet the requirements to be qualified staff.
2. “Informed Choice” means a decision making process in which the client analyzes relevant information and selects, with the assistance of counselor, vocational goals, intermediate objectives, services, and service providers.
3. “Individualized Education Plan” or “IEP” means a document mandated to be completed and regularly maintained by the educational institution which defines the individualized learning objectives of a child who has been found to have a disability.
4. “Individualized Plan for Employment” or “IPE” means a written program of services developed with the client that comprehensively documents the goals, responsibilities, and services necessary for a client to obtain employment.
5. “Employment Goal” means a profession or occupation a client is expected to achieve as a result of the services provided under an Individualized Plan for Employment.
6. “Employment Outcome” means obtaining a job in a competitive and integrated setting.
7. “Extension of IPE Implementation” or “IPE extension” means a document which provides for the allowance of extra time to implement an IPE and should be used only in exceptional circumstances.
8. “Qualified Staff” means an employee of AZRSA who provides vocational rehabilitation counseling and who meets the requirements as defined in Section 1.1 of this manual.
9. “Staff” means any AZRSA employee, including counselors.

B. Policy

1. Staff will complete and implement an Individualized Plan for Employment (IPE) with the client, and their representative if appropriate, within 90 calendar days from the date of eligibility determination or movement into an open Priority Category.
2. Staff will only consider implementing an IPE extension when evidence exists which indicates that an IPE cannot be implemented within the 90 calendar day timeframe. Refer to policy section titled IPE timelines for additional information.
3. Staff will obtain client, and their representative if necessary, signature on all IPE, IPE extensions, and IPE major amendments.
4. Staff will provide a copy of the entire IPE and all subsequent amendments and revisions to the client and their representative if appropriate, in the native language or mode of communication of the client or their representative.
5. Staff will provide the client with the opportunity to exercise informed choice throughout the IPE process.

6. The client, and their representative if appropriate, may develop their IPE without assistance from AZRSA.

7. The client, and their representative if appropriate, may develop their IPE with assistance from the following entities:
   a. Counselor employed by AZRSA;
   b. A qualified vocational rehabilitation counselor who is not employed by RSA; and
   c. Any other resource determined by the client to be helpful in IPE development.

8. The final IPE document will be prepared on AZRSA forms.

9. Staff will collaborate with partner agencies to coordinate service provision during IPE development.

10. The IPE will contain the following elements:
    a. An employment goal which is specific to the client and is consistent with the client’s strengths, resources, priorities, concerns, abilities, capabilities, career interests, and informed choice;
    b. Services needed in order to achieve the employment goal;
    c. Estimated timelines for the initiation of services and achievement of the employment goal;
    d. The entity chosen by the client, or the client’s representative as appropriate, that will provide the vocational rehabilitation service and the method used to procure those services;
    e. The criteria that will be used to evaluate progress toward the achievement of the employment goal;
    f. The responsibilities of AZRSA in relation to achieving the employment outcome;
    g. The responsibilities that the client will assume in relation to achieving the employment outcome;
    h. The responsibilities of the client with regard to applying for and securing comparable services and benefits;
    i. The responsibilities of the client with regard to the extent that the client is expected to participate in paying for any service; and
    j. The responsibilities of other entities as a result of arrangements made regarding service provision.

11. The IPE will be amended, as necessary and as appropriate if there are substantive changes in the employment outcome, the services to be provided, or the service providers.

12. The IPE and any subsequent amendments and revisions will not take effect until agreed to and signed by the client, their representative as appropriate, AZRSA counselor, and AZRSA management staff as necessary.
13. Staff will scan the entire signed document into the ECF if signatures are not obtained electronically.
14. Staff, the client, and their representative as appropriate, will review the IPE at least annually to assess the client’s progress in achieving the employment goal.
SECTION 6.2 – IPE TIMELINES

A. Definitions

1. “Counselor” means an employee of AZRSA who provides vocational guidance and counseling but may not meet the requirements to be qualified staff.

2. “Electronic Case File” or “ECF” means the portion of the client record of service created and/or stored in an electronic case management system.

3. “Extension of IPE Implementation” or “IPE extension” means a document which provides for the allowance of extra time to implement and IPE and should be used only in exceptional circumstances.

4. “Individualized Plan for Employment” or “IPE” means a written program of services developed with the client that comprehensively documents the goals, responsibilities, and services necessary for a client to obtain employment.

5. “Qualified Staff” means AZRSA staff who meets the requirements as defined in Section 1.1 of this manual.

6. “Staff” means any AZRSA employee, including qualified staff.

B. Policy

1. Staff will complete and implement an Individualized Plan for Employment (IPE) within 90 calendar days from the date of eligibility determination or movement into an open Priority Category for clients who have been determined eligible and are assigned to an open Priority Category.

   a. An IPE will be considered completed and implemented upon signature from the client, their representative as appropriate and all necessary RSA staff.

2. Staff will only implement an IPE extension when evidence exists which indicates that the IPE cannot be implemented within the 90 calendar day timeframe.

   a. Staff will obtain all necessary signatures on the IPE Extension form no later than 60 calendar days from the date of eligibility determination.

3. IPE extension timeframe will not exceed 90 calendar days.

4. IPE extension will begin on the 91st calendar day from the date of eligibility determination or movement into an open Priority category.

5. Staff will document the rationale for implementing an IPE extension in a case note in the ECF.

6. Staff will obtain client approval of the IPE extension in the form of a signature on the Extension of IPE Implementation Agreement form for any IPE extension which is determined to be necessary.

7. Staff will scan the signed IPE extension into the ECF if electronic signature or approval is not available.

8. Staff will provide the client with a Request for Review of Determination form when providing the client with an IPE Extension form.
9. Staff will implement only one IPE extension per client case without supervisory approval.
10. Supervisory review and approval will be documented in the form of a case note for all subsequent IPE extensions.

C. Procedure

1. The Time and Date calculator will be utilized in order to accurately determine the original 90 calendar day timeframe.
2. The 90 calendar day timeframe will be determined by using the date of eligibility determination or the date of movement into an open Priority Category and adding 90 calendar days to that date.
3. Staff will begin to document the reason for delay and inability to develop and implement an IPE at a minimum of 30 calendar days prior to the end of the 90 calendar day timeline.
4. The counselor, or their designee, will contact the client to discuss the need for an IPE extension and obtain client signature on the IPE extension form at a minimum of 30 calendar days prior to the end of the IPE development timeframe.
   a. All attempts to contact the client and actions taken will be documented in the client ECF.
5. Staff is responsible for ensuring the Extension of IPE Implementation Agreement form is completed and signed by all necessary parties in Libera prior to the expiration of allowable timeframes.

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SECTION 6.3 – IPE - LEGAL ABILITY TO WORK IN THE U.S.

A. Definition

1. “Counselor” means an employee of AZRSA who provides vocational guidance and counseling but may not meet the requirements to be qualified staff.
2. “Electronic Case File” or “ECF” means the portion of the client record of service created and/or stored in an electronic case management system.
3. “Individualized Plan for Employment” or “IPE” means a written program of services developed with the client that comprehensively documents the goals, responsibilities, and services necessary for a client to obtain employment.
4. “Legal Ability to Work” means possessing the required documentation that proves that an individual is legally authorized to work in the United States.
5. “Qualified Staff” means an employee of AZRSA who provides vocational rehabilitation counseling and who meets the requirements as defined in Section 1.1 of this manual.
6. “Staff” means any AZRSA employee, including qualified staff.

B. Policy

1. Staff will verify, review original documents, and record in the ECF that a client has legal ability to work in the United States prior to implementing an IPE.
   a. Legal ability to work in the United States requires the presentation of actual items of documentation in accordance with the requirements of Form I-9 Employment Eligibility Verification. A complete list of acceptable documents is available here.
2. Staff will honor documents which appear to be genuine and relate to the person presenting the documents.
3. Staff will not give preference for one type of document over another or make any requirement in addition to, or separate from this policy.
4. Counselor will attempt to develop plans for the client to meet legal status to work in the United States.
   a. The IPE will contain an intermediate objective which describes how the required documentation will become available by the completion of the IPE services.
   b. Decision’s regarding a client’s continued participation in the VR program will be based on the client’s achievement of the specific intermediate objective which relates to obtaining original documents as proof of legal ability to work in the United States.
5. Counselor will not implement an IPE if the client is unable to develop a plan for obtaining documentation of legal ability to work prior to the completion of IPE services.
C. Procedure

1. Staff is required to view actual documents in order to record that the client has legal ability to work in the United States.
   a. A legible photocopy of the documents will be scanned into the ECF.

2. Counselor will assist an individual to develop plans for the client to meet legal work status by providing the client with relevant resource information.

3. Counselor will continue to monitor the client’s progress towards obtaining original documents which demonstrate the client’s legal ability to work in the United States.
   a. Decision’s regarding a client’s continued participation in the VR program will be based on the client’s achievement of the specific intermediate objective which relates to obtaining original documents as proof of legal ability to work in the United States.
SECTION 6.4 – IPE – DEVELOPMENT

A. Definitions

1. “Comparable Benefits” means services and benefits that are provided or paid for, in whole, or in part, by other Federal, State, or local agencies.
2. “Counselor” means an employee of AZRSA who provides vocational guidance and counseling but may not meet the requirements to be qualified staff.
3. “Employment Goal” means the employment outcome that the client is expected to achieve as a result of the services provided in an IPE.
4. “Extended Supported Employment” or “ESE” means ongoing support services needed to support a client with the most significant disability in an employment setting after transition from support provided by AZRSA has been made.
5. “Individualized Plan for Employment” or “IPE” means a written program of services developed with the client that comprehensively documents the goals, responsibilities, and services necessary for a client to obtain employment.
6. “Informed Choice” means a decision making process in which the client analyzes relevant information and selects, with the assistance of counselor, vocational goals, intermediate objectives, services, and service providers.
7. “Intermediate Objective” means a statement which describes a skill or level of knowledge which will be attained within a specified time period. Multiple intermediate objectives may be necessary during IPE development.
8. “Job Retention plan” means an Individualized Plan for Employment designed for an individual who is in jeopardy of losing a job due to disability related factors and requires VR services in order to maintain their current employment.
9. “Labor Market Information” or “LMI” means a collection of data that provides employment statistics, among other things, which includes information regarding the employment opportunities, income, and employment wage rates.
10. “Order of Selection” or “OOS” means an organized and equitable method for serving groups of individuals with disabilities in a priority order if all eligible individuals cannot be served.
11. “Post-Employment Services” or “PES” means one or more VR services which are provided subsequent to the achievement of an employment outcome and are necessary for a client to maintain, regain, or advance in employment.
12. “Qualified Staff” means an employee of AZRSA who provides vocational rehabilitation counseling and who meets the requirements as defined in Section 1.1 of this manual.
13. “Self-Employment plan” means an Individualized Plan for Employment designed for an individual who has the skills and abilities to work in their own business, profession, or trade and make a profit similar to those in the same business who do not have disabilities and requires VR services in order to obtain and maintain employment.
14. “Staff” means any AZRSA employee, including qualified staff.
13. “Supported Employment plan” means an Individualized Plan for Employment designed for an individual with the most significant disabilities who has the skills and abilities to work in an integrated, competitive workplace and needs intensive VR services to obtain and maintain employment.

14. “Transferable Skills” means skills and abilities which can be used in most employment settings, regardless of the specific job duties.

15. “Vocational Rehabilitation plan” means Individualized Plan for Employment designed for an individual who has the skills and abilities to work in an integrated, competitive setting and requires VR services in order to obtain, maintain, and advance in employment.

B. Policy

1. Staff will ensure that the client is in an open priority category in the Order of Selection (OOS) prior to developing an IPE.

2. Staff will create an environment in which the client is an active, engaged, and full participant in the development of their IPE.

3. Staff will provide the client, and their representative as appropriate, with the following:
   a. All information necessary to make informed choices; and
   b. Necessary accommodations in order to facilitate full participation.

4. Staff will develop the IPE using data collected during the assessment of eligibility and priority of services to the greatest extent possible.

5. Staff will conduct additional assessments in order to determine the client’s unique strengths, resources, priorities, abilities, capabilities, and vocational interests if additional information is necessary to develop an IPE.

6. Staff will identify the most appropriate IPE plan type based on the client’s needs and employment goal. IPE plan types include:
   a. Job Retention
   b. Self-Employment
   c. Supported Employment
   d. Vocational Rehabilitation

7. Staff, the client and their representative if appropriate, will determine an employment goal which is consistent with the client’s unique strengths, concerns, abilities, capabilities, interests, and informed choice.
   a. Labor market information will be used to assist the client in identifying an employment goal which is expected to have an average number of job openings over the next several of years.
      i. Staff will document this information in the client’s ECF.
   b. The employment goal may be amended throughout the VR process as necessary and appropriate to each client’s unique needs.
8. Staff, the client and their representative if appropriate, will develop intermediate objectives as a part of the IPE planning process.
9. Intermediate objectives will include all of the major steps which have been determined by the client and the counselor to be essential for achieving the employment outcome.
   a. Intermediate objectives may be altered as appropriate.
   b. Intermediate objectives will be specific, measurable, realistic, and will have specific timeframes for achievement.
   c. Decisions’ regarding a client’s continued participation in the VR program will be based on the client’s achievement of the intermediate objectives.
10. Staff, the client and their representative if appropriate, will identify the time limited services necessary to circumvent, accommodate, or ameliorate the needs previously identified during eligibility determination.
   a. Staff will consider the economic need of the client when planning IPE services.
   b. Staff will explore the use of comparable benefits when planning IPE services.
11. Counselor will explore and document any anticipated Post-Employment service needs for clients who achieve a successful employment outcome.
   a. Counselor and client will work together to identify how post-employment services will be provided and arranged through other entities as the result of the development of natural supports, comparable benefits, or other resources.
12. Staff will work cooperatively with other agencies throughout the IPE process.
13. Counselor will document in the ECF the following information in an IPE Narrative:
   a. Client informed choice with regards to the choice of an employment goal;
   b. Client informed choice with regards to service and service provider selection; and
   c. How the services identified in the IPE will ameliorate, circumvent, or accommodate the impairments identified during eligibility determination.
   d. If any Post-Employment service needs have been identified and how these services will be provided, if applicable.
14. Staff will identify the source of Extended Supported Employment services prior to the completion of the IPE services if ongoing supports are determined to be necessary.
15. Counselor will continue to monitor the client’s progress towards achieving the goals stated in the intermediate objective.
   a. Decision’s regarding a client’s continued participation in the VR program will be based on the client’s achievement of the intermediate objectives within the anticipated timeframes.
C. Procedure

1. Counselor will review and utilize existing records to the greatest extent possible to assist in the development of the IPE.
   a. Counselor will procure additional assessments if existing records are not sufficient to develop a comprehensive IPE.

2. Labor market tools such as O*NET or similar websites will be used to document an average availability of jobs in the client’s chosen career field.

3. A review of transferable skills is used as an assessment of strengths, not as rationale for restricting access services.

4. Counselor will collaborate with agency partners, vendors, community stakeholder, and family to identify a source for Extended Supported Employment services and will document the source of Extended Supported Employment using Part I of the Extended Supported Employment Coordination form.

5. Staff will develop an intermediate objective detailing the steps which need to be taken to transition the client from AZRSA funded support to an alternative funding source or natural support.

6. Staff will write a narrative in the ECF to include the following information:
   a. The type of IPE plan;
   b. How the client was involved in the process of determining their employment goal, the services, and service providers; and any accommodation which were utilized to facilitate the client’s full participation;
   c. How LMI information was used in order to determine that the employment goal is a viable employment goal;
   d. How the intermediate objectives and services will ameliorate or circumvent the functional limitations identified during eligibility determination; and
   e. If ESE services are determined to be necessary, how those services are anticipated to be provided.
SECTION 6.5 – IPE - IMPLEMENTATION, APPROVALS, AMENDMENTS, AND REVISIONS

A. Definitions

1. “Counselor” means an employee of AZRSA who provides vocational guidance and counseling but may not meet the requirements to be qualified staff.
2. “Electronic Case File” or “ECF” means the portion of the client record of service created and/or stored in an electronic case management system.
3. “High Cost” means an Individualized Plan for Employment with planned expenditures which exceed a counselor’s level of authority for approval.
4. “Individualized Plan for Employment” or “IPE” means a written program of services developed with the client that comprehensively documents the goals, responsibilities, and services necessary for a client to obtain employment.
5. “IPE Amendment” means an Individualized Plan for Employment which has been modified, these modifications do not substantially change the plan type, employment goal, or overall cost of service(s).
6. “Major Revision” means an Individualized Plan for Employment which has been modified resulting in an overall change to the plan type, employment goal, or addition or removal of a service in its entirety.
7. “Qualified Staff” means an employee of AZRSA who provides vocational rehabilitation counseling and who meets the requirements as defined in Section 1.1 of this manual.
8. “Staff” means any AZRSA employee, including qualified staff.

B. Policy

1. Staff will obtain client signature on the IPE, amendments and revisions prior to submitting to their designated supervisor for review and approval, as applicable.
2. Supervisors will review and approve the IPE’s of counselors who do not meet the requirements of qualified staff.
3. IPE’s will be considered approved and/or implemented when all the required approvals and signatures have been obtained.
4. Staff will write a narrative report for each IPE, IPE amendment and major revision which describes the changes in the IPE.
5. Qualified staff will approve IPE’s that have planned expenditures up to $25,000.00.
6. Supervisors will approve IPE’s when planned expenditures reach $25,001.00 and $50,000.00.
7. In addition to supervisor approval, Regional Program Managers approval is required when IPE planned expenditures reach $50,001.00 and at every subsequent planned expenditure of $25,000.00.
8. Staff will write a High Cost Narrative in the ECF providing justification for the planned expenditures with each high cost approval request.

C. Procedures

1. Counselors who do not meet qualified staff standards will send all IPE, IPE amendments, and major revisions to their designated supervisor for review and approval.

2. Staff will obtain client, and client representative if appropriate, signature on the IPE and IPE major revisions prior to sending IPE to the designated supervisor for review, as applicable.

3. Staff will sign the IPE and IPE major revisions prior to sending the designated supervisor for review.

4. Staff will scan the entire signed IPE and IPE amendment, and IPE major revision into the ECF if signatures are not obtained electronically.

5. Staff will write an IPE amendment or IPE major revision note in the client’s ECF describing the changes that were made to the previous IPE.

6. Staff will write High Cost Narrative in the ECF which provides justification for the planned expenditures which increased the cost of the plan from the previous IPE.
6.6 – IPE - MANAGEMENT

A. Definitions

1. “Counselor” means an employee of AZRSA who provides vocational guidance and counseling but may not meet the requirements to be qualified staff.
2. “Electronic Case File” or “ECF” means the portion of the client record of service created and/or stored in an electronic case management system.
3. “Employment Goal” means a profession or occupation a client is expected to achieve as a result of the services provided under an Individualized Plan for Employment.
4. “Individualized Plan for Employment” or “IPE” means a written program of services developed with the client that comprehensively documents the goals, responsibilities, and services necessary for a client to obtain employment.
5. “Staff” means any AZRSA employee, including qualified staff.

B. Policy

1. Staff will contact the client, and their representative as appropriate, at least every 90 calendar days to review IPE progress and will document contact.
2. Counselor will review client progress and provide a client summary of progress every 90 calendar days, at a minimum.
3. Staff will complete an annual review of the IPE which will include a review of the following information:
   a. Progress toward completing an intermediate objective;
   b. Completion of services; and
   c. Overall progress towards achievement of the employment goal.
4. Counselor will amend, modify, or terminate intermediate objectives, services or an employment goal if acceptable progress is not noted.
5. Counselor will continue to monitor the client’s progress towards achieving the goals stated in the intermediate objective.
   a. Decision’s regarding a client’s continued participation in the VR program will be based on the client’s achievement of the intermediate objectives within the anticipated timeframes.
6. Counselor will select an outcome for each service noted in the IPE upon service completion with one of the following choices:
   a. Withdrawn which indicates that the service was never provided or started and no authorizations were associated with the services; or
   b. Non-Successful which indicates that the service was planned and authorizations were created but the service was not completed; or
   c. Completed which indicates that the service was planned, authorized, and paid.
7. Counselor will review invoices and check vendor reports to ensure services are being provided within contract requirements and that the services are meeting the client needs.
   a. Staff will approve or deny payment of services as appropriate within 7 calendar days.

C. Procedure
1. Staff will attempt to contact client’s at a minimum of every 90 calendar days to review progress.
   a. Staff will document all attempts at contact in the ECF.
2. Counselor will complete a narrative in the ECF which documents the following information:
   a. Progress toward completing an intermediate objective;
   b. Completion of services; and
   c. Overall progress towards achievement of the employment goal.
3. Counselor will take appropriate action to address any issues or challenges noted during the 90 day review.
4. Counselor will review all invoices and vendor reports to ensure the services are being provided within the contract requirements.
   a. If services are not provided within the contract requirements staff will follow up with vendor to remedy invoicing.
   b. If services are being provided within the contract requirements, staff will approve payment.
5. Counselor will review all vendor reports to ensure that the services provided are meeting the client’s needs.
   a. If services are not meeting the client’s needs, or a lack of progress is noted, staff will follow up with vendor to discuss modifications to service provision.
6. Counselor will complete IPE services by notating if the service was withdrawn, non-successful, or completed as appropriate.
7. Supervisors will review five cases per counselor per quarter to ensure cases meet the requirements of IPE policies.

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CHAPTER 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

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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.

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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 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.
b. If the client does not meet the economic need criteria, the client must provide a 10% contribution toward 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.

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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.

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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 shall include:

1. One representative from the State Rehabilitation Council who has business (preferably self-employment) experience
2. One representative from the AZRSA Central Office
   a. This individual shall serve as the Self Employment Review Committee Coordinator.

3. Two Vocational Rehabilitation Supervisors
4. Three Vocational Rehabilitation Counselors or Vocational Rehabilitation Program Representatives
5. One representative from the business community.

C. The Self-Employment Review Committee may include other individuals from community organizations, partner agencies, or the community when deemed necessary and appropriate by the AZRSA administrator.

   1. These should not constitute the majority of the Committee. The majority of the Committee shall be made up of individuals described in Section 7.6 B.

D. 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.

E. The committee will plan to meet monthly, unless it determines otherwise, based on the volume of business plans being presented.

F. 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.
G. Each member of the committee shall serve for no more than 2 consecutive state fiscal years.

1. A member appointed after the beginning of a state fiscal year shall serve during the fiscal year they were appointed and the following state fiscal year.
2. Committee members who are described in Section 7.6 B shall serve beyond two consecutive state fiscal years pending a replacement being found to fill their position on the committee.
3. Committee members who are described in Section 7.6 C shall complete their term at the end of two state fiscal years even if a replacement has not been appointed to fill their spot.
4. All committee members must be approved by the AZRSA Administrator or their designee prior to assuming a position on the committee.
5. Committee members may resign from the committee at any time they deem necessary.
6. Committee members may not designate other individuals to fill their spot.

   a. If a committee member will not be able to attend a meeting they cannot send someone else to fill in.
   b. If a committee member will not be able to personally attend three consecutive meetings the Self Employment Review Committee Coordinator will request that the member resign their position and will begin recruiting for a replacement.

H. The committee shall have a minimum of five of its members present at each meeting to proceed with reviewing proposed self-employment plans.

1. Members are expected to communicate their ability to or not to attend a meeting, barring emergencies, at least a week prior to the meeting.

I. Proposed members for the committee must be presented by the Self-Employment Review Committee Coordinator to the AZRSA Administrator or their designee for approval.

1. It is the responsibility of the Self-Employment Review Committee Coordinator to recruit new members for the committee.

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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

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CHAPTER 8 – Services

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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 RSA (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. 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 goods 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 half 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 to why the existing payment methods cannot be applied or providers cannot be used.

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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 provided.

   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. Definitions

1. “Client Purchase Agreement” or “CPA” means a document which delineates services and/or goods to be purchased by the client to assist in meeting their employment goal.
2. “Electronic Case File” or “ECF” means the portion of the client record of service created and/or stored in an electronic management system.
3. “Individualized Plan for Employment” or “IPE” means a written program of service developed with the client that comprehensively documents the purpose, goals, responsibilities, and services necessary for a client’s successful rehabilitation.
4. “Warrant” means a legal, governmental document to purchase a service or item. This document is treated like a check.

B. Policy

1. Staff will not directly or indirectly identify a specific vendor, negotiate a price, or procure a good for a client when utilizing a Client Purchase Agreement.
2. Counselor will have the reasonable expectation that the client is capable of procuring and utilizing the funds provided through a CPA appropriately.
3. Funding provided to a client through a Client Purchase Agreement will only be used for the specific purpose or good as delineated on the CPA and planned in the IPE.
4. The amount authorized on the Client Purchase Agreement will be based on real cost data provided by the client or as researched by staff.
5. If funds authorized to a client via a CPA are utilized for any purpose other than that delineated on the CPA, AZRSA will not authorize another CPA to the client.
6. A Client Purchase Agreement must be signed by the client and scanned into the ECF, if electronic signature is not available, prior to an authorization.
7. One time purchases using a Client Purchase Agreement are limited to $4,000.00.
8. Any funds authorized but not used to purchase the authorized good or service which exceeds $2.00 must be returned to AZRSA by the client in the form of a money order within 15 calendar days of the purchase.
9. Within 30 calendar days of the issuance of the CPA, staff will collect receipts to verify that the funds were used for the specific purpose or good as delineated on the CPA and planned in the IPE.

10. Cash or check repayments will never be accepted from the client.
   a. Returned funds must be received in the form of a money order or cashier’s check and returned to AZRSA within three calendar days of receipt of the money order. No personal checks will be accepted.

C. Procedure

1. Counselor will determine if it is necessary for the client to incur a one-time cost or a monthly expenditure.
2. Counselor and/or client will research the amount necessary in order to procure the good or service.
3. Counselor will plan the good or service in the IPE.
4. Counselor will complete the Client Purchase Agreement and will obtain the client signature after ensuring the client is fully aware of their responsibilities related to the Client Purchase Agreement.
   a. Client signatures can be obtained electronically or in writing.
5. The Client Purchase Agreement will be scanned into the ECF within two business days, unless electronic signature is obtained from the client.
6. Counselor will assure that the address listed for the client is current and will utilize a warrant agreement form as listed under Section 8.32.
7. Counselor will task the Purchasing Technician (PT) to authorize the warrant amount to the client.
8. Counselor will review the client file and contact the client within 30 calendar days to request a receipt in order to verify the purchase.
   a. Receipts will be scanned into the ECF.
9. Unspent funds over $2.00 must be returned in the form of a money order or cashier’s check payable to DES/RSA.
   a. The $2.00 is deducted from the amount of unspent funds will cover the cost of the money order.
   b. No personal checks will be accepted.
10. Upon receipt of the money order or cashier’s check from the client, the counselor will document the receipt and provide the Purchasing Technician (PT) with the money order for appropriate routing to AZRSA Central Office.
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. Included 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 physician 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 cerumen (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. Clients 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. Otoscope for appropriate audiology management or as a basis for medical referral to specialty physicians
vi. Cerumen management to prevent obstruction of the external ear canal and of amplification devices.

c. See the Audiological contract for procedure and other information regarding how to utilize audiological services.
d. If an audiologist cannot diagnose a hearing loss, the client may be referred for an Auditory Processing Disorder assessment (APD).

i. There are two assessments/tests used to gauge APD.
   a) SIN
   b) HINT

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 individual's 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


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.

Return to Chapter Start
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 a 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, ophthalmology, 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, 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 ensure 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.

i. If the client does not fully understand the implication of a cochlear implant, the VR counselor will refer the client back to the Cochlear Implant team as the Vocational Rehabilitation counselor does not have the expertise in the field of cochlear implants to provide this education.

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 sensorineural 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. The Baha System is an implanted hearing technology that works through direct bone conduction.

a. Sound is conducted through the skull bone bypassing the outer and middle ear and stimulating the cochlea.

b. Bone anchored osseointegrated implants transmit the sound from the deaf side through the bones in the skull to the normal functioning cochlea.

c. The Baha sound processor is connected to a fixture implant, which has been surgically placed in the bone behind the ear.

d. The Baha sound processor, for single-sided deafness, is intended for individuals who have been diagnosed with unilateral sensori-neural deafness.

e. The following criteria must be documented prior to AZRSA supporting a Baha.

i. The client has Mixed Hearing Loss or

ii. The client has Conductive Hearing Loss or

iii. The client has unilateral sensori-neural hearing loss (single sided deafness) and the client has normal hearing in the contra lateral ear

a) Normal hearing is defined as PTA AC threshold equal to or better than 20dB at .5, 1, 2 and 3kHz.

4. The client has been approved by an ENT surgeon and the licensed audiologist (Baha team) as a candidate for the Baha.
f. The approval process for cochlear implants displayed in Section 8.7 E-5m should be followed for approval for the Baha system also.

7. 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.

8. 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

9. 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, arthroplasty, 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 mental 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. 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. 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

12. 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.

13. 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 or vocational necessity.

14. Eye glasses and contact lens can be dispensed by an Ophthalmologist (M.D. D.O.) Optometrist (O.D), or Licensed Dispensing Optician.

15. AZRSA VR will provide 1 pair of glasses every 2 years, using the RSA contracted rates, unless the client’s vision has changed. If the client’s vision has changed prior to the 2 year period, documentation will be required to show that the current glasses no longer correct vision to 20/40 in the best eye.

16. AZRSA will not replace lost, stolen, or damaged glasses prior to the end of the 2 year period.
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 in the functional limitation and services needs detailed on the Eligibility Worksheet.

i. It means that 2 or more separate service needs identified 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.

Return to Chapter Start
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.

   1. 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.

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.
1. AZRSA will not continue to provide educational support for clients on academic probation until the academic probation is resolved.

2. AZRSA will only pay for a particular class or course once.

   a. Classes or courses which AZRSA paid for and which the client has failed or otherwise not achieved acceptable success and which need to be retaken are the responsibility of the client to pay for.

      i. This includes not only tuition but any other related expenses including books and supplies.

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 encouraged to attend in-state schools.

1. AZRSA only pays published in-state tuition rates based on the cost of the public institution nearest to the client which has a comparable program for the client except when a disability related reason precludes the attendance of that institution or in cases where there is no comparable program at an Arizona public institution.

   a. The client is responsible to pay the difference between in-state and out-of-state fees or the difference between the cost of a public institution and private institution in situations where there is no disability related reason for attending the non-public and/or non-Arizona institution and when there is a comparable program available at a public Arizona institution.

2. For policy related to client’s attendance of out-of-state institutions see Chapter 8.9-S.

3. For policy related to attendance of private institutions see Chapter 8.9-I

**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 school if the school does not fall within the scope of ADA requirements unless otherwise agreed to by AZRSA administration and the school.

   a. If the school is not covered by ADA, cost sharing for accommodations will be negotiated between the school and the counselor.
   b. If the 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.
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 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.

   a. In cases where the client chooses outside of the criteria in 8.9 S-1 to attend school out of state as opposed to utilizing a public institution AZRSA will not assist with:

      i. Transportation costs, including the cost to go to and return from the out of state institution, and room and board that exceed what would be necessary for the client to participate in the nearest comparable public in-state program to the client’s place of residence.

      ii. Tuition costs that exceed the costs of the published rates of the nearest comparable public in-state program.

2. The client, unless unable to do so due to a disability related reason, 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 (See section 8.9 S-1a for restrictions).

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
Vocational Rehabilitation will pay for posted dorm rates (double or shared rooms) for the time dorms are open during the client/student’s stay.

If a client chooses to not live in the school dorms, AZRSA will pay only for actual residential costs during the school year.

These costs must be equal to or less than posted dorm rates.

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.

The Vocational Rehabilitation program will support only the amount resulting from dividing the total cost of the apartment by the number of roommates.

This documentation is required and is a condition for Vocational Rehabilitation support.

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.

The client must provide counselor with any documentation of changes to his/her living arrangements.

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.

In situations where AZRSA has agreed to fully support a client in an out-of-state program, the Agreement of Understanding Form must be reviewed with and signed by the client prior to AZRSA committing to provision of out of state educational services.

Services needed by the client while out of state must be coordinated with the AZRSA contract unit and policy unit.

Service providers out of state must either meet the standards of AZRSA for the particular service or submit qualification for review to the appropriate AZRSA specialist at Central Office.

AZRSA staff are encouraged to contact Vocational Rehabilitation Services programs in the other state for information about qualified service providers.

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
iii. Arizona College and Career Guide issued by the Arizona Commission for Postsecondary Education.

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.

3. If an educational institution is not listed under any of the above web sites policies 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 policies 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.

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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 represents 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. 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.

7. The length of contract should be appropriate to the job.

8. An OJT-Invoice for services rendered is to be completed monthly by the employer and submitted to the counselor.

9. 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.

**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.

**J.** Job Development and Placement service in relation to OJT.

1. A client can remain involved in a current Job Development and Placement service during the course of the OJT to a limited extent.
2. Job Development and Placement service providers can provide coaching in psychosocial skills related to interacting in the workplace during the OJT.

3. Job Development and Placement service providers should not provide direct job coaching, job skill training or serve as a liaison with the OJT provider for the client or for AZRSA.
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 workplace 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 Workforce 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.
ii. Arizona College and Career Guide issued by the Arizona Commission for Postsecondary Education.

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 submits 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.

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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 provide 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 services 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, and 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 a 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 include 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.

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Section 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. Client’s participation with Vocational Rehabilitation’s required and agreed upon services is a condition of eligibility for this service.

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, routine tire replacement, etc.).

3. Vocational Rehabilitation support for car repair is limited to a total of $4,000 per client during the IPE and post-employment services.

   a. Any exception to the $4,000 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 car repair that exceeds $4000.

   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 $4000 car repair limit.

5. Car repair will be provided only by qualified dealers or repair shops that can provide a warranty/guarantee for their services.

6. Prior to agreeing to pay for a car repair, the Vocational Rehabilitation counselor must determine that the vehicle can legally be driven and that the driver can legally drive.
   
   a. Without this determination car repair services cannot be provided by AZRSA.
   b. This determination is accomplished by:
      
      i. Viewing and scanning copies into the ECF documentation that the vehicle has a current and valid registration,
      ii. Viewing and scanning copies into the ECF documentation that the vehicle is currently insured to the standards of the state of Arizona, and
      iii. Viewing and scanning copies into the ECF documentation that the client or whomever will be driving the client is currently licensed to drive.

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 located on the Arizona Department of Administrations website under the Government Resources tab.

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.

M. AZRSA will not pay for vehicle registration or tag fees.
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 Functional Limitation and Service needs on the Eligibility Worksheet are 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.

   b. 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 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.

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Section 8.20 – Home Modifications

A. Definitions

1. “Electronic Case File” and “ECF” means the portion of the client record of service created and/or stored in an electronic case management system.

2. “Home Modification” means assisting individuals with disabilities in removing barriers in the home environment which will improve accessibility and safety.

3. “Individualized Plan for Employment” or “IPE” means a written program of services developed with the client that comprehensively documents the purpose, goals, responsibilities, and services necessary for a client’s successful rehabilitation.

B. Policy

1. Home modifications will only be provided by AZRSA in order to remove barriers to the existing home that are impediments to the achievement of an employment goal in an approved Individualized Plan for Employment (IPE).

2. AZRSA will not purchase or pay for permanent structures, add-on's to structures, enclosed carports, or other major reconstructions including the removal of load bearing walls.

3. The Home Modification Construction Coordinator will make an on-site visit to determine the feasibility of performing a home modification.

4. Modifications to rental housing will be considered with written permission from the landlord/owner/lien holder prior to any work performed on the property.

5. Specific home modifications will only be provided once during a VR case unless a new disability related reason is identified.

6. Moving, in and of itself, is not a reason for a new and/or repeated home modification

7. AZRSA staff will provide the client will be provided with the Home Modification Letter of Understanding prior to the completion of any modifications.
C. Procedure

1. The counselor and/or the Home Modification Construction Coordinator will conduct a home visit with the client to identify the barriers in the home and will utilize the AT-Home Modification Planning Tool during this visit.

2. The counselor and/or Home Modification Construction Coordinator will determine if additional assessments are required.
   a. If necessary, the counselor will plan an AT-Home Modification Assessment.
   b. The counselor will task the Purchasing Technician to generate an authorization for an AT-Home Modification Assessment.

3. The Home Modification Construction Coordinator will coordinate with the Home Modification Assessment vendor, the counselor, and the client to determine the necessary modifications.

4. Once the necessary modifications are determined, the Home Modification Construction Coordinator will create a Project Pricing form.

5. The Home Modification Construction Coordinator will obtain verbal approval from the client to send the Project Pricing form to all contractors within the applicable county for a competitive bidding process.

6. The Home Modification Construction Coordinator will make an award to a contractor based on competitive pricing and the skill sets of the contractor.

7. The client may choose to utilize an alternative RSA Contractor and the Home Modification Construction Coordinator and/or the counselor will inform the client of their financial responsibility to pay for any difference in costs.

8. The Home Modification Construction Coordinator will ensure that the chosen vendor/contractor and the client are in agreement with the planned modifications before the construction begins.
9. The counselor will receive the Project Pricing form of the chosen contractor and will plan the services in the IPE based on the Project Pricing form.

   a. The counselor will task the Purchasing Technician to authorize AT-Home Modification services.
   
   b. The Purchasing Technician will send the authorization to the contractor and will copy the Home Modification Construction Coordinator.

10. In the event that unforeseen costs are expected to be incurred, the Home Modification Construction Coordinator will verify and approve the changes prior to any change in the IPE or the authorizations.

   a. Once the Home Modification Construction Coordinator approves the changes, the counselor will amend the IPE to reflect the necessary changes; and
   
   b. The counselor will task the Purchasing Technician to amend the Home Modification authorization.

11. The counselor will receive a Home Modification Completion Report from the contractor upon completion of the home modification.

   a. The counselor will task the Home Modification Construction Coordinator that the Home Modification Completion Report is available in the clients ECF.
   
   b. The Home Modification Construction Coordinator will verify that the Home Modification is complete by signing the Home Modification Completion Report.
   
   c. The counselor will sign the Home Modification Completion Report upon verifying with the client that the Home Modification is complete.
   
   d. The final Home Modification Completion Report is scanned into the ECF.

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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.

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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 rates.

   a. Basic Reader: Read aloud in person or on four-track tone-indexing machine. Ability to read fluidly in English. Must provide services within timelines 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 timelines.

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:
   
   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.

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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 and 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 both certification and legal or general licensure.
2. Interpreters with provisional licensure are not to be utilized.
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 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 and 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.

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 any educational institution see Section 8.9 N of this policy manual.

F. Interpreting services are not conditioned on a client meeting economic need.
Section 8.24 – Personal Assistance 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.

C. 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. 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.

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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.
   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.

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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. These services provide 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 with funding from AZRSA 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. In accord with DES 1-37-05.E, ownership of the equipment is considered to be that of the State of Arizona.

   a. All equipment purchases, dissemination, retrieval, storage, transfers, and disposal must comply with DES-1-31-05.E.

B. RSA Equipment Contract

1. An Equipment Contract must be completed when providing equipment to a client.

   a. This includes but is not limited to 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 electronic case management system.**

**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 electronic case management system.
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.

1. The donor of the equipment will delete the item from the electronic case management system 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.

I. Repair and Replacement of Equipment

1. Equipment purchased for a client’s use during the course of the VR program will only be replaced or repaired by AZRSA under the following circumstances.
a. Normal wear and tear through the course of appropriate and
prescribe usage by the client for the purposes of the service
b. Malfunction of the equipment due to manufacturer defect and
manufacturer warranty is not in place.
c. Change in client’s disability and/or disability related needs
that require a change in equipment.

2. Manufacturer warranties and any other warranty that may be in
place for the equipment should be pursued and used prior to AZRSA
funding new equipment.
3. Equipment that has been broken due to abuse, neglect, use by
someone other than the authorized user, or use for something other
than the authorized purpose that was written into the client’s IPE may
have the following constraints applied to it:

   a. Equipment may be removed from the client’s possession and
      not replace by AZRSA.
   b. Client may be made responsible for the repair of the
      equipment.
      i. All equipment repairs, regardless of who is paying, must
         be approved the AZRSA counselor who is primarily
         responsible for the case prior to the work being done.

4. Equipment that has been lost by the client or stolen from the client
will be the client’s responsibility to pay for replacement.

   a. See Section 8.3 for information regarding exceptions to
      policy.

J. Transfer of equipment outside of AZRSA or disposal of equipment must
follow the procedures put forward in DES 1-37-05.E

K. Prior to AZRSA agreeing to purchase a firearm for a client the AZRSA
counselor must staff the purchase with their District Program Manager and
with the AZRSA Administrator or the Administrator's designee.

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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.

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Section 8.29 – Child Care

A. This service provides assistance with 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 prior to any commitments or usage of funds from AZRSA for this service.
3. AZRSA may assist the client in meeting required co-pays mandated by the State of Arizona Child Care Administration or other comparable benefit.
4. Any differential payments required by the client due to the child care provider’s rate exceeding the maximum authorized by the State of Arizona Child Care Administration must, in all cases, be approved by the counselor’s supervisor prior to AZRSA agreeing to assist.

C. Payment from AZRSA for child care services must follow guidelines put forward in the State of Arizona Child Care Administration’s Policies in the Child Care Gross Monthly Income Eligibility Chart and Fee Schedule.

1. Child care that exceeds the amount detailed on the State of Arizona Child Care Administration’s Policies requires approval by the counselor’s supervisor prior to agreeing to provide such payment.

2. Child care services must be in support of an IPE goal and is not intended as a long term service.

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Section 8.30 – 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:

   1. In Status 06 as part of an extended evaluation (Status 06).
   2. 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.
   3. In Status 13 as part of the IPE.
   4. In Status 32 as part of a post-employment service (see Chapter 11 Post Employment Services for further details and restrictions).
   5. Hearing aids should not be provided in Status 02.

F. For clients who have not yet utilized hearing aids or have a progressive hearing loss, prior to purchasing a hearing aid, a comprehensive audiological evaluation must be completed by a licensed and contracted audiologist.

   1. 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.
1. AZRSA should only supply services in regards to type and quantity of hearing aids that have been recommended by the AZRSA Audiological consultant.
2. Additional hearing aids not recommended by the AZRSA Audiological consultant will not be purchased by AZRSA.

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 for the duration of the VR case which includes post employment services.

1. Exceptions can be made by following the appropriate procedures detailed in Chapter 8.3.

J. AZRSA will include the manufacturers warranty at the time of initial purchase of hearing aids.

1. An initial manufacturer'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.

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, PPT manual, and Appendix 8 of this manual for specifics regarding process and procedure for purchasing a hearing aid or any components of a hearing aid.

O. Hearing Aid Repairs and Replacements

1. AZRSA can pay for repairs for hearing aids if necessary for the successful completion of an IPE goal and/or before.

   a. Before purchasing a hearing aid repair the client must be referred to a contracted audiologist for hearing aid examination and evaluation (hearing aid testing).
b. Any warranties already in existence for the hearing aids should be used before AZRSA pays for repairs.

c. If the existent hearing aid cannot be repaired and a recommendation is made for the purchase of a new hearing aid:

i. If AZRSA purchased the broken hearing aid during the duration of the current VR case and/or during PES services an exception to policy as detailed in Chapter 8.3 must be pursued prior to the new hearing aid purchase.

ii. If AZRSA has not purchased an initial hearing aid during the duration of the current VR case and/or during PES services procedures as detailed in this section for the purchase of an initial hearing aid should be followed.

2. See Appendix 8 and PPT manual for details related to appropriate procedure for providing hearing aid repairs.

3. Policy for providing repairs/replacement for hearing aids must comply with overall AZRSA Equipment Policy which can be found in Section 8.27 I.

P. Hearing aids and related services are not subject to economic need.
Section 8.31 – 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.

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Section 8.32 – Counselor Responsibilities

A. Definitions

1. “Warrant” means a legal, governmental document to purchase a service or item. This document is treated like a check.

B. Policy

1. Vocational Rehabilitation Counselors are required to review and approve payments for good or services which they requested on behalf of their client.

2. Vocational Rehabilitation Counselors are responsible to make sure that the goods or services were received; are satisfactory; and are consistent with the request and the client’s needs prior to approving payment.

3. Vocational Rehabilitation Counselors, or their designee, must obtain a Client Warrant Mailing Designation form for each client.
   a. An updated Client Warrant Mailing form must be obtained upon change of client address.

4. Clients must, when available, utilize their own mailing address for the receipt of goods or warrants from RSA.

5. Due to homelessness, if a client is unable to identify any viable address in order to have goods or warrants delivered, the local RSA office address must be utilized on the Client Warrant Mailing form.

6. Under no circumstances is an employee of RSA permitted to have a client’s goods or warrants delivered to the home of the employee, to the home of the employee’s family member or friend, or to any address that has not been specifically approved by the client via the policy and procedures as described in this section.

7. Goods or warrants received at the local RSA office must be documented on the Client Warrant Log.
   a. Goods or warrants must be placed in the office of the VR supervisor who is responsible for the items.

8. The client and the RSA staff providing the warrant or goods must sign the Client Warrant Received form upon transfer of the warrant or goods.
9. The Client Warrant Log must be updated to reflect the date the warrant or goods were received by the client.

C. Procedure

1. Review of written reports, invoices or receipts will be required prior to the approval of payment for goods or services.

2. Potential mailing addresses may include, but are not limited to:
   a. Client’s home address
   b. Client’s business address
   c. Home address of the client’s family member or friend
   d. Client’s Post office box
   e. A shelter or other social service entity identified by the client

3. The chosen address must be specifically identified and approved by the client as the point where goods or funds can be delivered.
   a. The approval must be completed by the client with client signature on the Client Warrant Mailing Designation form.
   b. The signed Client Warrant Mailing Designation form should be scanned into the ECF and a copy provided to the client.
   c. A case note documenting where the client has requested to have the goods or funds delivered as well as a notation regarding the completion and scanning of the Client Warrant Mailing Designation form must be completed by the Vocational Rehabilitation Counselor or their designee.
   d. Whenever there is a change in address, the full process must be repeated.

4. If client, due to homelessness, is unable to provide a viable address, the client should be informed that goods or funds will be delivered to the local RSA office.
   a. The client must complete the Client Warrant Mailing Designation form.
b. The signed Client Warrant Mailing Designation form should be scanned into the ECF and a copy provided to the client.

c. A case note documenting where the client has requested to have the goods or funds delivered as well as a notation regarding the completion and scanning of the Client Warrant Mailing Designation form must be completed by the Vocational Rehabilitation Counselor or their designee.

d. The client’s mailing address in the ECF must reflect the local office mailing address.

5. The client should be informed to notify RSA as soon as a viable mailing address such as those listed in this section (C)(1) is available.

6. At each meeting with the client, the VRC or their designee must inquire and clearly document the inquiry and client reply as to whether the client has identified a viable mailing address in order to receive their goods or funds.

   a. Each time the client identifies a viable mailing address in order to receive their goods or funds, the process as detailed in this section (C)(2) must be completed.

7. Upon receipt of client goods or warrant at the local office the following information shall be documented:

   a. The date the item was received,

   b. The warrant number or description of the item,

   c. The amount of the warrant, and

   d. The counselor name.

8. The VR counselor will attempt to contact the client immediately upon receipt of the warrant or goods and inform them of the availability of the item.

9. The Client Warrant Received form must be scanned into the ECF and copy given to the client.

10. If a client does not pick up the warrant or goods within three (3) business days of the initial attempt at contact, the client should be contacted again and informed about the availability of the warrant or goods.
11. If the client has not picked up the warrant within twenty-one (21) business days from the date of receipt in the office, the warrant must be returned to RSA Finance and Budget Unit – 930A.

   a. The RSA staff member who returns the warrant to RSA Finance and Budget Unit will notate the return on the Client Warrant Log.

12. Every step in this process must be clearly documented via case note in the client’s ECF.

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Section 8.33 – Bioptic Telescope Lens System

A. Definitions

1. “Bioptic Telescopes” means miniature telescopes which are mounted into the lens in a pair of eyeglasses that allows the driver to use his/her regular prescription lenses as well as the telescope gaining first an overall view and then very detailed view of the road, traffic and signs up ahead.

2. “Bioptic Telescope System” means a system which allows a trained user the opportunity to detect objects or movement within his/her driving scene using the wide field of view available through the regular spectacle lens and to resolve the fine details such as road signs and traffic lights by glancing briefly into and out of the miniature telescope.

3. “Individualized Plan for Employment” or “IPE” means a written program of services developed with the client that comprehensively documents the purpose, goals, responsibilities, and services necessary for a client’s successful rehabilitation.

4. “Intermediate Objective” means measurable steps written into an IPE which will lead to successful employment outcomes.

5. “Optometrist” or “OD” means a doctor of optometry and is a practitioner who performs eye examinations to detect vision problems and is able to prescribe corrective lenses.

B. Policy

1. A biopic telescopic system for driving purposes will only be provided to address impediments to employment resulting from the client’s impairments and promotes the achievement of intermediate objectives for an employment outcome.

2. The following criteria are required by Arizona Department of Transportation and will be verified prior to the provision of bioptic telescopic lens system for driving purposes:

   a. The driver will be able to meet the current Arizona Department of Transportation visual acuity standards using no more than a 4X bioptic telescope. The current visual acuity standards state that a person will be granted a regular driver’s license with best corrected visual acuity of 20/40 or better in one eye corrected.
b. The driver with binocular vision and visual acuity of 20/60 will be restricted to daytime driving only.

c. An eye doctor must determine the visual acuity of the driver and complete the ADOT Driver’s Vision Form. The driver will have a visual field of at least 60 degrees, plus 35 degrees on the opposite side of the nose in at least one eye.

d. The driver will pass the standard driving test with an Arizona Department of Transportation driving instructor. The driver will demonstrate that they can perform all regular driving tasks such as speed control, merging, driving in traffic and effective use of mirrors.

e. The driver will have an ADOT Driver’s Vision form completed by their eye doctor on an annual basis.

3. The VRC will authorize the following assessments to be conducted by an Optometrist (OD) to determine if the client is a candidate for bioptic driving:

   a. Visual Acuity test;
   b. Visual Field test;
   c. Dilated Eye Examination;
   d. Contrast Sensitivity test; and
   e. Useful Field of View test.

4. The VRC will conduct a staffing with the client to review the recommendations of the assessments and determine if a bioptic telescope driving system is appropriate.

5. If a bioptic telescope system is appropriate, the VRC will inform the client that training to use the bioptic telescope system is required.

6. The VRC will write a comprehensive case note which describes the results of the client vision assessments, the results of staffing and justification for the need of a telescopic lens system if appropriate.

7. The VRC will authorize the telescope lens system for the client.

8. The VRC send a referral and will authorize driver’s evaluation and training once the telescope lens system is available.

C. Procedure
1. The VRC will send a referral and authorization for a functional low vision assessment to include all tests and examinations as listed in B(3) of this section.

2. Upon receipt of the functional low vision assessment results, the VRC will conduct a staffing with the client to review the recommendations.

3. The VRC will write an IPE case note describing the results of the examination and justification of the need for bioptic telescopic lens system.

4. The VRC will authorize the bioptic lens system to be made for the client.

5. The VRC will authorize the driving evaluation and training for the client to learn to use the bioptic lens system.

6. The VRC will write case notes to describe the client’s progress throughout the process.
CHAPTER 9 – Financial Considerations

Section 9.1 – Economic Need

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Section 9.1 – Economic Need

A. Definitions

1. Electronic Case File” or “ECF” means the portion of the client record of service created and/or stored in an electronic case management system. “Economic Need” means a client’s ability to pay for the costs of services or goods which would otherwise be paid for by Vocational Rehabilitation.

2. “Economic Need Chart” means a chart which is based on the Estimated State Median Income for Arizona published by the American Community Survey. This chart is updated annually and provides data for different family sizes.

3. “Individualized Plan for Employment” or “IPE” means a written program of services developed with the client that comprehensively documents the goals, responsibilities, and services necessary for a client to obtain employment.

4. “Staff” means any AZRSA employee, including counselors.

B. Policy

1. Staff will evaluate a client’s economic need by using the adjusted gross income amount on the client’s most current filed United States federal tax return.

   a. If a client is claimed as a dependent or spouse on another individual’s most current U.S. federal income tax return, the client will provide a copy of the US federal tax return on which they are claimed as a dependent or spouse.

2. Staff will consider all clients who have been determined eligible for Social Security benefits under Titles II or XVI based on their own disability to meet economic need.

3. Staff will determine that a client does not meet economic need if the client does not provide the requested and required documentation to support an economic need evaluation.

4. Staff will determine the client meets economic need if the client’s household adjusted gross income is at or below 100% of the current Arizona median income for that family size as published annually in the RSA Economic Need Chart.

5. Staff may subtract any disability related costs from the client’s adjusted gross income if:

   a. The client or their family pays for the services;
b. The client or their family does not claim these costs as deductions on their income tax statements, and
c. The client or their family does not receive reimbursement for the costs from any other public or private source.

6. Staff will obtain documentation which verifies the cost of the disability related need being subtracted from the client’s adjusted gross income and scan into the ECF.

7. Staff will re-evaluate economic need status if the client’s financial situation has changed since the time of the most recent tax return and the redetermination will allow the client to meet economic need.
   a. Staff will scan documentation supporting the re-evaluation into the ECF.

8. Staff will not count the client’s past year’s earnings toward computing monthly income if the client or individual who claims the client is no longer employed and has no income.

9. Counselor will not re-determine the client’s economic status for the purpose of denying, terminating, or limiting Vocational Rehabilitation support for services after an IPE has been implemented.

10. Staff will accept the following documents to determine economic need:
    a. Most current U.S. federal income tax statement for the client or the individual who claimed the client;
    b. Current Social Security Award letter for SSI or SSDI beneficiaries based on the client’s own disability;
    c. Documentation that the client is a Ward of the Court/State;
    d. Documentation of the client’s current eligibility for any government assistance which is based on poverty or median income guidelines; and
    e. Any other credible documentation which is not limited to but may include pay check stubs, documentation of eligibility for unemployment benefits, or other verifiable documentation related to economic status.

11. Staff will scan all documentation received as proof of income in the client’s ECF.

12. Staff will consider the financial need of all clients at the following times:
    a. During IPE planning; and
    b. Prior to planning and authorization of Post-Employment Services.

13. Economic need policies are applied to specific services provided to the client and/or their family members as appropriate and not to the client’s status in the program.
14. Counselors will provide the following services without considering economic need.
   a. Assessment for determining eligibility and Order of Selection priority category;
   b. Assessment for determining VR service needs;
   c. Vocational Rehabilitation counseling and guidance;
   d. Information and referral services;
   e. Job-related services;
   f. Personal Assistance services; and
   g. Any auxiliary aid or service which an individual with a disability requires in order to participate in the VR program.

15. Counselors will not provide the following services without considering economic need.
   a. All purchased counseling services
   b. All restoration services;
   c. All books and supplies purchased to support education and training;
   d. All occupational licenses, tools, or work equipment purchased to support employment;
   e. Vehicle modifications;
   f. All transportation cost, except transportation in support of an evaluation or adjustment to disability service;
   g. All maintenance and relocation costs; and
   h. All child care costs and services.

Procedure
1. Staff will obtain the most current U.S. federal income tax statement from the client or the individual who claimed the client.
2. Staff will utilize the Economic Need Chart to determine if the client meets Economic Need.
   a. Staff will need to have the most recent U.S. federal income tax statement and the number of individuals being supported by the client or the individual claiming the client.
   b. Staff will use the adjusted gross income as listed on the most current federal income tax statement.
3. Staff will enter the information into the Economic Status Report in Libera.
4. Staff and client will review and approve the Economic Status Report as evidenced by a signature or electronic signature and a date.
   a. Client may review and approve the Economic Status Report and send an electronic approval.
   
b. Staff will use the date of the email approval as the date to enter on the Economic Status Report form.

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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 - Closures Not Meeting an Employment Outcome

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Section 10.1 – Successful Rehabilitation Closure (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 the electronic case file 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 calendar 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 Successfully 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

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SECTION 10.3 – Clients not Considered Employed for Purpose 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 calendar 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.

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SECTION 10.5 – Closures Not Meeting an Employment Outcome

A. Definitions

1. “BG01” means an Arizona based computer application which provides employment information specific to Arizona employers and gathers information from Arizona Unemployment Insurance claims.
2. “Electronic Case File or ECF” means the portion of the client record of service created and/or stored in an electronic management system.
3. “Reasonable Efforts” means attempts to contact client over a period of 60 consecutive days in the following order as applicable:
   a. Mailing a letter to the last known address,
   b. Phoning the client’s last known phone number,
   c. E-mailing the client’s last known e-mail address,
   d. Phoning any secondary contacts on file, and
   e. Attempting to contact the client utilizing any new contact information gain from secondary sources or returned mail.
4. “Substantial Period of Time” means a period of time in excess of six months.
5. “Telx Work Number” means a contracted service through the Equifax Corporation which provides employment information from a database of employers nationally.

B. Policy

1. Counselors will close a case at any point in the Vocational Rehabilitation process for the following reasons:
   a. The client cannot be located, contacted, or has moved and reasonable efforts have been made to locate them;
   b. The client declines to accept or utilize Vocational Rehabilitation services after reasonable efforts have been made to encourage participation;
   c. The client commits suicide/dies;
   d. The client has been institutionalized under circumstances which preclude the provision of services for a substantial or indefinite period of time;
   e. The client transfers elsewhere; or
   f. Transportation is not feasible.

2. Counselors will not close a case as an employment outcome not achieved until reasonable efforts have been made to:
a. Locate the client,
b. Determine if the client is employed, and
c. Determine if the client is interested in continuing with their Vocational Rehabilitation program.

3. Staff will research client employment history by requesting information from BG01 prior to closing a case as not met an employment goal.

4. If BG01 search does not yield information staff will research employment history utilizing The Work Number.

5. Counselor will prepare a closure note to explain the reasons for closure and provide the results of BG01 and The Work Number research.

6. A 15 day closure letter and Request for Review of Determination letter accompanied by the client’s rights to appeal must be sent to the client at least 15 calendar days prior to case closure.

7. Supervisors will review all closure decisions of counselors with under two years’ experience as a Vocational Rehabilitation Counselor.
   a. 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.
   b. The supervisor can reinstitute this requirement for any counselor in their unit if deemed necessary by the supervisor regardless of the amount of counselor experience.

C. Procedure

1. Closures from referral status or status 00 only require sending a 15 Day Closure From 00 letter with a Request for Review of Determination.

2. Prior to closing a case as not meeting an employment goal when contact has been lost with the client, staff will attempt to contact the client on at least three (3) different occasions via at least two (2) different modes of communication, except for closures from referral status or status 00. These modes include:
   a. Calling the client at the last known phone number.
   b. Sending an email to the client at the last known email address.
   c. Sending a hard copy letter to the client requesting contact to the last known address on file.
   d. Contacting the emergency or secondary contacts of the client.

3. Staff will document in the ECF all attempts to contact the client.

4. Staff will research the BG01 to determine if the client is currently working in Arizona.
a. The individual in the local office who has been given access to BG01 is responsible for assisting with the research of the BG01 for all office personnel.
b. A task request will be sent to the designated personnel to request a BG01 search.
c. Any updated phone numbers or addresses for the client gained by the BG01 research will be utilized in attempts to contact the client.
d. Staff will document the results of the BG01 search in a case note; the results of the search will be scanned into the client ECF.

5. If the BG01 search does not yield employment information, staff will conduct a search of the Talx Work Number.
   a. The individual in the local office who has been given access to the Talx Work Number is responsible for assisting with the research of the Talx Work Number for all office personnel.
   b. The Talx Work Number may provide updated client phone number and/or address information in addition to employment/wage information.
   c. Any updated phone numbers or addresses for the client gained by the Talx Work Number research will be utilized in attempts to contact the client.

6. “Failure to Cooperate” should not be used when closing a client. Sufficient evidence must exist in the file to delineate attempts to locate the client or attempts to engage the client in active participation.

7. The counselor will write a closure note and provide the following information:
   a. The attempts to contact the client;
   b. The attempts to search for client and/or client employment information; and
   c. The reasons for closure.

8. Supervisors will review all closure decisions of counselors under two years’ experience or as listed in this section B(7).
CHAPTER 11 – Post Employment Services

Section 11.1 - Overview of PES
Section 11.2 - PES Planning
Section 11.3 - PES Closures

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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.

8. Post-Employment Services can only be provided within a reasonable amount of time following the successful closure of the case.

   a. Reasonable is defined as approximately 12 months.
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 a 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 in the electronic case file.

B. Upon closure of PES the client is notified that PES is considered completed.

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.

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CHAPTER 12 – Annual Review

Section 12.1 – Annual Review Requirements

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Section 12.1 – Introduction

A. Definitions

1. “Employment outcome” means employment gained by a client at the end of vocational rehabilitation services that is in an integrated setting and in which the client is earning a competitive wage.

2. “Review” means an assessment of information in the ECF as well as any new information provided by the client to determine if there has been a change in the disability related needs and impediments of an individual from the time of previous assessments.

B. Policy

1. Vocational rehabilitation counselors will conduct a review of the following types of closed cases:

   a. Clients who have been determined ineligible based on being incapable of achieving an employment outcome.

      i. The vocational rehabilitation counselor will review the case within twelve (12) months of initial closure to determine if the client’s impediments to employment have changed and to determine if the individual may now be able to achieve an employment outcome.

      ii. The vocational rehabilitation counselor will review the case annually following the initial one (1) year review if the client requests a review.

   b. Clients who have been closed from the Vocational Rehabilitation program as achieving an employment outcome but are still receiving extended supported employment services from RSA or who are closed from the Vocational Rehabilitation program as achieving an employment outcome but are making sub-minimum wage.

      i. The vocational rehabilitation counselor will review the case once every 12 months following closure of the vocational rehabilitation case to determine if the client’s disability related impediments have ameliorated or been circumvented in such a way that they may be able to now achieve competitive and integrated employment.

      ii. The vocational rehabilitation counselor will cease the annual review if the client ceases working.
C. Procedure

1. The following procedures will be followed by RSA staff related to annual reviews of client cases that have been closed out as ineligible based on being incapable of achieving an employment outcome:

   a. Within 12 months of the ineligibility determination the RSA vocational counselor will review the information in the client’s case and request from the client any new information that may be pertinent to the client’s ability to achieving an employment outcome.

      i. RSA staff will not procure new information for annual reviews. New information must be provided by the client to RSA.

      ii. RSA staff will provide the client the opportunity to meet with the RSA vocational counselor to go over the initial information and any new information being utilized for the annual review.

   b. Upon review of the original documentation, any new documentation, and any input provided by the client, the RSA vocational counselor will determine if the client’s situation has changed and if there is now the potential for the client to achieve an employment outcome.

      i. If the RSA vocational counselor determines that the client now has the potential for achieving an employment outcome, the client will be provided the opportunity to reapply for vocational rehabilitation services and to have their eligibility redetermined.

      ii. If the RSA vocational counselor determines that the client still does not have the potential for achieving an employment outcome the client will be informed of their right to request a new review 12 months from the date of the review currently being performed and of their right to reviews every 12 months in the future.

   c. If a client requests another review 12 months following a review, the process detailed in (a) of this section will be followed.

2. The following procedures will be utilized by RSA staff related to annual reviews of clients who have been closed from the Vocational Rehabilitation program as achieving an employment outcome but are still receiving extended supported employment services form RSA or who are closed from the Vocational Rehabilitation program as achieving an employment outcome but are making sub-minimum wage:
a. Twelve months following the closure of the client’s vocational rehabilitation case, the RSA vocational counselor will review the information in the client’s case, review information related to the client’s ability to function in their current work setting, and request from the client any new information that may be pertinent to the client’s ability to work more independently and in a more integrated setting.

i. RSA staff will not procure new information for annual reviews. New information must be provided by the client to RSA.

ii. RSA staff must provide the client the opportunity to meet with the RSA vocational counselor to go over the initial information and any new information being utilized for the annual review.

b. Upon review of the original documentation, any new documentation, information from providers related to the client’s functioning in their current work setting, and any input provided by the client, the RSA vocational counselor will determine if the client’s situation has changed and if there is now the potential for the client to work more independently or in a more integrated setting.

i. If the RSA vocational counselor determines that the client now has the potential for working more independently or in a more integrated setting the client will be provided the opportunity to reapply for vocational rehabilitation services and to have their eligibility redetermined.

ii. If the client is receiving long term supports funded by RSA and are determined by the RSA vocational counselor to potentially no longer need them, funding for long term supports will be stopped.

iii. If the RSA vocational counselor determines that the client still does not have the potential for working more independently or in a more integrated setting the client’s abilities will be reviewed again every 12 months until such time as the client is determined to meet the criteria in (i) of this section or until such time as the client is no longer working.

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CHAPTER 13 – Special Populations

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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 proliferate 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:

   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 Keratotomy)

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 driver 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 into 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:

   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.

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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,
   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,
   d. Arizona Deaf Blind Community,
   e. Arizona Deafblind Project
   f. Commission for the Deaf and Hard of Hearing, ACDHH
   g. Community Outreach Program of the Deaf
   h. Governor’s Council on Blindness and Visual Impairment: Helen Keller National Center
j. National Family Association for Deaf-blind,  
k. National Federation of the Blind of Arizona  
l. Valley Center of the Deaf, 

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 an 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 ophthalmologist, 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. 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.

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Section 13.3 – Individuals who are Deaf or Hard of Hearing

A. Deafness, Primary Communication is visual, means the individual primarily uses some form of sign language in receptive or expressive communication or both (e.g. individuals who must rely on sign language interpreters as their first choice for communication access with hearing people; individuals who generally use a TTY, VP (Video Phone), or AZ Relay Service.)

B. 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.

C. 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).

D. 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.

E. 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.

**F. 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.

**G. 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).

**H. 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 regardless of their primary mode of communication.

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.

I. 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 possess both certification and legal or general licensure.

3. The Hearing Loss Screening Tool should be used for clients with hearing loss.

4. 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 and possess (legal or general) licensure issued by the Arizona Commission for the Deaf and Hard of Hearing.

   b. The psychologist should ask the interpreter or referring agency for a copy of the interpreter's issued ADHH licensure before administering the evaluation and preferably at time of confirming the interpreter for the assignment.

5. See also Section 8.6
J. 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-rccd) 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.

K. For Interpreting Services for the Deaf, utilize the DES State Contract for Sign Language Interpreting/CART services.

L. 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.

M. 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.

N. 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 the electronic case file 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.

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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.

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.
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 achieve 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.

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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

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. Select “Injured Worker” as a Target Group on the Referral Specifics form and “ICA” as the Special Project Code on the VR Signature Form.
   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 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 ICA clients must be handled in accord with the OOS and are subject to the OOS waitlist if they are determined to be within a category that is closed.

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.

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**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:
   
   - The suffering of one's partner (sexual sadism)
   - Children (pedophilia)
   - Non-consenting persons (rape)
   - Voyeurism
   - Exhibitionism
   - Frottereurism (compulsion to fondle, rub, or touch), or
   - 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:

   - The counselor/client relationship is not privileged and that consumer records can be subpoenaed;
   - It is the responsibility of Vocational Rehabilitation counselors to 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. 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 individual's 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.

a. The purpose of this psychosexual evaluation in the case of eligibility is to assist in determining that the client can be benefit from the VR program.

3. A psychosexual evaluation is a very invasive evaluation that focuses on an individual's sexual history, paraphilic 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 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.

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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 intend 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. Individuals involved in the juvenile correctional system who have disabilities can be defined as individuals with disabilities who are:

1. Ordered by the juvenile court system to participate in treatment services or
2. Referred to the juvenile court for incorrigibility or delinquency offenses or
3. Transferred to the adult court from the juvenile court and placed on probation

B. 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.

C. Eligibility

1. To the extent possible, current existing documentation should be utilized to document eligibility.

   a. Existing documentation 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.

D. 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.

E. Services

1. IPE services should be commensurate with the client's abilities and capabilities and should take the past academic history into account.

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. 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.

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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. In-Use Status is a status related to the TTW wherein the ticket is not officially assigned to an EN or VR agency but is in used for the purpose of vocational rehabilitation services through the state run Vocational Rehabilitation services agency.

D. 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.

E. 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.

F. Substantial Gainful Activity (SGA) is an earnings guideline to evaluate work activity and whether an individual is disabled under the law.

G. 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.

H. 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.
I. **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.

J. **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.
   a. SSA beneficiaries must be documented as such in the AZRSA information system.
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 whom 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.
   e. Inform the client that he/she is welcome to explore services through the Vocational Rehabilitation program regardless of whether they choose to unassign their ticket from an EN, assign/maintain assignment of the ticket with an EN, or chose not to assign the ticket at all.
   f. The individual can "pull" his/her Ticket and have it re-assigned or placed into in-use status 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

g. AZRSA is not an EN and can not have the TTW officially assigned to it.

i. AZRSA utilizes the ticket in an “In-Use” status which is monitored by notating in the AZRSA information system that the client is a SSI/SSDI beneficiary.

ii. It is the responsibility of the AZRSA Ticket to Work Coordinator to monitor the in-use status.

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. 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

8. 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 clients 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.

K. 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.

L. 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. Clients who are eligible for services through SSI/SSDI are not subject to the general economic need policy of AZRSA.
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 as well as the counselor appropriately coding the case to assure possible reimbursement.

5. 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).
6. PASS/IRWEs are considered client resources, not comparable benefits, within the Vocational Rehabilitation program.
7. Clients will not be required to use Social Security work incentives to offset Vocational Rehabilitation services for which they are eligible.
   a. AZRSA will not pay for services that are being offset in a pre-existing PASS/IRWE.

8. 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.
9. Vocational Rehabilitation counselors will not purchase PASS/IRWE development or monitoring services.
10. Vocational Rehabilitation counselors must counsel clients about their responsibilities to adhere to PASSes/IRWEs.
11. A pre-existing PASS approved by Social Security does not obligate Vocational Rehabilitation funds, control Vocational Rehabilitation decision making, or have bearing on IPE development.

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 beneficiary’s disability benefits.

N. Vocational Rehabilitation Closure

1. Vocational Rehabilitation closures will be processed and documented per general 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 update income information during the progress of the case to avoid missing potential clients that may be making SGA and getting off of benefits.

8. TTW holders must be informed, upon closure, that they have 90 days from the date of Vocational Rehabilitation services closure to assign their TTW to an EN and in turn continue their CDR protection.
   a. AZRSA is not to recommend or endorse any specific EN.
b. Clients should be provided with the number to Maximus and informed that they can receive updated EN contact information from Maximus to choose an EN if they desire to do so.

O. 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.

P. Client Record of Service (CROS)

1. 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.

Return to Chapter Start
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 postdoctoral training in the diagnosis and treatment of neurological conditions, including brain injury.
8. **Post-concussion Syndrome** is a condition that describes the ongoing 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. ABI 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 TBI in the electronic case management system will only be used by the AZRSA TBI Specialists, and will be used to track a specific funding source.

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. Eligibility Worksheet

1. The Eligibility 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 met 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;
2. Arizona Spinal Cord Injury Association;
3. National Spinal Cord Injury Association Resource Center;
4. Christopher Reeve Paralysis Foundation;
5. Paralyzed Veterans of America;

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.
CHAPTER 14 – Disability Benefits Calculator

Section 14.1 – USE OF DISABILITY BENEFITS 101 CALCULATOR (DB101)

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SECTION 14.1 – USE OF DISABILITY BENEFITS 101 CALCULATOR (DB101)

A. Definitions

1. “Disability Benefits 101 calculator”, also referred to as DB101, is a real time benefits calculator that calculates the impact of work wages on public benefits. DB101 is Arizona State specific and links to federal public program guidelines to assist in accurately determining how potential wage earnings may impact disability benefit amounts.

B. Policy

1. Arizona RSA staff will introduce DB101 benefits calculator to all clients who participate in an orientation.

2. Arizona RSA staff will inform the client of the benefit of using DB101 at a minimum in the following instances and more often as determined necessary:
   a. At initial intake meeting
   b. During IPE development
   c. Upon job offer
   d. Prior to successful closure

3. The VR counselor, or their designee, is required to use DB101 during IPE development in order to assist the client in accurately determining how potential wage earnings may impact disability benefit amounts.

C. Procedure

1. RSA staff will inform clients of the DB101 calculator throughout the VR process.
   a. Each time the client is informed of the benefit of using DB101; RSA staff will enter a case note, to document the occurrence, indicating the client was informed of the benefits of accessing and utilizing DB101.

2. RSA staff will provide the client with the internet site for DB101 and encourage clients to access and explore the site as often as deemed necessary, but at a minimum, in the instances listed under section (B)(2).

3. If the client is experiencing difficulty understanding or navigating the DB101 site, the counselor, or designee, will review the DB101 site with the
client and assist the client in becoming familiar with the benefits of the calculator.

4. Clients will be encouraged to input their current information into the DB101 calculator.
   a. Arizona RSA staff will inform the client that the client profile will be saved and will remain active in the DB101 system for six months without any additional activity.

5. RSA staff will introduce DB101 at initial intake meeting.
   a. The VR intake progress note should incorporate information regarding how the client was informed of the benefits of using DB101.

6. RSA staff will assist the client, in the use of DB101 calculator, throughout the IPE planning phase.
   a. The IPE justification progress note should incorporate information regarding how potential wage earnings impact disability benefit amounts and discussions with client about this information.

7. RSA staff will inform the client of the DB101 calculator upon client receiving a satisfactory job offer.
   a. A case note detailing projected earnings and the effect of those earnings on public support amounts should be entered into the ECF.

8. RSA staff will inform the client of their ability to amend and change their information within the DB101 calculator prior to VR case closure.
   a. The closure progress note should clearly document how DB101 information was provided to the client and how its use may be beneficial to the client subsequent to VR case closure.
VR POLICY MANUAL APPENDICES

Appendix 1 – Best Practice – Employment Outcome
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Appendix 8 – Audiology Services Flow Chart
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Appendix 10 – Reserved
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Appendix 1 – Best Practice – Employment Outcome

Purpose – The purpose of the Employment Outcome Best Practice is to provide a framework to support the RSA mission statement while delivering quality services to the clients we serve and assuring clients are provided with the information they need in order to make informed choices related to working the desired number of hours based on the unique strengths, resources, interests, concerns, abilities and capabilities of individuals with disabilities.

RSA Mission Statement:
Arizona Rehabilitation Services Administration works with individuals with disabilities to achieve their goals for employment and independence.

A. DEFINITIONS

1. Informed Choice: a decision-making process in which the client analyzes relevant information and selects, with the assistance of the rehabilitation counselor, a vocational goal, intermediate objectives, VR services, and VR service providers. Informed choice results from a rational and systematic decision-making process, free from duress and coercion, which is characterized by:
   a. Identification of available alternatives or options;
   b. Identification of the consequences (both favorable and unfavorable) of pursuing each alternative or option;
   c. Selecting an alternative option after weighing and deliberating each one and its consequences in terms of a personal scale of values;
   d. Commitment and action to pursue the selected alternative or option; and
   e. Taking into account the individual’s personal factors including strengths, resources, priorities, concerns, abilities, capabilities and interests.

2. Full or Part-Time Employment: There are no legal guidelines that determine whether or not an employee is a part-time or full-time employee. A determination of whether an employee is working full or part-time depends on the company’s policy and practice of defining employees and the hours worked.

3. Competitive Employment: Work that is performed on a full-time or part-time basis in an integrated setting; and for which an individual is compensated at or above the minimum wage, but not less than
the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled.

4. Employment Outcome: 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.

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

B. Eligibility

1. The client’s anticipated employment outcome will not affect eligibility decisions.
2. All policies related to eligibility are still applicable.

C. VR Services

1. The client’s desired number of work hours will not affect the type, duration and cost of services.
2. All policies related to service provision are still applicable.

D. Closure

1. If the client’s choice is to work full-time, the vocational rehabilitation counselor will assist the client with obtaining full-time work in order to achieve a successful closure.
2. The Vocational Rehabilitation Counselor will ensure that the client is satisfied with the employment outcome and the number of hours worked at case closure.

E. Documentation

1. In order to demonstrate that informed choice was exercised, the counselor will document in the electronic case file all options discussed and decisions made.
2. The Individualized Plan for Employment will include an intermediate objective which specifies the client’s desired number of hours to work in their chosen employment goal.
   a. This can be reflected as a set number of hours or a range of hours.
3. IPE Justification Narrative will document client informed choice, employment goal, benefits counseling and number of desired work hours.

F. Vocational Rehabilitation Counselor Role

1. Vocational Counseling and Guidance is an integral part of the Vocational Rehabilitation process. In order to assist the client in making the best informed choice regarding their employment outcome, the following areas may need to be addressed:

   a. The employment being considered should provide the client’s desired level of inclusion in the work place, opportunities for advancement, financial independence and self-sufficiency, personal satisfaction, and other advantages considered to be important by the individual.

   b. The impact of income on childcare, SSI, SSDI, long term disability insurance, workers compensation, Medicaid/Medicare, nutritional assistance, housing assistance, etc. Tools and resources available to the counselor to assist the client in making an informed choice may include:

      i. Work Incentives Planning and Assistance (WIPA), Social Security Administration, AZ Freedom to Work, ArizonaSelfHelp.org, and Disability Benefits 101 (db101.org)

   c. The needs of the labor market for an identified occupation and the desired number of work hours. Tools and resources available to the counselor to assist the client in making an informed choice may include:

      i. AZCIS, O*NET, informational interviewing, labor market analysis, Office of Employment and Population Statistics

   d. The client’s personal factors consistent with their individual strengths, resources, priorities, concerns, abilities,
capabilities and interests. Tools and resources available to the counselor to assist the client in making an informed choice may include:

i. Client report, AZCIS, Identifying a Job or Career Goal, and VR services which may include clinical low vision evaluation, audiological evaluation, psychological evaluation, AT evaluation, vocational evaluation, situational assessment, functional capacity evaluation, etc.

e. The client’s medical / psychological considerations:

i. Assuring that the number of hours worked will not cause harm to the client.

f. The client’s plan for their future in order to sustain their basic needs and/or desired lifestyle. Tools and resources available to the counselor to assist the client in making an informed choice may include:

i. Social Security Administration (Plan for Achieving Self Sufficiency and Impairment Related Work Expense), db101.org, AZCIS (Reality Check)
APPENDIX 2 – ECONOMIC NEED CHART

Economic Need Chart FFY 2016*

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</tbody>
</table>

*Note: FY 2016 covers the period October 1, 2015 through September 30, 2016

Retrieved from the American Community Survey – State Median Family Income by Family Size

**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 – SCHEDULE A DOCUMENTATION

Schedule A is a hiring practice that Federal agencies may use to hire qualified individuals with disabilities into positions non-competitively without going through the traditional hiring process.

- To be eligible for appointment via Schedule A, an individual must be able to provide supporting documentation upon request by the Federal agency with the employment opportunity.
  - The documentation must indicate that an individual has an intellectual, physical, or psychiatric disability.
- The following individuals can provide Schedule A documentation:
  - A licensed Medical Professional
  - A licensed Rehabilitation Professional
  - Any federal or state level agency or entity that issues or provides disability benefits.
- An individual does not have to be a client of RSA in order to request a Schedule A certification letter. The individual must provide documentation from a qualified professional that documents the stated disability.
- Schedule A documentation must be on official letterhead.
  - A standard template named Schedule A documentation letter is in the Libera letters form drawer and is available on the intranet.
  - If the individual is not currently or has never been a client of RSA, a copy of the Schedule A letter and supporting documentation will be scanned to the RSA Custodian of Records/Ombudsman for records retention purposes.
- Additional information can be found at http://www.dol.gov/odep/pdf/20120103ScheduleA.pdf.
APPENDIX 4 – Client Status

A. The case management system utilizes codes to delineate stages throughout the Vocational Rehabilitation program. These codes are referred to as "status" and are used to facilitate internal case management and record keeping. Applicable areas of policy should be reviewed for the proper application of these status' and the activities which are allowed within each status.

B. The statuses are as follows:

a. 00 - Referral - a referral has been received, all clients referred to the VR program will be entered into this status.

b. 02 - Application - an application for services has been signed by the applicant and all necessary parties.

c. 04 - Order of Selection Waitlist - a client has been determined eligible but is placed in an Order of Selection category which is not open.

d. 06 - Trial Work Plan - a Trial Work Experience (TWE) is necessary to determine the client's ability to benefit from VR services in terms of an employment outcome.

e. 08 - Closed Case - a case has been closed before an eligibility determination has been completed.

f. 09 - Closed, Not Eligible - this will occur after a Trial Work Experience has determined that the client cannot benefit from VR services in terms of an employment outcome or if the client does not have a disability or a limitation which is a barrier to employment.

g. 10 - Eligible for Services/IPE Development - the client has been determined eligible for services and an IPE will be developed.

h. 12 - IPE Completed and Signed - the IPE has been developed and signed but services have not been implemented. This is generally a pass through status.

i. 13 - IPE Implemented - IPE services have been implemented.

j. 20 - Ready for Employment - all substantial services have been completed and the client is ready to actively seek employment.
k. 22 - Employed - the client is employed in an integrated setting, earning competitive wages in a job that closely matches the IPE goal.

l. 24 - Extended Service Interruption - the client is placed in an extended interrupted status during IPE service provision and there is reason to believe the client will resume services within 3-6 months.

m. 26 - Successful Employment Outcome - the client has achieved an employment outcome.

n. 28 - Unsuccessful Employment Outcome - the client has not achieve an employment outcome at the time of closure from IPE service provision.

o. 30 - Closed After Eligibility but Before IPE Implementation - the client was determined eligible but did not develop an IPE at the time of closure.

p. 31 - Employment Support Services (ESS) - the client is eligible to receive Employment Support Services through RSA after successful employment closure from IPE. (This is not common and policy should be consulted prior to using this status.)

q. 32 - Post-Employment Services (PES) - the client is eligible to receive discrete services after achieving a successful employment outcome.

r. 35 - Closed from Employment Support Services (ESS) - the client has received and completed Employment Support Services provided by RSA.

s. 36 - Closed from Post-Employment Services (PES) - the client has received and completed Post-Employment Services.
APPENDIX 5 - RESERVED
APPENDIX 7 - RESERVED
APPENDIX 8 – AUDIOLOGY SERVICES FLOW CHART

Beginning August 1st, you will only use contracted audiologists for audiology services. For a complete list of contractors, please see the RSA Intranet under Contracts, “RSA Fee Schedule Contracts”. For ENT examinations, you will use any ENT physician, and the service code for medical evaluation (001A).

STEP 1
VR office sends the client to a contracted Audiologist for testing.
   Service-Comprehensive Audiological Evaluation
   Service Code C01D for $280.00 (maximum amount)
   Include Exhibit 1- Audiology Evaluation Report
   Include Exhibit 2- Hearing Aid Order Form
   This authorization includes the cost of ear molds or impressions, the four audiological testing measurements and the time the audiologist spends ordering the hearing aids. (See Exhibit 4- RSA Fee Schedule)

STEP 2
Audiologist performs the Comprehensive Audiological Evaluation, and completes both Exhibit 1- Audiology Evaluation Report, and Exhibit 2- Hearing Aid Order Form. These two completed forms, along with audiologist’s billing invoice, are to be sent back to the VR Office by the Audiologist.

STEP 3
VR receives the above completed forms from the Audiologist. Both the Hearing Aid Order Form, and the Audiology Evaluation Report, must be reviewed to make sure they have been completed correctly. Please contact the audiologist if you suspect any errors. PPT does not pay the bill unless both forms are completed.

If the audiologist has checked the box titled “Is ENT Exam Recommended?”, then you will need to utilize CPT codes from AHCCCS, and plan and authorize the exam before proceeding. Otherwise, these documents, along with any other relevant information (hearing test, medical information, case notes, etc.), are then sent to the RSA Audiological Consultant. The form titled RSA Counselor/Consultant Worksheet is to be used for this purpose.

Please Note: If the RSA Audiological Consultant disagrees with the Audiologist’s recommendation, then she and the Audiologist must discuss and agree on a final recommendation.
At this point, the Audiologist’s invoice for the Comprehensive Audiological Evaluation, (which should be a maximum of $280.00), may be submitted for processing.

**STEP 4**

VR Counselor receives the consultation comments from the RSA Audiological Consultant, with the approved hearing aid recommendation. The VR counselor then signs **PART II** of the Hearing Aid Order Form, approving the purchase.

The PPT then inputs the VR office address for the “bill-to” address and the contracted Audiologist’s office address for the “ship-to” address on the bottom of the Hearing Aid Order Form. The PPT also includes the Hearing Aid Manufacturer Contact information at the bottom of this form. The form is returned to the audiologist via fax.

Please Note: The total amount of the hearing aids (per manufacturer contracted pricing) does not need to be included on this form at this time. The audiologist only needs to obtain VR signature approval so he/she knows they can proceed with ordering.

**STEP 5**

The PPT locates the hearing aid contracted price for the recommended and approved hearing aid(s) on the RSA Intranet under “Exempt Contracts”.

An authorization is created for the total price of the hearing aid(s), **using service code C16H**, and PPT sends /faxes the authorization directly to the hearing aid manufacturer contact person. Be sure to include the account number if designated. See the manufacturer contact list for account numbers.

The authorization letter created in STEP 6 below is sent to the audiologist at this time. The PPT writes the authorization number for the hearing aid manufacturer on the Exhibit 2- Hearing Aid Order form, or sends a copy of Exhibit 2 with the RSA authorization letter for the hearing aids to the manufacturer.

**STEP 6**

The PPT creates an authorization for the Audiologist:
- Service- Hearing Aid Fitting and Follow Up
- Service Code- **C02F** for either $890.00 for a single hearing aid, or $1335.00 for a pair of hearing aids.
When the audiologist receives the hearing aid(s) from the manufacturer, they are to contact the VR office to inform them the hearing aids have arrived. The audiologist will schedule the client’s fitting appointment.

**STEP 7**
The Audiologist sends **PART I** of the completed *Hearing Aid Fitting and Follow Up Report* with both the client and audiologist’s signatures, and the billing invoice for the *Hearing Aid Fitting and Follow Up* services to the VR office.

**STEP 8**
PPT will pay audiologist’s invoice only if both signatures are on the form, and the two follow-up appointment dates are listed. In addition, the amounts must match with the contract amounts listed in STEP 7.

**PROCESS COMPLETE….**

**Special Circumstances**

**Hearing Aid Testing** (hearing aid examination)

1- **When to use this test**: When client has hearing aids but reports to the VRC their hearing aid(s) don’t seem to be working right.
2- Use RSA Service Code **001F**
3- A Client Purchase Agreement is issued equivalent to the cost of the CPT code 92591, per current AHCCCS Fee Schedule pricing, to pay for this testing
4- Use only RSA contracted audiologists

**Ear Molds**

1- Please remember for those clients who already have hearing aids and just need new ear molds, or have already completed their hearing test but now need ear molds for the new aids, the counselor issues **Client Purchase Agreement only using service code 016N**.
2- Do not use this process if a comprehensive audiological evaluation (service code **C01D**) is purchased for the client.

**Hearing Aid Repairs and Warranties**

1- At the time of hearing aid purchase, RSA purchases initial warranty from the contracted hearing aid manufacturer. This warranty covers repair for a specified period of time. The counselor should obtain a
copy of the manufacturer warranty from the client and place this copy in the client’s file.

2- The client is to be responsible for any extended warranties.

3- The RSA Counselor should inform the client the benefit of an extended warranty which covers unexpected repairs after the initial manufacturer warranty expires.

4- At the present time RSA can purchase a repair for a client’s hearing aid as long as it is in support of the vocational goal as stated in the Individualized Plan for Employment
   - Use service code 0160 for this service
   - Client Purchase Agreement only
   - Check warranty prior to purchasing a repair and use warranty first

**Equipment Contract**

1- The counselor must complete a RSA Equipment Contract with Client form for all hearing aid purchases.

**Hearing Aids and Economic Need**

1- As of November 18th, 2008, RSA no longer applies economic need to hearing aids.
APPENDIX 9 – SELF-EMPLOYMENT BUSINESS PLAN

1. **TITLE PAGE**
   Business Name, Address, Phone Number, Owner(s) Names

2. **TABLE OF CONTENTS**
   List the title of each section of the document and indicate the page number where each is located.

3. **BUSINESS CONCEPT/EXECUTIVE SUMMARY**
   A one-page explanation of what your business is and its competitive advantage. Provide a clear description of the industry in which you are competing and a precise explanation of your business’s unique qualities that sets your venture apart from others who are competing for the same customers.
   - In what general market does your business compete?
   - What does your business do?
   - What quality image will it have?
   - In what price range will it compete?
   - What volume of sales or service is expected?
   - What customer needs are met?
   - What makes it unique from the competition?

4. **MARKETING PLAN**
   A. **Target Market**
   - What needs/benefits are sought by your customer that your product/service satisfies?
   - When and under what circumstances does your customer buy your product or service?
   - Describe the volume and frequency of your customer’s purchases.
   - Based on available data, what is the expected volume of your target market?
   - Of that target market, what is the projected volume of actual paying customers?
   - Describe your customer base. It is important for you to develop a clear, mental picture of your ideal customer. Describe your potential customers using the following factors: Age, Sex, Income Level, Education Level, Geographic Location, Occupational Area, Leisure Interests, Buying Habits, Goals and Aspirations. If you intend to provide a product or service to another business, your description should include: type of business (service, retail, manufacturing, etc.), size of business, priority placed on purchasing your product, projected image of your business, markets that the business
services, trade publications read by the business, trade organizations and memberships of the business.

B. Competition
A description of your competition should answer the following questions:
- Who are your major competitors?
- Why are they successful?
- What substitutes are there for your product?
- What impact do these substitutes have on your sales?
- What distinctive differences separate you from your competitors?
- Why should customers leave your competitors to choose your product?
- What market share do you expect to get? Why?

C. Location Analysis
Describe your business location and how it will enhance the sale of your product or service. Your description should answer the following questions:
- What strategic advantages do you have at this location?
- Is there opportunity for expansion?
- What are the neighboring businesses?
- Do they complement/detract from yours?
- Are building renovations needed? If so, at what cost?
- What is the zoning classification?
- Is the neighborhood stable, changing, improving, deteriorating? How?
- How is customer access, parking, etc.?
(Note: Include a photograph of the building, a drawing of the immediate area showing road access and identity of adjoining businesses, and a drawing of the floor plan of your business.)

D. Price Determination
A description of the price structure for your product or service will answer the following questions:
- Describe how the unit cost of your product compares to the relative value seen by the customer.
- How does your price compare with the competition?
- Why will customers pay your price?
- What image will be projected by this price?
- What special advantages do your customers get that is included in the price?
- Will you offer credit terms?

E. Marketing Approach
A description of your marketing effort should answer the following questions:
- What are the preliminary or test market results?
• Where (or from whom) do your customers seek information about purchasing your product or service?
• How will your image be clearly and consistently conveyed to potential buyers?
• Which media are most suitable? Why?
• How will you evaluate the effectiveness of each advertising and promotional effort?
• How will a sales staff be used? Evaluated?

5. MANAGEMENT PLAN OR OPERATIONAL PLAN
This section contains a description of who will run the business and how they will do it, including the following:

A. Management Team
Your description of how the business will be managed will answer the following questions:
• What business management background do you have?
• How will that experience help drive the business?
• How is the education and/or experience of key people related to this type of business?
• What legal form (sole proprietorship, partnership, corporation) will the business be?
• Who does what? Who reports to whom?
• What other resources (accountant, lawyer, special support personnel, etc.) are needed and who will provide them? Include in the appendix the resumes for key personnel.

B. Employee Relations
Your description of your methods for hiring, training and communicating with your staff will answer these questions:
• What are your personnel needs now? In the future?
• What skills will be required?
• How will you go about hiring and training?
• What salary and benefits will be provided?
• How will you determine and communicate wage increases to employees?
• What personnel policies will be provided to your employees?

C. Operational Controls
Your description of the kinds of management systems and how they will be used will answer these questions:
• What is your production capacity?
• What operating advantages do you have? How will you capitalize on them?
• What elements are critical to your success? How will you make sure they are available?
• Will will be key indicators of success?
• How will you monitor these factors?
- What hazards do you anticipate for your business? What protection and/or alternate plans do you have?
- What policies will you establish for the operation of your business?

6. **FINANCIAL PLAN**
   
   **A. Current Funding Requirements**
   - How much money will be needed for start-up?
   - What will be the sources of start-up capital?

   **B. Use of Funds**
   - How will the money be spent (capital expenditures, debt repayment, working capital)?
   - How will borrowed funds make your business more profitable?

   **C. Long-Range Financial Strategies**
   - How will you repay debt?
   - What terms of repayment are feasible
   - What back-up plan will be used if repayment cannot be accomplished as planned?

   **D. Financial Statements**
   To support this section, several financial statements will be required, such as the following:
   - Personal Financial Statement of Owner
   - Business Start-Up Costs
   - Capital Equipment List
   - Expected Cash Flow Analysis
   - Balance Sheet (actual or proposed)
   - Income Statement (actual or proposed)

7. **STRATEGIC PLAN**
   
   It is very important to include a description of where you want your venture to be in the next few years and how you intend to move toward those goals. This plan should focus on years two through five and include descriptions of the following items:

   - Strengths within your organization
   - Weaknesses within your organization
   - Opportunities available to you (and your competitors)
   - Threats impeding you (and your competitors)

   Using the preceding four factors, you should describe strategies that use your strengths to take advantage of opportunities and overcome threats; and strategies to reduce weaknesses and avoid threats to
your business. The strategies should identify intermediate goals (yearly) and the marketing, management, and financial resources that will be used to accomplish these goals.
APPENDIX 10 - RESERVED
APPENDIX 11 - RESERVED

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