

Kentucky Office of Vocational Rehabilitation
Policies & Procedures Manual

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For the purpose of this manual, use of the terms “must” or “shall,” reflect requirements of Federal law or regulation or state law or administrative regulation and must be adhered to strictly.

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For the purpose of this manual, use of the terms “must” or “shall,” reflect requirements of Federal law or regulation or state law or administrative regulation and must be adhered to strictly.

Authority and Mission

Authority

- Federal Authority – Federal Legislation – Public Law 113-128
- Federal Regulation – CFR 361 and 365
- State Legislation – KRS 151B 185-245
- State Administrative Regulation – 781 KAR1:010-1:070

For the purpose of this manual, use of the terms must or shall reflect requirements of Federal law or regulation or state law or administrative regulation and must be adhered to strictly.

Authorities are listed in priority order. If a conflict exists between state and federal law or regulations, the federal mandate takes precedent.

State imposed policy and procedures are incorporated as Kentucky Administrative Regulations. The administrative regulations are updated periodically. As information is updated, it is posted on the agency website. The information available from those sources will not be repeated in this Manual. The relevant material will be cited as a reference only.

Workforce Innovation and Opportunity Act 2014

The Workforce Innovation Opportunity Act of 2014 was signed into law by the United States Department of Labor on July 22, 2014. This amends the Workforce Investment Act of 1998 to strengthen the United States workforce development system through innovation in, and alignment and improvement of, employment, training, and education programs in the United States, and to promote individual and national economic growth, and for other purposes.

The Workforce Innovation and Opportunities Act reflects several significant changes from the Workforce Investment Act in focus and scope. The Workforce Innovation and Opportunities Act has increased emphasis on transitioning after high school, youth with disabilities, employer services, competitive integrated employment, and accountability and collaboration.

The law consists of five titles.

Title I

- Authorizes the new Workforce Development Activities.
- The subtitles are system alignment, workforce investment activities and providers, job corps, national programs, and administration.

Title II

- Adult Education and Literacy Act

Title III

- Amends the Wagner-Peyser Act (Employment Services)

Title IV

- Amendments to the Rehabilitation Act of 1973

Title V

- General Provisions

The Purposes of the Act are:

- To increase, for individuals in the United States, particularly those individuals with barriers to employment, access to and opportunities for employment, education, training, and support services they need to succeed in the labor market.
- To support the alignment of workforce investment, education, and economic development systems in support of a comprehensive, accessible, and high-quality workforce development system in the United States.
- To improve the quality and labor market relevance of workforce investment, education, and economic efforts to provide America's workers with the skills and credentials necessary to secure and advance in employment with family-sustaining wages and to provide America's employers with the skilled workers the employers need to succeed in a global economy.
- To promote improvement in the structure of and delivery of services through the United States workforce development system to better address the employment and skill needs of workers, jobseekers, and employers.

- To increase the prosperity of workers and employers in the United States, the economic growth of communities, regions, and States, and the global competitiveness of the United States.
- For purposes of subtitle A and B of Title I, provide workforce investment activities, through statewide and local workforce development systems, that increase employment, retention and earnings of participants, and increase attainment of recognized postsecondary credentials by participants, and as a result, improve the quality of the workforce, reduce welfare dependency, increase economic self-sufficiency, meet the skill requirements of employers, and enhance the productivity and competitiveness of the Nation.

The Office of Vocational Rehabilitation Philosophy, Mission,

Philosophy

We recognize and respect the contribution of all individuals as a necessary and vital part of a productive society.

Mission

To assist Kentuckians with disabilities achieve suitable employment and independence.

Values

We value the rights, merit, and dignity of all persons with disabilities and the opportunity to pursue employment as an important aspect of a full and meaningful life.

We value all staff, their individual talents, unique abilities, and contributions to the agency's mission.

We value collaborative efforts and partnerships, which support the agency's mission.

Confidentiality

Authority

- The Rehabilitation Act of 1973 as amended: Sections 20, 102(c), and 112(a)
- Federal Regulation: CFR 361.38
- State Administrative Regulation: 781 KAR 1:010

Resources

- [Internet and Electronic Mail Acceptable Use Policy](#)

Forms

- [Release of Information Agreement](#)
- [Release of Information Agreement Spanish](#)
- [Release of Personal or Protected Health Information](#)
- [Release of Personal or Protected Health Information Spanish](#)
- [Release Agreement](#)
- [Release Agreement Spanish](#)
- [Written Consent for Release of Information Between Kentucky Career Center Agencies](#)
- [Written Consent for Release of Information Between Kentucky Career Center Agencies Spanish](#)

Policies and practices related to maintaining confidentiality and the protection, use and release of information can be found in Section 361.38 of the Federal Regulations.

The Office of Vocational Rehabilitation shall safeguard the confidentiality of all personal information obtained in the course of the vocational rehabilitation programs.

The Office must assure that:

- Specific safeguards protect current and stored personal information;
- All applicants and eligible individuals and, as appropriate, those individuals' representatives, service providers, cooperating agencies, and interested persons are informed through appropriate modes of communication of the confidentiality of personal information and the conditions for accessing and releasing this information;
- All applicants or their representatives are informed about the Office's need to collect personal information and the policies governing its use including:
 - Identification of the authority under which information is collected;
 - Explanation of the principle purposes for which the Office intends to use or release the information;

- Explanation of whether providing requested information to the Office is mandatory or voluntary and the effects of not providing requested information;
- Identification of those situations in which the Office requires or does not require informed written consent of the individual before information may be released;
- Identification of other agencies to which information is routinely released.

Confidentiality with Electronic Communication

While electronic communication can be timely and effective, it must be used responsibly and provide all the confidentiality protections outlined in federal and state law. The following procedures are to be followed when corresponding with consumers electronically, for the purposes of applying this policy, electronic communication includes, but is not limited to email, fax, and Short Message Service, such as text messaging.

Consumers must be informed through the Office application that electronic communication is not secure. Correspondence may be inadvertently sent to the wrong recipient; an unauthorized individual may intercept the message or technology staff at the department or cabinet level may legally screen the email to assure compliance with state e-mail policies.

Information contained in e-mails to consumers, partners, and vendors shall not contain information of sensitive or confidential nature. Confirmation of appointments, reminders to pick up paperwork, etc. may be acceptable use of electronic communication if the consumer agrees to the use of e-mail for that purpose. Under no circumstances should information about the individual's disability be noted in e-mail. A good rule of thumb is if you would not feel comfortable leaving the message on an answering machine, do not put in electronic communications.

All electronic communication with consumers, partners, and vendors are considered part of the case record and must be printed and kept according to office policy. Once e-mail is completed and printed, it should be permanently deleted.

E-mails, faxes, other forms of electronic communication, just as all other aspects of the case record, should be written professionally and with the utmost respect for the consumer. Should some aspect of the case come into question, the electronic communication may become part of an appeal or court action.

Internal e-mails referring to a specific case record must utilize encryption software.

Regardless of the recipient, sensitive or confidential information should not be communicated unless encryption is available.

Staff may send and receive text messages also known as Short Message Services using their ky.gov email accounts. All guidance in this manual related to confidentiality and documentation when using other electronic communication, also applies to the use of Short Message Services.

Group texting may result in a breach of confidentiality. Counselors should not send a text to more than one recipient. Consumer should initiate text contact, to further indicate consent, and because Short Message Services function, more effectively if this procedure is followed. The counselor will receive the message in the form of an email from the consumer's Short Message Service address (which will include their phone number.) For convenience, the counselor can save the consumers contact information. Office staff responding to a text from a consumer might find it more effective to erase any unessential text from the body of an email before sending a message to a consumer's phone. This will prevent consumers from receiving the same text multiple times, and from receiving very large or broken messages. Please refer to policy on [text messages found within Case Documentation section of this manual](#).

Use of Personal Information

All personal information in the possession of the Office must be used only for the purposes directly connected with the administration of the vocational rehabilitation program. Information containing identifiable personal information may not be shared with other entities that do not have official responsibility for administration of the program.

Informed Written Consent

Informed written consent is required to release information when the written information is requested by:

- A Consumer
- A parent
- A guardian
- One who has Power of Attorney
- [Any other program authority](#) who uses vocational rehabilitation information for purposes not directly related to the administration of the vocational rehabilitation program.

To safeguard the confidentiality of records, established procedures require that informed written consent include:

- The purpose for which the information is desired;
- Specific information desired;
- Date of expiration of the informed written consent;
- An assurance that information will not be re-released to the individual or others; and
- Dated signature of individual or appropriate representative.

Office release forms that meet these requirements are available but any written document that includes the above information may be utilized.

Release to Consumers

When requested in writing by the consumer or their representative, the Office shall make all information in the case record accessible to the individual or the individual's representative in a timely manner.

Medical, psychological, or other information the Office determines may be harmful, to the individual, may not be released directly to the individual, but must be provided through a third party chosen by the individual. A third party may include an advocate, family member, or qualified medical or mental health professional, unless a representative has been appointed by the court to represent the individual, in which case the information must be released to the court appointed representative.

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

An applicant or eligible individual who believes information in the case record is inaccurate or misleading may request that the Office amend the information. If the information is not amended, the request for the amendment must be documented in the case record.

Release to Other Programs or Authorities

Information may be released to other programs or authorities for its program purposes under the same conditions that govern the release of information to an individual or that individual's representative, but only with the informed written consent of the individual. If the information requested may be considered harmful to the individual, the requesting agency must assure the Office the requested information shall not be further released to the involved individual.

Requests for information from a member of the congressional delegation interceding on the behalf of an applicant or eligible individual in regard to vocational rehabilitation services are to be forwarded to the Director of Program Services or designee.

Personal information may be released to an organization, agency, or individual engaged in audit, evaluation, or research only for purposes directly connected with administration of the vocational rehabilitation program, or for purposes which would significantly improve the quality of life for persons with disabilities and only if the organization, agency or individual assures that:

- Information shall be used only for the purposes for which it is being provided;
- Information shall be released only to persons officially connected with the audit, evaluation, or research;
- Information shall not be released to the involved individual;
- Information shall be managed in a manner to safeguard confidentiality; and
- Final products shall not reveal any personal identifying information without the informed written consent of the involved individual or the individual's representative.

Exceptions to Informed Written Consent

Informed written consent is not required when the request is:

- Directly related to the administration of the vocational rehabilitation program, or
- In response to judicial order.

Upon receipt of a judicial order or subpoena, or informal request from an attorney or any other legal process or request for access to, or production of, information contained in a case file or records, without the informed written consent of the individual or, as appropriate, that individual's representative, the following procedure should be followed:

The Counselor will immediately notify the supervisor and the Director of Program Services who will, when appropriate, notify the Office's Legal Office or the Attorney General's Office.

If circumstances make it impossible to obtain assistance prior to the time noted on the subpoena, or the legal process, for the counselor's appearance, the counselor will:

- Appear at the designated time and place, but will refuse to divulge, either verbally or by producing documents, the contents or substance of the individual's case file, until ordered to do so by a specific order of the Judge of the Court of jurisdiction.
- In refusing to divulge the information, the Counselor will advise the person requesting testimony or documents that disclosure is prohibited by Federal confidentiality regulations but that if ordered to disclose by the Court, the Counselor will comply.
- If the Judge orders the information to be released, the Counselor will immediately comply.

The Office will release personal information when:

- Required by Federal or State law; or
- In response to investigations in connection with law enforcement, fraud, or abuse (except where expressly prohibited by Federal or State laws or regulations), and in response to an order issued by a judge, magistrate, or other authorized judicial officer; or
- The Office may release personal information when necessary to protect the individual or others when the individual poses a direct threat to the individual's safety or the safety of others.

Fees for Duplicating Records

The Office has established reasonable fees to cover extraordinary costs of duplicating records or making extensive searches. A list of these fees can be found in the Office's Administrative Policies and Procedures.

Release of Information Matrix

This matrix provides information in table form regarding the types of information Counselors can release under various circumstances. Any release of case information requires some type release form, generally the Release of Personal or Protected Health Information.

Entity making the request	Case File	Office-Purchased Assessment, Evals	Psychological Assessments (Purchased by Vocational Rehabilitation)	Case Notes	Email Correspondence	Medical Reports/Records (Not purchased by Vocational Rehabilitation)	School Records	Social Sec. Records	Comments
Consumer	▪	▪	▪ *	▪	▪	X	X	X	* Unless deemed potentially harmful to consumer
Guardian	▪	▪	▪	▪	▪	X	X	X	
Client Assistance Program	▪	▪	▪	▪	▪	X	X	X	
Power of Attorney	▪ *	▪ *	▪ *	▪ *	▪ *	X	X	X	*Will depend on Power of Attorney Agreement
Subpoena or Police Request for Information									Contact Cabinet Legal Services
Judicial Order	▪	▪	▪	▪	▪				
Disability Determination	▪	▪	▪	▪	▪				Requires Release Form from Disability Determination
Other Agencies	▪ *	▪ *	▪ *	▪ *	▪ *				*Requires OVR-15b

▪ - May be released

X - May be viewed but not released

Nonprofessional Relationships

Authority

- KRS Chapter 11A
- KRS 209.020
- KRS 2.015

Resources

- [Code of Professional Ethics For Rehabilitation Counselors](#)

Definition

A nonprofessional relationship exists when staff have any type of relationship or interaction outside of the service-provision setting with a consumer, former consumer, or the romantic partners, or immediate family members of a consumer or former consumer. Examples of nonprofessional relationships include

- Working in the same office,
- Serving on the same committee,
- Attending the same church,
- Patronizing a consumer's business, either personally or while performing official duties,
- Shopping at the same store,
- Attending a consumer's formal ceremony, such as a graduation,
- Purchasing a service or a product from a consumer, or
- Going to another agency's office to introduce a frightened consumer to other services.

Examples of nonprofessional relationships are provided as a means of increasing professional awareness, and such scenarios are not always avoidable or advised against.

Nonprofessional relationships can vary in intensity and duration. Some nonprofessional relationships are restricted by state law, some should be avoided based on best practice, and others have the potential to benefit the consumer.

Nonprofessional Relationships Restricted by State Law

According to state law, staff members *shall not* participate in certain types of nonprofessional relationships. In these situations, a case transfer or a referral reassignment should always be initiated:

- Any staff and consumer relationship or interaction that presents a potential for the staff member to obtain financial gain, treatment, or privileges for themselves, their family members or others;
- Any staff and consumer relationship or interaction that presents a conflict between personal and professional interests;
- Any staff and consumer relationship or interaction which might in any way lead members of the general public to conclude that the staff member is using their official position to further their professional or private interest;
- Sexual or romantic interactions with current consumers;
- Sexual or romantic interactions with former consumers who are at risk for exploitation or harm. This would include Minors as defined by KRS 2.015, and adults as defined by KRS 209.020 quoted below.

a person eighteen (18) years of age or older who, because of mental or physical dysfunctioning, is unable to manage his or her own resources, carry out the activity of daily living, or protect himself or herself from neglect, exploitation, or a hazardous or abusive situation without assistance from others, and who may be in need of protective services.

Examples of these types of relationships include, but are not limited to

- Free-standing friendships;
- Business partnerships;
- Counseling relationships with current or former romantic partners

The above dual relationships are restricted by state law, and *must* be avoided.

Nonprofessional Relationships Not Restricted by State Law

Other types of nonprofessional relationships are not restricted by state law. The following guidance is provided according to best practices. This policy applies to nonprofessional relationships that are neither classified Nonprofessional Relationships Restricted by State Law, nor as Beneficial Nonprofessional Relationships.

The staff member who recognizes this type of nonprofessional relationship should discuss, with their branch manager, the option of transferring the case, and should inform the consumer of the nonprofessional relationship policy. Nonprofessional relationships should be avoided whenever possible. If possible, the case should be transferred. If the case cannot be transferred, then a nonprofessional relationship is unavoidable, and the staff member should, with the consumer, clearly define professional boundaries, expectations and roles, and continue to provide Vocational Rehabilitation services. Case documentation should note acknowledgement of

nonprofessional relationship and discussion of boundaries between counselor and consumer. As always, services should be provided in a confidential setting and manner.

Examples of these types of relationships include, but are not limited to

- Working in the same office
- Shopping in the same store
- Attending the same church
- Patronizing a consumer's business

Beneficial Nonprofessional Relationships

The following guidance is provided according to best practices. Nonprofessional relationships should be avoided according to the guidance above except when such interactions are expected to be beneficial to the consumer. Such interactions can reasonably be initiated if they comply with state law, and meet all of the following criteria.

- The rationale for the interaction has been documented in the case record including the potential benefits, and anticipated consequences;
- The staff member has obtained written consent from the consumer;
- The interaction will be time-limited;
- The interaction is context-specific (e.g., constrained to an organizational or community setting).

If Office staff anticipate any harm could come to the consumer because of a nonprofessional interaction, then the interaction should be avoided. If Office staff initiate a nonprofessional interaction, which meets the criteria listed above, and unanticipated harm comes to the consumer as a result, the staff should act to remedy it.

Potential examples of these types of relationships include, but are not limited to

- Attending a consumer's formal ceremony;
- Going to another agency's office to introduce a frightened consumer to other services;
- Personally purchasing a service or a product from a consumer.

Gifts

Office employees *shall not* accept gifts totaling a value of more than \$25 in a calendar year. When determining whether to accept a gift from a consumer, staff members should also consider the cultural or community practice, therapeutic relationship, the motivation of the consumer for giving gifts, and their own motivation for accepting or declining gifts.

Social Media Policy

Staff should not accept contact requests from current or former consumers on any personal social networking accounts (Facebook, LinkedIn, Instagram, Snapchat, etc.) or personal messaging apps. Adding consumers as friends or contacts on personal accounts can compromise confidentiality and may blur the boundaries of professional relationships. As part of the professional relationship, there are defined methods of communication that are allowable and designed to meet consumer needs. Communication options will be discussed during the guidance and counseling process. Staff members shall not give consumers their personal home phone number, cell phone number, email address or home address.

Additional Guidance

The Code of Professional Ethics for Rehabilitation Counselors provides additional guidance related to specific types of nonprofessional relationships including guidance related to former romantic partners and former clients. Although written to provide guidance to Certified Rehabilitation Counselors, it can be considered a best practice guide for all Office staff. The guidance found in the Code does not supersede or equate to state law.

Decision Making Model

When deciding the proper course of action when nonprofessional relationships are involved, staff members may find the following decision making model helpful.

- Is this in my consumer's best interest?
- Whose needs are being served?
- Will this have an impact on the service I am delivering?
- Should I make a note of my concerns or consult with a colleague?
- How would this be viewed by the consumer's family or significant other?
- How would I feel telling a colleague about this?
- Am I treating this consumer differently (e.g., appointment length, time of appointments, extent of personal disclosures)?
- Does this consumer mean something 'special' to me?
- Am I taking advantage of the consumer?
- Does this action benefit me rather than the consumer?
- Am I comfortable in documenting this decision/behavior in the consumer file?
- Does this contravene the Regulated Health Professions Act, the Standards of Professional Conduct or the Code of *Ethics, etc.*?

“The Bulletin”, the College of Psychologists of Ontario -Volume 25, #1, July 1998

Equal Language Access and Limited English Speaking

Authority

- Civil Rights Act of 1964: Title VI, Section 601
- Federal Regulation: 34 C F R, Part 100
- Executive Order 13166

Resources

- [Interpreter and Translator Resources](#)
- Language Line 1-866-903-3647

Background on Equal Language Access

In August 2000, President Bill Clinton signed Executive Order 13166, requiring all federal funding recipients to provide language access to people with limited English proficiency. As a recipient of federal funds, the Kentucky Office of Vocational Rehabilitation cannot discriminate against an individual based on national origin. This includes, but is not limited to the following:

- Denial of services, financial aid, or other benefits;
- Provision of different services and benefits, or providing them differently from those provided to others in the program;
- Segregate or treat individuals separately in any way in their receipt of any service, aid or benefit.
- Treat an individual differently from others in determining whether they satisfy any admission, enrollment, quota, eligibility, membership or other requirement or condition that individuals must meet in order to be provided any service, financial aid, or other benefit provided under the program.

Office Responsibilities

To ensure services are delivered to customers identified as Limited English Speaking, through staff or contracted vendors, the Office or contracted vendor shall provide equal access to services for individuals regardless of national origin. Strategies to provide equal access include the following:

- Post multi-lingual signs in waiting areas explaining the availability of interpreters.
- Use “point to your language” posters at initial contact to invite Limited English Speakers to identify a primary language.
- Use approved interpreters provided at no cost to the consumers.
- Prevent unreasonable delays in services during the process.
- Provide translated copies of essential program forms and documents
- Ensure vendors understand the rights of Limited English Speaking consumers.

- Ensure staff are trained on cultural competency, effective communication and the use of interpreters and translators

Counselor Responsibilities

Limited English speaking consumers may speak and understand conversational English, but lack the ability to understand rights, responsibilities, documents and forms. Staff must identify consumers who need language assistance and the customer's primary language.

Staff must follow the procedures below to ensure consumers receive adequate service:

1. Identify the consumer's primary language as soon as possible. This should be noted in the case file to ensure all staff will be aware of the language needs.
2. Indicate language needs on all referrals to vendors or internal services (Job Placement, Pace, Carl D. Perkins Vocational Training Center, etc.).
3. Inform consumers, including walk-ins, of their right to interpreter (verbal) and translation (written) services without unreasonable delay.
4. Provide translated copies of essential forms and documents. Forms are available on the Office website, if a translation is not available contact the Director of Program Services as soon as possible
5. Ensure limited English speaking consumers have equal safeguards of confidentiality as English proficient consumers.
6. Assist consumers with understanding and completing forms. Do not assume consumers are literate in their primary language.

Interpreter and Translation Procedures

Interpreters and, or, translators should be utilized to facilitate communication needed for quality services. A consumer may not feel these services are needed; however, the counselor should err on the side of caution and access services at any time it is felt a consumer lacks full understanding of the information being communicated.

Due to confidentiality, staff should not require or suggest the use of friends or family members as interpreters. However, the individual may choose to rely on a friend or relative. This choice should be recorded in the consumer's file and the consumer should be informed they may access interpreter and, or, translator services if they choose to do so.

- Each office should have access to multiple "Point to Your Language" posters to assist staff in identifying the primary language.
- If the consumer requires an interpreter or translator, it is the Office's responsibility to access these services. A list of resources is provided on the Office [Webpage](#).
- If translation is required, the Counselor may contact the Assistant Director of Program Services. Translating a document takes time, so this should be done in advance when possible.

- If a translator or interpreter is not available, or if an individual shows up without an appointment, the staff persons may utilize the Language Line at 1-866-903-3647.

Language Line: (866) 903-3647

In the event that a Limited English Speaker calls or visits an office unexpectedly, the Language Line can be utilized to facilitate communication with the consumer. The Language Line can also be used when staff need to call a consumer.

Staff can call InterpreTalk at 866-903-3647, and provide the following information to the operator:

- Cabinet: Education and Workforce Development
- Division: Vocational Rehabilitation
- Your name
- The language needed, or ask for assistance identifying the language.

Then proceed as follow:

- Hold shortly while your interpreter is connected.
- The operator will inform you the interpreter is now “on the line”, and give you the interpreter’s identification number.
- Explain the objective of the phone call to the interpreter. Then proceed by speaking directly to the consumer as if the interpreter were not on the line. Example: “Did you get the letter I mailed you?” Not “Did she get the letter I mailed her?”
- Upon completion of the call, all parties should simply hang up.

The duration of the call will be automatically recorded. InterpreTalk will bill Central Office for the service.

This service is only to be used when a limited English Speaking consumer visits an office unexpectedly, or when the counselor needs to contact a consumer via telephone. In all other situations (scheduled appointments, evaluations, etc.) an interpreter should be provided in person.

Please contact Chris Sheeting at 502-782-3458 for questions, comments or concerns regarding the Language Line.

Resources

The Office website lists resources for interpreter and translation services for limited English speakers. This list is not intended to be all-inclusive and counselors are encouraged to explore other local options or services. It is imperative Counselors inform service providers of confidentiality requirements prior to the provision of services.

Referral and Applicant

Authority

- Workforce Innovation and Opportunity Act of 2014, Title IV
- Federal Regulations, Sections 361.41, 361.38
- Administrative Regulation 781 KAR 1:020 Sections 2 and 3.

Applicable Forms

- [Application Worksheet](#)
- [Voter Registration Rights and Declination form](#), and the [mail-in voter registration form](#)
- [Application for Services Supplement](#)
- [Agreement for Extension of Time](#)
- [Federal I-9 requirements](#)

Resources

- [Consumer Guide](#)

Referral Development

Counselors are responsible for finding individuals with disabilities in their areas, and encouraging them to apply for Vocational Rehabilitation services. Counselors are responsible for maintaining productive contacts within the district, which result in appropriate referrals to the Office. Each county has

- A Rehabilitation Counselor for the Deaf, serving those who are deaf and use sign language as their preferred mode of communication. Service areas for these counselors are based on labor market groupings.
- A Rehabilitation Counselor for the Blind, serving those who are blind or visual impaired.
- One or more general Counselors serving all other disabilities

Communication Specialists, located in most major Vocational Rehabilitation offices, serve consumers who are hard of hearing and late deafened.

When serving individuals who have both hearing and vision loss, contact the State Coordinator of [Deafblind Services](#). This ensures the individual is placed on a statewide registry and appropriate services are provided. In counties without a Vocational Rehabilitation office, Counselors make periodic visits to partner locations to provide rehabilitation services.

Vocational Rehabilitation maintains relationships with agencies from which referrals may be received. The Office educates referral sources to ensure individuals with disabilities are given accurate information.

The Office maintains brochures explaining the vocational rehabilitation program. These can be distributed to potential referral sources or used to inform the public. Public Service Announcements, videos, and other aids are available through Central Office. The Counselor assumes the initiative for making contact with and educating referral sources. Suggested sources are:

- Individuals
- Public and private schools
- Hospitals and clinics
- Insurance companies
- Physicians
- Department for Social Services
- Health Departments
- Consumer Groups
- Businesses
- Private Rehabilitation Facilities
- Guidance Counselors
- One Stop Career Centers
- Adult Education
- Health Services
- Community Rehabilitation Programs
- Comprehensive Care Centers
- Workers Compensation
- Department of Corrections
- Veterans Administration
- Social Security Administration
- Civic Clubs and Groups
- Associations of Labor Groups

This list is not intended to be all-inclusive. Counselors should use professional talent and imagination to identify appropriate referral sources. In order to establish and maintain good relationships with referral sources, counselors should consider the following:

- Have frequent contact
- Maintain two-way communication
- Encourage, share, and develop information
- Visit treatment team planning sessions
- Attend staffing
- Participate in Individual Education Plans and Admission and Release Committee meetings
- Become familiar with other programs
- Explain Office policies and procedures
- Support partner programs

Referral

Once a counselor receives a referral, a good faith effort must be made to contact the individual in a timely manner. The purpose of this contact is to inform the individual of the application process and to begin gathering information necessary for determining eligibility and priority of services. This is an opportune time for the counselor to discuss existing information and request the individual bring available records to the first meeting. Contact should occur within five working days of receipt of the referral. If the individual decides to pursue application for vocational rehabilitation services, arrangement should be made to meet within thirty days of the date of referral.

In times of high consumer demand, serving applicants and those already determined eligible for services, may need to take priority over meeting with new referrals. Regardless referrals must be taken, entered into the Case Management System, contacted and scheduled per the guidelines above.

The following outlines a priority to be used for counselor time management:

1. **Cases with an Individualized Plan for Employment**
 - Provide services Plan services and complete Annual Reviews
2. **Cases Accepted for Service,**
 - Develop Individualized Plans for Employment within 90 days, extend, or close as appropriate
3. **Cases in Applicant status,**
 - Determine eligibility within 60 days, extend or close as appropriate
4. **Potentially Eligible,**
 - Provide Pre-Employment Transition Services,
5. **Referrals,**
 - Contact within 5 days of referral, meetings should be scheduled as soon as possible, with respect to 1 through 4 above, but no later than 30 days from referral.

Applicant

According to the federal definition, an individual is considered an “Applicant” when they have done the following:

- Completed and signed an Office Application Worksheet; or completed a common intake application form in a One-Stop Center; or has otherwise requested services from the Office of Vocational Rehabilitation; and
- Provided the necessary information to initiate an assessment to determine eligibility and priority of services; and
- Is available to complete the assessment process (Code of Federal Regulations 34 Part 361.41(b)(2).

There are no provisions in law or regulation for a Counselor to discourage or refuse to take an application. Any person desiring consideration for services has the right to apply and be considered for program eligibility.

Initial Interview and Application Process

During this first meeting, Counselors should put individuals at ease and establish rapport. The purposes of the initial interview are:

- Determine why the individual has come to the Office;
- Establish the identity and eligibility to legally work in the United States.
- Obtain the individual’s assessment of the disability, limitations in functional capacity, and how the individual feels Vocational Rehabilitation can assist;
- Identify the mutual purpose and goals of the rehabilitation process;
- Review the Consumer Guide to inform the applicant of his/her rights and responsibilities, including appeal procedures,
- Begin the assessment to determine eligibility.

- Complete the Application Worksheet.

During the application process, it is expected practice for the Counselor and consumer to complete, and sign, the Office's Application Worksheet; however, an individual may be considered an applicant without this worksheet, as defined above.

The sixty-day time frame for determining eligibility begins when the individual becomes an applicant regardless of the method chosen. If the applicant wishes to proceed with assessment to determine eligibility, the following steps should be taken:

- Collect existing data if available or arrange for appropriate diagnostics;
- Refer applicant to other appropriate resources such as Medicaid, community services, and other applicable Federal or State programs;
- Provide an interpreter consistent with that person's mode of communication or other communication devices when indicated;
- Begin case documentation including progress notes; and
- Offer voter registration services (see National Voter Registration Act for further instructions).
- A copy of the Consumer Guide must be given to each applicant.

After the initial interview, the applicant should understand thoroughly the eligibility criteria, Order of Selection, the timelines regarding eligibility and Individualized Plan for Employment development, the need to maintain contact with the counselor, and the obligation to participate actively throughout the rehabilitation process.

Social Security Recipient Applicants

Verified recipients of Social Security Disability Insurance and Supplemental Security Income for a disability are presumed to have a significant disability and to be eligible for Vocational Rehabilitation services, provided they intend to achieve an employment outcome consistent with the unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual. While eligible for services, they must still meet the requirements of the Office's current [Order of Selection](#) to receive services.

Relative Applicants

An employee shall not take an application or provide vocational rehabilitation services to a relative. "Relative" is defined as an individual related to another by blood, marriage, or adoption, including spouses, parents, grandparents, brothers, sisters, sons, daughters, grandchildren, aunts, uncles, nieces, nephews, and first cousins.

To avoid conflicts of interest, referrals who are related to staff members within a district must be referred to the Director of Program Services or designee. The Director of Program Services or designee will assign staff to take the application and to provide services as deemed appropriate.

If the applicant is a distant relative, the counselor should treat the situation with the same discretion used when determining conflict of interest on any other case. The counselor should excuse himself or herself from the case if the potential for conflict of interest exists.

Employee Applicants

In order to provide Office employees fair and equal access to vocational rehabilitation services, and avoid conflicts of interest, the following procedures should be followed when an employee wishes to apply for services:

- The employee shall advise the Director of Program Services or designee of the intent to apply.
- The Director of Program Services or designee will select a counselor to take the application.
- Whenever possible, the counselor will be located in an adjacent district.

Availability to Work

Prior to determination of eligibility, all potential applicants are required to provide identification documents meeting the Federal I-9 requirements for employment. Please note, Form I-9 requires the individual to have one acceptable document to establish both identity and employment eligibility from List A on page 3 of the instructions OR a document from list B establishing the person's identity and one document from list C establishing employment eligibility. The Office of Vocational Rehabilitation may assist with the purchase of the required I-9 documents; however, many acceptable documents can be obtained without a fee

The identification should be provided to the counselor within 60 days of the application date; however, the counselor may make exceptions based on extenuating circumstances. A copy of the identification provided should be placed in the case.

If the individual does not have the legal right to work in the United States, the counselor should state that under Federal law, the Office of Vocational Rehabilitation cannot serve persons who do not have legal work status. The counselor should then provide information to the individual concerning legalization procedures and recommend application be completed after legal status is obtained. If the individual chooses to continue the application, the counselor is to complete the interview and application, then immediately close the case from application and inform the individual their case has been closed. A copy of the consumer guide and appeal rights should be provided.

National Voter Registration Act

The Office of Vocational Rehabilitation has been identified as one of the agencies to implement the National Voter Registration Act. Each office will maintain a supply of the necessary forms (i.e. the voter registration form, the "Voter Registration Rights and Declination" form, and the mail-in voter registration form). Counselors must offer every applicant the opportunity to register to vote when the consumer initially applies for services, during the annual review, or when the consumer changes addresses.

- During the intake interview, each consumer is given the Voter Registration Rights and Declination form and asked, "If you are not registered to vote where you live now, would you like to apply to register here today?"
- Give the consumer the Voter Registration Rights and Declination form whether the consumer decides to register or not.
- Provide the same level of assistance in completing the voter registration form as you would provide when the consumer completes any Office form. The counselor should be ready to answer any questions on each section of the form, and fill out the form for the applicant, if necessary.
- Maintain strict neutrality with respect to party enrollment.
- Accept the Voter Registration Application Form for transmittal to the County Clerk representing the applicant's voting residence, and store it in the location the Office has designated until it can be forwarded to the County Clerk's office.
- Mail the applications weekly or at least within 10 days of receipt of the application.
- Allow the applicant to choose to mail in the application. Provide that individual with the mail-in voter registration form.
- Keep a copy of the consumers Voter Registration Rights and Declination form and place it in the case file. Also, keep a copy in a central, secure location in the district office.
- If the individual is a felon and cannot vote, please write "Felon" on the top of the form and include in the case file. It is not necessary to obtain a signature from the consumer.

Non-Resident

The Office will accept applications from individuals who reside outside of Kentucky if:

- The Consumers is available to participate fully in the rehabilitation process, including assessment for eligibility and rehabilitation needs,
- A Kentucky Office of Vocational Rehabilitation is the closest available vocational rehabilitation program to the consumer.

This is an exception and requires approval from the branch manager.

Institutionalized Applicants

It is best practice to accept applications on institutionalized individuals approximately 30 days prior to release. This enables the counselor to meet with the individual for an initial assessment and begin gathering necessary information to determine eligibility. Applications should not be taken on individuals who are institutionalized for an indefinite or considerable period of time since that individual would not be available to complete an assessment.

Counselors should be cautious when institutionalized individuals apply for services if immediate employment or training is a condition of parole or release. The acceptance of such conditions distorts the counselor and consumer relationship and may place the counselor in a difficult situation if parole or release conditions are not observed.

Occasionally, a Counselor may be requested to make a home visit with a consumer. It is recommended that other Office staff accompany the Counselor. Concerns about home visits should be discussed with the branch managers.

Case Documentation

Authority

- Rehabilitation Act of 1973 as amended, Sec. 101(a)(6), (9), (14), (20) and 102(a), (b), and (d)
Federal Regulation: CFR §361.47

Forms

- [Application Worksheet](#)
- [Eligibility Worksheet](#)
- [Eligibility Extension](#)
- [Individualized Plan for Employment](#)
- [Individualized Plan for Employment Amendment](#)

Resources

- [Code of Professional Ethics For Rehabilitation Counselors](#)

Case Management System Documentation

Signatures

Signatures or initials are required on documentation added to paper casefiles as outlined throughout this policy and procedures manual. Signatures are not required for progress notes or correspondence uploaded directly into the Case Management System. Electronic documentation should include the name of the author and the Case Management System will record the staff person responsible for the upload. Documents allowing an electronic signature should be signed prior to being uploaded.

Casefile

The term casefile refers to all documentation within both the paper case and the Case Management System. Information stored in one system does not have to be stored in the other, but when a document is in both places, it must be consistent.

Purpose of Case Documentation

The purpose of documentation is to record pertinent information about services provided, consumer participation, and case progress. It should be done so a third party, unfamiliar with the case, can see what has happened and understand why a counselor made a particular decision. Generally, progress notes are what comes to mind when thinking of documentation; however, the entire case record serves as documentation and information contained elsewhere does not have to be duplicated in the progress notes.

Progress notes should include summaries of counseling sessions, services not included in other documents, problem areas, and collaboration with other professionals, agencies, etc. Progress notes record services rendered by counselors and without this documentation, such efforts would not be reflected in the casefile. Notes should be kept as objective and factual as possible. Each case is a legal document that could be examined in a court of law. Progress notes shall be initialed or signed. Email documentation shall be signed with the staff member's full name and title or automatic signature. Judgmental statements, subjective statements, labels, innuendoes, etc., should never be included in progress notes. The expectation is to write in such a way that, if read by the consumer, notes do not cause harm. There is no prescribed format for progress notes; however, each document should include the date, names of both the consumer and author of the note, description of the action or events, and signature of the author. For initial interviews, some counselors have found a structured form with key questions, checklist of forms, etc. to be helpful.

Rehabilitation assistants, Vocational Rehabilitation Supervisors, Job Placement Specialist or other Office Staff may write case notes reflecting conversations and other pertinent work done, with or on behalf of the consumer or casefile.

Electronic Mail

Email correspondence with consumers, vendors, guardians, etc.... provide valuable information, which must be included in the casefile. Emails should be placed in the progress note section if they provide information on the casework flow. Emails used as progress notes should be labeled as a progress note, signed or initialed by the counselor, and filed with the other progress notes in the case. Counselors should explain participates, contexts, or other information not already clarified in the email body of the email.

For organizational purposes, e-mail chains, should include the final email that contains the entire electronic conversation. When email is not used as a progress note, it should be filed chronologically with other correspondence. An example of an email belonging in the correspondence section of a case file would be scheduling an appointment.

Text Messaging

Office staff may send and receive text messages also known as Short Message Service messages using their ky.gov email accounts. All guidance in this manual related to confidentiality and documentation when using other electronic communication, also applies to the use of Short Message Services. The consumer must be informed of the limits of confidentiality related to sending and receiving text messages

“Group texting” may result in a breach of confidentiality. Counselors should not send a Short Message Service message to more than one recipient. The consumer should initiate text contact, to further indicate consent, and because the Short Message Service technology functions, more effectively, if this procedure is followed. The counselor will receive the message in the form of an email from the consumer's Short Message Service address (which will include their phone number). For convenience, the counselor can save the consumers contact information along with

the address. Office staff responding to a text from a consumer might find it more effective to erase any unessential text from the body of an email before sending a message to a consumer's phone. This will prevent consumers from receiving the same text multiple times, and from receiving very large or broken messages.

Office staff should use the following procedure to initiate Short Message Service communication:

- If the consumer is a new applicant, they must indicate consent by marking the appropriate check box on the back of the Application Worksheet. The consumer should then send a text to their counselor's ky.gov email address. Please see the details below.
- If the consumer is an existing client, the Counselor must confirm they have indicated consent on the back of the Application Worksheet then, the consumer can send a text to their counselor.
- When the Counselor receives the initial Short Message Service communication, it should be printed, signed by the consumer, and placed in the case record. The initial communication should include the following text.

I _____, give my permission for the Office of Vocational Rehabilitation
(consumer name)
to communicate with me via Short Message Services using the number from which this
message was sent.

Initial Interview

The Application for Services gathers information and assists in the eligibility process. Additional information gathered during the initial interview must be documented in a progress note. The following information should be included on the initial progress note, unless clearly documented elsewhere:

- Review of Consumer Guide, informed choice, voter registration, Order of Selection and appeal rights
- Consumer's presenting information:
- Physical or mental impairment and limitations
- Current medications and treatment
- Adjustment to limitations and treatment
- Consumer identified functional limitations
- Vocational history, transferable skills and interests:
- Family and economic section
- Past Vocational Rehabilitation involvement
- Other agency involvement
- Counselor impressions and observations
- Military history
- Legal history
- Services requested
- Next steps (Including any additional assessments needed)

Verification of Social Security Benefits

Verification of Supplemental Security Income or Social Security Disability Insurance benefits must be obtained for presumptive eligibility. The most common methods of verification are copies of the consumer's award letter or a Benefits Planning Query (acronym BPQY.)

Verification of benefits, with the date documentation was obtained, must be included in the casefile.

Eligibility

The eligibility worksheet shall be completed thoroughly with functional limitations relating directly to a documented mental and, or, physical impairment. Counselors should complete an eligibility progress note, which will include the following:

- Specific examples of how a functional limitations and attendant factors
 - Result in a substantial impediment to employment.
 - Have impacted work history
 - May impact vocational choices or job preparation
- Explain how the individual can benefit in terms of employment at this time; i.e. stability, motivation, availability, and cooperation.
- Next steps (including any additional assessment needed to determine necessary services)

If the consumer's priority category is not being served under the Order of Selection, additional documentation is required demonstrating Information & Referral services were provided.

Individual Plan for Employment and Plan Amendments

The Individual Plan for Employment and AAmendment, documents the vocational goal, services, providers, finding source, and dates. A progress note should accompany the Plan and all Amendments. This note should justify the vocational goal, services, providers, and dates, by including information such as the following:

- Summary of existing information, assessments, and evaluations
- Transferable skills
- Labor market information
- Functional limitations
- Skills and abilities
- Grades
- Counselor judgment
- Family information
- Job samples
- Informed choice
- Number of hours (Part-time, Full-Time)
- Planned services and how they will assist in reaching the vocational goal
- Next steps

Annual Review

Annual reviews shall be done within one year of the Individualized Plan for Employment or within one year of the last annual review. “Annual Review” should be included on the progress note. Minimum requirements include:

- Meeting summary
- Review of disability and functional limitations
- Progress towards vocational goal
- Grade review, if applicable
- Review of Plan services
- Concerns, including changes or additional services
- Update of Consumer Cost Sharing
- Next steps
- Date of next review

Case Closure

Documentation of case closure is required regardless of the type of closure. In the event a case is closed due to an inability to contact the consumer, the casefile should demonstrate multiple attempts to contact the consumer. When closed from referral, written justification for the closure is not required. When closed from applicant status, written justification should be recorded in the case progress notes. A closure statement must be completed for any case closed where an eligibility decision is being made. The minimum requirements for each closure type are provided below.

Positive Employment Outcome

- Positive Employment Outcome Form
- The Office’s contribution to the success of the consumer
- Determination of vocational adjustment
- Consumer and counselor agreement that employment is consistent with the vocational goal
- Place of employment, job title, wages and benefits
- Post-employment services
- Appeal rights

Unsuccessful from Referral

- Written justification is not required
- Appeal rights

Unsuccessful from Applicant status

- Date of closure

- Reason for closure
- Attempts contact and inform consumer of closure
- Appeal rights

Unsuccessful from Eligible status

- Date of closure
- Reason for closure
- Attempts contact and inform consumer of closure
- Appeal rights

Unsuccessful from Individualized Plan for Employment Developed

- Date of closure
- Reason for closure
- Services provided
- Attempts contact and inform consumer of closure
- Appeal rights

From Post-Employment status

- Date of closure
- Reason for closure
- Services provided
- Attempts contact and inform consumer of closure
- Appeal rights

Errors

In the event information is determined to be incorrect in either the paper casefile, or electronic case management system, corrections should made immediately.

Case Management System Errors

To ensure accurate federal reporting, the Case Management System must reflect information recorded in the paper casefile and vice-versa. When an error occurs, a “change request” must be submitted immediately either by the responsible party or the one discovering the error. Changes shall not be made unless approved via email by the Case Management System Administrators, Program Services Director, or Assistant Director. If necessary, the paper casefile would be corrected as well. If the change request is not approved, the error must stand and be documented in a progress note.

Paper Casefile Errors

When an error occurs in a paper casefile, the information must be marked through, corrected, initialed, dated in red ink and documented in a progress note. In regards to the Eligibility Worksheet, amended indicates new information, an error requires a correction.

Changes will not be made to existing documentation, documents cannot be removed from a casefile, and errors cannot be corrected once the case is closed. A progress note regarding an error may be added to a closed case if the case has not yet been scanned and archived.

Failure to follow this policy may result in disciplinary action, including termination of employment, and may be a criminal offense.

KRS 519.060 Tampering with public records.

(1) A person is guilty of tampering with public records when:

(a) He knowingly makes a false entry in or falsely alters any public record; or

(b) Knowing he lacks the authority to do so, he intentionally destroys, mutilates, conceals, removes, or otherwise impairs the availability of any public records; or

(c) Knowing he lacks the authority to retain it, he intentionally refuses to deliver up a public record in his possession upon proper request of a public servant lawfully entitled to receive such record for examination or other purposes.

(2) Tampering with public records is a Class D felony.

Effective: July 14, 1992

Errors policy originally placed in the Office of Vocational Rehabilitation Policies and Procedures Manual on January 22, 2015.

Edits made by Statewide Council for Vocational Rehabilitation on March 16, 2015 and approved by Office of Vocational Rehabilitation Executive Leadership Team on April 8, 2015.

Informed Choice

Authority

- The Rehabilitation Act of 1973 as amended
- Federal Regulation: Section 361.52

Informed Choice-General Information

Since the inception of the Vocational Rehabilitation Program, consumers have advocated for control over their destinies, decisions, services delivery, and selection of career goals. As a result, amendments to the Rehabilitation Act of 1973 contained substantial language emphasizing consumer choice

Informed choice is defined as effective access to information, choices, counseling, services and supplies regarding the V R program.

State agency requirements to informed choice as it relates to vocational rehabilitation services were first encountered in the Rehabilitation Act of 1973 as amended in 1992. Section 2(c) (1) of the Act states that:

"it is the policy of the United states that all programs, projects, and activities receiving assistance under the Act shall be carried out in a manner consistent with the principles of: (1) respect for individual dignity, personal responsibility, self-determination, and pursuit of meaningful careers, based on informed choice, for individuals with disabilities."

In addition, Title I, Part A, Sec. 100 (a) (3)(C) provided one of the strongest provisions about informed choice, stating:

"Individuals with disabilities must be active participants in their own rehabilitation programs, including making meaningful and informed choices about the selection of their vocational goals and objectives and the vocational rehabilitation services they receive."

Guidance Related to Informed Choice

The items below have been identified as opportunities for informed choice:

- Identify choices the consumer can make independently or participate in the decision making process
- Empower consumers to make choices or collaborate in decision-making.
- Provide all available information and include consumers in information gathering processes
- Provide vocational guidance and counseling to clarify issues, options, and possible outcomes
- Remain open to consumer perspectives.
- Recognize when assistance is required. Knowing the difference between refusal, reluctance or inability to make a choice is important. Consumers, like all people, may be able to make choices on some days and unable on others. Different consumers may have different timeframes and comfort levels with decision-making.

Be aware of opportunities for informed choice.

- First contact;
- Initial interview;
- During assessment (includes vocational assessment, assistive technology assessment, etc.)
- During the selection of a vocational goal

Factors related to vocational rehabilitation goals and objectives will be discussed with all eligible individuals including, but not limited to the following:

- | | |
|-------------------------------------|-------------------------|
| • Vocational assessment techniques | • Environmental factors |
| • Assessment of physical capacities | • Relative pay |
| • Assessment of learning capacities | • Benefits |
| • Job market information | • Integration |
| • Relevant job seeking factors | • Upward mobility |
| • Job retention factors | |

Prior to developing or amending an Individualized Plan for Employment, consumers will be given a description of services and providers, allowing for input into the services and providers selected. Except where otherwise provided by state or federal law or regulation, alternative methods to provide services will be identified for the consumer and the consumer will choose the method:

- | | |
|--|---|
| • Selection of Any Service Provided (including Post-Employment); | • Selection of the Method of Providing a Service; |
| • Selection of Any Service Provider; | • Closure and Closure Status; |
| | • Disagreements and Disputes |

Disagreement will be resolved as quickly as possible so as not to impede the consumer's rehabilitation program. Consumer choices will be given preference. Choices will be reviewed periodically, especially during reviews of vocational rehabilitation goals and objectives.

Counselor Credentials

Authority

Federal Regulation: CFR 361.18

Definition

The Office of Vocational Rehabilitation recognizes a Qualified Rehabilitation Professional as an employee of the Office who:

- Holds a national certification as a Certified Rehabilitation Counselor, or
- Is educationally eligible to take the national certification examination from the Commission on Rehabilitation Counselor Certification, or
- At a minimum, meets the Kentucky Personnel Cabinet standard for certification eligible to hold the position of a Voc Rehab Counselor, Grade 13.

The Grade 13 position requires a master's degree in rehabilitation, rehabilitation teaching or therapy, guidance and, or, counseling, psychology, sociology, orientation and mobility, social work, special education with emphasis in vocational counseling or a related field. In the absence of a master' degree, an individual may qualify for the grade 13 position with a bachelor's degree in one of the above areas plus two years of professional experience in vocational rehabilitation, vocational assessment, employer relations or Assistive Technology is required.

Approvals

Until the Counselor of Record meets the definition above, a Qualified Rehabilitation Professional is assigned to review the following activities and supporting data to ensure accuracy:

- Eligibility Determinations
- Ineligibility Decisions
- Individualized Plans for Employment
- Amendments, and
- Employment Outcomes.

The official date of eligibility, ineligibility, plan development and employment outcome is when the Qualified Rehabilitation Professional has approved those actions by signing and dating the associated forms. The closure progress note should be signed and dated by the Qualified Rehabilitation Professional to indicate an employment outcome has been approved. It is the responsibility of the Counselor of Record to notify all consumers of this process.

If a Qualified Rehabilitation Professional is unavailable or absent, the field manager will designate another Qualified Rehabilitation Professional to provide approvals in order to avoid delaying service provision.

The Case Management System procedures for actions related to counselor credentials can be found in the Case Management Training Guide.

Eligibility for Services

Authority

- Workforce Innovation and Opportunity Act 2014
- Federal Regulations, Sections 361.36, 361.37, 361.42, 361.43
- Administrative Regulation 781 KAR 1:030 Section 3.

Forms

- [Eligibility Worksheet](#)
- [Agreement of Understanding](#)
- [Eligibility Extension](#)
- Ineligibility Procedures (Case Management System-Generated)
- [Eligibility Reconsideration](#)
- Information and Referral – (Case Management System-Generated)

Eligibility-General Information

It is the counselor's responsibility to document eligibility. For each eligibility determination, the counselor shall certify, using the Agreement of Understanding, basic eligibility requirements have been met.

There is no upper or lower age limit, which, in and of itself, results in a finding of ineligibility. The individual, however, must be of employable age by the time rehabilitation services have been completed. There are no residency requirements for eligibility purposes. However, the individual must be available to participate in rehabilitation services. Eligibility requirements are applied by the Office without regard to race, color, national origin, sex, age, religion, type of disability, genetic information, marital status, sexual orientation, gender identity, citizenship, pregnancy, or veteran status.

Eligibility determination is an individualized process. Conclusions and inferences drawn from one case cannot be generalized to others. All facets of eligibility have to be considered in each case to measure the impact of a disability on an individual's vocational life.

When there are not enough resources to serve everyone who is eligible, the Act requires the Office to serve individuals with the most significant disabilities first. This means individuals with the most significant disabilities are given a priority over those with less significant disabilities. This process is called an "order of selection."

The existence of an impairment does not constitute eligibility. One individual may experience a "substantial impediment" while another individual with the same impairment may not. Use of the words "for that individual" in the Federal definition implies that rehabilitation professionals should not generalize about types of impairments (e.g., individuals with epilepsy should not

drive an automobile, individuals with learning disabilities are not good candidates for training, etcetera.).

Time Limit for Determining Eligibility

Eligibility determinations must be made within 60 calendar days from the date of application, unless there are unforeseen circumstances beyond the control of the Office, and the consumer and counselor agree to an extension. In such cases, an agreement must be executed in writing, include a specific time frame to determine eligibility, and be signed by the consumer. The Eligibility Extension form is used to document the agreement. Email may be used as a method of documenting an agreement of extension if the following conditions are met:

1. The consumer has given consent to communicate by e-mail on the Application for Services,
2. The communication must occur prior to the end of the 60-day deadline,
3. The email must provide the same information found on the Eligibility Extension form, and
4. The consumer must clearly communicate agreement with the extension in their response.

Best practice dictates that eligibility determinations should be made as quickly as possible and the one-time extension should not be longer than 60 days. Eligibility deadlines cannot be extended if Presumptive Eligibility requirements have been met.

Presumptive Eligibility for Social Security Recipients

Social Security Disability recipients and those receiving Supplemental Security Income for a disability are presumed eligible, and to have a significant disability, so long as the individual intends to achieve an employment outcome consistent with their unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. Counselors should stress during application process that services are provided to address the employment needs of individuals with disabilities. Signing an application for services shall be considered the person's intent to achieve an employment outcome. The purpose of presumptive eligibility is to streamline the eligibility process and speed access to services. Therefore, an eligibility determination, or need for trial work experience, must be made as quickly as possible, and no later than sixty days without exceptions. This presumption can be overcome only by clear and convincing evidence that the individual cannot benefit from services, and only after a period of trial work.

All recipients must be assigned to an appropriate Priority Category based on functional limitations, for the purpose of Order of Selection. There is no presumption that Social Security recipients automatically meet the requirements to be considered an individual with the most significant disability (see previous guidance regarding the Most Significant Disability)

If benefits are verified via an award letter, copy of deposits, a Benefits Query, Ticket to Work, or other forms of verification, no additional medical information is needed to find the person eligible. Verification of benefits must be included in the case record.

Once benefits are verified, eligibility can be determined based on counselor observation, discussion with the consumer, information from friends or family, and counselor judgment. The eligibility worksheet should be amended as documentation becomes available.

Regardless of Presumptive Eligibility, a comprehensive assessment to include medical documentation will be needed prior to developing an Individualized Plan for Employment.

To meet the requirement for Presumptive Eligibility, applicants must receive benefits because they have been determined, by the Social Security Administration, to be either an adult or a child with a disability. Individuals receiving retirement benefits, dependent benefits or survivor benefits are not presumed eligible. Individuals receiving benefits based on age (Social Security retirement or Supplemental Security Insurance-aged) are not presumed eligible even if they received disability benefits prior to retirement age. Services should continue for consumers already determined eligible who reach retirement age. For guidance regarding individuals who receive benefits based on age, please see the retirement age section below.

Retirement Age

Presumptive Eligibility does not apply to those receiving benefits based-on-age. The following bullet points may be helpful when trying to determine if someone is receiving benefits-based-on-age.

- In cases of early retirement, an individual as young as 62 may receive benefits based on age.
- When someone receiving disability benefits reaches “full retirement age”, their disability benefits automatically converts to retirement benefits.
- Full retirement age for Supplemental Security Income recipients is 65.
- Full retirement age for Social Security Disability Insurance recipients is based on birth year.

The following list the full retirement age by birth year.

- | | |
|--------------------|-----------------|
| • 65 | 1937 or earlier |
| • 65 and 2 months | 1938 |
| • 65 and 4 months | 1939 |
| • 65 and 6 months | 1940 |
| • 65 and 8 months | 1941 |
| • 65 and 10 months | 1942 |
| • 66 | 1943-1954 |
| • 66 and 2 months | 1955 |
| • 66 and 4 months | 1956 |
| • 66 and 6 months | 1957 |
| • 66 and 8 months | 1958 |
| • 66 and 10 months | 1959 |
| • 67 | 1960 and later |

**If you were born on January 1st of any year you should refer to the previous year. (If you were born on the 1st of the month, your benefit (and your full retirement age) is figured as if your birthday was in the previous month.)*

Eligibility Worksheet

The Eligibility Worksheet used by the Office of Vocational Rehabilitation, does more than simply determine a consumer's eligibility for services. This worksheet also list limitations to functional capacities determines significance of disability, priority category assignment, and order of selection. Being eligible for Vocational Rehabilitation does not guarantee that an individual will receive services. To receive services, an applicant must be both eligible and accepted for services. Accepted for services is determined by the priority category and current order of selection.

The Eligibility Worksheet has six steps.

1. Determine Eligibility
2. Determine Limitations to Functional Capacities
3. Determine if the applicant is an individual with a significant disability
4. Determine if the applicant is an individual with a most significant disability
5. Determine the priority category
6. Determine Order of Selection

Below is a description of each step in the process as found on the Eligibility Worksheet.

Step I: Determine Eligibility

Presumptive Eligibility for SSI/SSDI Recipients

Any applicant who has been determined eligible for Social Security benefits under title II or title XVI of the Social Security Act is presumed eligible for vocational rehabilitation services and considered an individual with a significant disability, provided they intend to achieve an employment outcome consistent with their unique strengths, resources, priorities, concerns, abilities, capabilities, interest, and informed choice.

Basic Eligibility

Five criteria must be considered when determining eligibility for services:

- a. Has it been determined by qualified personnel that the applicant has a physical or mental impairment?
- b. Has it been determined by a qualified personnel that the applicant's impairment constitutes or results in a substantial impediment to employment?
- c. Has it been determined by a qualified Vocational Rehabilitation Counselor that the applicant requires vocational rehabilitation services to prepare for, secure, retain, advance in, or regain employment?
- d. Can the applicant benefit in terms of employment?

1. It must be presumed that those who meet the first three will benefit in terms of employment. This question cannot be answered no without conducting an exploration of capabilities through Trial Work.
- e. Does the applicant intend to achieve an employment outcome consistent with their unique strengths, resources, priorities, concerns, abilities, capabilities, interest and informed choice

Each must be yes for an individual to be eligible for Vocational Rehabilitation services. The term “advance in” was added by the Workforce Innovation and Opportunities Act, reinforcing a commitment to assist individuals with disabilities achieve their maximum vocational potential. The term is interpreted broadly to include, advancement within an individual’s current employment or advancement into new employment. Assistance could include, as appropriate for the individual, graduate-level postsecondary education, if necessary to achieve advancement in employment specified as the vocational goal on the Individualized Plan for Employment.

If all five questions are answered yes, than the applicant is eligible for Vocational Rehabilitation.

A more in-depth description of each of the five criteria can be found below.

a. Has it been determined by qualified personnel that the applicant has a physical or mental impairment?

A physical or mental impairment can be defined as a physical or mental condition that materially limits or contributes to limiting one or more of an individual’s life activities. Both types of impairments should be treated and considered equally. For the purpose of eligibility, the counselor determines if permanent or progressive limitations result from the impairment.

Impairment Based on Counselor Observations

If counselor observation is utilized to establish a physical impairment, a case note is required describing the observations and circumstances under which they were made. Additional diagnostic information may be needed to answer other eligibility concerns and, or, identify co-occurring impairments. A confirming diagnosis must be obtained from a qualified medical source prior to developing an Individualized Plan for Employment.

Impairment Based on Documentation

To the maximum extent appropriate, existing information should be used to determine eligibility and develop an individualized plan for employment. Every attempt should be made to procure information from past or current medical treatment, hospitalizations, treatment programs, school records, etc. The Counselor should particularly consider information from education officials, the Social Security Administration, the individual, and the family of the individual. There is no time limit on the use of existing data. It is left up to the judgment of the Counselor and the consumer as to the relevance of information.

Documentation from hospital and medical facilities regarding services rendered by a physician (even if the documents do not contain the physician's signature) may be used for determining eligibility.

Counselors may use the following types of existing information for the determination of eligibility in mental health cases:

- Information obtained from a licensed psychologist, psychiatrist, licensed psychological practitioner, certified psychologist with autonomous functioning, licensed professional clinical counselor, and advanced registered nurse practitioner with Masters in mental health, or licensed clinical social worker;
- Data from drug and alcohol treatment programs when a diagnosis is given even if it is not signed by a licensed psychologist, psychiatrist, or a licensed clinical social worker; and
- Information from Title XX Community Mental Health Centers, regardless of the credentials of the treatment provider. A Diagnostic and Statistical Manual of Mental Disorders-V (acronym DSM-V) diagnosis from a general practitioner may also be used to establish eligibility. However, it is best practice to further explore the condition through other existing information, consultation, or assessments by individuals specializing in psychiatric or psychological conditions before developing an individualized plan for employment.

Existing information may be satisfactory for eligibility but fall short of the comprehensive assessment requirement to develop a plan. Consequently, at times, it is necessary to purchase additional diagnostic information to develop an Individualized Plan for Employment.

Medical, psychological, educational, or vocational assessments may be purchased; however, existing data should be utilized to the maximum extent possible. Counselor observations and knowledge of disabilities may assist in determining functional limitations. Reference materials such as medical dictionaries, the Handbook of Severe Disability, Arkansas Disability Handbook, The Merck Manual, and the Diagnostic and Statistical Manual of Mental Disorders-V, may provide additional information. It is important to remember, consumers are the best source of information regarding the impact of disabilities on daily functions. Limitations in functional capacity must be a direct result of the disability and not the result of attendant factor. Documentation should demonstrate how limitation interfere with employment.

Only areas seriously limiting functional capacities should be considered. Serious limitation means the individual frequently requires assistance from others, personal adaptations, assistive technology and/or accommodations not typically needed for other workers to participate in employment. Counselors should use their judgment about whether or not limitations are substantial in terms of employment outcome.

For progressive disabilities, the counselor can use professional judgment, experience, and resource materials to document the presumption of potential limitations.

b. Has it been determined by qualified personnel that the applicant’s impairment constitutes or results in a substantial impediment to employment?

Substantial impediment to employment means that a physical or mental impairment (in light of attendant medical, psychological, vocational, educational, communication, and other related factors) hinder an individual from preparing for, entering into, engaging in, advancing in, or retaining employment consistent with the individuals abilities and capabilities.

c. Has it been determined by a qualified Vocational Rehabilitation Counselor that the applicant requires vocational rehabilitation services to prepare for, secure, retain, advance in, or regain employment?

A determination by a qualified vocational rehabilitation counselor employed by the designated state unit that the applicant requires vocational rehabilitation services to prepare for, secure, retain, advance in, or regain employment that is consistent with the individual’s unique strengths, resources, priorities, concerns, abilities, capabilities, interest and informed choice. For purposes of an assessment for determining eligibility and vocational rehabilitation needs under this part, an individual is presumed to have a goal of an employment outcome.

An individual meets this criterion if the unique skills of a qualified vocational rehabilitation professional are required to prepare for, secure, retain, advance in, or regain employment. Examples of unique skills, which cannot be obtained independently through comparable benefits or resources, might include counseling on the impact of impairment on employment, providing information regarding disability related laws, developing appropriate vocational goals in relation to disability, etc.

In some cases, an applicant may be employed in an appropriate position, but want to change jobs or pursue training as a matter of choice. This individual would not require services and, therefore, would not be eligible. However, if the individual was at risk of losing the job or could not advance to a higher position without services, due to limitations resulting from a disability, and met all of the other criteria for eligibility, the individual would be eligible for services. In such cases, the criteria of “requires Office of Vocational Rehabilitation services” must be justified by one of the following:

- The current employment is averse to the disability
- The employment is in jeopardy due to the disability
- The individual is significantly underemployed.

Underemployment

Underemployment is defined as a level of employment that is substantially below consumer potential due to the direct result of functional limitations. When making an eligibility determination for an applicant who is employed, the same eligibility criteria in Step I above must be met.

Underemployment may result from a variety of reasons, such as access to a major labor market, legal history and the economy. However, for an individual to require services, underemployment must be due to substantial impediment to employment resulting from disabling conditions.

Consumers are considered underemployed when a disability adversely affect the ability to obtain a position that could reasonably be expected:

- In light of education, experience, and capabilities,
- Prior to the onset or worsening of a disabling condition, or
- In light of current capabilities with or without accommodations.

Although an impediment to employment may not be a hindrance to a job the consumer has at application, they may be a barrier to advancement or to obtaining another employment position. Underemployment may be considered as evidence that a substantial impediment to employment exists if it is directly related to existing impairments to employment resulting from a disability. If underemployment is not directly related to an impairment resulting from a disability, it may be considered as an attendant factor. This is applicable even when Vocational Rehabilitation services are required to secure, retain, or regain more than one employment position, i.e. multiple employment or the consumer is underemployed.

The benefit of securing more than one job or a second employment position may be considered for those who are underemployed. For example, a consumer with a bachelor's degree is working as a server in a restaurant. The individual has not been able to obtain a career consistent with identified interest or abilities, nor obtain a second job (multiple employment) due to the disability. Without assistance, the individual will likely be unable to access employment opportunities fitting of identified skills and abilities. In this case, the individual could be considered underemployed because he is an individual with a disability that is partially or fully employed in a position below his/her identified skills and abilities as a direct result of the disability and no other factors such as the economy, the labor market, etc. This individual requires Office of Vocational Rehabilitation services.

Example

Consider a person who has successfully maintained employment working 40 hours weekly, with earnings of \$10.00 an hour. He has a disability; however, it does not adversely affect his current position. He and his wife are getting a divorce; therefore, he needs additional income. This person would not be considered underemployed, for Vocational Rehabilitation purposes. His current level of employment and his ability to obtain future employment is not directly limited by his disability.

If, however he could not obtain additional income due to limitations resulting from a disability, such as driving restrictions, academic limitations, etc., then he may be considered underemployed regardless of his current level of income.

In determining eligibility, Counselors must systematically assess the individual's education, vocational training, work skills and employment experience, available labor market and available

resources. Then compare the results with eligibility criteria. Best practice dictates counselors document how the individual requires services to achieve a vocational goal.

d. Can the Applicant Benefit in Terms of Employment?

It is presumed that applicants who meets a, b, and c can benefit in terms of an employment outcome. Prior to any determination that an individual with a disability is unable to benefit from vocational rehabilitation services in terms of an employment outcome because of the severity of that individual's disability an exploration of the individuals abilities, capabilities, and capacity to perform in realistic work situation must be conducted. See the policy on Trail Work for more information.

e. Does the applicant intend to achieve an employment outcome consistent with their unique strengths, resources, priorities, concerns, abilities, capabilities, interested informed choice?

Any eligible individual, including an individual whose eligibility is based on being eligible for Social Security benefits, must intend to achieve an employment outcome consistent with the applicant's unique strengths, resources, priorities, concerns, abilities, capabilities, interest, and informed choice.

Step II: Determine Limitations to Functional Capacities

If the consumer is determined eligible, the next step is to determine if any functional limitations result from the impairments listed at the top of the eligibility worksheet.

Limitations to Functional Capacity:

The Eligibility Worksheet includes seven major areas of Functional Capacities:

- **Self-Care:** The ability to perform activities of daily living as they affect the individual's ability to participate in training and, or, work activities.
- **Work Skills:** The ability to learn and, or, perform work functions.
- **Interpersonal Skills:** The ability to interact in an acceptable and mature manner with co-workers, supervisors, and others to facilitate the normal flow of work activities (not due to cultural or language factors).
- **Communication:** The accurate and efficient transmission and, or, reception of information, either verbally or non-verbally due to physical, sensory, emotional or cognitive impairments. This does not include communication difficulties related to foreign language or cultural differences.
- **Mobility:** The physical, cognitive, sensory or psychological ability to move efficiently from place to place, including community, school, home, and work.
- **Self-Direction:** The ability to plan, initiate, organize, and carry out goal directed activities related to job preparation and employment.
- **Work Tolerance:** The ability to carry out required physical and cognitive work tasks in an efficient and effective manner over a sustained period-of-time.

All limitations marked on the Eligibility Worksheet must be substantiated in the case record. This worksheet should be considered a dynamic document to be amended, as new information becomes known.

Attendant Factors

What other factors, (not directly resulting from a disability,) affect the individual's ability to obtain, maintain, or progress in employment and in what way? Examples of attendant factors include:

- Lack of marketable skills
- Low educational or academic levels
- Long-term unemployment or sporadic work history
- Criminal record
- Lack of transportation or childcare
- Lengthy history of dependence on others
- Residence in areas of poverty or limited employment opportunity
- Inadequate motivation to work
- Inadequate peer, family, or community support
- Disincentives – reliance on financial or medical benefits
- Unstable or inadequate living Arrangements
- Poor personal or social adjustment
- Appearance – grooming and hygiene

Step III: Determine if the Applicant is an Individual with a Significant Disability

Once eligibility criteria are met and any limitation to functional capacities identified, the next step is to determine the significance of disability. A significant disability is presumed for those receiving Social Security benefits. For all others, to be considered an individual with a significant disability, two criteria must be met.

- a. The individual must have a severe physical or mental impairment (or combination of impairments that seriously limits one of the functional capacities listed above, and
- b. Must be expected to require multiple vocational rehabilitation services (including guidance and counseling) over an extended period of time.

If, at the time of eligibility determination, the counselor believes multiple service are required, that belief is adequate to determine the significance of disability whether or not the consumer takes advantage of all service. The requirement for multiple service may be considered met if the individual receives, or is expected to receive, these services even if they are provided or funded by comparable benefits.

Guidance: This process relies heavily upon counselor judgment. Limitations identified during the eligibility process through medical recommendations, information about disabilities, labor market trends, attendant factors, etc. will be considered when determining the need for multiple

services and whether a service constitutes a vocational rehabilitation service. The need for vocational guidance and counseling is assumed for all eligible consumers.

Step IV: Determine if the Applicant is an Individual with a Most Significant Disability

An individual who has a most significant disability is an individual who has a significant disability and:

- Has limitations in two or more areas of the functional capacities.

Step V: Determine the Priority Category

When the Office is unable to provide services to all eligible applicants, an Order of Selection will be implemented. The Executive Director will issue a memorandum with appropriate instructions.

Any individual previously declared eligible for services and receiving services under an Individualized Plan for Employment will not be affected by the implementation of an Order of Selection. Upon implementation, the Office will continue to accept referrals and applications from individuals with disabilities. The Order of Selection will not regulate the provision or authorization of diagnostic and assessment services.

Any person who does not have an Individualized Plan for Employment at the time an Order of Selection is implemented will be assigned to a priority category. The Eligibility Worksheet is utilized to determine the appropriate category. Consumers may request consideration of reclassification into a higher priority category based on changes in functional limitations.

Priority Categories

When the Order of Selection has been implemented, the system shall have four priority categories based upon functional capacities. (see Significant Disability above).

- Category 1: Eligible individuals with a most significant disability and who have limitations in three or more functional capacities.
- Category 2: Eligible individuals with a most significant disability and who have limitations in two functional capacities.
- Category 3: Eligible individuals with significant disabilities who have limitations in one major area of functional capacity
- Category 4: Consumers with a non-significant disability

Step VI: Determine order of Selection

The Eligibility Worksheet may result in a determination of one of the three following categories. Eligible and Accepted, Eligible and Out-of-Selection, and Unknown.

Eligible and Accepted

If the worksheet results in a determination of Eligible and Accepted the case should progress as appropriate towards an Individualized Plan for Employment.

Eligible and Out of Selection

If the worksheet results in a determination of Eligible and Out-of-Selection the applicant will be placed on a pre-service waitlist.

Effective Oct 1st 2020, individuals on the waiting list in Priority Category four were moved to eligible status and provided the necessary rehabilitation services to meet their individual vocational goals. Category four was opened at this time and remains open. All categories will remain open until further notice. This means any new applicants will not be placed on a waiting list at this time.

If the eligible individual is assigned to a priority category that is not being served, the case will be placed on a waitlist to allow them to be served should resources become available. A Shortage of Funds letter, from the Case Management System, should be sent to the individual and a copy placed in the case folder. This letter provides basic information regarding:

- The individual's assigned priority category
- Order of Selection
- Waitlist procedures
- Appeal rights
- Information and Referral to other applicable services

The individual has the opportunity to voluntarily place their name on the waitlist and provide applicable contact information. If the individual fails to respond within thirty (30) days, the case should be closed. At the consumer's request, an Individualized Plan for Employment may be developed, to the extent possible, so that services may be initiated as quickly as possible once resources become available. A case may be moved from the waitlist to an open priority category, trial work experience, or closure as appropriate.

Consumers may remain on the waitlist indefinitely. Follow-up letters should be mailed annually to determine if they wish to remain on the list. The letter should state that priority categories can be reconsidered if the circumstances to their disability have changed. A list of waitlist cases can be generated by the Case Management System.

Should funds become available, the Office may re-open services to closed priority categories. The Office will first serve those who have been on the waitlist the longest, as established by the date of application. In cases where more than one priority category is opened, preference will be given to the higher priority category group based on significance of disability.

Information and Referral

The Rehabilitation Act requires information and referral services be provided to all individuals with disabilities who do not meet the open categories of the Order-of-Selection. These services include:

- Providing vocational rehabilitation information and guidance to assist individuals in achieving employment; **and**
- Appropriately referring individuals to other Federal and State programs, including other statewide workforce investment programs, which are best suited to meet the individual's specific employment needs.

It is the responsibility of the counselor to provide information regarding services and providers. Information about local services and service providers can be obtained from a variety of sources including local Career Centers and the [Kentucky Career Center website](#).

Referrals must include; a notice of the referral, a specific point of contact, and information and advice regarding suitable services for assisting the individual to prepare for, secure, retain, advance in, or regain employment. Counselors may utilize any method of referral as long as the required information is provided and appropriately documented; however, an Information and Referral Form has been developed to meet the requirement. If the counselor opts to utilize the form, a separate Information and Referral Form should be completed for each agency the consumer chooses. The counselor and consumer have the option of selecting the most appropriate method of communicating the referral to the potential service provider (i.e. mail, phone, e-mail, etc.).

The lower portion of the form may be detached if the individual does not want to be identified as a consumer of the Office of Vocational Rehabilitation. As best practice, the consumer should be provided with a copy of the form and a copy placed in the case record.

Unknown (Trail Work Experience)

It is presumed all individuals with disabilities can benefit from Vocational Rehabilitation services in terms of employment outcome unless there is "clear and convincing evidence" to the contrary. The emphasis is on uncovering the specific services necessary to make full participation in employment possible.

Clear and Convincing Evidence

"Clear and convincing evidence" means counselors must have a high degree of certainty, due to the severity of disability, the individual could not benefit in terms of employment outcome. The

basic standard is eight out of ten counselors would agree the individual could not be successfully rehabilitated. This determination cannot be made solely on the basis of existing data. A trial work experience must be instituted to explore the individual's abilities, capabilities, and capacity to perform in real work situations with appropriate supports and training. The trial work experiences must be of sufficient variety and over a sufficient period of time to obtain evidence of employment potential.

The purpose of a trial work experience is to identify how the individual could benefit in terms of employment, not to provide clear and convincing evidence to the contrary. The approach should be individualized, flexible, and adaptable. It should be designed in such a way that all possible avenues are explored. The counselor should go beyond usual practices, try new ideas, and innovative techniques to uncover the individual's vocational potential. If despite best efforts these experiences show a very high degree of certainty the individual could not benefit in terms of employment, the individual would not meet this eligibility criterion. For specific guidelines related to Trial Work Experience, please refer to the [Trial Work Experience section](#) of the Policies and Procedures Manual.

Ineligibility

If any of the eligibility criteria are not met, the individual is ineligible for vocational rehabilitation services. Before such a determination can be made, the individual and, as appropriate, the individual's representative must have an opportunity to fully consult with the counselor on the decision. In addition, the individual or representative must be informed in writing and other appropriate modes of communication of the ineligibility decision. This document must contain the reason for the determination and a description of the consumer's appeal rights. The Office's computer generated Ineligibility Certificate meets these requirements.

If the individual is determined ineligible due to inability to benefit in terms of an employment outcome after a period of trial work, the counselor must review the ineligibility decision within the first twelve months. Thereafter the review is completed upon the request of the individual or, as appropriate, the individual's representative. See the Closure Section of this Manual for specific closure procedures.

A consumer may be determined ineligible at any point during the rehabilitation process if the consumer decides they are not interested in pursuing competitive integrated employment at this time or if the consumer believes their disability prevents them from participating in competitive integrated employment.

Specific Disability Groups

Due to the unique nature and often complex circumstances of various disabilities, additional guidance is provided related to the eligibility and provision of services related to individuals presenting with functional limitations associated with the following disabilities:

Substance Use Disorders

- [Deafness, Hard of Hearing, Deafblind](#)
- [Learning Disability](#)
- [Morbid Obesity](#)
- [Terminal Illness](#)
- [Visual Impairments](#)

These sections provide information regarding various issues related to these disabilities.

Trial Work Experience

Authority

- Federal Regulations: CFR 361.42
- Rehabilitation Act of 1973 as amended, Section 7.

Forms

- [Agreement for Services](#)
- [Trial Work Experience Plan](#)

Introduction

The Office presumes individuals with disabilities are able to benefit in terms of employment from vocational rehabilitation services. If however; it is suspected that the an individual may not benefit from services due to the severity of a disability the following policy must be followed

Prior to a determining an individual with a disability is unable to benefit in terms of an employment outcome because of the severity of a disability the Office must conduct an exploration of the individual's abilities, capabilities, and capacity to perform in realistic work situations. The Act mandates that this be a real work experience rather than an extended evaluation period. Real work experience can be provided through supported employment, utilization of job coaches, job placement specialists, and other individualized services.

Trial Work Experience is utilized for those rare instances when the ability to benefit is in question. Once the need for a trial work experience is identified, the counselor should take into account the full range of services, supports and creative employment options that can be accessed for consumers. Consumers should be given the opportunity to demonstrate and explore abilities, capabilities, and capacity to perform. Trial work experiences should be of sufficient variety, period of time, and with an appropriate level of training and supports.

The purpose of trial work is to identify how an individual can benefit from Office services, not to provide clear and convincing evidence to the contrary. The approach should be holistic, individualized, flexible and adaptable.

The trial work experience must be assessed periodically and an eligibility decision made as soon as the relevant information is obtained. The completion of a trial work experience will result in one of the following determinations:

1. The consumer can benefit from services in terms of employment. The consumer is eligible.
2. The consumers cannot benefit from services in terms of employment based on clear and convincing evidence. The consumer is ineligible.

Person Centered Planning

Person Centered Planning is a systematic approach, which may assist in developing a trial work experience. There are many advantages to Person Centered Planning. Examples of life areas to include in the plan are listed below:

- Family involvement and support
- Past experiences both positive and negative
- Community resources
- Consumer preferences
- Consumer abilities and capacities
- Marketable characteristics of the consumer
- Supports the consumer needs
- Instructional strategies that have been most effective with the consumer
- Health issues and daily medical care
- Natural supports
- Transportation
- Personal care needs

Person Centered Planning can identify strategies such as job carving, job queuing, job sharing and assistive technology. An assistive technology assessment can identify technology needs.

Case Documentation

A Trial Work Experience Plan should be completed with the consumer, to the extent possible, to identify services, providers, funding, and dates. This form is a guide for trial work experience and is not considered an Individualize Plan for Employment. The case is placed in Trial Work Experience in the Case Management System for tracking purposes and service expenditures.

When designing a trial work experience, it is expected practice to complete a self-report eligibility worksheet with the consumer. The use of the self-report eligibility worksheet is recommended to identify all functional limitations. Consumers can offer personal insight that cannot be found in other records and notes. After an assessment of the consumer's functional limitations, the counselor and consumer will design an appropriate trial work experience. Consideration should be given to the need for assistive technology.

Working together, the counselor and consumer will plan a trial work experience in light of the consumer's needs, wants, and goals.

Resources for Trial Work Experience

Pace

Pace is an internal community-based work adjustment service. Counselors who do not have access to job placement staff can offer the slot portion of Pace as a service on a case-by-case basis. In some instances, this may be the most appropriate venue to provide trial work experiences.

Pace can be used on an individual basis in conjunction with a Job Coach, Community Rehabilitation Program or supported employment program. This service shall be designed to

meet the unique needs of an individual consumer, including the provision of trial work experience through a slot placement. For more information, see the Policy and Procedures Manual Section on [Pace](#).

Consumers are placed at training sites based on abilities, interests, and informed choice. The duration of training is short-term and determined by the prevailing minimum wage. Follow-up, support, and guidance are primary services. The work experience may be monitored by a Job Placement Specialist, Vocational Rehabilitation Counselor, or Community Rehabilitation Program staff.

Community Rehabilitation Programs:

Individuals may need short-term job coaching or support services not available from the Office. In this case, it is acceptable to contract with a Community Rehabilitation Program to provide services. Services may include individual slot development, job coaching, and on-site assessment. The counselor and CRP will coordinate to ensure the effective use of a Pace slot as trial work experience. Placements should be specifically developed for the unique needs of the consumer.

Counselors will coordinate additional services as needed including assistive technology, Person Centered Planning, and continuing evaluations. Individual responsibilities of the Counselor and the Community Rehabilitation Provider should be clearly outlined in the case prior to the provision of trial work experience.

Job Coaches

Counselors may develop an Agreement for Services with an independent job coach to provide a trial work experience. The contract should outline specific expectations for assisting the consumer during a trial work experience. Qualifications of job coaches should be closely reviewed for compatibility with the consumer. The Services Section of the agreement should include the following job coaching activities:

- The Job Coach will provide instruction and explore the consumer's ability to perform in various situations (at a minimum of three work sites) to determine the consumer's ability to benefit from services, in terms of an employment outcome. Services should be tailored to each consumer's needs and provide appropriate supports which may include, but are not limited to, assistance in relating to supervisors and coworkers, general orientation to the work setting, punctuality, and orientation to job tasks. This may involve helping the consumer learn the job duties through job/task analysis or other methods.
- The amount of job coaching will vary based on the individual needs of the consumer. Authorizations will be issued in advance and specify the anticipated number of hours. Any change will require approval of the counselor. The rate of reimbursement will be based on contracts negotiated with job coaches in compliance with the appropriate service fee memo. No obligation for services is assumed by the Office of Vocational Rehabilitation until it is authorized.

- Progress reports, including the actual amount of hours, dates, and description of services, must be submitted to the counselor monthly. Authorizations cannot be processed for payment until all progress reports are submitted.

When looking for a job coach, counselors should consider resources already involved with the consumer. Other sources may be:

- Community Rehabilitation Programs
- Retired Vocational Rehabilitation, Office of Employment and Training services personnel, teachers, social workers, and nurses
- Graduate programs in Rehabilitation Counseling, Social Work, Psychology, or Education
- Independent Living Centers
- Comprehensive Care or other organizations serving consumers with mental illness
- Service Corps of Retired Executives (SCORE)
- Various community organizations or clubs

Training for job coaches can be provided through Community Rehabilitation Programs, a local school system's School to Work Transition Program, or the [UK Human Development Institute's training workshop on supported employment](#).

Carl D Perkins Vocational Training Center

The Carl D. Perkins Vocational Training Center is an option when resources for trial work are not available in the consumer's community. Center staff will work with each counselor to develop a trial work experience appropriate for the needs of each consumer.

Consumer Cost Sharing

Authority:

- Federal Regulations: CFR 361.53 and CFR 361.54.
- State Administrative Regulation: 781 KAR 1:120 Section 11(6) and 781 KAR 1:030 Section 2.

Forms:

- [Consumer Cost Sharing Form](#)
- [Required Anticipated Sponsorship Notification](#)
- [Student Individual Responsibilities](#)

The cost-sharing policy is suspended from August 17, 2020 through June 30, 2022.

Economic Need Determination

In an effort to maximize services to those with the greatest financial need, the Office utilizes an economic need test to determine the amount of available funds an individual may be able to contribute to their Vocational Rehabilitation program.

This policy does not apply to consumers who receive Social Security Disability Insurance or Supplemental Security Income because of a disability. Comparable benefits still apply.

This policy does not apply to consumers who receive only services excluded from economic needs testing.

For all other consumers, after eligibility determination and prior to implementation of an Individualized Plan for Employment, the ability to share in the cost of the rehabilitation program will be assessed. If the consumer's income or number in household changes, the counselors will update the Consumer Cost Sharing Form.

The counselor will note the application of income and review annually throughout the rehabilitation program. Documentation of the review should occur in the case progress notes, and when applicable a new cost sharing form should be completed.

Services Included in Economic Need Testing (cost sharing required)

- Physical and mental restoration services, including the dispensing fee for hearing aids;
- Tuition and initial registration fees for vocational, college, and university training;
- Maintenance other than diagnostic; Transportation other than diagnostic;
- Services, other than diagnostic, to members of an individual's family necessary to the adjustment or rehabilitation of the individual with a disability;

- Occupational licenses, tools, equipment, and initial stock (including livestock) and supplies;
- Post-employment services other than those listed under the excluded section;
- Computer purchases for consumers;
- Other goods and services which can reasonably be expected to benefit an eligible individual in terms of employment outcome; and
- Vehicle and property modifications in excess of \$10,000.
- Hearing Aids in excess of \$1000

Services Excluded from Economic Needs Testing (cost sharing not required)

- Assessment for determining eligibility, priority for services, and vocational rehabilitation needs
- Counseling and guidance, and referral services;
- Services provided by staff at state owned and operated rehabilitation facilities;
- Placement;
- Rehabilitation technology services, other than vehicle and property modifications in excess of \$10,000;
- Hearing Aid purchases under \$1000
- Communication assistance in the consumer's native language;
- Supported employment services;
- Interpreter services for the deaf;
- Reader services for the blind;
- Personal assistance services;
- Tutors, notetakers, and assistive technology educational aids;
- Other training, including: driver training, on-the-job training, job coaching, job development and training; and
- Books, supplies, tools and equipment for vocational and other training.
- Pre-Employment Transition Services to students with disabilities.

Procedures for Determining Consumer Cost Sharing

It is not necessary to complete the Cost Sharing Form for Social Security recipients receiving benefits due to a disability or for consumers receiving only exempt services (see above.) For all others, the Cost Sharing Form must be completed prior to implementation of an Individualized Plan for Employment.

Determining Family Size

Family Unit

Family unit is defined as the consumer and the consumer's parents or the consumer and any significant others, such as aunts, uncles, legal guardians, etc., who are living in the household and are providing support for the maintenance of the household in which the consumer lives. Adult siblings of the consumer can be excluded as a member of the family unit for income reporting. Foster parents are not considered legal guardians. Adult consumers who are at least 24 years old are considered independent, regardless of their place of residence.

Married Consumer

Cost sharing is based on the resources of both the consumer and the spouse.

Single (Unmarried) Consumer Living in Family Unit

Cost sharing is based on the resources of the family unit for all single consumers, under age 24, living in the family home as a family member. Temporary absences from the home, such as for vacations, school, or illness, count as time lived in the home.

The following reasons are not acceptable justifications for declaring the individual as a single consumer:

- Parents are unwilling to contribute to the consumer's rehabilitation program.
- Parents will not provide financial disclosures information for completion of the Office's Application Worksheet.
- The consumer is reluctant to request income information from parents or legal guardians.
- Parents do not claim the consumer as a dependent for income tax purposes.
- The consumer is legally emancipated.
- The consumer files their own state and federal income tax form and, or, has personal income in an amount necessary to demonstrate self-sufficiency.

Single Consumer

Cost sharing is based on the resources of a single individual who is not married and is at least 24 years of age, regardless of place of residence.

Single Consumer under Age 24

Cost sharing is based on the income of a single individual under the age of 24, if any of the following conditions apply with appropriate documentation:

- The consumer is documented to be an orphan and has no adoptive parent, or is a ward of the court or was a ward of the court until age 18.
- The consumer can provide documentation that he or she has been judged an "independent" student (Dependency override) by the financial administrator of a post-secondary school.
- The consumer can provide documentation indicating they have independently maintained a household for the previous three months.

- Documentation of an abusive family situation resulting in the consumer living with a third party.
- Custodial parent(s) incarcerated or whereabouts of parent is unknown.
- The consumer is documented to have served on active duty in the United States Armed forces, regardless of the place

Determining Adjusted Gross Income

Income can be verified by the adjusted gross income on tax forms or Federal Application for Student Aid, the gross income from pay stubs, or by an award letter. After completing the Consumer Cost Sharing form, please return the original documentation to the consumer and retain a copy in the case.

The counselor subtract a cost of living deduction based on the state's median income. The amount left after this deduction is the Available Income. If this number is \$0 or less the consumer does not have to share in the costs of their plan. If the number is greater than \$0, the counselor should continue with the cost sharing process.

Determining Available Income

Disability related services and expenses already being paid by the consumer may be deducted from the Available Income. Acceptable deductions include any service contributing to the consumer's Individualized Plan for Employment. Examples include:

- Impairment related work expenses
- Physical restoration services, such as office visits, lab work, unreimbursed medical expenses, prescription medications, and the dispensing fee for hearing aids;
- Mental restoration services, such as therapy, counseling, lab work, and prescription medications;
- Medical devices and, or, equipment, such as glasses, prosthetics and orthotics, wheelchairs, and repairs to such devices or equipment;
- Medical supplies;
- Transportation; Health insurance premiums, co-payments, deductibles;
- The cost of a vehicle for which a modification is to occur
- If the individual is seeking a self-employment venture as part of their plan, any cash funds they are obligated to contribute toward their business plan should be included as an out of pocket expense in the "Other" section. Please refer the [Self-Employment](#) section of the Policy and Procedures Manual for additional guidance.

For the purposes of this procedure, payment of tuition at a private institution over the highest state rate is not considered out of pocket expenditure.

The amount remaining after deductions is the Available Income. If less than \$0, the individual does not have to share in the cost of the plan. If greater than \$0, the percentage of shared cost will be calculated using the Adjusted Available Income Table. This table is used to determine the Percentage of Participation and Annual Maximum based on the amount of available income.

The Percentage of Participation is the consumer's percentage to be applied to the maximum allowable rate of any nonexempt good or service purchased by the Office.

The Annual Maximum is the percentage of available income a consumer will have to apply in any given year. This is calculated as a dollar amount under the heading Annual Amount in the top right hand column.

Determining Estimated Service Cost

The estimated service cost is the total cost of services subject to economic needs testing (see above.) Services exempted from needs testing should not be included in the estimated service cost.

Example: If the individual will have property or vehicle modifications of more than \$10,000, only the amount above \$10,000 is to be considered for cost participation. For example, if the individual has a vehicle modification that will likely cost \$25,000, only \$15,000 of that cost is available for consideration in consumer cost participation.

Guidance for Consumer Cost Sharing

During Plan development, the consumer and counselor can negotiate how cost sharing will be applied. It is not necessary for consumers to pay the cost sharing percentage for each service or item. Instead, the "Estimated Cost Consumer" amount may be applied to all or part of a service, piece of equipment or any other cost on the Plan. If the consumer chooses to split a payment with the Office, the vendor should arrange payment from the consumer for the remaining amount by direct bill. It is not recommended for the consumer to pay the counselor or reimburse the Office directly for their financial participation. The Office is not responsible for any unpaid debts of the consumer.

Counselors should carefully consider all of the costs incurred by the consumer during the Vocational Rehabilitation process such as work clothes, transportation, supplies, etc., and ensure the consumer is credited for these costs in determining cost participation.

It is important for counselors to maintain good documentation regarding consumer cost participation. Counselors should document the agreed upon cost participation process and record when the consumer has fulfilled their payment obligations. Any expense the consumer agrees to incur must be identified on the Plan. The counselor should identify the type of expense or service and the amount to be contributed by the consumer. Best practice is to list the consumer's contribution in the other column on the Plan.

Exception to Consumer Cost Sharing

Exceptions to consumer cost sharing should be made to the branch manager.

Comparable Benefits

Authority

- Federal Regulations: CFR 361.53(b),

General Guidance

A “comparable benefit” is not the same as “determination of economic need.” In determination of economic need, the objective is to set the conditions for equitably determining the amount, if any; consumers are expected to participate in the cost of their rehabilitation. In the area of comparable benefits, the objective is to give full consideration to alternative funding sources prior to spending vocational rehabilitation funds to purchase specific consumer services.

Any funding or services available to consumers will be used before expending the Offices resources. Comparable benefits do not include awards and scholarships based on merit.

Consumers must apply for and accept comparable benefits unless doing so would interrupt or delay progress toward achieving a positive employment outcome, interfere with an immediate job placement, or the counselor can clearly document “extreme medical risk.” Extreme medical risk is defined as “probability of substantially increasing functional impairment or death if medical services, including mental health services, are not provided expeditiously.” The determination of medical risk should be based upon medical information provided by an appropriate qualified medical professional. When consumers refuse to apply for or accept comparable benefits, Vocational Rehabilitation funds cannot be expended for that service or benefit.

Comparable benefits must be used as they become available throughout the rehabilitation process. Before services can be provided to a family member, comparable benefits available to that family member should be used.

Except for exempt services (see below), counselors should give full consideration to all comparable benefits from any other program to meet, in whole or in part, the cost of services.

“Full consideration” requires:

1. The counselor to make an eligibility decision and determine the availability of appropriate comparable benefits in the community; and
2. The consumer to make formal application to appropriate programs.

The case file and Individualized Plan for Employment must document consideration of comparable benefits. The following guideline can assist in determining how comparable benefits related to medical expenses are applied within the Office:

- Medicaid – No additional Office payment for same service. Physician accepts Medicaid as payment in full.
- Medicare – the Office may pay the Initial Part A and Part B deductibles as well as the 20% consumer obligation as long as it does not exceed rates established by The Office.
- Medicare and Medicaid – No additional Office payment for the same service. Medicare provides 80%. Medicaid covers the remaining 20% including the initial deductibles for Part A and Part B. Medicare is primary and Medicaid is secondary.
- Individual or group medical insurance (Private) – The Office may pay the initial consumer deductible and co-pay as long as they do not exceed the Office’s established rate for the procedure
- Workers Compensation – No additional payment

If a vendor refuses to accept a consumer’s public or private medical coverage, the Office will locate and make a referral to a medical provider that will accept the coverage.

Services Exempted from Comparable Benefits

The following services, according to the Code of Federal Regulations 361.53(b), are exceptions, and shall be provided without full consideration of available comparable benefits:

- Assessment for determining eligibility and vocational rehabilitation needs
- Counseling, guidance, and work related placement services
- Referral to secure needed services from other agencies
- Job-related services, including job search and placement assistance, job retention services, follow-up services, and follow-along services
- Rehabilitation technology; and
- Services listed here when provided in post-employment status

Comprehensive Assessment

Authority

- Rehabilitation Act of 1973 as amended, Sec. 102, 103
- Federal Regulation: CFR §361.42, 361.45, 361.52
- Applicable Resources

Resources

- [Assessment Resource Manual](#)

Vocational Assessment

A vocational assessment is an individualized process designed to reflect an individual's physical, mental, and emotional abilities, limitations, and tolerances.

In accordance with federal law, counselors are required to conduct a comprehensive vocational assessment for the purpose of gathering information to assist and empower individual decision making. Assessments provide information on the unique strengths, resources, priorities, concerns, interests, abilities, capabilities, and the potential need for supported employment services. Information is used to increase knowledge of the individual's capacities, supporting appropriate and informed choices throughout the rehabilitation process.

Comprehensive vocational assessments must be limited to information needed to determine eligibility, identify rehabilitation needs of the individual, and plan services for reaching a vocational goal. The vocational assessment should consider reasonable accommodations that may benefit the individual.

Determining Vocational Potential

A comprehensive vocational assessment is required to determine what services are needed to achieve an individual's vocational potential. The assessment process begins at referral and ends when the consumer exits the rehabilitation system. The focus should be work readiness with the expected outcome of appropriate and successful job placement.

There are two components to work readiness: employability and placeability. Employability refers to physical, intellectual, and emotional attributes as well as social and environmental supports necessary to meet the varied requirements of certain jobs and occupations. Placeability refers to the individual's job search and interview skills, the ability to make a positive impression on others, and if the job market supports the chosen career.

The consumer's personal attributes should be examined in light of how they relate to the world of work. The assessment may examine personality, interests, interpersonal skills, intelligence, functional capacities, education achievements, vocational attitudes, personal and social adjustment and employment opportunities. It may also include medical, psychiatric, psychological, other pertinent, vocational, education, cultural, social, recreational, and environmental factors that affect the employment and rehabilitation of the consumer. In general, the comprehensive assessment explores what the consumer brings to the job in terms of work attitudes and behaviors, habits, tolerance, social patterns and how they relate to successful job performance.

Use of existing information

The primary source of assessment data must, to the extent possible, be current existing information. "Current" refers to information providing an accurate reflection of the consumer as of the date of eligibility and Individualized Plan for Employment. Existing information should be used before purchasing additional evaluations. This can include information from other programs and providers, such as education officials and the Social Security Administration, and information provided by the individual or family members. Additional sources for obtaining information can include an analysis of work history, education and social data, medical and psychiatric consultations, psychological testing, work sample evaluations and/or an analysis of part-time, temporary, or on-the-job work experiences. Any one or a combination of these sources may be adequate to obtain the information necessary for eligibility and planning purposes.

When utilizing data extracted from documentation, the counselor should indicate this in a progress note. This progress note should include a description of the data utilized, a justification of its use and the interpretation or impression of the information based on an objective review.

Assessment tools

When selecting assessment tools, the counselor must first decide what questions need to be answered. Questions are determined by the individual's rehabilitation needs; therefore, the assessment questions and process are highly individualized. One resource to consider is the Assessment Resource Manual. The individual's life experiences are often a great source of information; however, simulated or trial work may provide valuable insight into appropriate accommodations that can be transferred to the actual work site.

Role of the counselor

It is up to the counselor to assimilate all information and translate it into employment terms. The comprehensive assessment is an ongoing process, necessary to determine progress towards the vocational goal and if any intervention or changes may be required. Any information obtained must be communicated to the consumer to facilitate informed choice.

Criminal History

Resources:

- [Background Checks Service Fee Memorandum](#)
- [Kentucky House Bill 40](#)
- [Kentucky State Police Background Check](#)
- [Kentucky Administrative Office of the Courts](#)
- [Kentucky Court of Justice website](#)
- [Legal Aid Network of Kentucky](#)

Introduction

Criminal records can have a significant impact on employment options, and may be considered an attendant factor, when determining eligibility. Counselors should consider criminal history when developing an Individual Plan for Employment and selecting an appropriate vocational goal. State background checks may be inaccurate and they will not include charges in other states.

Existing Information

The primary source of information on a consumer's criminal history should be the consumer. Optimally, the consumer should reveal any criminal involvement to the counselor; however, consumers may not always know or understand their criminal record. Information from referral sources, other agency involvement, or family may provide insight into an individual's background.

If the information obtain is insufficient in the view of the counselor, a consumer can be asked to provide a background check. The counselor can refer consumers to the Kentucky State Police Records Department to get a copy of their own record or the Kentucky Administrative Office of the Courts website to purchase it online or order it by mail. There will be a \$20 fee with both options.

Purchase of a State Background Check

If existing information is insufficient, the counselor may purchase a state background check. Careful consideration should be given to the need for records and the consumer should be informed prior to making a records request. A consumer may refuse the request for a background check.

Background checks can be performed at any point during the rehabilitation process. It is up to counselor discretion and the circumstances of the individual case as to whether a background check is needed and when it should be done. The existence of a criminal involvement may affect a consumer's access to certain services or their ability to achieve a vocational goal. Criminal history should be assessed prior to beginning a training program in a career field where such history would be a factor, such as health care, childcare, and law enforcement.

Background checks are considered an evaluation or assessment, not a service (coded as Diagnostic and Evaluation.) The purchase of state background checks are for consumers only and not for employees or candidates for employment.

How to Purchase a State Background Check

The agency has an agreement with the state Administrative Office of the Courts. Requests should be sent to the designated Central Office Administrator who will forward the request and coordinate payment. Please see the Service Fee Memorandum for instructions and the [OVR Staff Directory](#) for the appropriate Central Office Administrator.

National Background Checks

In some cases, a national background check may be necessary. Reasons include:

- The counselor suspects criminal history in another state (counselor should ask if they have lived in other states before they do a national background check);
- The individual is seeking training or employment in certain professions, such as childcare, nursing, or other profession where the employer would do a national background check.

Disclaimer on National Checks: A National Background check may not be inclusive of all charges and may not include all counties in a state.

Please see the Background Check Service Fee Memorandum for prices and providers. National background checks will be requested in the local office and paid by Procard. If you are unsure a provider is approved, please contact the appropriate Central Office Administrator. The purchase of a national background check is for consumers only and not for employees or candidates for employment.

Clarification: Some state, local and county governments may charge additional fees (i.e. court) that are passed along to the provider. The provider should contact the authorizing Counselor prior to passing this fee along to the agency. In such situations, Counselors are advised to use discretion and good judgment in order to evaluate such requests for an increased fee on a case-by-case basis. All considerations for payment should begin by assessing the critical need for information in relation to the individual's potential vocational goal and training requirements. If

the Counselor determines the information meets the definition of a critical need, they may pay the additional fees on as-needed basis.

Release of a Background Check

The agency cannot release information about an individual's criminal history if the agency did not purchase the records. If the agency purchased a background check, the record may be released provided there is a signed release from the consumer. A signed release is required even when providing a copy to the consumer. Counselors should caution consumers about releasing their criminal record to other entities or agencies. As always, the counselor should seek to do no harm.

Expungement

Expungement is a process to remove charges from a criminal record. In Kentucky, it is available for misdemeanors and non-violent felonies. Expungement must first be certified through the Administrative Office of the Courts. Violent felonies, crimes against children, and sex crimes are not eligible for expungement. The directions along with payment and submission options are available on the Kentucky Court of Justice website. The Office does not provide financial assistance for the cost of the certification and expungement of criminal charges. Consumers, with assistance from their counselors, should pursue other sources of financial assistance. Counselors should make themselves familiar with the process so they can provide guidance and counseling regarding expungement. Consumer can be referred to the Legal Aid Network of Kentucky for additional assistance. Information on the process as well as forms can be found in the [Job Placement Manual](#).

Individualized Plan for Employment

Authority

- Workforce Innovation and Opportunity Act of 2014, Title IV
- [Rehabilitation Act of 1973, as amended.](#)

Forms

- [Individualized Plan for Employment](#)
- [Individualized Plan for Employment Continuation Form](#)
- [Individualized Plan for Employment Extension Agreement](#)
- [Individualized Plan for Employment Amendment](#)
- [Individualized Plan for Employment Amendment Form Instructions](#)
- [Individualized Plan for Employment Counselor Instructions](#)
- [Individualized Plan for Employment Consumer Instructions](#)
- [Employment Outcome](#)
- [Employment Outcome Instructions](#)
- [Student Individual Responsibilities](#)
- [Student Individual Responsibilities instructions](#)
- [Trial Work Experience Plan for Employment](#)

General Information

The Individualized Plan for Employment must be developed in accordance with the Rehabilitation Act of 1973, as amended, and the Workforce Innovation and Opportunity Act of 2014. The Plan (including amendments) is that portion of the case record used to plan for services leading to an employment outcome. It reflects the informed choice of the individual in selecting the employment outcome, services, providers, and method of procuring services.

The Individualized Plan for Employment, including Amendments, must be mutually agreed upon and signed jointly by the Counselor and the consumer and, or as appropriate, guardian, or other representative. The Plan must be reviewed with the consumer annually. A copy of the Plan, Amendments, and Employment Outcome, must be provided to the individual and, or as appropriate, guardian, or other representative. The plan must be provided in the individual's native language or mode of communication if needed to facilitate the full participation of the individual.

Plan Development

The Individualized Plan for Employment is a natural extension of eligibility and assessment. Services should relate to the limitations and attendant factors identified on the Eligibility Worksheet or assessment to determine rehabilitation needs. Conversely, all functional limitations noted on the Eligibility Worksheet should be addressed through services on the plan.

All services contributing to a consumer's rehabilitation should be included, even if the Office is not the funding source. All services should relate to the achievement of the vocational goal.

The core service provided by the Office is guidance and counseling. Counselors have knowledge and expertise in disabilities as they relate to employment, assessment techniques, career counseling, accommodations, employment law, assistive technology, labor market information, job search activities, rehabilitation services, and local service providers. It is the role of the counselor to help consumers explore interests, strengths, abilities, and resources needed to develop the Plan. Quality guidance and counseling provides the foundation to make appropriate informed choices regarding the vocational goal, services, and service providers necessary for achievement of a successful employment outcome. This includes benefits planning. Counselors must provide general information concerning benefits planning as well as additional supports to those applicants and consumers receiving Social Security benefits. This may include a formal analysis, information provided by the counselor, or guidance from some other entity. Benefits counseling must be documented in the case file.

The Individualized Plan for Employment form insures all mandatory components of the Plan are addressed. The Plan form may be added to, but no portion can be deleted.

The Plan form does not contain a section for the projected need for post-employment services. The need for post-employment must be assessed at the time of Plan development. If the need for post-employment is recognized it must be included on the Plan. The counselor may document this need on the Plan in any fashion deemed appropriate.

Time Limit for Developing Plans

The Plan must be developed as soon as possible, but not later than ninety (90) days after the date of determination of eligibility, unless the counselor and consumer agree in writing to a one-time extension. It is the manager's responsibility to monitor caseloads and insure compliance with this policy. Extensions must include a date by which the Plan shall be completed. Exceptions are documented in the case record using the Individualized Plan for Employment Extension Agreement. Email may be used as a method of documenting an agreement of extension if the following conditions are met:

1. The consumer has given consent to communicate by e-mail on the Application for Services,
2. The e-mail must occur prior to the end of the 90-day deadline
3. The email must provide the same information found on the Individualized Plan for Employment Extension Agreement, and
4. The consumer must clearly communicate agreement with the extension in their response.

Development Options

The consumer has several options in developing an Individualized Plan for Employment. The individual with a disability may choose to develop and write all or part of the Plan with the assistance of a counselor; alone or with the help of a representative or a disability advocacy organization, or may request that the counselor write the Plan.

An Individualized Plan for Employment Options and Instructions Packet is to be provided to each consumer interested in producing a plan without the assistance of the counselor. The packet contains a brief summary of the required elements of an Individualized Plan for Employment; instructions for completing the Plan forms including amendments; and copies of the necessary forms. The Client Assistance Program is available to provide technical assistance to the eligible individual on developing their Plan.

Regardless of the option chosen, the Plan must be mutually agreed upon and signed by the consumer, and if appropriate the guardian or representative, and the counselor.

The Plan must be executed on Office approved forms. The following elements must be included in the Plan, as appropriate:

1. Specific Employment Outcome in the most integrated setting based on informed choice
2. Outcome Date
3. Specific Services to be provided in order to achieve the employment outcome
4. Provider of each service
5. Initial Beginning Date for each vocational rehabilitation service (not to precede the date of the Individualized Plan for Employment)
6. Supported Employment to include extended services and provider
7. Comparable Benefits
8. Evaluation Criteria
9. Consumer Responsibilities
10. Office of Vocational Rehabilitation responsibilities
11. Post-Employment Services

The establishment of a strong counseling relationship is imperative to the development of a successful plan. When differences of opinion occur, the counselor should utilize counseling and negotiation skills to resolve the dispute. If agreement cannot be reached, the counselor may decline to sign the plan and provide appeal rights.

Guidance

The role of the counselor is to assist the consumer in choosing appropriate goals, services, providers, etc. to achieve a successful employment outcome. It is the counselor's responsibility to provide adequate information and guidance regarding the local labor market, quality and availability of services, rehabilitation technology, accommodations, employment laws, comparable benefits, procedures and limitations for payment, etc. so that the individual can make appropriate decisions.

When possible, a team-based approach should be implemented to increase the pace of plan development, establish goals, and identify services. For example, Drug Court utilizes a team-based approach including the judge, attorneys, drug court staff, and vocational rehabilitation counselor. This facilitates communication and allows for a well-rounded approach to providing support. For the purposes of Vocational Rehabilitation, the team may include job placement specialists, employment specialist, benefits counseling, and service providers such as therapists

or case managers. Research has demonstrated improved employment outcomes with this approach. Job placement specialists should be involved as early as possible as they may provide insights during eligibility and plan development. When provided early, the information from benefits counseling may assist with decisions regarding services and vocational goals.

It is imperative consumers understand and fully participate in the development of the Individualized Plan for Employment. All elements of the Plan are to be explored with the consumer in the language and communication mode that allows fullest participation.

The Individualized Plan for Employment Continuation may be utilized, when more services are needed than what will fit on the Plan or Amendment. The Continuation must be completed at the same time as the Individualized Plan for Employment or Plan Amendment. Both the Continuation and Plan, or Amendment, forms must be signed and dated and the dates must match.

Utilizing Job Placement Specialists

A referral to a Job Placement Specialist should be considered early in the rehabilitation process as Job Placement Specialist may offer insights during eligibility and plan development. Districts without Job Placement Specialists should work with Career Center Business Service Teams. Districts that are not located near a Career Center may coordinate meetings over the phone or through computer technology.

Projected Post-School Employment Outcome

For students with an Individual Education Plan or 504 Plan, counselors must consider the elements of those plans while developing the Individualized Plan for Employment. Goals, accommodations, and services relevant to the achievement of an employment outcome should be incorporated into the Individualized Plan for Employment. Counselors should seek to provide continuity of services as the student transitions from High School. More information regarding transition services can be found in the Transition section of this manual.

It may not be possible to determine a vocational goal for students not exposed to a variety of Career options. In these cases, A Projected Post School Employment Outcome, Code 099999, should be used in place of a Vocational Goal. Counselors may use the code when developing a Plan for a student participating in the Community Work Transition Program or for any other student exploring their Career Options. The code reflects a path of exploration on the Plan while the counselor works with the student to develop a vocational goal. For example, a student may have an interest in pursuing a job in manufacturing but not know the specific area of manufacturing. The counselor can put down Manufacturing as the goal and use the Projected Post School Employment Outcome Code.

A Projected Post School Employment Outcome Code is not a requirement for secondary students. Those with an appropriate vocational goal should utilize their goal on the Individualized Plan for Employment. In cases where a projected outcome is used, a Vocational Goal should be reflected on a Plan Amendment prior to the student exiting secondary school.

There are instances where a Projected Post School Employment Outcome Code could be appropriate for those in post-secondary education, however, a vocational goal must be chosen before the Office can assist with education. This is to ensure the education obtained is in line with the requirements of the chosen goal. Cases cannot be closed successfully with a Projected Outcome Code. Individualized Plans for Employment must be reviewed annually, regardless of whether a Projected Code or Vocational Goal is utilized.

The availability of the above code should make the need for plan extensions a rare occurrence for transition students. An extension should only be utilized when there are barriers to writing a plan beyond that of selecting an appropriate vocational goal.

Training

If post-secondary training is part of the Plan for Employment, it should state the specific degree to be acquired (Associates of Arts, Bachelor of Science, Commercial Driver's License, etc.). Counselors should not assume the dates of service specify the degree, as many programs have alternate training times, reducing the consistency across training providers. The degree level specified on the Plan should be consistent with the entry-level requirements of the consumers chosen vocation goal.

Supervisor or Administrative Approval

In certain cases, services purchased by the Office (as defined on the Administrative Approval Sign-off List) will require the signature of a supervisor or the Director for Program Services (or his or her designee.) In these instances, the consumer will sign the Plan, which will be forwarded to the appropriate person for approval. The counselor should explain the approval process to the consumer, specifying the Plan is not binding until all of the required signatures are acquired. The counselor will not sign the Plan until the required administrative approval is obtained. Once the document has been signed by the counselor, implementing the plan, a complete copy should be sent to the consumer.

Plan Amendments

Amendments to the Plan must be written and signed, by both the counselor and consumer, or their guardian or representative, when there are substantive changes in the employment outcome, services, or the provider. The consumer's signature may be waived for certain incidental expenditures.

Since Plan Amendments must be agreed to and signed prior to a change in services, goal, or provider, the closure statement cannot serve as an amendment. It may be appropriate, however, to write an amendment concurrently with the closure to amend services that we planned but not provided.

Incidental Expenditures

At times, unanticipated incidental expenditures must be made quickly, and coordinating a consumer's signature would result in a delay of services. As a solution, the following seven (7) expenditure codes do not require a consumer's signature on a Plan Amendment. While obtaining a signature is best practice, counselors may authorize for the following codes without a signature when necessary to prevent a delay in services. The counselor may include one or more incidental expenditures on an Amendment; however, total incidental expenditures per consumer are limited to no more than \$200 per authorization and \$500 per federal fiscal year. A Plan Amendment must be created and signed by the counselor prior to authorizing an incidental expenditure. All other services require a consumer's signature. An amendment with a change in the vocational goal must be signed by both the counselor and consumer. It is the responsibility of the counselor to ensure that expenditures of this nature do not exceed \$500 in a federal fiscal year. If the counselor feels more than \$500 worth of these expenditures are needed, they must have a Plan Amendment signed by the consumer and counselor prior to providing those services.

The following expenditure codes are approved for incidental expenditures without a consumer signature.

40C Food	90D Licenses and Permits
40E Clothing	92A Assistive Technology Devices
40F Maintenance (other)	92M Specialized Aids, Appliances for the Blind
40G Uniforms	
60B Transportation (all other)	

Annual Reviews

Counselors and consumers must review progress of the rehabilitation plan and make adjustments annually. The first Annual Review must occur on or before the anniversary date of the Individualized Plan for Employment. After which, all Annual Reviews must occur on or before the date of the last review. All reviews must be documented in the case file. When utilizing progress notes to document a review, it is best practice to clearly identify the note as an Annual Review. If a significant change to the rehabilitation program is required, a Plan Amendment must be written.

Placement in Suitable Employment

Authority:

- Federal Regulations: CFR 361.48
- Rehabilitation Act of 1973 as amended, Section 103

Definition

Job placement refers to activities leading to the employment of individuals consistent with their unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. Job Placement Services are provided to assist eligible consumers prepare for, secure, retain, or regain employment. The placement of individuals must occur in the most integrated setting possible before they can be considered rehabilitated.

Placement is a joint effort among the Counselor, consumer, support staff, family (or other representatives) and groups involved in the individual's rehabilitation. It is not necessary in every case for the Counselor to have direct intervention in placement. There are many tools and resources to assist with job placement activities. These include the Vocational Rehabilitation Job Placement Specialists, Community Rehabilitation Programs, Pace, On-the-Job Training, and private vendors. Counselors are responsible for ensuring consumers have the information necessary to make informed choices regarding Job Placement Services to achieve a successful employment outcome.

Criteria for Determining Suitable Employment

Employment may be considered suitable after the individual has worked at least 90 days and the following minimum conditions are met:

- The work is consistent with the vocational goal as identified on the Plan for Employment or Plan Amendment.
- The individual has the skills to perform the work.
- The employment and working conditions will not aggravate the disability or jeopardize the health or safety of others.
- The individual is able to perform the essential functions of the job as determined by the employer with or without reasonable accommodation.
- The employment is regular and reasonably permanent, and the individual receives a wage commensurate with that paid to other workers for similar work. If not employed full-time, the employment is consistent with the individual's capacity to work.

Types of Employment

Competitive Integrated Employment

Competitive Integrated Employment can be full-time or part-time. The rate of compensation shall be at or above minimum wage and no less than the rate paid by the employer for the same or similar work performed by other employees by the same employer, and who have similar training, skills, and experience. Individuals with disabilities are also eligible for the same level of benefits available to other employees without disabilities and interact, for the purpose of performing the duties of the job, with other employees who are without disabilities (other than supervisors) within the worksite or unit.

Self-Employment

Self-employment is a consumer owned business, profession, or trade that sells goods or services for the purpose of making a profit. A self-employed consumer works for themselves for profit or fees, at home or at another work site, controlled by the consumer. Self-employment is considered competitive integrated employment, and the consumer should yield an income comparable to the income received by other individuals who are not individuals with disabilities and who are self-employed in similar occupations, similar tasks, and have similar training, experience, and skills. Self-employment includes sole proprietorships, partnerships (51% consumer owned), or corporations. The terms, “home based business” and “home-based employment”, have different meanings and are not interchangeable, in regards to self-employment. A home-based business is a business, profession or trade that is consumer owned, managed and operated out of the consumer’s residence. A home-based business is self-employment. For further information on self-employment, please refer to the Self-Employment section of the Policies and Procedures Manual.

Home-Based Employment and Telecommuting

Home-based employment is work performed by a consumer at home or other remote location, for an employer, through telecommuting or sub-contracting. Home-based employment is not self-employment.

Telecommuting is work performed out of the home for an employer. The individual is on the employer’s payroll, so this is not self-employment.

Job Placement Specialists

Job Placement Specialists provide services to employers, consumers, Vocational Rehabilitation Counselors and other staff, with the goal of assisting the eligible, job-ready consumer in finding suitable employment. The Job Placement Specialist utilizes a marketing approach, which is designed to increase the quantity and quality of placements. This approach enables the Office to determine employer needs and how we can best assist them in meeting those needs. The goal is

to develop long-term employer relationships and improve employer satisfaction, resulting in increased employment opportunities for individuals with disabilities.

A referral to the Job Placement Specialist should be considered in most cases. Consumers nearing completion of training programs should be referred for employment assistance in advance of their completion date. Counselors are encouraged to refer all job-ready consumers to Job Placement staff so they may develop and maintain a qualified applicant pool, which will assist in the timely referral of applicants for job openings.

Counselors are to complete a Job Placement Referral Form, enclosing information related to the individual's skills, interests, and abilities. Pertinent medical or vocational testing information that would assist Job Placement Specialist should also be included. Upon receipt of the referral, the Job Placement Specialist will contact the consumer to assess job search skills.

Job Placement Documentation

Documentation provided by Job Placement staff is essential, and Counselors should keep job placement notes up-to-date in the casefile while the individual is receiving job placement services. Progress notes should include a summary of contacts, indicate services rendered, denote problem areas, collaboration with other professionals, agencies, etc.

Progress notes and staff provided services in the Case Management System provide credit to Job Placement Specialist for services rendered. Without this documentation, much hard work and effort will not be reflected in the case. The Office measures job placement services and staff performance by reviewing the job placement data entered into the Case Management System.

Documentation kept in a Job Placement file should be a duplicate as copies of all records are provided to counselors on a regular basis. It is best practice for Job Placement staff to maintain their records for a minimum of one year after closure from Job Placement Services. The file is then turned over to the Counselor so documents can be made part of the permanent case record and handled in accordance with the Office Record Retention Policy, mandated for all case files.

Job Placement staff documentation should include the following:

- Counselor referral information
- Signed Release
- Initial staffing and progress notes regarding all on-going contacts
- Job search classes
- Resource Lab participation
- Job development contacts with employers
- Employment info including start date, place of employment, job title, wages and benefits
- Follow up contacts at 30, 60 and 90 days
- Notification of employment and 90 days to the counselor

The following services should be entered into the Case Management System:

Job Readiness Training

Training to prepare an individual for the world of work:

- Appropriate work behaviors
- Getting to work on time
- Appropriate dress and grooming
- Increasing productivity

Job Search Assistance

Activities, which support and assist in a consumer's search for an appropriate job:

- Resume preparation
- Identifying appropriate job opportunities
- Developing interview skills
- Making contacts with employers

Job Placement Assistance

- Referral to a specific job resulting in an interview

Services Provided by Job Placement Specialists:

Consumer and Counselor Services:

- Develop placement strategies for job-ready consumers. Including, assisting counselors develop and write On-the-Job training contracts or the development of Pace sites as needed. See Policies and Procedures manual on Pace and On-the-Job Training for further information.
- Provide Pace services to include orientation, site development and placement, job placement and follow-up services to Pace participants.
- Provide information and assistance with potential job referral sources.
- Provide labor market information to include local job availability and future employment trends for counselor planning purposes.
- Prescreen consumers to determine their level of job readiness and to make appropriate recommendations as needed.
- Provide employability skills training for consumers based on individual needs. This includes assistance in developing resumes and cover letters, preparing for job interviews, dress and grooming, developing job search strategies, etc.
- Develop public relations and Office awareness activities within the community. This may include speaking engagements, seminars, Job Fairs, television, radio interviews, Job Placement Month, display booths, etc.

Employer Services

Job Placement Specialists offer an array of services to employers and may act as a liaison between other Office staff and employers to ensure employer needs are met. Employer services include:

- Arranging accessibility surveys and job analysis to be provided by appropriate staff when requested by the employers.
- Assist with reasonable accommodations. This may include coordination with assistive technology staff for job modification and job restructuring.
- Provide information and technical assistance with regard to the Work Opportunity Tax Credit program, and other employment incentives. Job Placement Specialists can assist with completing and processing the documentation for the tax credit.
- Provide disability awareness trainings to increase understanding of limitations imposed on hiring and advancement of persons with disabilities due to a lack of knowledge, misinformation, and myths.
- Assist employers who want to retain employees with disabilities. This may include vocational assessment or assistance with reasonable accommodations.
- Prescreen applicants based on the essential functions of the job. Employers are encouraged to contact the Job Placement Specialist or Rehabilitation staff for qualified applicants who have undergone vocational assessment and screening processes.
- In conjunction with the Counselor, provide on-site job coach and support services including follow-up services.
- Provide technical assistance and resources in reference to the Americans with Disabilities Act.

Case Closure and Transfer

Authority

- Workforce Innovation and Opportunities Act P.L. 113-128
- Federal Regulation: CFR 361.44 and CFR 361.56

Forms

- [Employment Outcome](#)
- [Agreement of Understanding](#)

General Information

For information regarding case documentation at case closure, see the [Case Documentation: Case Closure](#) section of this manual.

Case closure should occur when no further Office services are justified, required, or anticipated in the immediate future. For those cases closed as reaching a positive employment outcome, an Employment Outcome form is completed identifying all services provided and a copy sent to the consumer.

As the basic eligibility requirements must be continuously applied, it is possible that individuals once found eligible will become ineligible due to changing conditions. In this event, the case should be closed due to ineligibility and documented.

Closed Successful: Obtaining a Positive Employment Outcome

Employment outcome refers to an individual entering or retaining employment in full or part-time (when appropriate) competitive employment in an integrated setting including supported employment, self-employment, or telecommuting consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. A case shall be closed as a positive employment outcome when no further Office services are anticipated in the immediate future and the following has occurred:

- The individual has been certified as eligible on the Agreement of Understanding; and has been provided an assessment for determining eligibility and vocational rehabilitation needs; and
- been provided guidance and counseling as an essential service; and
- been provided appropriate and substantial services in accordance with an Individualized Plan for Employment; and
- has maintained employment in a competitive integrated setting in the same occupational grouping for at least ninety (90) consecutive days (for supported employment cases, closure occurs 90 days after transition to extended services.)

The individual must be employed in a competitive integrated setting to meet the definition of positive employment outcome. Therefore, a case cannot be closed as a positive employment outcome in extended employment although this service may be a step in the rehabilitation process.

Closed Unsuccessfully: Due to Ineligibility

An Ineligibility Certificate must be executed, signed and dated by the counselor when ineligibility is determined. Ineligibility may result from:

- An ineligibility determination via the Eligibility Worksheet.
- After a period of trial work, the individual is unable to benefit from vocational rehabilitation services in terms of a Successful Employment Outcome as the result of the severity of disability.
- The consumer decides they do not want to seek competitive integrated employment at this time.
- The consumer decides their disability prevents them from seeking competitive integrated employment, at this time.

Since Social Security Disability recipients and those receiving Supplemental Security Income for a disability are presumed eligible for services, Counselors cannot determine these cases to be ineligible unless there is clear and convincing evidence the individual cannot benefit from services after a period of trial work. However, Social Security Disability recipients and those receiving Supplemental Security Income could be determined ineligible if the consumer decides they are no longer interested in pursuing competitive integrated employment or if they feel their disability prevents them from doing so.

Before a determination of ineligibility, the individual or, as appropriate, the individual's parent, guardian or other representative, must be consulted or given an opportunity for consultation. At the time of determination, referrals should be made to appropriate agencies and facilities.

If services have been provided as part of an Individualized Plan for Employment, the rationale for an ineligibility decision must be recorded in the case.

Ineligibility decisions based on the finding that the individual is incapable of benefiting in terms of an employment outcome must be reviewed within twelve months. The first review is initiated by notification from Central Office to the counselor on a form to be returned denoting action taken. Subsequent reviews are conducted at the request of the individual or, as appropriate, the individual's representative. The individual must be given an opportunity for consultation in a reconsideration of the decision unless the individual:

- Refuses services
- Refuses periodic review
- Is no longer present in the state
- Cannot be located
- Has a medical condition that is rapidly progressive or terminal
- Death

Closed from Applicant for Reasons other than Ineligibility

Cases may be closed unsuccessful from Applicant status if an intervening reason as listed below precludes an eligibility decision:

- Death
- Unable to locate
- Individual institutionalized
- Transferred to another agency
- Failure to cooperate
- Refused services or further services (see below)
- Transportation not feasible or available
- Referred to an Independent Living Program
- All other reasons

Refusing services or further services is different from a consumer deciding not to seek competitive integrated employment. Refusing services or further services means the consumer continues to seek competitive integrated employment, but no longer wants assistance from the Office of Vocational Rehabilitation. A consumer who decides not to seek competitive integrated employment should be closed as ineligible.

Cases closed from Applicant status for a reason other than ineligibility should include documentation of the rationale for closure.

Closed From Out of Selection Waitlist

Cases in priority categories of the Order of Selection not being served may be closed at the individual's request, or for any reason cases are closed unsuccessful or ineligible as described above. Prior to case closure, information and referral services must be provided. These services include:

- Providing vocational rehabilitation information and guidance to assist individuals in achieving employment, and
- Appropriately referring individuals to other Federal and State programs, including other statewide workforce investment programs, which are suited to meet the individual's specific employment needs.

Procedures and requirements for information and referral services are outlined in the [Eligibility Section](#) of this Manual. Best practice dictates information and referral services be provided at the time of assignment to the pre-service waitlist. These services must be provided and documented prior to case closure.

Closed From Post-Employment

Cases shall be closed from Post-Employment when one of the following criteria is met:

- Employment appears secure, because of appropriate vocational rehabilitation services provided in Post-Employment.

- Case evolves into a complex or comprehensive rehabilitation effort or a new distinct disabling condition arises. In this instance, a new case should be opened.
- Services have failed to maintain or return the individual to gainful employment.

The reason for closure should be documented in the case record.

Transfer of an Open Case

When a case needs to be transferred to a different District the following procedures will apply:

2. The transferring counselor will give the case to their manager, who will review the case ensuring:
 - Updated address or contact info for the consumer is provided
 - All required documentation is included; i.e.: signed Plan for Employment, Eligibility Statement, etc.
 - All authorizations have been paid or cancelled as appropriate
 - Case is organized so the receiving counselor can easily ascertain the pertinent issues and details
2. The current manager will contact the manager of the receiving district.
3. The receiving manager will decide if the case will be sent to them or directly to a counselor
4. Case will be mailed or transported to the receiving district
5. The transferring district should contact the consumer informing them the case has been mailed
6. The receiving counselor should contact the consumer to schedule an appointment
7. The transferring district will change the caseload number in the Case Management System

A courtesy call to the receiving counselor is recommended and should include details related to the progress of the case, impending issues related to the potential success of the case (family issues, consumer motivation, transportation, etc.), as well as the communication style and preferences of the individual.

With the exception of having a physical case, the procedures above also apply to the transfer of Potentially Eligible consumers.

Post-Employment

Authority

- The Rehabilitation Act of 1973 as amended: Sections 102 and 103
- Federal Regulation: 34 CFR 361.56(d)

Forms

- [Individualized Plan for Employment Amendment](#)

For the purpose of this manual, use of the terms must or shall reflect requirements of Federal law or regulation or state law or administrative regulation and must be adhered to strictly.

Definition

Post-employment means the provision of one or more services, subsequent to the achievement of an employment outcome, necessary to maintain, regain, or advance in employment.

Post-employment ensures the employment outcome remains consistent with an individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. Post-employment is for rehabilitation needs which do not require a complex and comprehensive provision of services and, thus, should be limited in scope and duration. If comprehensive services are required, services should be suspended, the case should be closed from post-employment, and a new case opened including an assessment to determine eligibility.

Guidance

Post-employment services are provided under an Individualized Plan for Employment Amendment; thus, a re-determination of eligibility is not required. Consumer Cost sharing must be reassessed. The provision of post-employment services is subject to the same requirements as the provision of any other vocational rehabilitation service.

Post-employment services are available to:

- Maintain employment, e.g., the individual's employment is jeopardized because of conflicts with supervisors or co-workers, and the individual needs mental health services and counseling to maintain the employment;
- Regain employment, e.g., the individual's job is eliminated through reorganization and new placement services are needed; or
- Advance in employment, e.g., the employment is no longer consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

Supported Employment may be provided in post-employment following transition if services are not available from an extended services provider and are necessary to maintain or regain the job placement or advance in employment.

Supportive services such as maintenance, transportation and attendant care shall only be provided in conjunction with other rehabilitation services. As best practice, Office funds should not be expended to treat acute conditions during post-employment.

Post-employment should not be provided solely to upgrade financial status; however, it can assist individuals achieve more suitable employment. Post-employment may be initiated at any time following the date of closure subject to the availability of records.

The need for post-employment should be assessed throughout the rehabilitation process. Planning for post-employment may be done prior to closure, at the time of closure, or at any time after closure subject to the availability of records. The original Plan for Employment and case closure must address, as necessary, the expected need for post-employment services; a description of the terms and conditions for provision of post-employment services; and, if appropriate, a statement of how post-employment services will be provided or arranged through other sources or comparable benefits.

Upon completion of post-employment services, the service record will be closed. Please note when the case file is closed from post-employment, the new date should coincide with the completion of the post-employment services. The case should be filed according to the new date.

Appeal Rights

Authority

- The Rehabilitation Act of 1973 as amended: Sections 20, 102(c), and 112(a)
- Federal Regulation: CFR 361.38
- State Administrative Regulation: 781 KAR 1:010

Resources

- <http://www.kypa.net/intake-form.html>
- [Client Assistance Program Information Sheet](#)
- [The Office of Vocational Rehabilitation Appeal Rights Information Sheet](#)
- [Consumer Guide](#)

General Information

Each individual applying for or receiving services must be informed of appeal rights, including the names and addresses of individuals with whom appeals may be filed. An individual may appeal any action concerning the furnishing of or denial of Vocational Rehabilitation services within sixty (60) days of becoming aware of the action. An appeal may be requested in writing; by telephone through direct contact with the Director of Program Services or a designee; or on tape. **A voice mail message does not constitute a request for a hearing.**

The counselor should make every effort to rectify situations as they develop through communication and negotiation. If, however, the dispute is such that a resolution cannot be reached, the applicant or eligible individual has the option of requesting an informal review, mediation or impartial hearing. Regardless of the option chosen, an impartial hearing must be conducted within sixty days of this request unless an informal resolution is achieved or the parties agree to a specific extension of time, not to exceed one year. Requests for informal administrative review and mediation begin the 60-day time clock for conducting a hearing.

The applicant or eligible individual shall, at the time of requesting a hearing, identify accommodations required and submit an issue statement for the hearing. The individual will be notified in writing by the Director of Program services of the right to be represented by counsel or representative and will be informed of the availability of services from the Client Assistance Program. The Office shall not be responsible for any fees incurred by the individual for legal services.

Pending a final determination of a hearing or other final resolution, services provided under an Individual Plan of Employment shall not be suspended, reduced, or terminated unless:

- Services have been obtained through misrepresentation, fraud, collusion, or criminal conduct on the part of the applicant or eligible individual; or
- The applicant or eligible individual, or an authorized representative requests such action.

Notification of Appeal Rights and Procedures

Counselors shall supply each applicant a copy of the Consumer Guide during the application process and explain the appeal rights and procedures in a way the individual can fully understand. Counselors shall advise all applicants and eligible individuals of the existence of the Client Assistance Program, the services provided by the program, and how to contact the program representatives. The individual will be reminded of this information when developing the Individualized Plan for Employment; whenever services are reduced, suspended or ceased; and as appropriate throughout the rehabilitation process.

Informal Administrative Review

Applicants and consumers may utilize an informal administrative review process to resolve disputes prior to an impartial hearing but is in no way required to do so. Once elected, the individual may halt the informal proceedings at any time and pursue an impartial hearing. Even when an informal process is chosen, an impartial hearing must be conducted within sixty days of the request unless a satisfactory resolution is reached prior to that time or both parties agree to an extension of time not to exceed one year. An informal administrative review consists of a complete review of the case documentation, an examination of the individual's complaint including a determination of the degree to which the Office's policies and procedures were observed in the conduct of the case. It will also include a personal interview with the individual and, or, their representative, and pertinent Office staff involved. The Director of Program Services or designee will select an administrator from a district not involved in the action. The administrator will schedule and conduct the review within ten days, either in person or by teleconference. The results of the informal review may support the actions of the counselor in the case or support the claims of the individual. Within five days, the Administrator will provide a written determination to the individual, his or her representative and the Office.

The written determination will state the facts upon which the decision is based and include procedures for requesting mediation and / or an impartial hearing and information regarding Client Assistance Program. The informal review decision is binding for involved Office personnel.

Mediation

The applicant or eligible individual may choose to utilize mediation to resolve disputes prior to an impartial hearing but is in no way required to do so. Once elected, the individual may halt the informal proceedings at any time and pursue an impartial hearing. Even when an informal process is chosen, an impartial hearing must be conducted within sixty days of the request unless a satisfactory resolution is reached prior to that time or both parties agree to an extension of time not to exceed one year. Mediation is an alternative form of dispute resolution in which a neutral third party facilitates a voluntary agreement between the disputing parties.

The mediation process is voluntary on the part of the consumer and the Office. The Office shall maintain a list of qualified impartial mediators trained in effective mediation techniques. These

mediators will be knowledgeable in the laws (including regulations) relating to the provision of Vocational Rehabilitation services under the Rehabilitation Act as well as disability issues in general. The Director of Program Services or designee shall choose a mediator from this list and schedule a mediation meeting within five days. The specific meeting place must be agreed upon by all parties involved in the dispute and should include accommodations for full participation of the individual. The terms and guidelines for the mediation process will be initiated by the mediator and will be reviewed and approved by both parties prior to meeting.

Consumers can withdraw from mediation at any time and request an impartial hearing or an informal administrative review. A dispute may be resolved prior to mediation. Mediation cannot be used to deny or delay the right of the applicant or eligible individual to an impartial hearing or to deny any other right afforded under the Rehabilitation Act.

The Parties

The parties involved in the session will be the mediator, the consumer and their representative, and pertinent Office staff. The Office will have a representative in attendance, who is authorized to bind the Office to an agreement.

Mediation Session

The mediator will open the session and each party will be provided an opportunity to present their position. The mediator will ask questions to help the parties understand each other and the issues as well as to identify areas of impasse. The purpose is to open up communication in order to identify common ground and brainstorm possible solutions. At times, it may be necessary for the mediator to meet privately in caucus with the individual parties to facilitate open communication.

Mediation Agreement

Any agreement reached by the parties during this mediation process shall be set forth in a written mediation agreement. The mediator will act as scribe for the agreement, which will be signed by the parties. The mediation agreement will be effective immediately unless the consumer wishes to have the agreement reviewed by counsel or representative during a three-day review period. If the consumer discovers a problem with the agreement during the three-day review period, he or she can request to return to mediation or can move forward with an impartial hearing or informal administrative review.

Confidentiality

Discussions that occur during the mediation process shall be held in strict confidence and shall not be used as evidence in any subsequent review, hearing or civil procedure. Parties involved in mediation may be required to sign a confidentiality pledge prior to beginning the process. Any notes or papers created and shared during the mediation process will be shredded excluding the mediation agreement.

Impartial Hearing

An Impartial hearing provides an individual who is dissatisfied with an Office action or inaction, the opportunity to present evidence and information before an impartial hearing officer who will make a determination based on the evidence presented. At the time of requesting an impartial hearing, the applicant or eligible individual shall provide an issue statement for the hearing officer and identify accommodations required for the hearing (e.g. accessible formats for printed materials or an interpreter). An impartial hearing must be conducted within sixty days of this request unless an informal resolution is achieved or the parties agree to a specific extension of time, not to exceed one year. Requests for informal administrative review or mediation begin the 60-day time clock for conducting a hearing.

The hearing will be conducted by an impartial hearing officer randomly selected from a pool of trained hearing officers in the Administrative Hearings Division of the Office of the Attorney General approved by the Office and the [Statewide Council for Vocational Rehabilitation](#). The hearing officer must have knowledge of the delivery of vocational rehabilitation services and the related Federal and State laws and administrative regulations. The hearing officer will not be involved in any hearing in which the officer has been involved in previous decisions regarding the applicant or eligible individual nor in any decision in which personal or financial interest might interfere with objectivity.

Conduct of hearing

The following is a summary of the conduct of a fair hearing. For specific details, consult KRS Chapter 13B.

Pre-hearing Conference:

The hearing officer may convene and conduct a pre-hearing conference upon reasonable notice to all parties. This pre-hearing conference may deal with clarification of issues, rulings on witnesses, and other matters that will promote the orderly and prompt conduct of the hearing.

Hearing:

The hearing officer will preside over and regulate the course of the proceedings. The hearing officer shall afford all parties the opportunity to respond, present evidence and argument, conduct cross-examination of witnesses and submit rebuttal evidence. The applicant or eligible individual may participate in person and / or be represented by an advocate or legal counsel. Other parties must participate in person and / or be represented by legal counsel.

Decision

The hearing officer must complete and submit, to both parties as well as the Secretary of the Education Cabinet, the written recommended decision within thirty days of receipt of the transcript of the hearing unless both parties agree to a time extension. Either party shall have

fifteen days from the date the recommended order is mailed within which to file exceptions to the Secretary of the Education Cabinet. The Secretary of the Education Cabinet shall consider the record, including the recommended order and any timely exceptions filed to the recommended order. The Secretary of the Education Cabinet shall issue the final order within thirty days of issuance of the recommended order.

Confidentiality

Policies and practices related to maintaining confidentiality and the protection, use and release of information can be found in Section 361.38 of the Federal Regulations.

The Office of Vocational Rehabilitation shall safeguard the confidentiality of all personal information obtained in the course of the vocational rehabilitation programs, including but not limited to

- Names;
- Addresses;
- Personal information regarding any individual.
- Photographs;
- Records containing

The Office must assure:

- Specific safeguards protect current and stored personal information;
- Applicants and eligible individuals and, as appropriate, representatives, service providers, cooperating agencies, and interested persons are informed through appropriate modes of communication of the confidentiality of personal information and the conditions for accessing and releasing this information;
- Applicants or their representatives are informed about the Office's need to collect personal information and the policies governing its use including:
 - Identification of the authority under which information is collected;
 - Explanation of the principle purposes for which the Office intends to use or release the information;
 - Explanation of whether providing requested information to the Office is mandatory or voluntary and the effects of not providing requested information;
 - Identification of those situations in which the Office requires or does not require informed written consent of the individual before information may be released;
 - Identification of other agencies to which information is routinely released.

Client Assistance Program

The Office shall advise all applicants for or receiving services about the availability, purposes, and contact information of the Client Assistance Program. The Client Assistance Program may be reached at

Client Assistance Program

To contact CAP, visit their website at [Kentucky Protection And Advocacy - Online \(kypa.net\)](http://kypa.net) or call 1-800-372-2988

Purpose

The Client Assistance Program is an independent state agency in the Education Cabinet, Department of Workforce Investment whose purpose and functions include:

- Advising and informing consumers, applicants, and individuals with disabilities in Kentucky of services and benefits available to them through programs authorized under the Rehabilitation Act as amended and Title I of the Americans with Disabilities Act of 1990;
- Assisting and advocating for consumers and applicants in their relationships with projects, programs, and services;
- Upon request, informing individuals of their rights and responsibilities in connection with services and benefits from Vocational Rehabilitation, and engage consumers or applicants in individual or systemic advocacy. When appropriate, the Client Assistance Program assists consumers and applicants in pursuing legal, administrative and other available remedies. To the maximum extent possible, the Program will use informal negotiation before resorting to formal administrative or legal remedies;
- Providing assistance and advocacy with respect to services that are directly related to facilitating the employment of the individual;
- Facilitating access to services by individuals with disabilities;
- Providing information to the public concerning the Client Assistance Program.

Social Security

Authority

- [Workforce Innovation and Opportunity Act](#)
- [Social Security Act](#)
- [Ticket to Work and Work Incentives Improvement Act \(Public Law 107-170\)](#)

Resources

- [Disability Benefits 101 website](#)
- [The Social Security Redbook – Guide to Work Incentives](#)
- [Benefits Analysis Service Fee Memorandum](#)
- [Benefits Analysis Providers](#)
- [Ticket to Work Information](#)
- [General information and regulations from Social Security Administration](#)
- [Choosework.net](#)
- [Work Incentives Planning and Assistance National Training and Data Center](#)

General Information

The Office of Vocational Rehabilitation is challenged with providing a more effective rehabilitation program to Social Security Disability Insurance and Supplemental Security Income recipients.

Verification of Beneficiary Status

Verification of Social Security Benefits is required for all applicants who report receiving Social Security Disability or Supplemental Security Income. The documentation may be written verification from Social Security or a copy of the award letter. Some individuals may receive benefits for reasons other than disability. They may receive retirement benefits, dependent benefits or survivor benefits. To meet the requirements for presumptive eligibility or reimbursement from Social Security, the consumers must have been determined eligible for benefits due to disability.

Continuing Disability Review

Individuals receiving disability benefits are subject to medical reviews. Benefits continue unless there is strong proof the condition has improved medically and the individual is able to return to work. The frequency of medical reviews is based on the severity of the disability and likelihood for improvement. The Social Security Award Notice provides the timeframe for the first review. Below are some terms found on Award Notices:

- Medical Improvement Expected - means the condition is expected to improve within a specific time. The first review will usually be six to 18 months after the individual started getting disability benefits.
- Improvement Possible - means improvement is possible. The case will usually be reviewed about every three years.
- Improvement Not Expected - means the medical condition is unlikely to improve. The case will usually be reviewed only about once every five to seven years.

One benefit of using a Ticket-to-Work is the temporary suspension of Continuing Disability Reviews. See the section on Ticket-to-Work for more information.

Medicare, Medicaid, and Other Medical Insurance

Those who have received Social Security Disability Insurance benefits for two years (or longer) are eligible for Medicare benefits. Supplemental Security Income recipients are eligible for Medicaid immediately. Medicare, Medicaid and other medical insurance shall be utilized as a comparable benefit.

Social Security and Vocational Rehabilitation Coordination

The importance of close coordination and working relationships with Social Security District offices cannot be overemphasized. Consumers should be referred to the Social Security District Office for any assistance in connection with their disability claims. Consumers need to report events such as recovery from impairments, return to work, termination of work, etc. that may have a bearing on their claims. The Social Security District Office can be a valuable resource for Vocational Rehabilitation staff. The Third Party Query (acronym TPQY) should be available without a release. A Benefits Planning Query (acronym BPQY) may be obtained with a signed release specifying that the consumer wishes to release “tax-related information.” Medical information may also be requested with a signed release, but it may not be readily available from the local Social Security District Office.

Work Incentives

The Social Security Administration has a number of work incentives in place, which may allow consumers to test their ability to work without initially losing benefits. While some work incentives apply to both Social Security Disability Insurance and Supplemental Security Income recipients, several are specific to the type of benefits received. Detailed information regarding specific work incentives can be found at <https://www.ssa.gov/redbook/>.

Benefit Planning and Analysis

The Workforce Innovation and Opportunity Act, requires the Office to provide general information concerning Benefits Planning as well as additional supports to those applicants and consumers receiving Social Security benefits. A fact sheet with benefits planning resources should be provided to the individual once the counselor receives confirmation of benefits. This

fact sheet includes resources for benefits planning services, including the Work Incentives Planning and Assistance (acronym [WIPA](#)) programs funded by the Social Security Administration.

Based on Counselor judgment and consumer choice, the consumer can be referred to a Work Incentives Planning and Assistance Program for benefits planning or to an approved vendor for a formal Benefits Summary and Analysis. Vendors need to be certified by the Social Security Administration as Community Partner Work Incentive Counselors or complete the Benefit Practitioners Certification Program through Cornell University.

Work Incentive Planning and Assistance programs are funded by the Social Security Administration and are considered comparable benefits; however, their service model prioritizes beneficiaries for services. Priority groups include individuals who are currently working, as well as those with clear employment goals, who are actively pursuing employment or preparing for that goal.

Referral to a Work Incentive Planning and Assistance Program is recommended when the individual:

- Is working above Substantial Gainful Activity or at a level that might result in overpayment,
- Is working at a level resulting in the use of work incentives but is not above Substantial Gainful Activity ,
- Is encountering a problem that might result in resignation, cutting back on hours, or reducing earned income,
- Is considering a promotion, second part-time job, job change, or becoming self-employed,
- Has a clear employment goal and taking active steps to achieve that goal and is actively and regularly job searching,
- Has a clear employment goal and has a job offer or multiple job offers and needs help making a decision,
- Is actively using a work incentive to support job preparation efforts and needs assistance in resolving issues,
- Has an employment or self-employment goal and may be interested in a Plan to Achieve Self Sufficiency, or
- Is engaged in an education or training program that will be completed within a year.

If the consumer does not meet Work Incentive Planning and Assistance Program priorities, a referral to a Community Partner Work Incentive Counselor may be appropriate.

Referral to a Community Partner Work Incentive Counselor is recommended when the individual does not have a clear employment goal and:

- Is receiving an overpayment of benefits,
- Is a dual recipient of Social Security Disability and Supplemental Security Income and looking for employment,

- Receives Social Security Disability Insurance with prior work experience the Social Security Administration may not be aware of,
- Receives other state or federal benefits that may be affected by employment,
- Receives Medicaid waiver services,
- Wants to be self-employed,
- Receives Supplemental Security Income that is less than the current benefit rate, or
- Is a transition-aged youth approaching his or her 18 birthday.

If a formal Benefits Summary and Analysis is needed, it is best practice to purchase it before the Individualized Plan for Employment is completed. The main purpose of both Benefits Planning and Benefits Summary and Analysis is to assist the consumer in making an informed choice about whether or not to pursue employment. One advantage of purchasing a Benefits Summary and Analysis is the report will be sent directly to the counselor and can be used as a counseling tool. The Work Incentive Planning and Assistance program may also produce a formal Benefits Summary and Analysis for the consumer, but the Work Incentive Planning and Assistance program can only provide this to the Counselor with the appropriate signed release.

Payment Procedures

There is no charge for Benefits Planning completed by a Certified Work Incentive Coordinator (acronym CWIC) employed by a Work Incentives Planning and Assistance Program. The fee for Benefits Planning and Analysis from an approved vendor will come from a Special Budget created for that purpose. See the Benefits Analysis Service Fee Memorandum.

Report

A Benefits Summary and Analysis report must include information specific to the consumer, not generic information or information equivalent to what the counselor or the Social Security Administration can provide. The vendor must meet with the consumer in person at least once. It should be received within 60 days of authorization. The report must include information on which work incentives could be of assistance, the impact of work on Social Security benefits, health insurance, other benefits, and a strategic plan for support and management of work incentives. If the counselor is not satisfied with the report, the vendor should be required to modify the report before approving payment.

Training participation for Community Partner Work Incentive Counselors

Vendors providing Benefits Summary and Analysis through the Office's Service Fee must obtain two continuing education units per calendar year, or eighteen contact hours. This requirement is monitored by the Community Rehabilitation Program and Supported Employment Branch. Training through the Work Incentive Training Projects at Virginia Commonwealth University or Cornell University is recommended. All other training must be approved by the Office in advance.

Substantial Gainful Activity

Social Security's definition of disability includes the concept of Substantial Gainful Activity. Earnings guidelines are used to evaluate work activity to determine if it is considered Substantial Gainful Activity. For impairments other than blindness, earnings averaging over \$1,350 a month (for the year 2022) generally demonstrate Substantial Gainful Activity. These amounts are adjusted annually. Substantial Gainful Activity is a factor used in making eligibility decisions for both Social Security Insurance and Supplemental Security Income as well as decisions regarding continued disability for Social Security Disability Insurance recipients.

Social Security Disability Insurance Work Incentives

Work Incentives provide a means for beneficiaries to test their ability to work, and gradually become self-supporting. In general, they have at least 9 years to test their ability to work. This includes full cash payments during the first 12 months of work activity, a 36-month extended eligibility period, and a 5-year period in which Social Security can start their cash benefits again without a new application. Consumers may continue to have Medicare coverage during this time or even longer.

Notable work incentives include:

- Trial Work Period
- Continuation of Medicare Coverage
- Extended Period of Eligibility
- Medicare for Individuals with Disabilities Who Work
- Impairment-Related Work Expenses
- Continued Payment Under a Vocational Rehabilitation Program (also known as Section 301 Payments)
- Subsidy and Special Conditions
- Unincurred Business Expenses (Self-Employed Only)

Trial Work Period:

The trial work period allows Social Security Disability Insurance recipients to work for nine months in a 60-month rolling period to determine if they can maintain gainful employment. They will not lose any Social Security Disability Insurance benefits during this time because of their earnings. The consumer must earn more than \$840 a month (for the year 2017), or work more than 80 self-employed hours in a month for the month to be counted.

Continuation of Medicare Coverage:

An individual with a disability can receive at least 93 consecutive months of hospital and supplemental insurance after the trial work period ends. This provision allows individuals with disabilities to maintain medical coverage after they are employed and participating in substantial gainful activity.

Extended Period of Eligibility:

If disability benefits stop after successfully completing the trial work period due to working at the Substantial Gainful Activity level, Social Security can automatically reinstate benefits without a new application for any months in which the earnings drop below the level of Substantial Gainful Activity. This reinstatement period lasts for 36 consecutive months following the end of the trial work period. The individual must continue to have a disabling impairment in addition to having earnings below the Substantial Gainful Activity level for that month.

Medicare for Individuals with Disabilities Who Work:

Some individuals with disabilities can purchase continued medical coverage when their premium-free Medicare ends due to employment.

Impairment-Related Work Expenses (acronym IRWE):

The Social Security Administration will deduct the cost of certain disability-related expenses (expenses that enable the consumer to work, such as a wheelchair or specialized transportation costs) from the consumer's earned income prior to determining whether the consumer is performing substantial work.

Continued Payment under a Vocational Rehabilitation Program (Section 301):

If the Social Security Administration determines a consumer of Vocational Rehabilitation Services no longer has a medically qualifying disability, the recipient may continue to receive benefits under Section 301. To qualify for this incentive, an individual must be actively

participating in an Individualized Plan for Employment approved by Social Security. Benefits may continue until the program is completed unless the recipient's participation stops or the Social Security Administration determines the services will not increase the likelihood of being permanently removed from the disability benefit rolls.

It is *imperative* Counselors recognize and understand their professional responsibility when assisting consumers apply for the 301. The consumer must be actively participating in their Employment Plan and the agreed upon vocational goal. This plan must have been developed before the month the disability ceased. The consumer must be making timely progress in obtaining this goal and the *expected work date* must be accurate. If documentation does not support this, Social Security will not approve the plan and will stop all benefits.

Subsidy and Special Conditions:

“Subsidy” and “special conditions” are supports received on the job resulting in consumers receiving more pay than the actual value of the services performed. The Social Security Administration looks at the real value of the job to determine Substantial Gainful Activity even if individuals are receiving pay that exceeds the established amount. For example, an individual may have fewer or simpler tasks than workers doing the same job for the same pay. The Social Security Administration only uses the real value of the work.

Unincurred Business Expenses (Self-Employed Only):

Contributions made by others (including Vocational Rehabilitation) to a self-employment business may be considered a business expense in determining net earnings.

Supplemental Security Income Work Incentives

Notable work incentives include:

- Earned Income Exclusion
- Student Earned Income Exclusion
- Plan to Achieve Self-Support (PASS)
- Special Supplemental Security Income Payments for Individuals Who Work – Section 1619(a)
- Medicaid While Working – Section 1619(b)
- Special Benefits for Individuals Eligible Under Section 1619(a) or (b) Who Enter a Medical Treatment Facility
- Reinstating Eligibility Without a New Application
- Impairment-Related Work Expenses (IRWE)
- Continued Payment under a Vocational Rehabilitation Program (also known as Section 301 Payments).

Earned Income Exclusion:

When Supplemental Security Income beneficiaries return to work, the first \$65 of their monthly earnings plus one-half of the remainder is not counted against their benefits. Examples of how the earned income exclusion is calculated can be found at:

www.socialsecurity.gov/redbook/eng/ssi-only-employment-supports.htm#a0=1.

Student Earned Income Exclusion:

When determining payments, Social Security excludes \$2040 per month with a maximum yearly exclusion of \$8230 for students under age 22 who are regularly attending school. (These amounts are for the year 2022; they are adjusted yearly.)

Plan to Achieve Self-Support (PASS):

Recipients may set aside income and resources for up to 48 months toward an approved Plan for Achieving Self-Support (PASS). Income and resources set aside under an approved PASS are not counted when monthly benefits are calculated. This allows the beneficiary to “save” money and resources that are related to the work goal while remaining economically eligible for Supplemental Security Income benefits. Forms are available at the local Social Security Office and online at www.socialsecurity.gov/disabilityresearch/wi/SSA-545.pdf. Contact the SSA PASS cadre at 1-800-254-9489 for more information on developing a PASS.

Supplemental Security Income Payments for Individuals Who Work – Section 1619(a):

Supplemental Security Income recipients who work may continue to receive payments until countable income exceeds established limits. In order to qualify the individual, must have been eligible for benefits for one month, must still be disabled, and must meet all other eligibility criteria, including income and resource tests.

Medicaid While Working – Section 1619(b):

Medicaid may continue for Supplemental Security Income recipients who are no longer eligible for cash payment due to their employment. The individual must have been eligible for benefits for one month, must still be disabled, must still need Medicaid services to work and must continue to meet all other eligibility requirements, such as the resource limits. In addition, the individual’s gross earned income must not exceed the “threshold amount”, which is determined annually and varies from state to state. For additional information about 1619(b), click on www.ssa.gov/disabilityresearch/wi/1619b.htm. (Kentucky’s 2022 threshold amount is \$50,534.)

Special Benefits for Individuals Eligible under Section 1619(a) or (b) Who Enter a Medical Treatment Facility:

If a Supplemental Security Income beneficiary is eligible under Section 1619, they can receive payments for up to 2 months while in a Medicaid facility or a public medical or psychiatric facility.

Impairment-Related Work Expenses (IRWE):

The Social Security Administration will deduct the cost of certain disability-related expenses (expenses that enable the consumer to work, such as a wheelchair or specialized transportation costs) from the consumer's earned income prior to determining whether the consumer is performing substantial work. For Supplemental Security Income recipients, Impairment Related Work Expenses are excluded from earned income when the monthly payment is calculated.

Continued Payment under a Vocational Rehabilitation Program (Section 301):

If the Social Security Administration determines a consumer of Vocational Rehabilitation no longer has a medically qualifying disability; the recipient may continue to receive benefits under Section 301. To qualify, an individual must be actively participating in an Individualized Plan for Employment approved by Social Security. Benefits may continue until the program is completed unless the recipient's participation stops or Social Security determines services will not increase the likelihood of being permanently removed from the disability benefit rolls.

It is imperative Counselors recognize and understand their professional responsibility when assisting consumers apply for 301. Consumers must be actively participating in their Plan for Employment and the agreed upon vocational goal. This plan must have been developed before the month the disability ceased. The consumer must be making timely progress in obtaining this goal and the expected work date must be accurate. If documentation does not support this, Social Security will not approve the plan and will stop all benefits.

Social Security Reimbursement Program

Under the authority of the 1981 Amendments to the Social Security Act, the Social Security Administration is authorized to reimburse the Office of Vocational Rehabilitation for cost of services provided on a case-by-case basis. The Office may be reimbursed for both administrative and direct costs associated with assisting beneficiaries return to work. The beneficiary must reach Substantial Gainful Activity for nine months in a twelve-month period. Claims submitted more than one year after the consumer has completed 9 months of Substantial Gainful Activity will be disallowed.

Consumers closed successfully earning a minimum of \$150 per week and marked, as possibly receiving benefits sometime during their services with Vocational Rehabilitation, will be monitored as possible reimbursements. At times, letters may be sent to the consumers requesting

wage information or the counselor may be contacted for information. Wage information should be provided as soon as possible to avoid missing Social Security deadlines and losing out on reimbursements.

Because of time limits for submitting reimbursement claims, cases should be closed in a timely manner. In some cases, such as those with van modifications, consumers may work for nine months prior to case closure. When this occurs, Counselors need to notify the State Coordinator so a claim can be sent before the case is closed. Reimbursements may be possible for cases closed unsuccessfully if services provided helped the consumer return to work at Substantial Gainful Activity. Counselors need to notify the State Coordinator if this occurs.

In some cases, Social Security requires a pre-validation review prior to paying a claim. In this situation, the State Coordinator will request the Counselor send the entire case. Please send it right away, as there is only a short amount of time to respond to these requests.

Ticket to Work and Work Incentives Improvement Act

The Ticket to Work and Work Incentives Improvement Act of 1999 (Public Law 107-170) was created to aid recipients of Social Security Disability Insurance and Supplemental Security Income, who want to work, get the support they need to be successful in employment. The goals of the program are to increase choices for rehabilitation and vocational services, remove barriers to employment, and allow beneficiaries to participate in the workforce while reducing dependence on public funds.

The Ticket to Work program allows recipients to choose an Employment Network for services. Employment Networks are comprised of public and private rehabilitation organizations approved by the Social Security Administration. The Employment Network are reimbursed by the Social Security Administration for assisting beneficiaries reach Substantial Gainful Activity or by lowering monetary benefits.

The Ticket to Work Incentives Improvement Act of 1999 has four purposes:

- Provide health care and employment preparation and placement services to individuals with disabilities to reduce dependence on cash benefits.
- Encourage states to adopt the option of allowing individuals with disabilities to purchase Medicaid coverage necessary to maintain employment.
- Provide individuals with disabilities the option of maintaining Medicare coverage while working.
- Establish a Ticket to Work and Self-Sufficiency Program that allows beneficiaries to seek the employment services and other support services needed to obtain, regain, or maintain employment and reduce dependence on cash benefit programs.

Benefits to Consumers:

There are benefits to Social Security Disability Insurance and Supplemental Security Income recipients who use Ticket to Work. These incentives are designed to assist recipients return to work and lessen reliance upon cash benefit programs.

- Recipients are given the option to explore all available Employment Networks to decide which is best suited to assist them in reaching their goals through education, job placement, and case management.
- If recipients are deemed to be making forward progress towards their employment outcome, then Continuing Disability Reviews are discontinued.

Revised Regulations:

Effective July 21, 2008, regulations were revised in order to improve the Ticket to Work program. Among the changes was the creation of a new status, “**in-use SVR,**” for state Vocational Rehabilitation programs providing services under cost reimbursement. Vocational Rehabilitation agencies choosing this option do not have to complete Form 1365 for Ticket assignment, yet beneficiaries still receive protection from Continuing Disability Reviews. In addition, the new regulations allow for the sequential services from Vocational Rehabilitation and another Employment Network. This option, referred to as **Partnership Plus**, allows the beneficiary to assign the Ticket to Work to another agency for ongoing support after the Vocational Rehabilitation case is closed.

Resources:

Donna Osburn
SS/VR State Coordinator
Office of Vocational Rehabilitation
301 East Main Street, Ste. 500
Lexington, KY 40507
(859) 246-2185 Fax (859) 246-2799 fax

Services

Authority

- Federal Regulations Section 34 CFR 361
- The Rehabilitation Act of 1973 as amended, Section 103

General Information

The following section contains information concerning services provided by the Office of Vocational Rehabilitation. It is not all-inclusive. Services to consumers are individualized based on the unique characteristics and functional limitations of the individual, and should support the individual's efforts to obtain, maintain, or retain employment.

In addition to the exceptions described under specific services, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy related to service delivery if:

- The nature of the individual's vocational rehabilitation needs make it necessary services be provided or continued outside of the established guidelines,
- The discontinuation or denial of services will result in the loss of immediate job placement or prohibit the individual from achieving the vocational goal, or
- The provision of the services outside of the guidelines will result in a cost savings to Vocational Rehabilitation

A decision for an exception will be determined within 10 working days upon receipt of the request. If an exception is approved, the service must be included on the Individualized Plan for Employment or Amendment. The updated list of staff designated by the Director of Program Services to review and approve exceptions is provided in the [Approval Sign-Off list](#).

Services are arranged in alphabetical order.

Acute or Emergency Medical Conditions

Acute conditions are accidents or illnesses with sudden onset and relatively short course. They demand urgent attention but are usually limited in duration. It is expected practice that assistance with medical care for acute conditions will not be given unless:

- The consumer is eligible for and receiving rehabilitation services under an Individualized Plan for Employment prior to onset;
- The acute condition is such that, if untreated, it would constitute a hazard to the achievement of the consumer's vocational rehabilitation objective;
- Comparable benefits and economic need are applied, as appropriate, to the service provided; and
- The period of care is not expected to exceed 60 consecutive days in the case of any one illness or injury. The 60-day period includes necessary follow-up examination or treatment, as well as any intensive care required at the time of surgery or during the acute stages of the illness.

The following procedures are to be followed when authorizing emergency services:

- The nature of the condition should be ascertained to the degree the counselor is sure emergency services are necessary.
- The counselor may give oral authorization to the vendors concerned and services may be initiated immediately.
- Written authorization to cover the oral authorization should be prepared on the same date.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy.

Please refer to the "Services: General Information" section of this manual for the exception guidelines.

Assistive Technology Branch

Authority

- Rehabilitation Act of 1973 as amended, Section 103(a)
- Federal Regulation – 34 CFR361.48
- State Administrative Regulation – 781 KAR 1:040

Forms

- [Assistive Technology Referral Form](#)
- [Driver Assistive Technology Program Assessment Packet](#)
- [Cost Sharing Form](#)

Resources

- [Assistive Technology Webpage](#)
- [Kentucky Assistive Technology Services Network](#)
- [Kentucky Assistive Technology Loan Corporation](#)
- [Assistive Technology Engineering Fee Schedule](#)

Overview

The Assistive Technology Branch of the Office of Vocational Rehabilitation works with consumers and Vocational Rehabilitation Counselors to determine what assistive technology devices and services can best meet the needs of the consumers to prepare, obtain, maintain, or advance in employment.

Often, individuals with disabilities use assistive technology to accommodate limitations. The Assistive Technology Branch helps them identify, obtain, and learn to use assistive technology to address barriers in education, employment, independent living, mobility, and transportation.

The Assistive Technology Branch provides services in three primary areas:

- General assistive technology services
- Assistive technology services for the blind and visually impaired
- [Driver assistive technology services](#)

The Assistive Technology Branch has regional Assistive Technology Specialists with expertise in each of the above areas.

Definitions

Aids for Activities of Daily Living

Products, devices, and equipment used in everyday functional activities to assist in such tasks as grooming, bathing and hygiene, eating and meal preparation, transfers, environmental control, and organization and time management.

Assistive Technology Device

Any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities (29 U.S.C. Sec 2202(2).) Assistive Technology Devices may be “low tech,” “medium tech,” or “high tech.”

Assistive Technology Service

Any service directly assisting an individual with a disability in the selection, acquisition, or use of an assistive technology device, including:

- Providing information about assistive technology;
- Evaluating consumer needs, including a functional evaluation of the consumer in the consumer’s customary environment;
- Selecting and acquiring assistive technology;
- Designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing technology; and
- Coordinating and using other therapies, interventions, compensatory strategies, or services.

Assistive Technology Specialist

An employee of the agency or a paid service provider qualified and authorized by the agency to provide recommendations and assistive technology services.

Communication Aids

Assistive technology designed to help individuals with either receptive or expressive communication, in written or verbal form.

Computer Access Aids

Assistive technology designed to allow a person with a disability access to a computer, including entering information into the computer and obtaining information from the computer.

Environmental Accessibility

The design features in the built or physical environment allowing physical access to areas by people with many types of disabilities. Generally, thought of as “wheelchair accessible,” but concepts includes audio signals and braille signage. In the Assistive Technology Branch, environmental accessibility is often evaluated in the home and work place.

Low Vision Optical Devices

High-powered plus lenses, telescopes, magnifiers and other devices with high magnification designed to improve the vision of consumers with visual disabilities.

Mobility Aids

A device designed to improve the ability of those with disabilities negotiate the built environment. Examples of mobility aids include canes, walkers, manual and power wheelchairs, prosthetics, and orthotics,

Recommendation

A written report by an Assistive Technology Specialist, or medical professional, providing a plan for assistive technology services based on an assessment of a consumer’s disability needs.

Rehabilitation Engineering

The use of engineering principles to develop, apply, and modify assistive technology devices to assist individuals with disabilities address barriers related to physical and cognitive functions lost because of disease or injury.

RESNA (Abbreviation)

Rehabilitation Engineering and Assistive Technology Society of America

School Assistive Technology

Aids used to help a student with success in the classroom. They are often used to aid in taking notes, reading materials, and generating homework.

Sensory Aids

Assistive technology designed to compensate for deficiencies in hearing, vision, and communication.

Work Assistive Technology

Assistive technology devices and services designed to enable an individual with a disability complete job duties safely, efficiently, and with quality.

When to Consider Assistive Technology

Assistive technology services can be used at any point in the rehabilitation process, from intake and evaluation of rehabilitation potential to post-employment services. Assistive Technology Services can be used to allow workers with disabilities:

- Equal access to education and training;
- An expanded range of jobs possibilities;
- To get ready for work and arrive on time;
- To perform job functions they otherwise could not;
- To work more safely, easily, independently and productively;
- Overcome environmental or architectural barriers to employment; and
- Reduce job coach support and expenses required for employment.

Assistive Technology Services should be used any time a gap exist between what a person is required to do in the employment process and what they are able to do based on functional limitations. Limitations may be due to a physical impairment, cognitive impairment, learning disability, sensory impairment (not limited to, vision or hearing), or mental illness.

Assistive Technology Services can be used for any type of task, but for the purposes of vocational rehabilitation, they are commonly used to identify and obtain:

- Seating and mobility technology;
- Vehicle modifications and driver rehabilitation;
- Home accessibility;
- Work accessibility;
- Educational accommodations;
- Communication;
- Computer access;
- Ergonomics; and
- Custom job modifications.

Assistive Technology Branch

The Agency's technology specialists are assigned to specific areas throughout the state, and include technologists serving general caseloads, as well as, those serving consumer's with vision impairments. Please see the staff directory for current locations and contact information. Assistive Technology Specialists are responsible for

- Providing information about assistive technology;
- Evaluating the needs of a consumer;
- Identifying and recommending appropriate assistive technology;
- Providing a written report and recommendations to the Counselor;
- Coordinating the purchase of assistive technology;
- Designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing technology;
- Training consumers to use technology;
- Coordinating and using other therapies, interventions, compensatory strategies, or services as related to technology;
- Identifying outside assistive technology providers;
- Reviewing recommendations from outside consultants and providing feedback;
- Follow-up, as necessary, to assist consumers obtain and maintain employment; and
- Receiving and processing returned assistive technology.

Vocational Rehabilitation Counselor Responsibilities:

All assistive technology services are accessed through a Vocational Rehabilitation Counselor. Their responsibilities include:

- Referring consumers for assistive technology services.
- Planning services using an Individualized Plan for Employment.
- Coordinating the provision of planed services, including generating and paying authorizations.
- Recovering unused technology and returning to the technologist for disposal or redistribution.

Assistive Technology Process

Referral

Referrals should be made by emailing a completed Assistive Technology Referral Form to the Assistive Technology Specialist serving the area.

In addition to completing the form, the following relevant information will allow the Assistive Technology Specialist to prepare for the assessment:

- The Eligibility Worksheet provides information on the specific disability and limitations experienced by the consumer.
- Results of neuropsychological testing, especially when the disability involves cognitive or learning functions.
- Any vision testing and services the consumer has received when the disability involves vision.

- Physical, occupational, speech, psychology, or other therapy reports that effectively describe functional limitations.
- Description of current and previous use of assistive technology.
- Description of tasks the consumer needs assistance completing.

Assessment

Assessments are performed by Assistive Technology Specialists. The Specialist should evaluate the consumer's abilities and limitations, task requirements, current tools used to perform the task, and environment in which the task is performed. Each aspect should be considered to develop appropriate recommendations.

In some cases, the agency Assistive Technology Specialists may identify a third-party Assistive Technology Specialist to provide an assessment. This may occur when:

- The provider is best able to meet the unique rehabilitation needs of a consumer;
- The provider has a unique expertise not available from an agency Assistive Technology Specialist;
- The complexity of the needs requires a vendor in close proximity to the consumer; and
- On rare occasions, a provider may be used to speed the provision of services.

An example of needing an outside service provider is a wheelchair evaluation. This typically involves both a physical therapist and a RESNA-Certified Assistive Technology Specialist through a Durable Medical Equipment Dealer.

In many cases, such as the wheelchair example above, there is no cost for involving an additional Assistive Technology Specialist. If an additional cost is required, the Assistive Technology Engineering Service Fee Memorandum provides guidance.

Once the referral is received, Assistive Technology Specialist contact consumers to schedule an appointment. Assessments should be performed within 30 days of receiving a referral.

Evaluation Equipment

Where possible, consumers will have the opportunity to try equipment before it is purchased. There are several ways this may happen:

- Assistive Technology Specialist have a selection of equipment for evaluation, loan or demonstration purposes.
- KATS Network Area Technology Resource Centers may have equipment that can be borrowed or rented, www.katsnet.at4all.com.
- Some vendors provide trials or demonstrate equipment.
- Some software and apps have free or trial versions that can be downloaded and used immediately by the consumer.

Recommendations

A written report will be provided within two weeks of an Assistive Technology Specialist performing an assessment. The report should include the following:

- A description of current functional limitations;
- A description of the tasks to be accommodated;
- Recommendations to address limitations as related to the specific tasks. Options will include, where applicable:
 - Assistive technology devices for use at work, home, and, or, school; for example:
 - Aids to daily living allowing an individual to function independently in their environment and perform personal care;
 - Mobility and ambulation aids assisting with mobility in and around the home, school, or work, including modifications to ensure safe operation of vehicles and transportation of consumers and personal mobility devices through the Driver Assistive Technology Program;
 - Sensory aids, to address vision and hearing limitations;
 - Speech and written communication aids, including specialized equipment to access devices and computers; and
 - Specialized devices for sustaining work activity;
 - Restructuring tasks, activities, and environment, for example, changes to a process or arrangement of materials;
 - Modification to the physical environment allowing task performance (in the home or workplace), such as bathroom and entrance modifications or the addition of lighting; and
 - Referral to additional services, such as a wheelchair clinic or the Driver Assistive Technology Program;

Assistive Technology is purchased using a “delegation of authority” which allows Technologists to recommend specific items, from a specific vendor, without going through the bid process.

For this reason, reports include specific documentation identifying each item, to be purchased by the agency, as “assistive technology” addressing a specific functional limitation to allow the consumer to perform a specific task related to the vocational plan. In most cases, the technologist will identify the least cost vendor or item. However, some cases will require a specific item or vendor that is not the least cost. In these situations, the Technologist will identify the specific reasons to use the specific technology and vendor.

Assistive Technology Policies & Procedures for Specific Services

Certain types of assistive technology have specialized policies and procedures that should be followed. Please see the attached policies on the provision of

- [Driver Assistive Technology Services](#)

- Home Modifications
- Wheelchairs
- Farm Modifications
- School Accommodations
- Independent Living
- Complex Assistive Technology

Expenditure Codes

When an Assistive Technology Specialist recommends purchasing assistive technology or services, a recommendation will be included with the report. The recommendation should specify the vendor, item (including item number and description), cost, and expenditure code for each recommendation. Common expenditure codes for assistive technology include:

- 92A – Assistive technology devices
- 92B – Assistive technology services
- 92C – Rehabilitation engineering services
- 92D – Telecommunication Devices for the Deaf
- 92E – Assistive Listening Devices
- 92F – Alerting Devices for the Deaf
- 92G – Hearing Aids
- 92H – Hearing aid accessories
- 92I – Adaptive computer hardware; i.e. specialized keyboard or mouse;
- 92J – Adaptive computer software; i.e. screen magnification or literacy software;
- 92 K – Wheelchairs
- 92 L – Wheelchair repair
- 92M – Specialized devices for the Blind
- 91A – Vehicle modifications over \$5000
- 91B – Vehicle modification repairs
- 91C – Vehicle modifications under \$5000
- 91D – Home modifications
- 91 E – Other property modifications, including all farm modification purchases and modification provided to worksites

Purchasing Assistive Technology

Once the Vocational Rehabilitation Counselor has the recommendations, a meeting should be scheduled with the consumer to review and determine which items should be purchased. The Counselor is responsible for generating authorizations for items to be purchased.

Technologist work out how to order technology in their area. If counselors or assistants are ordering the equipment, it is important the Technologist knows when it is ordered, so they may

plan installation and training. The technologist should receive a copy of the authorization and all equipment should be shipped to the technologist unless otherwise noted on the recommendation.

Service Fee Memos

Service fee memos are available for some assistive technology purchases, including:

- Rehabilitation Engineering Fee Schedule, covering payment for rehabilitation engineers, technologists, technicians, aides, and other shop-type labor.
- Driver Assistive Technology Services Program Fees (covered in that section of the manual)

Assistive Technology over \$3,000

When a single expenditure exceeds \$3,000, the report should be shared with the Assistive Technology Branch supervisor prior to sending to the Counselor. The supervisor must approve before the recommendation is sent to the counselor.

Assistive Technology over \$10,000

When the total of recommended assistive technology is over \$10,000 (generally vehicle, home, or farm modifications), the agency's process for [expenditures over \\$10,000](#) should be followed. The Technologist should meet with the counselor and consumer to review the assistive technology and agency procedures around this purchase. As part of this meeting (referred to as an "over \$10k meeting",) the consumer will sign a document stating they understand the policies around the specific purchase. These policies include:

- Recommended technology over \$10,000 must be required to obtain or maintain employment, and without the technology, employment would not be possible.
- Recommendations must be made by an agency Assistive Technology Specialist, as a result of an assessment performed by that Specialist.
- The consumer must state they agree with the recommendations.
- Only the most cost-effective technology will be purchased.
- The consumer must insure the technology. Technology will not be replaced by the agency.
- The consumer will be responsible for all maintenance and repair of the technology.
- The consumer may have to participate financially in the purchase of the technology.
- When the consumer is not involved in the purchase of the technology:
 - The agency retains ownership of the technology through the period of its useful life;
 - The consumer cannot dispose of or encumber the technology in any way during its useful life; and
 - The agency retains the right to repossess the technology if the consumer is no longer using it for vocational purposes.

- In the case of home modifications, the agency will participate in only one home modification in a lifetime. Please see the home modification section of this manual for more information.

Generally, the Individualized Plan for Employment is developed during this meeting. Once the consumer signs,

1. The Plan and supporting documents are forwarded to the District Branch Manager for review and consideration.
2. If signed by the District Branch Manager, the Plan is forwarded to the Assistive Technology Branch Supervisor for consideration. Approval indicates recommendations have been reviewed and are the most cost-effective assistive technology to implement and meet the needs of the consumer.
3. If signed by the Assistive Technology Branch Supervisor, the Plan is forwarded to the Director of Program Services for consideration.
4. If signed by the Director of Program Services, the counselor may then sign.

Cost Sharing

Cost sharing is only applied to modifications of vehicle home, property, and farm over \$10,000. Other assistive technology purchases, even those over \$10,000 are not subject to cost sharing.

Installation and Training

Except as specified by an Assistive Technology Specialist, the assistive technology purchased for a consumer should ship to the Technologist. Once all equipment has arrived, the Technologist will schedule with the consumer to install the technology. Training is usually provided at the time of delivery, completing Assistive Technology Service.

There are times when the consumer will require training beyond the initial installation date. Technologist will keep counselors updated on training progress.

Receipt of Transferrable Items Form

Technologist generally have consumers sign the Receipt of Transferrable Items form at the time of delivery. When training or installation is not required, consumers may pick up equipment from a Vocational Rehabilitation office. Due to scheduling and equipment issues, Assistants may need to release payment before the receipt is signed. This may be done at the recommendation of the Technologist.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the “Services: General Information” section of this manual for the exception guidelines.

Bioptic Driving

Authority

- The Kentucky Bioptic Driving Regulation, 782 KAR 1:070 (5)

Introduction

Bioptic driving is a method that utilizes both the patient's general vision and intermittent vision through a small telescopic system to improve the sharpness of the driver's vision. The bioptic telescope is only used to do quick spotting as required to read a traffic sign, check a distant traffic light or check events far down the road.

The Office of Vocational Rehabilitation provides Bioptic Driving evaluation and training to individuals determined to be eligible for services upon completion of a low vision examination. The ultimate goal of the Bioptic Driving Program is to assist individuals in obtaining a bioptic driver's license.

The decision to utilize bioptic driving is very personal. Not everyone who meets criteria for bioptic driving will want to drive, nor will everyone who wants to drive be able to meet the criteria. Each person is unique, and there are multiple issues involved with safe driving besides vision. Therefore the decision to utilize bioptic driving must be made collaboratively between the consumer, counselor, eye doctor, bioptic instructor and Kentucky State Police License Examiner.

Criteria Required for Training and Priority of Selection

Criteria Required for Training

Kentucky Bioptic Driving Program participants are required to meet the following criteria:

- Apply for Vocational Rehabilitation or Independent Living services and be referred by their counselor.
- In coordination with their counselor, complete and submit all required paperwork to the Bioptic Driving Program. The evaluation and training will not be scheduled until this is complete.
- Be committed to training and be willing to schedule the training at a time that is most advantageous to both the consumer and the bioptic-driving instructor.

Order of Priority

Training will be provided in the following order:

1. Those in jeopardy of losing employment

2. Those who have completed Vocational Rehabilitation training and are ready for employment
3. Those having difficulty traveling to and from their place of training
4. All others who meet criteria

Utilization of Private Training Programs

The Kentucky Bioptic Driving Regulation, 782 KAR 1:070 (5) requires that the Bioptic Drivers Program evaluate individuals to determine if they are a candidate for training. This process must occur before being referred to any private training program. Individuals who are not currently receiving Vocational Rehabilitation, Independent Living services, or are on the lower priority list and wanting to go to other training programs, will be provided a list of approved "Certified Drivers Training Programs." These programs offer training on a fee-for-service basis. If it is determined, the individual is a candidate for training, a copy of the evaluation will be forwarded to the training program selected.

What are the Characteristics of Bioptic Driving Candidates?

The following characteristics best describe an individual who will make a good bioptic driving candidate:

- Stable ocular condition visual acuity between 20/60 and 20/200 inclusive with best standard or conventional correction:
- Full bilateral field of view and absent of any large scotomas (if monocular, at least 120 degrees horizontally and 80 degrees vertically) because safe driving depends on peripheral vision as well as acuity,
- Improved visual acuity via bioptic to meet Kentucky's 20/60 requirement for distance visual acuity which equals the standard for driver licensing
- Highly motivated, dedicated, hardworking, goal oriented
- Able to accept objective criticism
- Emotionally stable
- Past participation in sports or recreational activities that require eye-lead and head and eye scanning abilities (for example: basketball, baseball, racket-ball, bicycling, and roller-blading, skateboarding, and downhill skiing).

A partial list Taken from Huss, C.P., (1988). Model Approach-Low Vision Driver's Training and Assessment, Journal of Vision Rehabilitation, Vol. 2, No.2, pp.31-44.

Kentucky Minimum Statutory Requirements for Bioptic Driving (KRS 186.578)

- Distance visual acuity of 20/200 or better with corrective lenses in the applicant's better eye
- Distance visual acuity of 20/60 or better using a bioptic telescopic device
- A visual field of 120 degrees horizontally and 80 degrees vertically in the better eye

- No ocular diagnosis or prognosis that indicates the likelihood of significant deterioration of visual acuity or visual fields to a level below the minimum standards above.

The Kentucky Bioptic Driving program consists of the following steps:

1. The counselor sends the Kentucky Bioptic Driving Program Application, medical referral information, consumer consent form and the specialized services form to the bioptic driving instructor.
2. The bioptic diving instructor provides an evaluation. Upon completion of the evaluation, a report is sent to the counselor. If the consumer is a candidate for the bioptic driving program, the instructor sends a letter of acceptance to the consumer and a copy to the counselor.
3. The counselor authorizes for the bioptic device, faxes it to the vision specialist's office then scans, and e-mails a copy to the bioptic driving instructor. At the same time, the counselor sends a referral to the orientation and mobility specialist. The vision specialist's office makes the bioptic device then makes an appointment for the consumer to have the device fitted.
4. After receiving the bioptic device, the consumer completes training with an orientation and mobility specialist to learn to spot with their bioptic effectively. Once the specialist has completed this training, they verbally notify the counselor and the bioptic driving instructor. After verbal notification is given, the orientation and mobility specialist writes the "Orientation and Mobility Bioptic Device Training Report" and sends it to the counselor and the bioptic driving instructor. Until this report is received, behind-the-wheel training cannot begin.
5. The bioptic diving instructor arranges for behind-the-wheel training with the consumer.
6. When the consumer is ready for a road skills test, the bioptic driving instructor schedules a visual re-examination to determine if the consumer continues to meet visual acuity and visual field standards of the law with the bioptic device. The bioptic driving instructor contacts the counselor to request an authorization be sent to the vision specialist for the re-examination.
7. Once the consumer successfully completes the driver's training program and the visual re-examination, a behind-the-wheel skills test is scheduled by the bioptic driving instructor. The consumer brings the visual re-examination report form with them to take the road skills test. Upon successful completion of the skills test, the bioptic driving instructor sends an e-mail to notify the counselor of the consumer's success.

The successful applicant who passes the operator's license examination given by the Kentucky State Police, is issued, by the circuit clerk, a restricted (Bioptic and daytime driving) Kentucky driver's license valid for four years. However, under the law, the Bioptic operator's license expires in one year on the last day of the birth month of the license holder KRS 186.579.

Renewal of Bioptic Operator's License:

The Office of Vocational Rehabilitation will notify the Transportation Cabinet's Medical Review Board of the name of each successful applicant who is issued a restricted bioptic operator's license. The Office of Vocational Rehabilitation will correspond with the bioptic driver to

inform them that they must submit a comprehensive visual examination report from a vision specialist to the Office of Vocational Rehabilitation within their birth month in order to retain the valid bioptic license. The Office of Vocational Rehabilitation will review the submitted vision examination report to determine whether the bioptic driver continues to meet the visual requirements at KRS 186.577.

- If the visual examination report indicates the visual impairment is stable,
 - The Office of Vocational Rehabilitation will retain a copy of the visual examination report in the bioptic driver's file.
- If the visual examination report indicates the visual impairment is unstable, the Office of Vocational Rehabilitation will require the driver to provide additional visual assessment information.
 - If the individual no longer meet the visual requirements, the bioptic driver and Medical Review Board will be notified of the determination that the driver does not satisfy the visual requirements at KRS 186.577; and retain a copy of the visual examination and assessment information in the Bioptic driver's file.
 - If they continue to meet the vision requirements, The Office of Vocational Rehabilitation will continue annual reviews, notify the Medical Review Board, of the determination that the Bioptic driver does satisfy the visual requirements at KRS 186.577; and retain a copy of the visual examination and assessment information in the Bioptic driver's file.
- If the Office Vocational Rehabilitation does not receive a visual examination report within the birth month, the Medical Review Board will be notified that the bioptic driver has not submitted the requisite visual information to retain the restricted operator's license.

Removal Procedures for the Daytime Driving Restriction from the Bioptic Operator's License:

To remove the daytime driving retraction, the driver must obtain a recommendation to drive at night from a vision specialist. The Office of Vocational Rehabilitation may then provide evaluation and training specifically designed for night driving. If the Bioptic Driver successfully completes the evaluation and training, the Office of Vocational Rehabilitation will schedule a night road skills test.

The comprehensive night road skills test will be administered by the Kentucky State Police and will be accompanied by a Bioptic Driving Instructor, from the Office of Vocational Rehabilitation. If successful, the circuit clerk will remove the daytime driving restriction from the Bioptic license.

Carl D. Perkins Vocational Training Center

Authority

- The Rehabilitation Act of 1973 as amended: Sections 20, 102(c), and 112(a)
- Federal Regulation: CFR 361.36
- State Legislation: KRS 13B.170, KRS 151B.185 (2), KRS 151B.195 (1)
- State Administrative Regulation – 781 KAR1:050 and 781 KAR 1:010

Forms

- [Application for Admission to Carl D. Perkins Vocational Training Center Services](#)
- [Carl D. Perkins Vocational Training Center Referral Checklist](#)

Resources

- [Carl D. Perkins Vocational Training Center Website](#)
- [Frequently Asked Questions about the Center](#)
- [Directions to the Center](#)
- [Student Handbook](#)
- [Center Brochure](#)

Introduction

The Carl D. Perkins Vocational Training Center is a day-student and residential facility, located in Thelma, Kentucky, offering multiple programs for individuals with disabilities to assist in achieving positive employment outcomes. The center’s mission is “persons served will achieve employment and maximize independence and self-respect.” More information can be found on the center’s website listed among the resources above.

Programs offered at the Center

Comprehensive Vocational Assessment

Assessments include testing and activities to help individuals learn more about themselves and identify strengths and weaknesses related to employment. Assessment results assist in decision-making and vocational planning.

Academic and Lifeskills Program of Higher Achievement (ALPHA)

This program is designed to provide instruction and support to assist students in the successful completion of vocational training or postsecondary education. ALPHA students meeting entrance/program pre-requisites can live at the Perkins Center and attend program available Kentucky Community and Technical College System campuses nearby.

Job Readiness Training

Job readiness training may be recommended to address behavioral barriers to employment. This program focuses on work-related behaviors, skills, and attitudes needed for success in vocational training or employment settings. Job readiness is taught through classroom instruction in the occupational skill areas and work activities. The program is designed to improve work related behaviors and enhance interpersonal skills.

Adult Education

Adult Education Services provide academic skills instruction and GED preparation to assist individuals in improving educational attainment levels and successfully entering employment and post-secondary education.

Occupational Skill Training

Vocational training programs include Automobile Lubrication and Detailing, Child Care, Cosmetology and Nail Technology, CVS Retail Pharmacy Collaborative, Food Service, Building Maintenance, Custodial Services, Grounds keeping, Industrial Truck Operator, Materials Management, and Office Technology.

Customized Training

Customized training is available through cooperative agreements between the Perkins Center and local businesses. Customized training enables consumers to be trained for specific occupations not currently offered at the Perkins Center.

Physical Restoration

Physical Restoration provides an intensive, multi-disciplinary approach to increase or restore functional living skills, and promote the efficient use of existing skills. The program includes physical therapy, occupational therapy, speech therapy, and aids to daily living for individuals with physical disabilities, to assist in preparation for training and employment.

Lifeskills Enhancement Program

This program provides services for individuals with a range of disabilities including, but not limited to, autism spectrum disorders, mild intellectual disabilities, learning disabilities, and traumatic brain injury. Program participants must require intensive occupational therapy, speech therapy, and physical therapy. The primary goal of the program is to assist consumers to optimize cognitive physical social and vocational functioning. Program activities include physical therapy, occupational therapy, and Speech as well as several group activities such as Critical Thinking, Social Skills, Medication Administration, and more. Lifeskills Enhancement Program is typically completed prior to enrollment in job readiness training or an occupational skill training. Psychological Services and Rehabilitation Technology are also available. The length of the program is three months and participant enrollment is conducted four times each year in accordance with a schedule developed by the program.

Outpatient Medical Rehabilitation

Rehabilitative services are available to consumers on an outpatient basis. The Outpatient Program is designed to assist those requiring post-acute rehabilitative services achieve self-sufficiency and community integration through medical assessment and treatment services such as physical therapy, occupational therapy, and speech therapy. Consumers have access to a wide range of support services including psychological counseling, academic remediation, therapeutic recreation, and services meeting individual needs through comprehensive assessment.

Support Services

In addition to the above programs, the Center offers the following support services as required:

- Case Management Services
- Counseling (Supportive and Chemical Dependency)
- Developmental Education
- Dietary Consultation
- Dormitory Housing
- Driver's Education (Preparation for permit test and "behind the wheel" training through simulators and vehicles)
- Job Placement
- Housing in the Center's Assisted Living Unit staffed by nursing personnel
- Medical Support Services
- Occupational Therapy
- Physical Therapy
- Preparation for a General Education Diploma (acronym GED) Exam
- Qualified students may be housed at the Center with transportation provided to attend nearby Kentucky Community and Technical College System campuses in Prestonsburg and Paintsville. The Center also has a cooperative agreement with a local Job Corps Center to access training opportunities not available at Carl D. Perkins Vocational Training Center.
- Recreation (Leisure and Therapeutic)
- Rehabilitation Engineering
- Speech Pathology & Audiology
- Transportation services

Referral Procedure

Submit the following information to the Admissions Office via a scanned electronic file:

1. An Application for Admission to Carl D. Perkins Vocational Training Center

Applications must be signed by the individual, and legal guardian (if applicable), prior to admission. Official documentation of court appointed guardianship (if applicable) is required.

In addition to descriptive information about the individual, needed to provide appropriate services, the Application includes the following consumer acknowledgements:

- Consent for authorized center staff to provide routine or emergency medical care if required
- An agreement by the parent, guardian, or individual responsible to assume responsibility for living arrangements when the individual is discharged from the center, or, during any breaks or holidays at which time residential services at the center are closed.
- Information concerning the student pass system for consumers while they are on campus grounds and supervised activities off campus grounds.
- Consent to comply with center policies and procedures regarding alcohol and drugs as well as the center's substance abuse program.
- A description of the facility monitoring equipment utilized by the center and consent for the potential release of the individual's image and, or, identity to law enforcement, or other designated entities necessary to protect the health and safety of students and staff.

2. The Carl D. Perkins Vocational Training Center Referral Checklist & Addendums

The referral checklist and accompanying addendums, (e.g. Referral Documentation & Checklist for Deaf-Blind Consumers,) should be completed and accompany the application at referral. The checklist and referral addendums are tools to provide consumer information, including services requested, in a fast and efficient manner.

3. The Case Record

4. Diagnostic information

Complete diagnostic information should be included in the case. If the disability is stable and not likely to change, as in the case of congenital deafness with no secondary disabilities, diagnostic information obtained during application for rehabilitation services may be acceptable.

Case records for those with conditions or disabilities subject to rapid change or rapid progression from chronic to acute status should contain current, detailed assessments of the individual's functioning level. For example, an individual with a diagnosis of schizophrenia or multiple sclerosis may need a current assessment of functioning level.

Individuals referred to the center with a diagnosis of traumatic brain injury may be admitted if post-acute and functioning is at a Rancho Los Amigos Cognitive Level VII (Automatic-Appropriate) and, or, Level VIII (Purposeful-Appropriate). Level VI (Confused-appropriate) will be considered but closely screened for behavior disturbances. Additional medical information; such as admission and discharge hospital summaries, therapy notes, and updated neuropsychological evaluations, are needed to schedule appropriate assessments and determine post-rehab remediation.

5. Appropriate case documentation

Counselors may transfer a case to the center by sending the case directly to the admissions counselor. The Vocational Rehabilitation Counselor in the field will process the transfer.

If referred for a specific program, the referring counselor is responsible for writing the appropriate Individual Plan for Employment or Amendment which should be submitted at the time of referral and include the following services:

- Type of program (i.e. job readiness, occupational skill training, physical restoration, etc.)
- Recommended minor medical services
- Dorm room and cafeteria meals
- Uniform and supplies if needed.

Special Considerations

- Transportation – The individual or family should provide transportation to and from the center. Vans are available for those who cannot arrange transportation. If transportation is needed, the center should be contacted well in advance.
- Medication – Those residing at the center should bring a two-week supply of medication in appropriately labeled containers. Consumers may bring sample medications, but must have an accompanying doctor's orders with directions regarding administration of the medications. Residential consumers should be informed that all prescription medications must be surrendered to nursing staff, upon enrollment, and they will be placed on a schedule to receive their medications. The center's admissions office will provide this information in the letter sent to the consumer with their scheduled reporting date.
- Diagnostic Examinations – Referring counselors should secure any recommended diagnostic exams affecting evaluation or training (e.g., eye exams and glasses, audiological exams, etc.) before the individual enters the center.
- Adaptive Equipment – Consumers should bring any required adaptive or assistive equipment (e.g. hearing aids) with them to the center.
- Behavior Intervention Supports and Techniques (BeST) –This program teaches and reinforces expected workplace behaviors to prepare consumers for employment settings. Consumers are expected to comply with the program's behavioral expectations while on campus or during supervised activities off campus. Detailed training is provided to vocational rehabilitation staff on the components of the program, during new employee orientation and office visits with center liaisons. Consumers receive an orientation to the program when they arrive on campus.

Admissions policies and procedures

The Carl D. Perkins Vocational Training Center attempts to be inclusive rather than exclusive for admissions. Typically, the center rejects only a small number of applicants for services each year.

Individuals admitted to center should meet one of the following conditions:

- Office of Vocational Rehabilitation Applicants for whom an assessment is needed to support a decision regarding eligibility or development of an Individualized Plan for Employment, or
- Office of Vocational Rehabilitation consumers, who require services provided by the center to benefit from an employment outcome, or
- Other individuals served through dual enrollment agreements.

No applicant or consumer will be admitted to any center program if there is evidence a medical or behavioral condition represents a direct threat to the health or safety of self or others.

The center admissions counselor reviews incoming referrals and makes an autonomous decision to admit for services, or, refer to other center staff (i.e. the center's admissions review committee.) Referral to the admissions review committee is utilized for situations including, but not limited to, indications of behavioral problems, legal issues, and, or, psychological problems, to such a severity the admissions counselor is not comfortable approving admission.

Upon receipt of the case, the admissions office notifies the Vocational Rehabilitation counselor in the field and asks that the case be transferred to caseload 291963.

The admissions review committee has the authority to designate those approved for admission as "Comprehensive Vocational Evaluation only." This designation is utilized when the committee feels a safety risk exists, to the applicant or others, if the individual is admitted for services beyond assessment.

The center's admissions office will notify the counselor and consumer of the admission decision. If the decision is made to accept the consumer, they will be given a reporting date. Mondays are currently used as the reporting day for residential students. An orientation program is provided for all new students. Admission decisions apply to a single referral.

When a decision is made not to admit a referral to the center, the referring counselor will receive written justification for the decision. The consumer will be notified of the decision provided with appeal rights, and the availability of the Client Assistance Program.

Consumers may remain at the Carl D. Perkins Vocational Training Center after completion of a Comprehensive Vocational Assessment if all of the following conditions are met:

1. Center services are appropriate for the individual;
2. There is an open slot in the recommended program;
3. There is bed space available (for residential students);
4. The referring counselor and the center counselor concur on center services to be included on the Individualized Plan for Employment. (In this instance, a center rehabilitation counselor will write the Individualized Plan for Employment.)

Justice Involved Consumers

Persons should not be referred for services at the center as a condition of probation or parole. Counselors should provide appropriate center documentation (correspondence, case notes, etc.) describing the status of any person referred subsequent to release from custody.

It is best practice that a referred individual resides in a home or community living arrangement for at least four months prior to starting any program at the center. During that time, an individual should demonstrate that he or she is not a risk to the health or safety of self or others.

Discharge policy

Consumer shall be involuntarily discharged from the Carl D. Perkins Vocational Training Center if:

- They fail to make progress in the program of services and efforts to resolve the problem have been unsuccessful;
- The individual is no longer qualified for the program and no other needed program is available; or,
- The individual's behavioral condition deteriorates to the point of direct threat to the safety of others.

If necessary to prevent harm to a person or property, or to prevent serious disruption of a center program, the individual shall be discharged from CDPVTC without prior notice. The applicant or eligible individual may appeal the discharge decision pursuant to 781 KAR 1:010.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the "Services: General Information" section of this manual for the exception guidelines.

Chiropractic Services

Resources:

[Chiropractic Service Fee Memorandum](#)

Chiropractic services may be provided when:

- A consumer has signs or symptoms considered by a chiropractor to be related to spinal subluxation; and
- The consumer desires the services of a chiropractor for spinal subluxation and/or spinal manipulation; and
- Documentation is present in the case file verifying that no contraindication exists to provision of chiropractic services. It is not necessary to utilize a current orthopedic or neurological report for this documentation. An x-ray or other diagnostic test done by a chiropractor for diagnostic purposes or to demonstrate medical necessity before commencing treatment may suffice.
- Coverage of chiropractic treatment services is limited to correcting a subluxation of the spine as per Common Procedural Terminology (acronym CPT) codes 98940, 98941 and 98942. No other treatment procedures will be covered.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the “Services: General Information” section of this manual for the exception guidelines.

Community Rehabilitation Program

Authority

- Workforce Innovation and Opportunities Act P.L. 113-128
- Federal Regulations: CFR 361.5(9); CFR 361.38 (d); CFR 361.45 (7); CFR 361.47 (8); CFR 361.56 (b)

Resources

- [Community Rehabilitation Services & Supported Employment Webpage](#)
- [Fee Schedule for Community Rehabilitation Programs](#)
- [Pre-Employment Transition Service Integrated Work Experience Program for Students](#)
- [Community Rehabilitation Programs Bonus Outcomes](#)
- [OWL Certification Training](#)
- [Employment Solutions Training](#)
- [Employment Solutions - Community Rehabilitation Programs](#)
- [National Telecommuting Institute](#)
- [Post-Secondary Transitions Program](#)

Introduction

The Kentucky Office for Vocational Rehabilitation maintains a separate budget to pay for non-supported employment consumer services provided by Community Rehabilitation Programs. In order for an entity to qualify for payment under this budget, it must meet the requirement found in the federal regulations governing the state vocational rehabilitation programs (34 CFR Part 361.5(9)(ii):

For the purpose of this definition (community rehabilitation program), the word program means an agency, organization, or institution, or unit of an agency, organization, or institution, that provides directly or facilitates the provision of vocational rehabilitation services as one of its major functions.

General Information

Counselors have a responsibility to inform consumers of available services so they can make appropriate choices among services and providers. Once the consumer and counselor jointly decide upon a Community Rehabilitation Provider, a referral should be made. It is the Counselors responsibility to furnish pertinent information to the Community Rehabilitation Program at the time of referral, in accordance with the [Confidentiality Policy](#).

The primary responsibility of the Community Rehabilitation Program is to assist in the development and implementation of services on the Individualized Plan for Employment. A Program representative should be involved in the development of the Individualized Plan for

Employment to ensure all parties understand services to be provided. There must be agreement and understanding among all parties concerning the expected vocational outcome.

The Community Rehabilitation Program provides feedback; furnishes written monthly progress reports by the fifth day of the month, and submits a final summary report when services are completed. When an amendment to the Individualized Plan for Employment is necessary it will be by consensus of all parties and must be approved by the consumer and the Vocational Rehabilitation Counselor.

For outcome-based services such as Employment and Retention leading to Competitive Integrated Employment, payment is made for Day 1 and Day 45, and final payment is made after the consumer has successfully been employed for a minimum of 90 days at a competitive integrated job. Payments for other services, such as vocational assessment, are made once the service is completed and the appropriate report received.

Placement means competitive integrated employment in a suitable, full or part-time, position in accordance with the vocational goal, on the Individualized Plan for Employment or Amendment, at competitive wages with all the rights, privileges, and benefits of individuals who are not disabled and employed in similar jobs. Positive Employment Outcome means the consumer has been continuously employed in an appropriate job for a minimum of ninety days and no longer needs the services of the Community Rehabilitation Program to maintain employment.

Services, such as Employment and Retention Services can extend beyond the first ninety days of employment if the individual still requires these services in order to be successful on the job

The counselor has the responsibility of maintaining contact with consumers to provide necessary guidance, counseling, and support for the total rehabilitation program. If it becomes apparent the consumer is unlikely to achieve the planned outcome, the Community Rehabilitation Program has the option of suspending further services until the Plan is amended or, if appropriate, discharging the consumer.

Comprehensive Vocational Evaluation

A Comprehensive Vocational Evaluation is used when assistance is needed to identify vocational strengths and abilities for determining potential vocational goals, and may assist in determining needs and a plan of services. Community Rehabilitation Programs will be informed of any specific questions the Counselor or consumer would like addressed in the assessment. Results will be discussed with the consumer and used to develop an Individualized Plan for Employment.

A Comprehensive Vocational Assessment will include the following:

- Physical and psychomotor capacities;
- Intellectual capacities;
- Work-related behavior;
- Interests, attitudes, and knowledge of occupational information;

- Personal, social, and work history;
- Aptitudes;
- Educational and vocational achievements;
- Work skills and work tolerances;
- Job seeking skills;
- Work and non-work-related needs;
- Possible employment objectives;
- Ability to learn about oneself as a result of the information obtained and furnished through the evaluation process;
- Learning style, including the ability to understand, recall, and respond to various types of instructions;
- Need for job-site modifications or adaptive equipment;
- Transferable work skills;
- Environmental work conditions.

Personal interviews and behavioral observations will supplement assessment data. A written Vocational Assessment Report must be prepared, furnished to the Counselor, and properly interpreted to the consumer.

Assessment Services

Assessment Services are appropriate for consumers who need limited testing in certain specific vocationally related areas. The Community Rehabilitation Program is to be informed of any specific questions. The results of the assessment will be discussed with the consumer and used in development of an Individualized Plan for Employment.

The Community Rehabilitation Program will provide the following information:

- Individual Vocational Interview: To include questions regarding past work experience,
- Educational history, physical capacities, vocational interest areas, and perception of abilities;
- Academic Assessment: To include testing in both reading and arithmetic;
- Aptitude Assessment;
- Vocational Interest Assessment;
- Behavioral observations.

The Community Rehabilitation Program must furnish a written report to the Counselor, including test results, a brief summary of findings as they relate to the consumer's vocational potential, and responses to questions asked by the referring counselor.

Adjustment Services (Facility Based)

Adjustment Services are appropriate for consumers needing to address employment related issues, but who do not require the job placement or employment follow-up services of a Community Rehabilitation Program. The expected time-frame for Adjustment Services are 30 to

90 days. Services should be authorized with an ending date no later than six months after the authorization date.

The Counselor provides the reason for referral and expected results of services to the consumer and the Community Rehabilitation Program. The counselor has the responsibility of maintaining contact with the consumer to provide necessary guidance and counseling and support.

The Community Rehabilitation Program is responsible for jointly developing a written plan of services, consistent with the purpose for which the consumer was referred, with the consumer and the Counselor. A copy of this plan will be sent to the Counselor within two weeks of the start date. The Community Rehabilitation Program provides feedback to the Counselor and consumer; furnish written monthly progress reports, and provide a final summary report when the service is completed.

Establishment of a Community Rehabilitation Program Vendor

Program may be defined as a for-profit or not-for-profit entity. Both can provide services within the Office's Community Rehabilitation Program fee schedule. Under the Rehabilitation Act of 1973, as amended, the Office has the ability to provide establishment grants to Community Rehabilitation Programs. In accordance with Code of Federal Regulations Part 361.5(17), the establishment of or improvement to a Community Rehabilitation Program may only include programs that are a public or nonprofit Community Rehabilitation Programs. Nonprofit programs can be public or nonprofit Community Rehabilitation Programs. Nonprofit, with respect to a Community Rehabilitation Program, means a Community Rehabilitation Program carried out by a corporation or association, not part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual and the income of which is exempt from taxation under section 501(c)(3) of the Internal Revenue Code of 1986 (361.5(37)).

A sole proprietorship is not considered by the Office of Vocational Rehabilitation to be '...an agency, organization, or institution or unit of an agency, organization, or institution...' and, as a result, does not qualify as a Community Rehabilitation Program. For more information on the establishment or improvement to a Community Rehabilitation Program, see the "Establishment Projects" section of the Administrative Policies and Procedures Manual.

To receive payment from the Community Rehabilitation Program budget, an organization must complete a Community Rehabilitation Program Application. Vocational Rehabilitation, Central Office staff, must review the application and approve the organization before any services can be purchased using the Community Rehabilitation Program budget. Services may then be purchased according to the Fee Schedule for Community Rehabilitation Programs or a special negotiated fee for individualized services.

Individuals or entities not meeting all aspects of the above definition, but who wish to provide services may still do so, however, fees will not be paid from the Community Rehabilitation Program budget. Instead, the fee will be paid by the Counselor's caseload budget. The fee will be established by the Service Fee Coordinator and the District Branch Manager. An Office of

Vocational Rehabilitation Agreement for Services shall be executed and signed by all parties before services are authorized.

Source America Contractors (also known as, National Industries for the Severely Handicapped, acronym NISH)

Community Rehabilitation Programs and other entities may engage in NISH contracts, also referred to as JWOD, an abbreviation for the Javits-Wagner-O'Day Act, or Ability One contracts. These are issued by the federal government to provide employment opportunities for individuals with disabilities. They include janitorial, laundry or landscaping contracts in federal buildings or military bases or contracts for manufacture of products for the military or federal government. By law, these contracts must employ 80 percent individuals with disabilities. NISH contractors may seek referrals from Vocational Rehabilitation Counselors and employment with may result for our consumers. To be considered a Positive Employment Outcome, Counselor must verify the individual is working in a competitive integrated setting. According to federal regulations (34 CFR Part 361.5(33)), the test for an integrated setting is:

(ii) 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.

NISH contracts with sufficient opportunity to interact with non-disabled individuals could be considered integrated. Others, such as work crews or facilities with little opportunity to interact with non-disabled individuals who are not providing services, may not meet the test for integrated setting. Counselors must determine if each setting is integrated on an individual basis. Counselor should consult with their respective Community Rehabilitation Program Consultant or the Community Rehabilitation Program Branch Manager if there are any questions.

The need for job coaches, On-the-Job Trainings or other services should be assessed individually. Since NISH contractors receive funds via contracts for the individual's wages and should be experienced in training individuals with disabilities, on-the-Job Trainings should be used only in the rarest of circumstances. The maximum amount a counselor may authorize for On-the-Job Training is \$1500, which must be authorized by the counselor prior to the date employment begins.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the "Services: General Information" section of this manual for the exception guidelines.

Convalescent Care

Convalescent care should be considered when long-term care (more than two weeks) is needed for recuperative services.

The convalescent facility must be licensed by the appropriate state authority and recommended by the attending physician.

Convalescent care should be considered when one or more of the follow occur:

- The consumer's home conditions are not conducive for satisfactory convalescence; or
- The distance from home to hospital makes transportation impractical for medical follow-up; or
- Utilizing a convalescent facility reduces the cost of hospitalization or private care.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the "Services: General Information" section of this manual for the exception guidelines.

Driver Assistive Technology Program.

Authority

- KRS 190.031 (Automotive Mobility Dealers License and Regulations Requirements)
- CFR Title 49 Chapter 5 Part 571 (Federal Motor Vehicle Safety Standards)
- CFR Title 49 Chapter 5 Part 595 (Make Inoperative Exemptions)
- 781 KAR 1:040. (Assistive Technology services)

Forms

- [Driver's Assistive Technology Program Evaluation and Referral Form](#)
- [Driver's Assistive Technology Program Evaluation and Referral Form Instructions](#)
- [Driver's Assistive Technology Services Fee Memorandum](#)

Resources

- [Assistive Technology Webpage](#)

Introduction

The Driver Assistive Technology Program addresses personal vehicle needs of consumers allowing safe access to transportation for work. Services are varied, depending on specific needs and abilities of the consumer, and range from driver's evaluation to vehicle modification. Driver Rehabilitation Services may be provided if required to achieve the employment goals on the Individualized Plan for Employment. Driver permit training (to pass the test to obtain a driver's permit) is not provided by this program or the assistive technology branch.

Consumer Cost Sharing

Please refer to the Consumer Cost Sharing Policy for information.

Definitions

Driver Evaluation.

A clinical and behind-the-wheel evaluation by a Certified Driver Rehabilitation Specialist to identify rehabilitation needs for independent driving.

Transport Evaluation.

An evaluation for consumer who will NOT drive, but will be transported by another private party in the consumer's vehicle. This evaluation determines the best method and, or, equipment required for entry and exit into the vehicle and, or, transportation of their mobility aid.

Repeat Vehicle Modification Evaluation.

An evaluation performed when a consumer has an existing vehicle modification and is requesting a new modification, a change or upgrade to the current modification, or repair of the vehicle modification. The initial step in this process is for the Drivers Rehabilitation Training Program Vehicle Modification Specialist to perform an assessment of the current vehicle, before assuming other services will follow. No authorization is needed for the inspection.

Driver Rehabilitation Services.

Driver Rehabilitation Services include driver education, driver's training and extended driver evaluation, used to teach an individual with a disability how to drive with or without vehicle modifications.

Driver Education.

Classroom instruction in preparation for Kentucky operator's learning permit testing.

Driver Training.

Driver's training consists of behind-the-wheel instruction required to teach an individual with a disability to drive with or without vehicle modifications.

Extended Driver Evaluation.

In cases where ability to drive cannot be determined after a standard driver's evaluation, extended training may be undertaken to aid in this determination. The length and amount of training is strictly monitored by the Driver Assistive Technology Program Administrator.

Vehicle.

Any mechanized device (other than wheelchairs) capable of legally transporting passengers, goods, or apparatus on a public or private roadway.

Vehicle Modification.

Alteration of a motor vehicle or one of its systems solely to enable its use by a person with a disability for the purpose of personal transportation.

Repeat Modification Assistance.

When the Office of Vocational Rehabilitation has previously funded a Vehicle Modification for a consumer and that modification has at least one hundred five thousand (105,000) miles of use since the time of final inspection and delivery; Vocational Rehabilitation funding for another (repeat) Vehicle Modification can be considered, contingent on current employment status and other eligibility criteria.

Vehicle Modification Upgrade.

Changing adaptive equipment or existing alterations of a motor vehicle that enables an individual with a disability to use the vehicle as a means of personal transportation.

Vehicle Modification Upgrades must be preceded by a change in medical status, as attested to and documented by a physician, making the previous or current modification unusable. Upgrades are contingent on a consumer's employment status. Upgrades may include a change in vehicle as well as equipment.

Vehicle Modification Repair.

Repair of existing adaptive equipment (not Original Equipment Manufacturer's equipment) or to an alteration of a motor vehicle that enables an individual with a disability to use the vehicle as a means of personal transportation. For the purposes of Vocational Rehabilitation, Vehicle Modification Repair does not encompass repairs resulting from a failure to properly maintain equipment or its misuse or abuse. Consideration of Vehicle Modification Repair is contingent on a consumer's current employment status and other eligibility criteria.

Vehicle Modification Maintenance.

Maintenance required by the manufacturer of a device or Mobility Equipment Dealer who installed the device or otherwise provided alteration of a motor vehicle to enable its use by a person with a disability for the purpose of personal transportation.

Structural Vehicle Modification.

Permanent alteration of a vehicle's structure affecting underlying Original Equipment Manufacturer's equipment or corresponding systems. Such modifications include, but are not limited to, raised roof, raised doors, and lowered floor. These modifications are typically performed to allow entry and exit.

Bolt-on Equipment.

Equipment that does not require substantial alteration of underlying Original Equipment Manufacturer's equipment or system to which it is attached. Equipment that can be removed and used again in another vehicle.

Mobility Device.

Any device assisting with mobility of one's person (i.e. walker, crutches, wheelchairs and scooter.)

Entry System.

Any piece of equipment, alteration, or system (equipment working together) allowing, an individual with a disability to enter and exit a vehicle, load mobility devices, and get into the position they will occupy once the vehicle is in motion. This includes, but is not limited to, entry modifications such as lifts and ramps, tie downs for occupied or unoccupied vehicles, and transfer seats to allow for transfer to the driving position.

Hoist.

A device used to load and unload an unoccupied mobility device (wheelchair or scooter only) on or into a motor vehicle.

Lift.

A device used to load and unload an occupied mobility device (person and wheelchair or scooter) into a motor vehicle.

Ramp.

An inclined passage connecting two levels as a means of entry and exit of a motor vehicle.

Trailer.

A transport vehicle designed to be pulled by a car or truck for hauling a mobility device.

Transfer Assist Devices.

A stationary device used to assist a person in moving from one surface to another for the purpose of riding in a seat of a motor vehicle, i.e. grab bars, sliding board, seat covers, etc.

Transfer Seats.

A manual or powered device used to assist a person into a seat of a motor vehicle.

Driver System.

One or more pieces of equipment allowing an individual with a disability to safely use controls necessary for operation of a motor vehicle.

Primary Controls.

Controls operated by a driver directly affecting the direction and rate of the moving vehicle (i.e. steering, accelerator, brake etc.)

Mechanical Primary Controls.

A mechanically operated device directly affecting the rate and direction of a moving vehicle, (i.e. accelerator, brake, steering) controlled with the use of simple levers or other mechanical means using only the drivers muscular efforts (force output) acting on the Original Equipment Manufacture's controls.

Powered Primary Controls.

Primary control devices (accelerator, brake, steering) designed not only to relocate these functions but supplemented by power other than the drivers own muscular efforts, the force output of the driver.

Reduced, Low Effort Brakes.

An internal change to Original Equipment Manufacture's components designed to reduce the force required to operate the brake.

Reduced, Low Effort Steering.

An internal change to Original Equipment Manufacture's components designed to reduce the force required to operate the steering.

Secondary Controls.

Those controls operated by a driver, which are essential to the coordinated and safe operation of the vehicle in traffic situations. This includes ignition switch, turn indicators, gear selector, wipers, lights, etc.

Remote.

A wireless control system to operate a device attached to a motor vehicle.

Driver Rehabilitation Specialist.

An individual, who plans, develops, coordinates and implements driver rehabilitation services for individuals with disabilities.

Certified Driver Rehabilitation Specialist.

A Driver Rehabilitation Specialist who has obtained certification to provide services from the Association for Driver Rehabilitation Specialists. The certification process includes background, experience, and a certification exam.

Association for Driver Rehabilitation Specialist (Acronym ADED, Inc.)

ADED is the Association for Driver Rehabilitation Specialists established in 1977 to support professionals working in the field of driver education, driver training, and transportation equipment modifications, for persons with disabilities through education and information dissemination. The Association offers certification for Driver Rehabilitation Specialists.

National Mobility Equipment Dealers Association (Acronym NMEDA)

The National Mobility Equipment Dealers Association is a non-profit trade association of mobility equipment dealers, driver rehabilitation specialists, and other professionals dedicated to broadening the opportunities for people with disabilities to drive, or be transported, in modified vehicles. All members work together to improve transportation options for people with disabilities. The Association offers a Quality Assurance Program for mobility equipment dealers.

Quality Assurance Program (Acronym QAP).

A Quality Assurance Program is offered by the National Mobility Equipment Dealers Association. This program binds dealers to industry best practices, an in-house crash-testing program and proven shop practices assuring the highest level of performance and safety. Quality Assurance Program certification is required for all mobility equipment dealers who provide modification services to the Kentucky Office of Vocational Rehabilitation.

Original Equipment Manufacturer (Acronym OEM)

Original Equipment Manufacturer refers to the vehicle and its systems, as they are designed by the original manufacturer.

Certified Technician.

A technician certified, by the manufacturer of the mobility equipment, as trained to install the equipment. When no certification from the manufacturer of the mobility equipment is available, the Driver Assistive Technology Program Administrator may certify that a technician is able to provide specific modification services for the Kentucky Office of Vocational Rehabilitation.

Approved Driver Instructor.

An individual approved by the Driver Assistive Technology Program Administrator to provide behind-the-wheel training for an individual with a disability. When a driving system modification is required, this will always be a Certified Driver Rehabilitation Specialist. If no driving system modification is required, the Driver Assistive Technology Program Administrator may approve other instructors based on their individual background, education, and experience.

Restricted Operator's License.

A restricted operator's license is a valid Kentucky operator's (driver's) license listing restrictions an individual must meet before driving. The restrictions must include all required driving system modifications as well as any personal equipment used for driving.

Vehicle Ownership

Consumer are considered to "own" their vehicle when they, or their parents or spouse, have purchased the vehicle outright or taken a loan to purchase the vehicle. The consumer does not own a vehicle that is leased.

Eligibility for Drivers Rehabilitation Services

Individuals seeking Driver Rehabilitation must be "Accepted for Services" by the Kentucky Office of Vocational Rehabilitation, and have a personal vehicle they will be able to drive at the conclusion of services or have the intent to purchase a vehicle within three months. Driver's training will not be provided if immediate access to a vehicle is not possible upon completion of the program, even when specialized mobility equipment or modifications are not required. Individuals who own a currently modified vehicle may also receive Driver Rehabilitation Services.

Referring to the Driver Assistive Technology Program

The Driver Assistive Technology Program referral packet must be completed and forwarded to the Driver Assistive Technology Program Assistant. The referral packet consists of:

- Driver Assistive Technology Program Evaluation and Referral Form
- Consumer Consent for Services
- Additionally, when the consumer is referred for driving services (not transport only), the following are required:
 - Physician's Consent Form; and
 - Medical Report for Visual Disability ONLY when the disability impacts vision; and
 - Copy of current driver's license or driver's permit, if the consumer is referred for driving (not transport only) services. Driver evaluation cannot be provided unless the consumer has a driver's permit or current license.

Once all required documents are received by the Driver Assistive Technology Program Assistant, the case will be assigned to a Certified Driver Rehabilitation Specialist and, if required, an authorization requested from the Counselor.

Transport only Evaluations:

A consumer who meets the eligibility requirements above, but will not drive and will instead be transported by another private party in the consumer's vehicle, may request assistance with entry and exit into the vehicle and, or, transportation of their mobility aid.

The individual shall be evaluated by an agency approved professional. This is the only Driver Assistive Technology Program service that does not require a driver's evaluation before other services are provided. If the modification required will cost over \$10,000, the individual must meet eligibility requirements for modifications over \$10,000.

Driver Evaluation:

Driver Evaluation is a comprehensive assessment of the ability to become, or continue to be, a safe and independent driver. Consumers should be referred whenever a safety concern exist, regarding the ability operate a standard motor vehicle. Consumers referred for evaluation must have, at a minimum, a Kentucky driver permit.

Except in the case of vehicle modification repair, a Driver's Evaluation is required as the first service for any consumer who receives Driver Assistive Technology Program services and intends to drive. This evaluation must be performed by an agency approved Certified Driver Rehabilitation Specialist.

Driver evaluations consist of:

- Interview of driving and medical history
- Visual screening
- Diagnostic testing for perceptual and cognitive skills
- Evaluation of current level of knowledge regarding driving laws and skills
- Motor skills testing to determine physical skills for driving
- Driving simulation, where necessary
- Behind the Wheel driving assessment

Driver evaluations can be expected to last anywhere from approximately four hours to a period of time over several days, depending on the needs of the consumer.

Consumers are not required to fail a driver test before being referred to the Drivers Rehabilitation Training Program. Best practice is to refer any consumer whose primary limitation for driving is disability related.

When the lack of a driver's license appears to be non-disability related, Counselors may opt to authorize training directly from a local, non-Certified Drivers Rehabilitation Specialist, training program. If after 10 hours of training, the consumer has not obtained their license, whether having failed the test or not developing skills required to take the test, it is best practice to refer for a Drivers Rehabilitation Training Program driver evaluation. There are often hidden functional limitations related to driving best identified and addressed by a Certified Driver Rehabilitation Specialist.

Driver evaluations can be authorized at two levels: Van Evaluation and Car Evaluation. The Driver Rehabilitation Training Program makes a recommendation for which evaluation should be authorized based on the information provided at referral.

Van Evaluation

Van evaluations are typically recommended when consumers meet at one of the following criteria:

- Does not transfer independently and therefore will need to drive from a wheelchair, or transfers are difficult, tiring, and time consuming
- Is unable to walk from the rear to the front of the vehicle, or is unable to stand for a period of time at the rear of the vehicle for mobility device loading
- Has a progressive disability, such as muscular dystrophy or multiple sclerosis
- Uses a power mobility device
- Has another issue indicating a lowered floor minivan as the most appropriate option.

In addition to the standard driver evaluation, van evaluation fees allow the Certified Driver Rehabilitation Specialist to address vehicle selection, mobility device transportation, and potential trial with high tech driving systems,

Car Evaluation

Car evaluations are recommended when there are no physical aspects to the disability or the consumer is unlikely to independently stow mobility devices (in the trunk, passenger area, or a hitch-mounted mobility device carrier) and then independently walk to the driver door and enter the vehicle.

The consumer's current vehicle is not a deciding factor in the determination between a car evaluation and a van evaluation. If a consumer owns a van, but has no other factors indicating a van evaluation, the car evaluation will be recommended.

Driver Evaluation Results

The results will identify the consumer's:

- Potential to operate a vehicle

- Driver training needs
- Requirements to obtain or maintain a driver's license and if necessary, driver license restrictions
- Appropriate vehicle selection and vehicle modifications required for a consumer to operate a vehicle, where necessary
- Appropriate vehicle selection and modifications required for transport when driving is not an option.

The results of the driver evaluation with respect to potential to operate a vehicle can be:

- The individual has high potential to be a driver, with or without modifications, and when modifications are recommended, has had the opportunity to drive with the expected modification during the driver evaluation.
- The individual has significant limitations and it is not recommended that further driver services be pursued at this time. In this case, the Certified Driver Rehabilitation Specialist should provide information on transport-only modifications and equipment.
- The individual has significant limitations with driving, and where necessary, appropriate driving equipment has been identified, but a final driving determination cannot be made due to attendant factors, such as marginal visual processing limitations. In this case, an extended driver evaluation should be recommended. Extended evaluation should not be used to determine proper driving equipment. It is expected the consumer will have driven with the potential equipment during the standard driving evaluation.

A detailed, written report with driver evaluation results and a draft prescription for vehicle modifications, where necessary, will be provided to the Driver Rehabilitation Training Program, who will provide copies to the Counselor and consumer.

Driver Rehabilitation Training Program Travel

Travel can be charged by a Certified Driver Rehabilitation Specialist to and from a consumer's location, for driver evaluation and driver training, when traveling 10 miles or more from their workstation of record, with the Drivers Rehabilitation Training Program, and approved by Drivers Rehabilitation Training Program prior to services.

On the rare occasion when "vehicle selection" services are approved by the Assistive Technology Branch Manager, this fee may be used to reimburse the Certified Driver Rehabilitation Specialist for their assistance.

Driver Rehabilitation Services.

After a Driver's Evaluation is complete, Driver Rehabilitation Services, including driver's training and extended driver evaluation, may be requested for driving instruction with or without vehicle modifications. The individual must meet the general eligibility requirements for driver rehabilitation services listed above

In cases where driving equipment is not required, per the evaluation, the Driver Assistive Technology Program Administrator may approve services from a driver's trainer who is not a Certified Driver Rehabilitation Specialist. Otherwise, these services must be provided by an agency approved Certified Driver Rehabilitation Specialist.

To receive driver rehabilitation services, consumers must possess an evaluation report from an agency approved Certified Driver Rehabilitation Specialist stating the specific services needed to drive and a signed Individualized Plan for Employment.

The individual must meet all eligibility requirements for vehicle modifications over \$10,000 other than possession of a valid restricted operator's license if:

- Modifications or training cost are expected to be over \$10,000, OR
- It is a repeat vehicle modification,

The Driver Assistive Technology Program Administrator must approve all driver rehabilitation services in excess of 20 hours.

Driver Training

Driver training is often recommended as a part of a Driver Evaluation. The Driver Rehabilitation Training Program's Driver Training, is only provided after a Driver Evaluation is completed. Driver training can be recommended whether or not adaptive equipment or vehicle modifications are needed. Driver training provided through the Drivers Rehabilitation Training Program is always conducted by a Certified Driver Rehabilitation Specialist and always in a vehicle matched to the consumer's needs, as determined through the completion of a driver evaluation.

Driver training is not simply training to enable consumers to take and pass the state driving test. Driver training must develop behind the wheel competency in a full range of roadway environments. The Certified Driver Rehabilitation Specialist should be confident in the consumer's driving skills across this range before taking the consumer for a driving test. In general, once a consumer has passed a road test and obtained a license, no further driver training will be authorized.

For drivers who obtain a permit before the age of 18, and are subject to Kentucky's graduated licensing program, it is not the intent of the Office of Vocational Rehabilitation to provide the 60 hours of required training. Exceptions may be made in the rare circumstance a high tech vehicle is recommended and a vehicle modification has been approved upon completion of training. In all other cases where graduated licensing regulation apply, the family car will be modified so training can be provided by the family once the Certified Driver Rehabilitation Specialist releases the individual for family training.

Even for consumers not subject to the graduated licensing requirements, a Certified Driver Rehabilitation Specialist may recommend frequent and extended training that is not feasible or cost effective for the Office to provide. In these cases, the Office may choose to modify the consumer's vehicle during the training process so the Certified Driver Rehabilitation Specialist

may release the consumer for family training. Only bolt-on equipment is provided so equipment can be reclaimed if a driver's license is not obtained.

The amount of driver training required is determined on an individual basis. While each case is considered individually, it is expected that most training will fit into the following categories:

6 hours of training:

Typically recommended only for those previously licensed with a history of driving. Typically, only low-tech equipment and training is provided to orient the experienced driver to new equipment.

6 – 20 hours of training:

Typically applies to one of two types of drivers:

- A new (permitted, not licensed) driver with low tech equipment or without equipment; or
- An experienced adaptive driver who is being oriented to higher tech equipment.

In both cases, the driver already possesses a good understanding of the rules of the road and reasonable visual processing skills.

20 – 30 hours of training:

Typically applies to one of the following three categories of drivers:

- A new (permitted, not licensed) driver with adaptive driving equipment; or
- A new (permitted, not licensed) driver without equipment, but who experiences cognitive and, or, visual perceptual issues; or
- An experienced driver (without equipment) who needs to learn to drive with high tech equipment.

Each should already possess a general understanding of the rules of the road and some visual processing skills. Drivers Rehabilitation Training Program staff must approve training in excess of 20 hours.

30+ hours of training:

This level is generally recommended for drivers in these categories:

- A new (permitted, not licensed) driver with high tech driving equipment; or
- A new (permitted, not licensed) driver who requires intense instruction on the rules of the road and, or, has moderate to significant visual processing deficits.

Training over 20 hours must be approved by Drivers Rehabilitation Training Program staff and will be closely monitored. Each new authorization requires a report from the Certified Driver Rehabilitation Specialist, clearly identifying skills taught during the time period and gains in ability experienced by the driver. If at any point, a consumer fails to make progress the training may be discontinued and, if required, a transport (only) vehicle modification may be pursued.

Driver Training Authorizations

Based on the Driver Evaluation, driver training provided through the Drivers Training Rehabilitation Program might be authorized as either van or car training. The Drivers Rehabilitation Training Program Assistant will inform the Counselor of the appropriate fee.

Van Training

The Van Training fee is used for driver training by a Certified Driver Rehabilitation Specialist whenever modifications requires the use of a van or similar vehicle. It does not apply when a van is used in place of a car for convenience.

This fee can also be used for a Certified Driver Rehabilitation Specialist's time during the delivery and fitting of modifications. This fee is not to be used for "vehicle selection", as the identification of appropriate vehicles is considered part of Driver Evaluation. If unusual circumstances dictate the need for additional evaluation of vehicles during the consumer's selection process, the additional fees must be approved by the Assistive Technology Branch Manager and will be reimbursed at the "Drivers Rehabilitation Training Program Travel" rate only.

Car Training

The Car Training fee is used for driver training by a Certified Driver Rehabilitation Specialist whenever modifications do not require the use of a van or similar vehicle.

This fee can also be used for a Certified Driver Rehabilitation Specialist's time during the delivery and fitting of modifications. This fee is not to be used for "vehicle selection", as the identification of appropriate vehicles is considered part of Driver Evaluation. If unusual circumstances dictate the need for additional evaluation of vehicles during the consumer's selection process, the additional fees must be approved by the Assistive Technology Branch Manager and will be reimbursed at the "Drivers Rehabilitation Training Program Travel" rate only.

General Vehicle Modification Requirements

The following apply to all vehicle modifications provided by the agency:

- It is the intent of the Office of Vocational Rehabilitation to assist every consumer with modifications that allow them to be as independent as possible. Except when modifications

are done to allow for family training, vehicle modifications to the primary and, or, secondary driving controls will not be done unless the individual is able to independently perform all aspects of the driving task, including entering the vehicle and securing a mobility device, if necessary, as well as operation of the vehicle.

- Recoverable, nonpermanent modifications should be provided where possible or cost-effective.
- Modification of a private vehicle shall be authorized only for the most cost-effective modification on the most cost-effective vehicle necessary for a person's personal transportation to employment.
 - Items may be recommended, by the Certified Driver Rehabilitation Specialist, to allow flexible use of the vehicle, including a tie down in the passenger or middle position allowing the vehicle to be used for transport in the event the consumer is not driving. This may be provided, due to potential safety issues with choosing not to tie down a wheelchair without the convenience of an automatic tie down.
- If a consumer wants a vehicle different than that recommended, by the Certified Driver Rehabilitation Specialist, and it can be safely modified (appropriate crash test results) to meet the individual's needs, and is approved by the Certified Driver Rehabilitation Specialist, the office shall not authorize an amount over the most cost-effective modification on the most cost-effective vehicle. The consumer will be responsible for the remaining amount.
- The consumer must demonstrate the financial means to purchase (or currently own) a vehicle, and maintain, repair, and insure the proposed modification, as identified on the Driver Evaluation Report.
- If a consumer wants a vehicle they currently own modified, and the modifications are expected to be over \$10,000, this vehicle must:
 - Not be in excess of 2 years old
 - Not have an excess of 50,000 miles
 - AND, pass inspection by the agency vehicle modification inspector.
- If the individual leases a vehicle:
 - Only bolt-on equipment may be used,
 - Written permission must be obtained from the leasing company for the specific modifications.
 - The leased vehicle must be inspected and approved for modification by the vehicle Modification Specialist.
- For vehicle modifications over \$5000, vehicle delivery will only be completed after proof of insurance is provided for the replacement cost of the vehicle and the vehicle modifications.
- Vehicle modification will only be provided with a prescription from an agency approved Certified Driver Rehabilitation Specialist. To be agency-approved the Certified Drivers Rehabilitation Specialist must:
 - Provide a copy of their Certificate to the Drivers Rehabilitation Training Program.
 - Be available to provide all of the following services for each consumer referred:
 - Evaluation
 - Training
 - Delivery
 - Consistently demonstrate they follow agency policy regarding the recommendation of the most cost-effective modification on the most cost-effective vehicle.

- Provide accessible reports at every stage of the process.
- Vehicle modifications will only be purchased from an agency-approved mobility equipment dealer. Mobility equipment dealers must:
 - Be certified by the National Mobility Equipment Dealers Association's Quality Assurance Program and provide a copy of the certificate to Drivers Rehabilitation Training Program
 - Follow all federal and state regulations regarding vehicle modifications
 - Be inspected by agency staff to identify that they have appropriate:
 - Space
 - Trained technicians
 - Experience
 - Accessibility
 - An addendum to this manual provides more information on the requirements to provide vehicle modification services to the Office of Vocational Rehabilitation.

Vehicle Modification under \$10,000.

Vehicle Modifications under \$10,000 include the addition of specialized mobility equipment to allow an individual to drive. They may also include modifications to allow an individual to enter/exit the vehicle and to transport a mobility device.

A prescription for the specific modifications must be obtained from an agency approved Certified Driver Rehabilitation Specialist, after a driver's evaluation is performed.

In addition to meeting the general eligibility requirements above, the consumer must have a valid restricted Kentucky operator's license before the vehicle is modified.

Vehicle Modification over \$10,000

Vehicle Modifications over \$10,000 include the addition of specialized mobility equipment to allow an individual to drive. They may also include modifications to allow an individual to enter and exit the vehicle and transport a mobility device. Often vehicle modifications over \$10,000 include structural modifications to the vehicle. A prescription for the specific modifications must be obtained from an agency approved Certified Driver Rehabilitation Specialist, after a driver's evaluation is performed.

In addition to meeting the general eligibility requirements above, the consumer must:

- Be employed or participating in an Individualized Plan for Employment, actively seeking work, with a reasonable expectation of being employed within six months.
- Have a valid restricted Kentucky operator's license.
- Agree to participate in the cost of the vehicle modification, if required by Consumer Cost-Sharing Policy.
- Agree to carry insurance on the vehicle and modification for a period of seven years and list The Office of Vocational Rehabilitation in the policy as an interested party.

- Agree to perform routine maintenance on the modification, which must be completed at a dealer certified by the National Mobility Equipment Dealers Association's Quality Assurance Program.
- In addition, the Director of Program Services, or designee, must determine documentation exists demonstrating failure to provide the modification will preclude successful completion of the Individualized Plan for Employment.

Vehicle Modification Upgrade.

An upgrade to an original vehicle modification that has less than 105,000 miles may be provided, only if it is required due to a medically documented change in status or function that necessitates either a change in driving equipment or a change in vehicle chassis. A prescription for the specific modifications must be obtained from an agency approved Certified Driver Rehabilitation Specialist, after a driver's evaluation is performed. The evaluation report should identify the changes required to the original modification and justification for the changes.

When consumers obtain a new wheelchair, they often require a change of position in the vehicle, or new equipment for automatic tie down. In general, the Office of Vocational Rehabilitation expects consumers to pay for new tie down equipment and installation costs. However, it is imperative for those who drive from a wheelchair to be seen, by a Certified Driver Rehabilitation Specialist, for a fitting and driving check to ensure proper position and safe vehicle operation. An agency Certified Driver Rehabilitation Specialist is available to provide this service or the Office of Vocational Rehabilitation can authorize to a Certified Driver Rehabilitation Specialist vendor for this service.

The consumer must meet the general eligibility requirements and the following criteria:

- The individual must be currently working.
- The vehicle to be modified, if not new, must be inspected by the agency vehicle modification inspector and approved for further modification.
- If upgrades include the purchase of a driving system, the vehicle must be inspected by the agency vehicle modification inspector and must meet all manufacturer's requirements for the prescribed driving system.
- If the upgrade is over \$10,000, the Director of Program Services, or designee, must determine documentation exists demonstrating failure to provide the modification will preclude the successful maintenance of employment.

Vehicle Modification Repair.

Vehicle Modification Repairs may be provided when current vehicle modifications are not functional. The malfunction of the current system must not be due to consumer negligence, misuse or abuse of the equipment, or failure to provide proper maintenance of the equipment.

The vehicle and maintenance records will be inspected by the agency Vehicle Modification Specialist who must indicate the malfunction is not due to consumer negligence, misuse or abuse of the equipment, or failure to provide proper maintenance of the equipment.

In addition to meeting the general eligibility requirements:

- The consumer must be working.
- The consumer must present a maintenance record demonstrating vehicle modifications have been maintained per the manufacturer's specifications.
- The current modification must be inspected by the agency vehicle modification inspector, who must document the necessity of providing the repair. The vehicle modification specialist must also indicate that the repair is warranted and cost-effective.
- If the repair is over \$10,000, the Director of Program Services, or designee, must determine documentation exists demonstrating failure to provide the modification will preclude the successful maintenance of employment.

Repeat Vehicle Modification Assistance.

Repeat Vehicle Modification Assistance is a service provided to assist individuals who have previously obtained a vehicle modification through the Office of Vocational Rehabilitation and require a new vehicle modification on a new chassis.

The Office of Vocational Rehabilitation retains an interest in modified vehicles for seven years, but this is not an indication the consumer is eligible for a repeat vehicle modification after seven years. There are no specific number of years which make a consumer "automatically" eligible for a repeat vehicle modification.

In addition to general eligibility requirements, repeat vehicle modification require that:

- The consumer be employed.
- The vehicle must have at least 105,000 additional miles from the time of the initial modification.
- The vehicle must be inspected by the agency vehicle modification inspector, who must recommend replacement of the vehicle or modifications.
 - If the individual sells the vehicle before it is inspected, the Office will be unable to assist with the repeat modification.
 - Inspections are not required when a vehicle is "totaled" in an accident.
- The consumer must complete an updated driver evaluation by an agency approved Certified Driver Rehabilitation Specialist.
- The consumer must agree to participate in the cost of the vehicle modification, if required by consumer cost-sharing policy.
- The consumer must demonstrate at least a five-year work history since the last modification.

- The consumer must provide the agency with an acceptable maintenance record for the current vehicle.
- The Director of Program Services, or designee, must determine documentation exists demonstrating failure to provide the modification will preclude the successful maintenance of employment.

Some may choose to have modifications transferred to a new vehicle. Often, a dealer, certified by the National Mobility Equipment Dealers Association's Quality Assurance Program, can complete this process without involvement from the Office of Vocational Rehabilitation and the individual would be responsible for the cost of the transfer. Counselors may choose to pay this cost for consumers based on specific situations.

There are some cases where a re-evaluation and re-fitting of equipment by a Certified Driver Rehabilitation Specialist is always required. This includes modifications involving left foot accelerators, high tech driving equipment, and wheelchair drivers. In many of these cases, the Certified Driver Rehabilitation Specialist requires consumers to go through the entire repeat vehicle modification process, including a full driver evaluation to determine if the equipment is still appropriate. In these cases, the Office of Vocational Rehabilitation will provide these services, in compliance with all related Office policies and eligibility requirements.

Vehicle Modification Maintenance.

The Office of Vocational Rehabilitation will not participate in the manufacturer's required and routine maintenance of vehicle modifications.

Exceptions.

Exceptions to this policy, if required, must be approved by the Director of Program Services or designee prior to commencing services.

Driver Assistive Technology Program Process

1. Complete Driver Assistive Technology Program Assessment packet.

The Counselor and consumer should complete this packet for all referrals to the Drivers Rehabilitation Training Program, regardless of service requested. It consists of the Driver Assistive Technology Program Evaluation Referral Form, the Consumer Consent for Services, the Physician's Consent Form, and the Visual Medical Form (if required). Please ensure everything is completely filled out. The physician completing the consent form will have to check either the "yes" or "no" box on the bottom of the form. If the "no" box is checked, we cannot provide a driver's evaluation and only a transport vehicle modification can be considered. Counselor should include any supporting documentation, including past evaluations by the Drivers Rehabilitation Training Program and related purchases. All parts of the Assessment Packet should be completed and sent to the Driver Assistive Technology Program Assistant. Further steps cannot be taken without all required information.

2. Authorization

The Driver Assistive Technology Program Administrator determines the appropriate assessment, and assigns the case to the appropriate Certified Driver Rehabilitation Specialist. The Driver Rehabilitation Program Assistant will request an authorization from the Counselor. The authorization should be sent to the Driver Assistive Technology Program Assistant for distribution and scheduling.

3. Evaluation.

Once the authorization is received, the Certified Driver Rehabilitation Specialist will contact the consumer directly to schedule a driver's evaluation, transport evaluation, or repeat vehicle modification evaluation (see definitions for each above.)

For repeat vehicle modifications, an inspection is completed, the need for required services determined, and a report provided identifying any needed repairs and quotes. In cases where a new modification is recommended, when the consumer intends to pursue a new modification (regardless of the recommendation), or when the vehicle modification specialists notes potential driving issues, a driver evaluation may be recommended. If driver evaluation is recommended, the Drivers Rehabilitation Training Program Assistant will request an authorization for evaluation by a contracted Certified Driver Rehabilitation Specialist.

4. Report

The Certified Driver Rehabilitation Specialist or Vehicle Modification Specialist submits a Driver Evaluation Report and assessment invoice to the Driver Rehabilitation Program Administrator. The report should include:

- The recommended training,
- The most cost-effective driving solution and cost-effective vehicle for implementation,
- Justification and explanation for all recommendations, and
- A cost estimate for required modifications.

For repeat vehicle modifications, documentation generally includes a Driver Evaluation Report by a Certified Driver Rehabilitation Specialist and Vehicle Modification Specialist's report

Typically, when modifications are required, reports contain a draft prescription and quote. These cannot be used to order vehicle modifications. Drafts are provided so the Vocational Rehabilitation Counselor can plan for needed services.

5. Review Initial Evaluation Report with Consumer.

Report are reviewed by the Driver Rehabilitation Training Program and provided to the Counselor and consumer, who should meet to review and determine if they wish to continue the process. If the cost estimate is over \$10,000, the Drivers Rehabilitation Training Program

Administrator will meet with the counselor and consumer to discuss consumer responsibilities and special regulations applying to training or modifications over \$10,000 including:

- **Consumer Financial Responsibility.** For many vehicle modifications, consumers have additional financial responsibilities that must be met. Before further steps are taken, consumers should understand what is required financially. Additional financial responsibilities include:
 - Consumer are required to obtain replacement value insurance on both the vehicle chassis and vehicle modifications, when modifications are in excess of \$5000. Since modifications can cost several thousand dollars, this can be significant.
 - In addition to maintaining the vehicle appropriately, the modifications require regularly scheduled maintenance, which can more than double the cost of regular vehicle maintenance.
- **Consumer Cost Sharing.** If modifications upgrades or repairs over \$10,000 are anticipated, the consumer may be required to share in the cost. Please see the Consumer Cost Sharing policy, and ensure consumers are aware of responsibilities in this regard.
- **Exceptions.** When vehicle modifications are over \$10,000 and, or, the consumer does not meet all eligibility requirements an exception may need to be requested from the Director of Program Services. The Counselor and consumer will need to make a written request justifying a necessity for an exception. Wherever possible, cost justification should be included.

If choosing to continue, after considering all aspects of the process, the Agreement of Understanding for Office of Vocational Rehabilitation Purchase of Vehicle Modification must be signed by the consumer. Consumers may decide not to pursue driving at this time, due to the additional expense, but instead pursue the less expensive option of a transport vehicle. If so, they should indicate this at the meeting and the Counselor should document it.

6. Individualized Plan for Employment

At this point, an Individualized Plan for Employment can be written, or amended, detailing the services agreed upon by the Counselor and Consumer, based on the recommendations of Drivers Rehabilitation Training Program and the Certified Driver Rehabilitation Specialist.

The Individualized Plan for Employment will specify service to be provided, such as:

- Driver Training,
- Vehicle Modification under \$10,000
- Vehicle Modification over \$10,000,
- Vehicle Modification Upgrade,
- Vehicle Modification Repair

Often, Driver Training is the sole service identified by an evaluation. However, in all cases where a new vehicle modification is planned, including repeat vehicle modifications, the

Individualized Plan for Employment should also list driver training as a service. The Plan for Employment should also identify the vendor, funding source, and identify if cost sharing is necessary. After the Individualized Plan for Employment is written, it should be signed by the consumer and other agency personnel as needed.

Individual Plan for Employment for vehicle modifications \$10,000 or more

For modifications of \$10,000 or more, the Individualized Plan for Employment is approved (signed) by the District Branch Manager, Assistive Technology Branch Manager and Director of Program Services, or designee. Only after all these signatures are obtained does the Counselor sign the plan.

Before a modification over \$10,000 can be authorized, the consumer must have a properly restricted driver's license. This is the only way the agency can ensure a consumer will be a safe and independent driver.

There are some cases where the need for transportation is immediate, but the consumer does not have the required license. In these cases, the transport only (non-driving) portion of the modification can be completed while the consumer is participating in driver training. Once the individual becomes a licensed driver with proper restrictions on the license, the driving modifications can be started. In such cases, the Individualized Plan for Employment should identify Phase 1 vehicle modification for transport to start immediately and Phase 2 vehicle modification for driving to start only once the license is obtained.

Individuals whose licenses are not properly restricted cannot get driving modifications on a vehicle, even though they do not have to go through an additional road test. The Certified Driver Rehabilitation Specialist completing the training will release the individual for independent driving and submit the restrictions to the driver's licensing agency. Driving modifications can begin at this point.

7. Training.

In the case of a new driver, or driver using a new driving system, training is now required. The amount of training needed is specified in the Driver Evaluation Report. Once a determination is made that the consumer wishes to pursue driver training, the assistant requests an authorization from the Counselor, as outlined by the Certified Driver Rehabilitation Specialist.

The Certified Driver Rehabilitation Specialist is responsible for contacting the consumer to schedule training. The Certified Driver Rehabilitation Specialist will typically train the individual to be a safe and independent driver and schedule a road test. When driving equipment is required, the Certified Driver Rehabilitation Specialist's vehicle will be used for the road test. If the consumer has a current driver's license, the Certified Driver Rehabilitation Specialist will ensure that the license shows the proper restrictions for driving.

Often, a Certified Driver Rehabilitation Specialist will provide initial training, but will then release the consumer for "family" training. Family training allows consumers to have a more

consistent (could be daily) training experience and to practice for many hours beyond what a Certified Driver Rehabilitation Specialist could provide.

The Certified Driver Rehabilitation Specialist will only release consumers for family training when a family member is willing to provide training, only bolt-on equipment is required, and training has progressed to a point where it is safe and appropriate to do so. The consumer may take the road test on their own when they have completed family training, or the Certified Driver Rehabilitation Specialist may authorize a follow up training and schedule the road test for the individual. If the Certified Driver Rehabilitation Specialist provides follow up training, an authorization will be requested by the Driver Assistive Technology Program Administrator.

If no modifications are required, the process can stop at this point. Payment should be made to the Certified Driver Rehabilitation Specialist once a final report is obtained.

8. Vehicle Purchase and Vehicle Modification Prescription and Quote.

- If a new vehicle is required to complete the modification, the consumer will be released to purchase a vehicle after obtaining a restricted license and the Individualized Plan for Employment has all required signatures.
- Consumers should not purchase a vehicle until the Driver Assistive Technology Program Administrator tells them it is appropriate to do so. The Vehicle Identification Number (VIN) is required to get an accurate quote. Consumers should coordinate with the Certified Driver Rehabilitation Specialist and Drivers Rehabilitation Training Program to ensure the vehicle purchased is appropriate for their needs and modifications.
- Once the consumer's vehicle has been identified, whether an existing vehicle or a new vehicle, the Certified Driver Rehabilitation Specialist will write a final prescription and obtain a quote for the required modifications.

9. Letter of Good Faith.

A Letter of Good Faith from the insurance company is requested, by the Drivers Rehabilitation Training Program Assistant once the vehicle has been selected; to document the insurance company will insure the new vehicle and the modification for full replacement value. The Office of Vocational Rehabilitation must be listed on the insurance as an "interested party" or equivalent. This document must be provided to the Driver Assistive Technology Program Administrator before the process can continue.

10. Authorizations.

- Once the Letter of Good Faith is obtained, the Drivers Rehabilitation Training Program Assistant request authorizations from the Counselor.
- Authorizations are sent to the Assistant, not the mobility equipment dealer.
- The Certified Driver Rehabilitation Specialist and mobility equipment dealer are notified that authorizations have been generated, a start date is scheduled, and a completion date is anticipated.

11.Delivery and Fitting.

The consumer, Certified Driver Rehabilitation Specialist, and Vehicle Modification Specialist, if necessary, will meet at the mobility equipment dealer to fit the vehicle to the consumer and complete delivery.

For modifications over \$5000, consumers must provide the Certified Driver Rehabilitation Specialist with proof of insurance with the Office of Vocational Rehabilitation listed as an “interested party” or equivalent.

Consumers then sign a receipt indicating the modification is complete, it meets their requirements, they have been instructed in operation, and they possesses the proper Kentucky operator’s license. The receipts are attached to the invoice and sent to the Drivers Rehabilitation Training Program Assistant, not to the counselor. Two receipt forms are used: the Receipt and Transfer Agreement and the Delivery Agreement of Understanding.

12.Final Payment.

The counselor can release final payment once the following documents have been approved by the Driver Assistive Technology Program Assistant:

- Invoice
- The Office of Vocational Receipt and Transferable Items Agreement
- Drivers Rehabilitation Training Program Delivery Agreement of Understanding
- Insurance Policy information is provided including a statement of what is covered.

Vendor Requirements for Providing Vehicle Modifications

All Vendors providing vehicle modifications:

- Must possess a current general business license.
- Must comply with KRS 190.03,1 regarding automotive mobility dealer’s license and regulation requirements.
- Must meet all requirements for Comprehensive General Liability Insurance and Worker's Compensation Insurance.
- Shall maintain "product / completed operations" liability insurance that holds Kentucky Office Of Vocational Rehabilitation, its agents, employees, and consultants harmless from any claim for damages resulting from the vendors work or work products of his suppliers and provides minimum coverage of one million dollars. In addition, each vendor shall maintain "garage-keeper's" liability insurance and "premises" liability insurance as well.
- Must have the physical facilities, dedicated space and equipment necessary to perform the modifications and installation properly.
- Must provide proof of manufacturer’s installation certification for products quoted on bid.

- Must comply with Federal Motor Vehicle Safety Standards as defined by Title 49, Code of Federal Regulation 595 as regards vehicle modification, subsequent labeling, and registering related to the make inoperative prohibition exemption.
- Except when noted, shall adhere to the Installation Guidelines for Adaptive Automotive Equipment set forth by the National Mobility Equipment Dealers Association.

Process Requirements for Vendors

- Vendor shall submit bids and quotes that are itemized by installed product's cost.
- Any substitutions or changes of the vehicle modification prescription must be approved by the Certified Driver Rehabilitation Specialist who wrote the prescription, otherwise the prescription is invalid, and the Office of Vocational Rehabilitation may refuse payment.
- Vehicle modification prescriptions will be considered invalid one year from date written
- The inspection of all vehicle modifications will be conducted by Driver Rehabilitation Program Staff or their representatives.
- Completed vehicle modifications can only be released to the Consumer after a vehicle modification fitting, inspection and equipment orientation by a Certified Driver Rehabilitation Specialist. Otherwise, the vehicle modification prescription is invalid.
- Upon completion, the vendor will acquire the consumer's signature on the Office of Vocational Rehabilitation's Receipt and Transferable Items Agreement
- For processing of payment the Office of Vocational Rehabilitation's Receipt and Transferable Items Agreement, and an itemized invoice must be sent to the Program Administrator of the Driver Assistive Technology Program not the Counselor.
- The Certified Driver Rehabilitation Specialist that wrote the vehicle modification prescription, or their representative, must sign as the witness on the Office of Vocational NHTSA Registration Requirements:

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the "Services: General Information" section of this manual for the exception guidelines.

Guidance and Counseling

The Rehabilitation Services Administration defines guidance and counseling as discrete therapeutic counseling and guidance services 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 necessary for an individual with a disability to achieve an employment outcome.

Guidance and counseling is a process to assist eligible consumers in analyzing, understanding, and using their capacities and abilities to overcome social, emotional, educational, vocational, and/or physical limitations. It includes the use of interpersonal contact and specialized professional functions such as assessment, adjustment counseling, coordination of services, identification and mobilization of resources, placement, and follow-up. These elements are not separate steps in a sequence but they are interrelated parts of a whole.

In contrast to therapy (which generally seeks personality change in some manner) the outcome expected from guidance and counseling provided in vocational rehabilitation setting focuses on the consumer initiating constructive action on their own behalf and achieving a realistic vocational adjustment. Guidance and counseling must be an essential component of any case closed as successfully rehabilitated and documented in the case record.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the “Services: General Information” section of this manual for the exception guidelines.

Hearing Aids

Resources

[Hearing Aid Service Fee Memorandum](#)

[Deaf and Hard of Hearing Services \(DHHS\) Branch](#)

General Information

The primary function of a hearing aid is to amplify and enhance residual hearing of those with hearing loss; it does not restore lost hearing. There are several different kinds of hearing aids and a wide variety of circuits that can be used to meet the consumer's unique needs.

Procedure

It is best practice to refer cases involving hearing aids to the district Communication Specialist. This may not always be possible or in the best interest of the consumer. In these instances, please discuss with the Branch Manager to determine the best course of action. A communication assessment from a Communication Specialist is required when hearing aids will be purchased by the office. Preferable, this assessment will occur prior to authorizing the purchase of the hearing aids. Communication Specialists may purchase a communication assessment using their counselor caseload budget. The communication assessment should cover the following: communication difficulties in basic areas such as face-to-face communications, telephone communications, environmental sounds and situations, small group and large group situations and electronic media/special equipment in settings such as work, school/home, etc. This information assist in determining the appropriate hearing aid circuitries and assistive devices needed in order to meet the consumer's communication demands on the job.

There is a maximum allowable fee for Behind-the-Ear (BTE) and Full Shell In-the-Ear (ITE) Conventional, Programmable, and/or Digital hearing aids. Please see the current Service Fee Memorandum titled Hearing Aids and Assistive Listening Device Guidelines and the Office of Vocational Rehabilitation price listing for hearing aids.

Hearing aids and assistive listening/alerting devices are considered assistive technology. Cost sharing procedures are applied to Hearing Aids in excess of \$1000.

The dispensing fee is a medical fee and is subject to cost sharing.

The counselor and consumer may negotiate to what level, if any, the consumer will personally invest in the purchase of hearing aids. Office funds for hearing aids and for assistive listening/alerting devices should be expended out of the counselor's budget. Additional information regarding professional fees for personalized assistive listening devices can be found in the Service Fee Memorandum for [Hearing Aids and Assistive Listening Devices](#).

Per State law, hearing aid recommendations must be obtained from a qualified professional. A comprehensive audiometry evaluation and hearing aid evaluation by an audiologist, is preferred. Any exceptions, such as the use of a hearing instrument specialist, must be justified and documented in the case file and approved by program administrator of Hard of Hearing and Late Deafened Services.

If audiologist recommendations are outside guidelines established in the Service Fee Memorandum, exceptions may be submitted to the Program Administrator of Hard of Hearing/Late Deafened Services. Counselors requesting exceptions should submit an exemption form, hearing test, hearing aid recommendation, price quote, communication assessment, and eligibility worksheet to Program Administrator. Please refer to the Hearing Aid Exception request form, which can be obtained from the program administrator.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the “Services: General Information” section of this manual for the exception guidelines.

Cochlear Implants and Bone Anchored Hearing Aids

The Office considers Cochlear Implants (CI) and Bone Anchored Hearing Systems (BAHS) as medical procedures subject to Consumer Cost-Sharing policies and procedures. Counselors will adhere to any applicable Service Fee Memorandum. Consumers must apply for all comparable benefits. Best practice is for cases requiring the purchase of these devices to be referred to a Rehabilitation Counselor for the Deaf or the district Communication Specialist, depending on consumer preference. In certain cases, this may not be possible or in the best interest of the consumer. In these instances, please discuss with the branch manager to determine the best course of action.

Physicians performing cochlear implant surgery must be board certified otolaryngologist, licensed by the state they work in, with specialized training in cochlear implants. The Audiologist involved in the provision of cochlear implants, must be licensed by the state they work in, with specialized training in cochlear implants.

Request for Cochlear and Bone Anchored Hearing Systems require prior approval. Counselor should send requests to their Branch Manager and discuss the impact on the counselor budget. If appropriate, the Branch Manager will forward the request and supporting documentation to the Hard of Hearing / Late Deafened Program Administrator, for review. The Assistant Director of Program Services will make the final decision. Please see the following chart regarding the Approval Process.

Approval Process:

1. Eligibility is determined and the consumer is accepted for services.
2. Evaluation

- Consumer receives a hearing aid evaluation and Cochlear Implant or Bone Anchored Hearing System evaluation
- Both Evaluations recommend the device
- 3. Counselor consults with Branch Manager
 - The Branch Manager decides if it is appropriate to proceed
- 4. Examination
 - Consumer receives an examination and medical work-up by a neurotologist
 - Consumer is screened for psychological stability, and may be referred for a psychological evaluation if needed
 - Audiological, medical, and psychological candidacy are established
- 5. Review
 - Recommendations and supporting documentation are reviewed by the Hard of Hearing, Late Deafened Program Administrator and the Assistant Director of Program Services.
 - The Administrator and the Assistant Director decide if it is appropriate to proceed
- 6. Consultation
 - The staff consult with the recommending audiologist and physician.
- 7. Approval
 - Administrator and Assistant Director review surgical recommendations.
 - Final approval to purchase is given by the Assistant Director of Program Services
- 8. Individualized Plan for Employment Development
 - Consumer and counselor develop and sign Individualized Plan for Employment to include cochlear implant or bone anchored hearing system required to reach the vocational goal
- 9. Surgery
 - Surgery is performed and medical or other recommended follow up is provided.

Sound Processor Replacement

The cochlear implant sound processors is the external portion of the device. It converts sound captured by the microphone into digital information. This information is received by the magnetic headpiece, transmitted to the implant, sent to the hearing nerve, which in turn sends electrical impulses to the brain, where they are interpreted as sound.

Sound processor replacement is considered a medical procedure subject to Consumer Cost Sharing. Consumers seeking sound processor replacement must utilize all comparable benefits including but not limited to insurance, warranties, or loaners. As a backup, some vendors provide two processors per ear at the time a cochlear implant or bone anchored hearing system is dispensed. The Office does not purchase a replacement processor if the consumer has a backup. Sound processor replacement requires the same approval process as cochlear implant or bone anchored hearing system. The Audiologist involved in the provision of a sound processor, must be licensed by the state they work in, with specialized training in cochlear implants.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy.

Please refer to the “Services: General Information” section of this manual for the exception guidelines.

Home Modification Services.

Authority

- 781 KAR 1:040. (Assistive Technology Services)

Forms

- [OVR 14 RT Referral Form](#)

Resources

- [Assistive Technology Webpage](#)
- [Rehabilitation Technology Staff Directory](#)
- [Kentucky Technology Services Network \(KATS\)](#)
- [Kentucky Assistive Technology Loan Corporation \(KATLC\)](#)

Introduction

The Assistive Technology Branch addresses home accessibility needs of Consumers allowing safe access to prepare for and go to work. Services are varied, depending on specific needs and abilities of the Consumer, and range from the provision of stand-alone assistive technology to structural modification of the home. In general, the Office of Vocational Rehabilitation assists Consumers with entering and exiting the home independently and modifications in the bathroom and bedroom areas to allow for independent personal hygiene.

Consumer Cost Sharing

Please refer to the Consumer Cost Sharing Policy for information.

Definitions

Home Modification: An alteration made to a home to meet the needs of a person with physical limitations so they can live independently and safely.

Home Modification Assessment: A review conducted by an agency Assistive Technology Specialist to determine whether a home modification is necessary and to assess what the most effective and lowest cost solution would be to meet the Consumer's needs.

Structural Home Modification: Construction work done to modify an existing home that involves the repair, modification, removal or addition of one or more load bearing elements of the home or changes to the home's infrastructure such as plumbing, electrical, or HVAC (Heating, ventilation, and air conditioning) systems, includes any permanent changes made to the home.

Assistive Technology for Daily Living: Any device, whether specially designed or commercially available, that enables a person with a disability to perform activities of daily living (ADLs) in a safer and more independent manner. Activities of Daily Living include activities such as dressing, feeding, toileting, bathing, grooming, and mobility (lifting and transfer).

Building Code: A set of laws and regulations created by state, county, or local governments that set minimum requirements for the design, modification, and construction of commercial and residential buildings. Kentucky uses a statewide Building Code that is maintained by the Department of Housing, Buildings and Construction and enforced by local building officials who have Kentucky Building Inspector Certification.

Mobility Device: Equipment or system designed to assist with walking or otherwise improving the mobility of a person with a mobility impairment. Mobility devices can be powered or non-powered and may be required on a temporary or permanent basis.

Vertical Platform Lift: Purpose-built equipment designed to lift a person with a mobility impairment who is unable to safely navigate a set of stairs or an incline. Unlike an elevator, there is no shaft or enclosure. Vertical platform lifts are available in both indoor and outdoor models. They are used in applications where a ramp would be prohibitively expensive or impractical.

Ramp: A sloped surface, with a slope no greater than 1:12 (one inch of rise for every 12 inches of run) that allows a gradual transition between two levels of ground or building. A ramp is a more accessible alternative to steps allowing access to those with a mobility impairment. Ramps can be constructed of many materials both indoors and out. Ramp characteristics are defined by Americans with Disabilities Act accessibility guidelines.

Stair Lift: An electronically powered lifting device designed to move a person with a mobility impairment between levels of ground or buildings. Stair lifts are available as seated lifts with a chair built in or as platform lifts on to which one can roll a wheelchair. These lifts attach to the stairs or wall and are a way to provide access when an elevator or platform lift would be impractical.

Transfer Assist Device: A device designed to help a person with a disability transfer safely between surfaces or environments. Transfer Assist Devices can be portable or permanently mounted to a wall or ceiling and can be powered electrically or manually. They range in complexity from a simple board for sliding across the gap between a wheelchair and a bed to ceiling lift systems with a track for transporting the person throughout the home.

Contractor: An experienced individual or company providing expertise and oversight in the construction or renovation of a building. Contractors often hire other individuals called subcontractors to oversee or complete work on specific elements of a project. In Kentucky, licensure for General Contractors is regulated at the county and local government levels.

Workers' Compensation Insurance: An insurance policy held by a contractor that has employees. Worker's Compensation Insurance protects workers from injuries that occur while on the job. Proof of Worker's Compensation Insurance coverage is required by all contractors who provide services to the state.

Liability Insurance: Insurance coverage held by a contractor that protects them against claims for damage to a person or property. Proof of Liability Insurance coverage is required by all contractors who provide services to the state.

Home Ownership: The Consumer or a member of their immediate family either owns outright or has a mortgage on the property and home structure.

Eligibility for Home Modification Services

Individuals seeking Home Modification Services must be “Accepted for Services” by the Kentucky Office of Vocational Rehabilitation. A Vocational Rehabilitation Counselor must determine that home modifications are essential to achieve the employment objective of the eligible individual, and an agency Assistive Technology Specialist must do an assessment of the Consumer’s needs for independence in preparing for work and exiting the home. If structural modifications to the home are required, the individual must not have ever received permanent, non-recoverable modifications to a home in the past through the Office.

Referring a Consumer for Home Modification Services

The Assistive Technology Referral Form must be completed and forwarded to the local Assistive Technology Specialist. Prior to the referral, the Vocational Rehabilitation Counselor should determine

- If the Consumer (or a family member) owns the home to be modified (or, if mortgaged, the mortgage must be current),
- The date of purchase of the home,
- If the Consumer has ever received structural home modifications through the Office in the past,
- and the Property Value Administration value of the home.

This information should be provided on the referral form in the narrative description.

Home Modification Assessments:

Every home modification assessment will include an assessment of the following areas of the home: one entrance and exit to the home, one entrance and exit to a bathroom and the use of the facilities in that bathroom, one entrance and exit for a bedroom area, and access to all corridors necessary to access the bathroom, bedroom, and egress from the home. Each area will be considered with respect to the Consumer’s functional limitations and abilities.

In addition to the evaluation of the specific needs of the Consumer, the Assistive Technology Specialist will evaluate other aspects relevant to the provision of home modifications. This may include, but is not limited to, the length of time the Consumer has owned the home, structural integrity of the home, and the presence of potential lead contaminants in order to determine all of the work that must be done to make the home safe and accessible.

It is the intent of the Office of Vocational Rehabilitation to assist every Consumer with modifications that allow them to be as independent as possible in the home. Careful consideration will be given to the cost/benefit of each modification when independence is not possible. In some cases, modifications will be provided that do not allow independence in order to allow for safer care by an assistant.

Limitations on Home Modifications:

- If a Consumer or family member does not own the home to be modified, or purchased it within the last two years, only non-permanent, recoverable assistive technology devices will be recommended. An exception to the 2-year rule can be made when medical documentation supports a finding that there has been a significant change in status or function of the eligible individual that has occurred since the initial purchase of the home.
- The use of non-permanent, recoverable assistive technology devices is preferred in all cases because it gives the Consumer more freedom to move (homes), allows the equipment to be reused if the Consumer no longer needs or wants it, and is often more cost-effective.
- In the case of a Consumer who owns their home and has not moved within two years, if more independence can be gained, or it is more cost effective, a structural modification can be considered.
- In general, the Office does not purchase additions to homes (increasing the footprint of the home). However, if it is the most cost-effective solution, the Office may consider adding a bathroom on a lower floor.
- The Office of Vocational Rehabilitation does not restore property to its original condition when the Consumer is ready to move. Since this is a “once in a lifetime” service, it is important that the Consumer consider the ramifications of moving. When this situation cannot be helped, an exception may be obtained to provide additional assistance.
- The Office of Vocational Rehabilitation does not bring homes into compliance with local building codes. All work performed will meet building codes. However, it is the responsibility of the homeowner to make any upgrades to the area to be modified so the home will meet building code prior to a modification being undertaken.
- The Office of Vocational Rehabilitation does not purchase new homes, participate in new home construction, or modify a home that was purchased within the last two years. When a Consumer moves to a new home, it is expected they will purchase a home which meets their needs or make the modifications necessary for independence. Non-permanent, recoverable equipment may still be added, if necessary. If a Consumer’s physical abilities change significantly, a home modification may still be considered.
- It is preferred that Consumers obtaining a home modification be employed. This helps ensure Consumers will not need a second modification if they have to move to find work. If the Consumer is ready for work, a home modification can be undertaken as long as it is likely that they will be able to find the type of work they are looking for in the area.
- There are cases where a Consumer may need a modification while still in training. Since this is a “once in a lifetime” service, it is important the Consumer be able to identify that they will be able to find work in the area near the home to be modified.
- Before a home modification is undertaken for rented housing, the Consumer should first look for other, more accessible, property to rent. Sometimes, this is not possible and when

modifications are required non-permanent, removable equipment will be used before structural modifications are considered. If structural modifications are performed on rental property, the homeowner/landlord must agree to the modifications and the Counselor and Consumer should negotiate with the homeowner/landlord to participate in the cost of the modifications.

- The cost of home modifications is limited to no more than \$30,000 total cost or 20% of the Property Valuation Administrator's assessed value of the home, whichever is less.

Home Modification Assessment Results

An initial report will be generated by the Assistive Technology Specialist that identifies:

- The Consumer's functional limitations in accessing the home, the bedroom, and the bathroom for activities of daily living relating to preparing for work;
- Initial alternative solutions for addressing these limitations;
- The general scope of the project (assistive technology devices only or the need to include structural modifications), including an initial cost estimate (without contractor quotes);
- Any issues encountered during the assessment that will require further investigation or the request for an exception; and
- The next steps in pursuing the modifications, which may include obtaining approvals or exceptions or considering cost sharing.

This report should be completed within two weeks of the initial assessment of the Consumer's home. If only low-cost assistive technology devices are required, these prescriptions may be included with the initial report. However, home modifications often involve complex devices with installation and training by the vendor. In these cases, prescriptions will come in a subsequent report. If structural modifications are required and once any needed approvals and exceptions have been obtained, the Assistive Technology Specialist will, in conjunction with the Consumer, develop a bid letter, obtain up to three bids, and select a recommended contractor for the modifications. The second assistive technology report should include:

- Prescriptions for assistive technology;
- Bid letter specifying structural work to be completed, with Consumer's signature agreeing to the recommendations;
- Drawings for all structural modifications;
- Bids for structural modifications required; and
- A prescription identifying the recommended vendor for structural modifications.

There are some cases when a Consumer wants a different modification than that recommended by the Assistive Technology Specialist, and the requested modification allows for the same level of independence and is approved by the Assistive Technology Specialist. The Consumer and Assistive Technology Specialist will obtain bids for both the recommended modification and the Consumer's desired modification. In this situation, the Office shall not authorize an amount over the most cost-effective modification as initially recommended by the Assistive Technology Specialist. The Consumer will be responsible for the remaining amount.

Structural Home Modifications:

A structural modification is something that causes a permanent change or addition to the physical structure of the home. Examples of this type of modification include permanently installed ramps, widening of doorways, or the installation of a roll-in shower. Whenever plumbing and electrical changes must be made to accommodate equipment or modifications, the changes are considered structural. Moving a commode three inches to one side is structural, while installing an Americans with Disabilities-height commode would not necessarily be considered structural. Equipment that is easily removed is not included in this category, even when small repairs must be made to the home to return the house to its original condition. An example of this type would be the addition of grab bars when no modification is required to the walls. Many times, the home must undergo some structural modification to allow equipment to be used. For example, a lift that mounts to the ceiling requires that the ceiling be reinforced. This is a structural modification. These modifications are only considered when the Consumer or a family member owns the home and has been living in the home for more than two years.

Scope of Home Modifications Provided by the Office of Vocational Rehabilitation

The scope of each project will vary by the individual and his or her particular circumstances. Typically, the Office of Vocational Rehabilitation will provide modifications to allow safe entry and exit from the home and modification to the bedroom and bathroom areas to allow independent personal hygiene to prepare for work. When other modifications are done, it is to support those areas above (entry, exit, bedroom and bathroom.) Following are some modifications and equipment that may be recommended for your Consumers:

- Entrance Modifications:
 - Parking pad to allow for safe exit from a vehicle
 - Route from parking area to home
 - Ramp or vertical platform lift to entry door
 - Raise porch to allow level access to entry door
 - Threshold ramp at the entry door
 - Widened doorway
 - Automatic door opener
 - Replacement door hardware
 - Accessible interior path to bedroom and bathroom
 - May include flooring, stair lift, etc.
- Bedroom Modifications:
 - Lift to aid in transfers into wheelchair
 - Lift to aid in access to the bathroom
- Bathroom
 - Accessible sink
 - Access to toilet
 - Roll-in shower
 - Shower bench seat

- Widen doorway

The scope of the home modifications provided may increase if the Consumer plans to work from home. In this case, the additional modifications need to relate directly to the work being performed in the home.

Home Modification over \$10,000.

Consumer cost sharing is applied for all home modifications over \$10,000. The Office will pay the first \$10,000 and all remaining costs will be split based on the results of the financial assessment.

In addition, the Director of Program Services, or designee, must determine that documentation exists demonstrating that failure to provide the modification will preclude successful completion of the Individualized Plan for Employment. The Director of Program Services signs off on all Individual Plans for Employment for home modifications over \$10,000.

Home Modification Maintenance.

The Office of Vocational Rehabilitation will not participate in the manufacturer's required or routine maintenance of any assistive technology devices or structural modifications.

Exceptions.

Exceptions to this policy, if required, must be approved by the Director of Program Services or designee prior to commencing services.

Home Modification Process

1. Complete Referral to Assistive Technology Branch.

The Counselor should complete the Assistive Technology referral form and include the following information in the narrative:

- If the home is owned or rented by the Consumer or close family member;
- The date the home was purchased;
- If the Consumer has received any home modifications through the Office in the past (include a copy of the home modification report); and
- The Property Valuation Administrator's assessed value of the home.

2. Assessment.

Once the referral is received, the Assistive Technology Specialist will contact the Consumer directly to schedule a home modification assessment. It is best practice for the Counselor to attend the initial assessment when possible, as this will keep the lines of communication open between all parties.

3. Initial Report

The Assistive Technology Specialist will generate a report within two weeks. The report should include:

- Consumer's functional limitations
- Alternative solutions for addressing these limitations;
- Input from the Consumer on what works and doesn't work;
- The general scope of the project, including a preliminary cost estimate;
- Issues that need to be addressed before continuing; and
- The next steps in pursuing the modifications.

When the home modification is expected to involve structural modifications to the home, the Assistive Technology Specialist should forward the initial report to the Assistive Technology Branch Manager for approval. After approval, the report can be forwarded to the Counselor.

4. Review Initial Evaluation Report with Consumer.

The Counselor should meet with the Consumer to review the results of the assessment and determine next steps. If the cost estimate is over \$10,000, the Assistive Technology Specialist will meet with the Counselor and Consumer to discuss Consumer responsibilities and special regulations applying to home modifications over \$10,000 including:

- **Consumer Cost Sharing.** If modifications over \$10,000 are anticipated, the Consumer may be required to share in the cost. Please see the Consumer Cost Sharing policy, and ensure Consumers are aware of their responsibilities in this regard.
- **Exceptions & Approval.** When home modifications are over \$10,000 the Director of Program Services or designee must approve the Individual Plan for Employment. When the Consumer does not meet all requirements, an exception may be requested from the Director of Program Services.

5. Obtain required exceptions.

When an exception is required, the Counselor and Consumer will need to make a written request justifying the necessity for an exception. When possible, cost justification should be included. The written request should be uploaded into the Case Management System to the attention of the Director of Program Services. Once the Director has signed the request, the Counselor should notify the Assistive Technology Specialist of the approval and the process should continue.

6. Develop Bid Specifications and Obtain Bids.

The Assistive Technology Specialist will develop a formal bid specification and provide it to area contractors to obtain quotes. The Assistive Technology Specialists use a common bid specification format. This format provides a space for permits as required and provides some basic guidelines for material costs and expectations for the contractors. The Consumer is

encouraged to identify contractors that they would want to work in their home. Contractors must be willing to become state vendors and meet basic requirements.

It is best practice to obtain three bids on home modification project over \$5000. However, at times the Assistive Technology Branch has had difficulty securing even one bid on a project. While the Assistive Technology Specialist will make every attempt to obtain more than one bid, there is a tradeoff between timely services and number of bids. If additional contractors cannot be identified in a reasonable amount of time, the project will proceed with one bid. The bid process is often the part of the project that takes the most time. Consumers can shorten this time by aiding in identifying potential contractors. Contractors must become vendors and meet all vendor requirements, which they are often unwilling to do, particularly in rural areas.

The Assistive Technology Specialist will meet with each vendor on the job site to obtain a quote. Changes to bid specifications based on contractor input should be noted.

7. Second Home Modification Report.

The second home modification report should contain information needed to write an Individualized Plan for Employment and authorize for services. It should include:

- Prescriptions for assistive technology;
- A copy of the bid specification with Consumer's signature;
- Drawings for all structural modifications;
- All bids for structural modifications; and
- A prescription identifying the recommended vendor for structural modifications.

8. Review Home Modification Report with Consumer.

At this point, the Counselor and Consumer should develop an Individualized Plan for Employment or Amendment for the assistive technology and home modifications to be provided. Consumers should once again agree to the work to be done, especially when structural modifications are required. If modifying the home of a family member instead of a home owned by the Consumer, that family member should also be present during the meeting. If the recommendations total more than \$10,000, the Assistive Technology Specialist should be included in the meeting to review procedures to make a purchase of this size.

The Individualized Plan for Employment should also identify the vendor, funding source, and whether cost sharing is necessary. After the Individualized Plan for Employment is written, it should be signed by the Consumer and other agency personnel as needed.

Individual Plan for Employment for home modifications \$10,000 or more

For modifications of \$10,000 or more, the Individualized Plan for Employment must be approved (signed) by the District Branch Manager, Assistive Technology Branch Manager and

Director of Program Services, or designee. Only after all of these signatures are obtained does the Counselor sign the plan.

1. Authorization.

Once all required signatures have been obtained, the Counselor can generate the authorization. Assistive technology authorizations over \$2500 cannot be printed until preapproved by the Assistive Technology Branch Manager. Any authorization over \$10,000 requires approval from the Director of Program Services before it can be printed. The Counselor or assistant generating the authorization must notify the appropriate individual to approve the authorization because the system does not notify the next approver.

The authorization should be sent to the Assistive Technology Specialist, who will coordinate services between the contractor and vendor.

2. Modifications.

There are times when changes need to be made to the original plan. As a result, Assistive Technology Specialists should monitor projects through to completion. Changes cannot be made to the original scope of work without approval from the Assistive Technology Specialist. If required changes are less than a 5% difference in cost, and do not result in raising the amount over \$10,000, the Assistive Technology Specialist will approve the changes and notify the Counselor. This allows work to continue without delay. If changes require a significant cost increase, but stay below the \$10,000 mark, the Assistive Technology Specialist will obtain approval from the Counselor before approving the changes. Regardless of the reason, changes made to the scope of work cannot reduce the accessibility of the end product. If a Consumer makes changes to the design of the modification, the Consumer is responsible for any additional costs incurred.

In the event changes increase the cost of a project to over \$10,000, work will need to be stopped immediately and appropriate approval obtained. The contractor should contact the Assistive Technology Specialist and submit a quote to address the problem. The Assistive Technology Specialist will immediately notify the Counselor and District Branch Manager. Once everyone agrees on a solution, the updated quote and assistive technology explanation is uploaded into the Case Management System to request approval from the Assistive Technology Branch Manager and Director of Program Services. When cost exceed \$10,000 unexpectedly, the potential for Consumer cost sharing and need for central office approval can create delays in service. Delays put the Consumer and family in an uncomfortable situations, potentially limiting access to a bathroom or home entrance, and cause issues with a contractor, who may have to move on to another worksite, lay off workers, or order supplies to address the problem. It is important all parties act quickly to resolve the issue so work may resume as soon as possible.

3. Inspection

Once the project is complete, the Assistive Technology Specialist will inspect the work. If it meets bid specifications, the Assistive Technology Specialist will have the Consumer sign the Office of Vocational Rehabilitation Receipt and Transferable Items Agreement for any

recoverable items and a statement of acceptance of completed work for any structural modifications.

If work is not completed to the satisfaction of the Consumer or Assistive Technology Specialist, the contractor will be called back in to complete the work.

4. Final Payment.

The Counselor can release final payment once the following documents have been approved by the Assistive Technology Specialist:

- Invoice
- The Office of Vocational Receipt and Transferable Items Agreement for any recoverable items
- Statement of Acceptance of Completed Work signed by the Consumer

Vendor Requirements for Providing Structural Home Modifications

All Vendors providing structural home modifications:

- Must meet all requirements for Comprehensive General Liability and Worker's Compensation Insurance.
- Must hold appropriate licenses when doing electrical or plumbing work.
- Must register with both the state and the office to be a vendor.
- Vendors are responsible for obtaining any required permits and inspections throughout the project.

Independent Living Centers

Authority

- Rehabilitation Act of 1973, as amended, Title VII, Chapter 1

Definitions

Independent Living Center (ILC) or Center for Independent Living (CIL) - a consumer controlled, community based, cross disability, nonresidential private nonprofit agency designed and operated within a community by individuals with disabilities providing an array of independent living services.

Consumer Control – Independent Living Centers vests power and authority in individuals with disabilities. This is achieved in two ways. First, 51% of the center's Board of Directors must be individuals with disabilities. Second, 51% of staff in decision-making positions must be individuals with disabilities.

Philosophy

The Rehabilitation Act of 1973 authorizes a program of Independent Living, and Kentucky has elected to participate in that program. Federal funds are available at a 90-10 match ratio of federal to state dollars.

As a condition for receiving funds, the Office of Vocational Rehabilitation and Statewide Independent Living Council must develop and submit an acceptable plan. The plan generally covers a three-year period and identifies the scope and extent of services.

In order for the plan to be approved, it must contain a design for a statewide network of Independent Living centers developed by the Independent Living Council. Centers must provide the core services of information and referral, independent living skills training, peer counseling and individual and systems advocacy. Services should result in the identification of resources necessary for individuals to achieve their independent living goals.

Centers must promote and practice the independent living philosophy of:

- Consumer control of the center regarding decision making, service delivery, management, and establishment of the policy and direction of the center;
- Self-help and self-advocacy;
- Development of peer relationships and peer role models; and
- Equal access of individuals with significant disabilities to society and to all services, programs, activities, resources, and facilities, whether public or private and regardless of the funding source.

Federal funds may also be used for individualized services; however, sufficient funding is unavailable to do both. Priority consideration is given to centers because they promote advocacy resulting in systems changes making programs more responsive to the needs of individuals with disabilities.

Eligibility

Independent Living services may be provided to any individual with a significant disability, as defined in section 7(21)(B) of the Rehabilitation Act of 1973, as amended,

Some programs offered at the Independent Living Centers have other eligibility determination criteria as determined by the specific funding source.

Directory

Center for Accessible Living

501 S. 2nd Street, Suite 200
Louisville KY 40202
502-589-6620 (Voice)
502-589-3980 (Fax)
502-589-6690 (TDD)

Pathfinders for Independent Living

105 E Mound Street
Harlan KY 40831
606-573-5777 (Voice/TDD)
606-573-5739 Fax

Independence Place

2358 Nicholasville Road, Ste. 180
Lexington KY 40503
859-266-2807 (Voice/TDD)
859-335-0627 (Fax)

Disability Resource Initiative

624 Eastwood Street
Bowling Green KY 42103
270-796-5992 (Voice/TDD)

Center for Accessible Living

1051 N 16th Street Suite C
Murray, KY 42071
270-753-7676 (Voice)
270-753-7729 (Fax)
270-767-0549 (TDD)

Center for Accessible Living

Northern KY
P.O. Box 12304
Covington, KY 41012
Voice: (502)589-6620
Fax: (502) 589-3980 (Louisville)

Independent Living Services

Independent Living Services including Older Individuals who are Blind Services (IL/OIB) offer individuals who are blind and visually impaired an opportunity to maintain independence. Participants are not required to have an employment outcome in order to qualify for services. Federal grants have been the primary funding sources, and this type of funding has a direct impact on service delivery. Service provision requirements may change according to the current grant/funding source.

Purpose

To offer a broad range of services to assist individuals who are blind, or visually impaired, improve or maintain their ability to function independently.

Referrals

Vocational Rehabilitation Counselors for the Blind can refer individuals to Independent Living or Older Individuals who are Blind services for two different purposes.

- Individuals needing independent living services but not pursuing an employment outcome.
- Individuals involved in pursuing an employment outcome and who need independent living services.

In the latter, which involves a vocational rehabilitation consumer, the Rehabilitation Counselor for the Blind and Independent Living or Older Individuals who are Blind Counselor, have active cases and will use the same computerized case management system. At the time of referral, the Rehabilitation Counselor for the Blind shall submit the following documents:

- Specialized Services referral form,
- Copy of the Vocational Rehabilitation Application Worksheet,
- Copy of a visual examination report,
- Any other pertinent medical information.

It may be necessary for Independent Living or Older Individuals who are Blind Counselors to maintain a waiting list. In this event, there shall be priority in service delivery based upon established order of selection for the Independent Living / Older Individuals who are Blind programs. In most instances, referrals from Vocational Rehabilitation Counselors have priority for service delivery.

The Independent Living / Older Individuals who are Blind Counselor and the Rehabilitation Counselor for the Blind work together as a team to serve consumers and enable them to meet their goals.

Eligibility

- Individuals must have a visual acuity of 20/60 or less in the better eye with best correction, or meet the definition of legal blindness.
- There must be a reasonable expectation that Independent Living, or Older Individuals who are Blind, training will assist the person make significant improvement in performing activities of daily living.
- To have an active Independent Living or Older Individuals who are Blind case, individuals must require at least two training services as listed in the Independent Living/Older Individuals who are Blind Policy Manuals.

Core Services

Training and case management services are provided by Independent Living and Older Individuals who are Blind Counselors. Core services include:

- Outreach, information and referral,
- Assessment to determine need for program services/training,
- Counseling and guidance,
- Independent Living skills training including: communication skills, daily living skills, recreation skills, low-vision assessment and training, basic orientation and mobility skills (i.e. sighted guide techniques),
- Provision of adaptive devices in coordination with training,
- Purchased services such as visual examinations, low-vision exams and optical devices as appropriate and budget will allow,
- Peer counseling and support group services,
- Information and coordination of community services and community transportation services,
- Advocacy and self-advocacy training,
- Coordination of services related to securing appropriate housing or shelter,
- Coordination of services providing Braille and recorded materials,
- Coordination of other assistive technology services, including the Kentucky Assistive Technology Services (KATS) network and rehabilitation technology services, excluding the purchase of assistive technology available from the agency,
- Coordination of individual and group social and recreational activities,
- Community awareness programs to enhance understanding and integration into society of individuals with disabilities, and
- Coordination of services available to an individual from other sources.

Training

Upon determination of visual eligibility, a basic needs assessment is done to plan appropriate services and training. Training can be completed in the consumer's home, Vocational Rehabilitation office training lab, or other appropriate settings, including the Charles McDowell Center. If the individual is a Vocational Rehabilitation consumer, a copy of the completed

assessment and plan will be given to the Rehabilitation Counselor for the Blind. The Independent Living or Older Individuals who are Blind Counselor will attach a brief written initial report with any additional comments or recommendations. This report will include any recommendations of adaptive items to be used during training. Training sessions are scheduled until the Independent Living / Older Individuals who are Blind plan of services is completed.

Reimbursement for Services

Independent Living / Older Individuals who are Blind Counselors are responsible for doing assessments, preparing reports, making recommendations of aids, appliances or adaptive equipment, and training the consumer. Reports describing the progress and/or result of training will be provided to the counselor quarterly or upon completion of services, whichever comes first.

When services are completed, the final report from the Independent Living / Older Individuals who are Blind Counselor to the Rehabilitation Counselor for the Blind will include a list of all items given to the consumer from the regular Independent Living / Older Individuals who are Blind program's inventory. The Rehabilitation Counselor for the Blind will authorize for the replacement of these items. The replacement items should be shipped directly to the Independent Living / Older Individuals who are Blind Counselor.

Independent Living Policy Manual

Independent Living and Older Individuals who are Blind services are provided within a case management model, and therefore, these programs have policy manuals. These manuals contain definitions, procedures, descriptions of services, identification of case management documents and policy statements. For a more complete description of the program, refer to these manuals. A copy of these manuals can be obtained from an Independent Living / Older Individuals who are Blind Counselor or Program Manager, Blind Services Division Director or through our agency website.

Interpreter Services for Person with Hearing Loss

Forms

[Interpreter Request Form](#)

Resources

- [Deaf and Hard of Hearing Services \(DHHS\) Branch](#)
- [Interpreter Fee Schedule](#)
- [Fee Schedule for Independent Contracting Agency Interpreting Services](#)

Interpreter services may be provided to consumers with hearing loss when the person is unable to communicate with the counselor, and / or unable to participate in a program of services without the aid of an interpreter.

Credentialing of interpreters

The need for interpreting services varies for each individual consumer and specific circumstance. Consumers should be given options to select the most qualified and appropriate interpreter. Interpreters with National Registry of Interpreters for the Deaf (R I D) and / or National Association of the Deaf (N A D) Level III, IV, V certification should be used. The nature of the job assignment should be considered when selecting an interpreter.

Confidentiality and adherence to the Registry of Interpreters for the Deaf or National Association of the Deaf Code of Ethics is required of interpreters throughout the rehabilitation process. Whenever possible, arrange for consumers and interpreters to meet before the scheduled appointment to assure clear communication. To locate interpreters, refer to the Kentucky Commission on the Deaf and Hard of Hearing Interpreter Directory, or contact the local Rehabilitation Counselor for the Deaf (R C D) or the Office's [Deaf and Hard of Hearing Services Branch](#).

Interpreter fees vary according to type of assignment and interpreter's certification. The Service Fee Memorandums [Interpreter Fee Schedule](#) and [Independent Contracting Agency Interpreting Services](#) provide additional information. Organizations that should pay for interpreters in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act include but are not limited to; Social Security Administration, courts, hospitals, and other state agencies.

Certification Levels - Registry of Interpreters for Deaf

Comprehensive Skills Certificate (C S C)

Holders of the full certificate have demonstrated the ability to interpret American Sign Language and spoken English and to transliterate between spoken English and a signed code for English. The Certificate of Interpretation (C I) and Certificate of Transliteration (C T) is the replacement for the Comprehensive Skills Certificate (C S C.) Holders of this certificate are recommended for a broad range of interpreting and transliterating assignments.

Certificate of Interpretation (C I)

Holders of this certificate are recognized as fully certified in Interpretation and have demonstrated the ability to interpret between American Sign Language and spoken English in both sign to voice and voice to sign. The interpreter's ability to transliterate is not considered in this classification. Holders of the Certificate of Interpretation are recommended for a broad range of interpreting assignments.

Certificate of Transliteration (C T)

Holders of this certificate are recognized as fully certified in Transliteration and have demonstrated the ability to transliterate between signed English and spoken English in both sign to voice and voice to sign. The transliterator's ability to interpret is not considered in this certification. Holders of the CT are recommended for a broad range of transliteration assignments.

Certificate of Interpretation and Certificate of Transliteration (C I and C T)

Holders of both full certificates have demonstrated competence in both interpretation and transliteration and have the same flexibility of job acceptance as holders of Comprehensive Skills Certificate (see above). Holders of both the Certificate of Interpretation and Certificate of Transliteration are recommended for a broad range of interpretation and transliteration skills.

Reverse Skills Certificate (R S C)

Holders of this full certificate demonstrated the ability to interpret American Sign Language and signed English or transliterate between English and a signed code for English. Holder of this certificate is deaf or hard of hearing and interpretation/transliteration is rendered in American Sign Language, spoken English, a signed code for or written English. The Certified Deaf Interpreter (in development - see below) is designed to replace the Reverse Skills Certificate which is no longer offered. Holders of the Reverse Skills Certificate are recommended for a broad range of assignments where the use of an interpreter who is deaf or hard of hearing would be beneficial.

Certified Deaf Interpreter - Provisional (C D I-P)

Holders of this provisional certification are interpreters who are deaf or hard of hearing, who have demonstrated a minimum of one-year experience working as an interpreter, and completion of at least 8 hours of training on the Registry of Interpreters for Deaf Code of Ethics. They must complete 8 hours of training in general interpretation as it relates to the interpreter who is deaf or hard of hearing. Provisional certification is valid until one year after the Certified Deaf Interpreter (C D I) examination (in development) is made available. Provisional certificate holders must take and pass the Certified Deaf Interpreter examination in order to remain certified as a Deaf Interpreter. Holders of the provisional certification are recommended for a broad range of assignments where an interpreter who is deaf or hard of hearing would be beneficial.

Certification Levels - National Association of the Deaf Interpreters

Level V Master

The Level V Certification indicates a master interpreter. The interpreter very rarely demonstrates difficulty in any interpreting situation.

Level IV Advanced

The Level IV Certification indicates an advanced interpreter. The interpreter does very well in voice-to-sign. The interpreter demonstrates little difficulty in sign-to-voice. The interpreter may demonstrate oddities in sign style, choice of signs used; however, the interpreter demonstrates the skill necessary for just about any interpreting situation.

Level III Generalist

The Level III Certification indicates a generalist interpreter. The interpreter is one who shows a good sign vocabulary but may have some problems in sign-to-voice.

Attaining a Level I Novice or Level II Intermediate does not qualify an interpreter for certification under the National Association of the Deaf (N A D) Interpreter Assessment Program.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the “Services: General Information” section of this manual for the exception guidelines.

Maintenance

Resources

- [Maintenance Fee Schedule](#)

Definition

Maintenance refers to living expenses such as food and shelter, in excess of the normal expenses of the individual, required to participate in an assessment or carry out the terms of the Individualized Plan for Employment.

Procedure

The following guidelines apply:

- Maintenance may be provided when it is necessary to support and derive the full benefit of other services provided by the Office.
- Maintenance will not be provided as a sole service.
- Maintenance should not be used as a device for removing a consumer from an undesirable home situation or for therapeutic reasons only.
- Subsidy of a consumer's home through payment of any type of maintenance to parents, wives, relatives, or friends is not allowable.
- Maintenance should not be provided in the consumer's own hometown if the consumer has an established residence. Exceptions should be discussed with the branch manager if extenuating circumstances exist.
- Maintenance, other than for diagnostic purposes, is subject to Consumer Cost Sharing. All maintenance should cease whenever the first paycheck is received or within 90 days after a consumer is employed. Maintenance costs shall not exceed rates established in the Maintenance Fee Schedule Service Fee memorandum.

Room and Board Allowances

Room and board allowances may be provided under one of three categories:

1. **Short-term** - generally less than a week requiring the payment of daily rates rather than weekly or monthly.
2. **Long-term** - more than a week, and less than a month. The counselor may authorize the prevailing rate not to exceed the established maximum.
3. **Extended-Term** - room and board needs in excess of one month, an Agreement for Services Form is not required.

Clothing and Uniforms

Clothing and uniforms may be considered maintenance, if justified in the case record as necessary for job search, employment, or training. Counselors should only purchase what is immediately required to obtain or maintain employment or participate in training. Counselors should assure clothing purchased is appropriate for the environment and discuss strategies to budget for future employment related clothing needs.

Uniforms are standardized items required of all trainees or employees in a work environment. Special hosiery or shoes may be included if required.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the “Services: General Information” of this manual for the exception guidelines.

The Charles W. McDowell Rehabilitation Center

The Charles W. McDowell Rehabilitation Center is located in Louisville Kentucky. Individuals who are eligible for services from the Office of Vocational Rehabilitation or consumers of Independent Living who are blind or visually impaired may participate in services at the Center.

Forms

- [McDowell Request for VR Consumer Services](#)
- [McDowell Request for Continued Services \(post-evaluation\)](#)
- [PATH Application](#)
- [Bioptic Driving Exam](#)

Resources

- [Charles M. McDowell Rehabilitation Center Website](#)

Introduction

McDowell is a training center for individuals who are blind or visually impaired interested in gaining or enhancing blindness skills in a variety of areas. The facility is able to accommodate both day and residential consumers. The mission of the Center is to empower individuals who are blind and visually impaired to achieve greater education outcomes, become more effective in the workplace and enjoy participation in community life.

Programs offered at the McDowell Center

Programs are geared toward employment outcomes and the development of independence. Vocational Rehabilitation instructors and staff are available to assess and train in the following areas:

- **Adult Basic Education** - Provides accommodated study materials and tutoring for literacy training, the GED, college entrance, or to improve an academic skill (writing, math, or reading) needed for a job.
- **Assistive Technology (AT)** – Instruction in the use of application software and assistive technology devices, such as speech access, screen magnification, and note taking devices.
- **Audio Equipment** – Instruction in the use of tape recorders, talking book program equipment, personal and financial record keeping, etc.
- **Braille** – Instruction to learn or improve knowledge of the literacy Braille code for reading and writing, labeling, and other communication needs.
- **Career Exploration and Employability Skill Training** - Identification of career interests, skills, and related educational or training requirements. Instruction in job search methods,

resume development, professionalism, networking, interviewing skills, job lead development (including use of Internet), and job search planning.

- **Financial Management** – Provides learning opportunities in the following skill areas: identifying cash money, calculating correct change, utilization and record keeping of bank accounts; knowledge of rights under Social Security.
- **Health Education** – Instruction in use of diabetic devices, diet, medications, and other health related topics.
- **Home Management** – Instruction aimed at enhancing skill areas of personal management, clothing management, and household cooking and cleaning.
- **Keyboarding** – Instruction in personal and business typing.
- **Low Vision** – Instruction in different low-vision aides and devices.
- **Office Technology** – Instruction with Microsoft Office Programs and common basic computing skills needed to effectively complete typical functions in a work environment.
- **Orientation and Mobility (O&M)** – Instruction in increasing the ability to travel within one's environment safely, efficiently, and gracefully with the understanding of relationship to objects within that environment.
- **Personal Adjustment Counseling** – Counseling on identifying psychological barriers that impede a person's ability to adjust to their vision loss: providing necessary support and encouragement to facilitate change.
- **Recreational Activities** - A schedule of upcoming recreational activities is provided to each consumer and all are encouraged to participate. Although most activities are free to consumers, there are some for which individuals participating are expected to pay.
- **Seminar** – Involves participating in group discussions about relevant concerns/issues that impact individuals who are visually impaired/blind.
- **Vocational Evaluation** - Addresses specific referral questions pertaining to an individual's education, training and employment.
- **Work Experience Program** – Following successful completion of individual training goals at the Center, a consumer has the opportunity to participate in a work experience.

Support Services

In addition to the above programs, the Center offers the following support services, as required:

- Dormitory Housing
- Dietary Consultation
- Counseling
- Access and guidance to Community Resources
- Transportation services

General Information

The Center's services are provided to consumers referred by a Vocational Rehabilitation Counselor or Independent Living Counselor. The counselor should meet with the consumer to discuss available classes and complete a Center application.

A Consumer Guide is provided to each consumer prior to arrival at the Center. The purpose of this guide is to provide consumers with comprehensive information about the McDowell Center and the services offered.

When consumers arrive at the Center, an orientation is provided by the Consumer Services Coordinator. Consumers complete paperwork and are familiarized to the building including dorm (if applicable), cafeteria, and instructional areas. They are also provided an explanation of emergency procedures for the Center.

Residential Dorm Aides are on-site to assist consumers during evening, night and weekend hours.

Consumers participating in McDowell Center programs meet with instructors, other staff, and their Vocational Rehabilitation Counselor as needed throughout their time at the Center, as well as upon completion of evaluations and training. After an initial evaluation period, Center staff create a report with recommendations for each student's individual training goals. The counselor and the consumer, or their representative, can then make decisions related to the consumer's Individual Plan for Employment and any further training. Services at the McDowell Center are unique and individualized, and therefore, the length of participation may vary. For consumers who are enrolled in on-going training programs, the Center's Instructional staff provide monthly reports.

Referral Procedure

To initiate the referral process, the consumer's Vocational Rehabilitation Counselor submits the following to the Consumer Services Coordinator

- Application for admission
- Eye exam completed within the past year
- Medical documentation
- Back ground check
- Guardianship Paperwork if applicable

Once the above items have been submitted, the Admission Committee will review all documents and determine if the individual would benefit from Center services. The Consumer Services Coordinator communicates the decision and/or need for more information to the Vocational Rehabilitation Counselor.

Admissions policies and procedures

In order to be eligible for admission to the McDowell Center, consumers must:

- Be referred by a Vocational Rehabilitation or Independent Living Counselor who has provided all necessary medical documentation and a Center application.
- Be medically stable and able to administer all medication, as the Center is not a medical facility.

- Be independent with all levels of self-care including feeding, bathing, toileting, hygiene, and dressing.
- Be able to attend and participate in all scheduled classes.

Discharge policy

Consumer shall be involuntarily discharged from the Center if:

- They fail to make progress in the program of services and efforts to resolve the problem have been unsuccessful;
- The individual is no longer qualified for the program and no other needed program is available; or,
- The individual's behavioral is a threat to self or others.

Medication

Procedure

The purchase of medication and supplies is an ancillary service that may be provided for a reasonable period in support of other substantial rehabilitation services. This service is subject to economic need and must be included on an Individualized Plan for Employment, or Amendment, which should include detailed information about the medication and time covered.

It is not the responsibility of the Office of Vocational Rehabilitation to provide maintenance medications or to continuing purchase of medications necessary for disabilities such as diabetes or epilepsy. Medication assistance may be provided short-term when necessary for the completion of the rehabilitation program. Numerous comparable benefits are available for prescription medications and must be utilized when available.

Prescription medications are to be purchased following the established procedure outlined on the Prescription Medication form, and in the Prescription Medication form Instructions, which may be obtained by contacting **Chris Sheeting in Central Office**.

The Office may pay average wholesale price for prescribed medication. This limit is based on the cost of the medication plus a dispensing fee as established by the Kentucky Medical Assistance Division. The authorization will include the medication name, National Drug Code Number, prescription quantity, dealer cost and dispensing fee.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the “Services: General Information” section of this manual for the exception guidelines.

Mental Restoration Services

Resources:

- [Psychological Fee Schedule](#)

Procedure

The Office of Vocational Rehabilitation may purchase mental restoration services when deemed necessary by the Vocational Rehabilitation Counselor for the attainment of a vocational objective or as part of a trial work period.

A total of eighteen sessions may be authorized as follows:

- Counselors may authorize up to six initial sessions. Reports are required to document problem areas found, recommend a program of treatment, and provide evaluation criteria for progress.
- Up to twelve additional sessions may be authorized, with evaluation reports from the service provider answering specific questions as outlined above.
- Provision of further therapy is predicated upon the consumer's progress and anticipated gains, as documented by reports from the service provider, the Rehabilitation Counselor's documented assessment of consumer progress and Branch Manager approval.

Generally, the Office will not purchase psychosocial rehabilitation services (partial hospitalization). The Office encourages referrals from psychosocial rehabilitation programs (partial hospitalization) when an individual is ready to participate in a vocational program.

Provider Credentials

Based on current Kentucky law, the following professionals can provide mental restoration:

- Licensed Psychiatrist
- Licensed Psychologist
- Licensed Clinical Social Worker
- Certified Psychologist with Autonomous Functioning
- Licensed Psychological Practitioner
- Licensed Marriage and Family Therapist
- Licensed Professional Clinical Counselor or Advanced Registered Nurse Practitioner with MS in Mental Health
- Licensed Professional Clinical Counselor

The following professionals may provide mental restoration with the supervision of a Licensed Professional:

- Certified Psychologist
- Licensed Psychological Associate

- Licensed Social Worker (Cannot direct bill for services)
- Certified Social Worker (Cannot direct bill for services)
- Licensed Marriage and Family Associate
- Licensed Professional Counselor Associate

It is important to understand the preparation, training, and competencies of each professional certification, as many mental health fields have epistemological and pedagogical differences in their approach. Counselors should be familiar with local mental health providers and understand their strengths, weaknesses, preferences and areas of specialization, to ensure consumers are provided informed choice.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the “Services: General Information” section of this manual for the exception guidelines.

Nursing Services

The Office of Vocational Rehabilitation may authorize the service of a private duty nurse or aide for eligible consumers. A written recommendation from the attending physician will be placed in the case file prior to authorizing the service. Payment shall be made at the prevailing rate established and approved by the Office. This service should be restricted to short-term care (two weeks or less). For two weeks or more, see convalescent care.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the “Services: General Information” section of this manual for the exception guidelines.

Occupational Licenses

Resources:

- [Nursing Examination and Licensure](#)

The Office may purchase board exams, occupational licenses, permits or other written authority required by state, city or other governmental units in order to enter an occupation, small business, or to purchase tools, equipment, initial stocks (including livestock) and supplies. The Office may authorize the payment of initial union dues or membership fees.

Licenses, permits and union dues may need to be renewed. The Office should only pay the initial fee not the renewals. Many professional qualification examinations are taken several times before a consumer passes. Payment beyond the second examination will be based upon the judgment of the counselor.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the “Services: General Information” section of this manual for the exception guidelines.

Occupational Tools, Equipment, Supplies and Commodities

Forms:

- [Receipt and Transferrable Items Agreement](#)
- [Equipment Recovery and Disposal Form](#)
- [Useful Life Expectancy of Transferable Items Chart](#)

General Information

Tools, equipment, supplies, and commodities may be purchased by the Office when required to obtain a vocational goal. The total amount authorized will determine the appropriate procedure.

Exceptions to bid and quote process

The Office has a delegated purchasing authority for assistive technology, vehicle modifications, and medical / diagnostic services. This authority allows the Office to procure these items and services without utilizing the competitive bid and quote process as outlined in KRS 45a. However, counselors must follow Office guidelines for these purchases by referring to the appropriate sections of this Manual.

All other purchases for occupational and other tools, equipment, computers, initial stocks and supplies for self-employment, etc., **must** utilize the procedures described below.

Procedure

Before committing the Office to the purchase of any tools, equipment, or supplies the Counselor must ensure that:

- The tools, equipment, etc. are essential for the job and not routinely furnished by the employer to other employees performing the same job
- Financial need has been determined
- Comparable benefits are not available

Before purchasing tools, the counselor should:

- Obtain a detailed description and approximate price of requested items
- Contact the System Management Branch to determine if any items are on the Available Inventory List
- If not available from inventory, contact the Finance Branch to determine if the items are on contract
- If items are not on contract but are under \$1,000, compare prices and if feasible authorize to the vendor with the lowest price on goods of comparable value

- Purchases to a single vendor under \$1,000 do not require bids and can be purchased locally using a pay authorization.
- Purchases to a single vendor over \$1,000 and less than \$3,000, require three (3) local quotes and can be purchased locally using a pay authorization.
 - The case file must include documentation to substantiate three quotes on **identical** items were obtained prior to purchase.
- Purchases of \$3,000 or more to the same vendor, must follow the bid process below.
 - **It is a violation of Finance and Administration Cabinet procurement policy to divide or split purchases to remain below these limits. For example: dividing multiple items to one vendor across two authorizations to keep the total of each authorization below \$3000 would be a policy violation**

Process for Orders \$3,000 or More

Purchases of \$3000 or more to the same vendor require approval. The Counselor will not sign the Individualized Plan for Employment until all approvals have been obtained. The Counselor must consult with the Branch Manager and provide a detailed list of items needed, two copies of the Individualized Plan for Employment, and justification emphasizing the necessity of the purchase and how it is to be used. If approved, the Branch Manager must sign the Plan and submit both the Plan and the list of items to the Finance Branch. **Authorizations must not be created until the bid has been awarded.**

The detailed list of items to be purchased must provide sufficient description for ordering and will include budget unit number, delivery address, estimated cost and specifications.

Specifications must be explicit since they are used to write the requisition sent to the Division of Purchases. Specifications should include the name and address of vendors providing information along with model numbers, dimensions, brand, pictures, etc. Contact the Finance Branch immediately if there is need to correct errors.

To speed the process, Counselors are advised to seek and receive three (3) quotes and send them along with the detailed list. It is imperative that quotes be for identical items. For example, if one quote is for a 15 cubic foot refrigerator and the quote from another vendor is for one that is 14 cubic foot, the quotes are not identical.

Once the bid is awarded:

- The counselor will receive a copy of the purchase contract showing the exact cost and the vendor.
- The counselor will prepare a non-pay authorization and submit electronically to Central Office. With the exception of large heavy equipment, the delivery address should be the Counselor's office.
- The counselor must verify the items against the purchase contract prior to or at delivery to the consumer

- When all materials on the purchase contract have been received by the consumer, the counselor will date and send the copy of the purchase contract, marked received, and the signed Receipt / Transfer Agreement to the Finance Branch in Central Office, who will continue the payment process.

Recover and transfer of tools equipment and supplies

Transferable items, such as tools, equipment and supplies will be recovered by the Counselor if, prior to depreciation or prior to expiration of lien, the individual ceases to use the equipment for the pursuit and practice intended, or upon death of the individual.

When items are recovered, submit a completed Equipment Recovery and Disposal Form to the Systems Management Branch. Recovered equipment will be unassigned from the consumer and maintained on an Available Inventory List.

Recovered equipment may be transferred to another consumer as needed. Request should be directed to the Systems Management Branch. The counselor will be notified as to the availability of the requested equipment and the location. If the counselor decides to utilize recovered equipment, the Systems Management Branch should be notified to complete the transfer.

A copy of the Equipment Recovery and Disposal Form should be maintained in consumer's file.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the "Services: General Information" section of this manual for the exception guidelines.

On-the-Job Training

Authority

- Americans with Disabilities Act of 1990, As Amended
- Fair Labor Standards Act
- The Rehabilitation Act of 1973 as amended

Forms

- [On-the-Job Training Evaluation](#)
- [Agreement for On-the-Job Training Services](#)
- [Agreement for On-the-Job Training Services Instructions](#)

Definition

On-the-Job Training is based on the principle of learning by doing. Workers learn the job while performing it within the actual work environment. This type of training is beneficial for both the worker and the employer.

The Office may subsidize an employee's salary up to the prevailing minimum wage.

Guidelines

Before beginning on-the-job training an Agreement for On-the-Job Training Services must be completed by the counselor and signed by the counselor, Branch Manager, and the training agency (employer.)

The employer hires the individual (trainee) from the moment the agreement goes into effect, and will provide On-the-Job Training Evaluations in writing at least monthly. Counselors will review the evaluations, and if adequate progress is made the training will continue. If little or no progress is made, the counselor should consider adjusting the program or the objective. By continuing, employers make a commitment to retain the employee at the end of the training as a "traditional employee" so long as the employee is able to maintain or improve their level of performance.

The duration of on-the-job training is determined on a case-by-case basis and reflected on the Agreement. Counselors are required to obtain a position description from the employer and consider it along with the individual's abilities and limitations. While the duration of training should be individualized, a general timetable has been established based on the skill level required for a position. This should not be considered strict guidance. If staff need assistance determining a suitable duration, they may contact the Job Placement Branch Manager. Training exceeding six months must be approved by the Job Placement Branch Manager.

Average Duration of training based on skill level required:

- Unskilled labor (jobs that do not require a high degree of training and skill) - one month
- Service occupations, wholesale or retail trade, or paraprofessional positions - three months
- Skilled occupations (trades, crafts, or occupations resulting in licensing or certification) - six months

The standard 40-hour workweek is not required, but, in accordance with Section 12112 of the Americans with Disabilities Act, the number of hours offered by the employer to the qualified individual *shall not* be limited because of their disability. The number of hours offered should be agreeable to by the counselor.

Individuals participating in on-the-job training must receive all compensation coverage, privileges, etc. as other employees. Overtime and holidays are to be compensated by the employer per their policy.

The consumer and employer should be informed that the individual is an employee of the hiring company / agency and must be treated as any other new employee in terms of the employer's policies and procedures.

The Office may reimburse the employer for wages paid to a participant in the on-the-job training program. Once negotiated, the rate of reimbursement is specified on the Agreement for On-the-Job Training Services, and can be set at or below the prevailing minimum wage.

Per the Fair Labor Standards Act, employers must pay at least minimum wage unless the employee is in an excepted class (such as, tipped employees.) Employers can pay more than the minimum wage reimbursed by the Office. For example, if the position typically pays \$10 per hour, the employer should pay the participant at that rate. The employer may be reimbursed by the Office at \$7.25 per hour, which will result in a difference of \$2.75 hour to be covered by the employer. The ADA states:

No covered entity shall discriminate against a qualified individual on the basis of disability in regard to... employee compensation...

The Work Opportunity Tax Credit (W O T C) is available to employers who hire through on-the-job training agreements. If the employer and consumer elect to claim the tax credit, they must complete tax credit documents on or before the day the individual is offered employment. The first day of the On-the-Job Training Agreement for Services is the first day of employment.

To receive reimbursement, employers must be set up as a vendor. This includes any local, State, or Federal government agencies. State agencies must be paid through the inter-account process.

Office staff may find it helpful to refer to the process chart on the following page.

Process:

- Eligibility
 - The consumer is determined eligible for services and assigned an priority category
- Individualized Plan for Employment
 - On-the-job training is listed among the services on the Plan or Plan Amendment.
- Job Search
 - Employers may be approached regarding on-the-job training, based on the judgement of the Counselor, Job Placement Specialist, and informed choice of the consumer.
- Work Opportunity Tax Credit
 - The consumer and employer may elect to complete tax credit paperwork on or before the day of an employment offer.
- Position Description
 - Vocational Rehabilitation staff review the position description to ensure it is consistent with the individual's abilities and limitations
- Negotiation
 - The Office, employer, and consumer agree to the duration of the training, wages, and hours per week. The Office and employer negotiate a reimbursement rate, not to exceed the prevailing minimum wage
- Vendorship
 - The employer must be set-up as a vendor
- Agreement
 - The negotiated terms are listed on the Agreement for On-The-Job Training Services, and signed by the Counselor, Branch Manager, and employer
- Hired
 - Individual is hired per the date reflected on the Agreement.
- Reporting and Payment
 - Staff preauthorize for the anticipated number of training hours (not to exceed one month per authorization).
 - The employer submits evaluations and invoices at least monthly. Authorizations are submitted for payment upon receipt of invoice and adequate reports,
- Review
 - Vocational Rehabilitation staff review the evaluations and make any needed adjustments to the training
- Completion
 - The case must remain open until the on-the-job training is completed

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the "Services: General Information" section of this manual for the exception guidelines.

Pace

Authority

- Workforce Investment and Opportunities Act P.L. 113-128
- [Fair Labor Standards Act of 1938](#), as Amended (29 USC §201 et seq.; [29 CFR 510-794](#))

Forms

- [Fact Sheet](#)
- [PACE Letter](#)
- [PACE Vendor Form](#)
- [PACE Acknowledgment Form](#)
- [Multiple Disclosures Form](#)
- [Employer Agreement for Training Site Form](#)
- [Weekly Timesheet and Evaluation Form](#)
- [Participant Responsibilities Agreement Form](#)
- [Accident Claim Form](#)

Resources

- [Work Opportunity Tax Credit](#)
- [Employer Services Webpage](#)
- [Job Placement Manual](#)

Definition

Pace is an internal community-based job training-work adjustment service, available statewide. Counselors who do not have access to Job Placement Specialist can offer the slot portion of Pace on a case-by-case basis.

Pace may be utilized in conjunction with a Community Rehabilitation or Supported Employment program, in some cases to meet the unique needs of a consumer.

Pace shall be designed to meet the unique needs of an individual consumer, including the provision of trial work experience. (See the “Trial Work Experience section of this manual”)

Referrals

Pace is designed for those with a vocational goal of competitive integrated employment who require support services either to obtain or maintain employment but do not need the long-term support offered by supported employment programs.

Pace may be an appropriate resource for individuals who require assessment or trial work experience to explore capacities and capabilities in terms of employment.

Components

There are three possible components: orientation, slot placement and job placement. Orientation services are not provided by all districts and may be done on an individual basis. Slot placement is a unique service that distinguishes Pace. Job placement services are offered during and after slot placement.

Orientation

Consist of classroom instruction on job-seeking and job-keeping skills. Participants learn work ethics, problem solving, co-worker and supervisor relations, interviewing, job applications and resume skills.

Slot Placement

Short-term training program, which places consumers at training sites based on abilities, interests, and informed choice. Problem areas are often identified the first few weeks on a job; therefore, follow-up support and guidance are primary services in this component. It essential Counselors or Job Placement Specialist are available to monitor progress and remain actively involved during slot placement.

Slot placement may be utilized to provide short-term job coaching or support services not available from within the Office. In this case, it is acceptable to contract with an individual job coach, Community Rehabilitation Program or Supported Employment vendor. A Job Placement Specialist should work with the counselor to coordinate this service.

Slot Placement Sites

Site development and placement should be compatible with consumer interests, abilities, functional limitations, and informed choice. Placements are short-term-temporary and employers are not obligated to hire participates at the end of the placement. Counselors should encourage letters of recommendations from employers who are unable to hire. Pace site may be of interest to employers by providing an opportunity to try employees prior to placing them on the payroll.

Job Placement

The goal of Job Placement is permanent employment. This service may occur while consumers are performing at slot placement sites. Job Placement may include job leads, individual job development, and resume assistance. Job placement services will continue as long as the consumer is actively seeking employment.

Benefits to participants

- Adjustment to real work settings
- Develops problem solving skills
- Builds Interpersonal skills
- Improves interview performance
- Learn other work-related skills
- Gain references
- Gain confidence and enhance self-concept
- Gain skills while earning a training stipend
- Enhance basic job-keeping skills
- Includes short-term job coaching
- Individual job development and placement

Benefits to employers

- Provides a temporary employee at no cost to the employer
- The training process can be utilized as a screening device for permanent employees
- Offers an opportunity to hire an employee who is job ready

Reimbursement

To cover training-related expenses, participants are paid **\$6.25 per hour** for time spent in a work experience slot. To ensure pay does not exceed 1099 reportable requirements, the amount paid per taxable year is limited to less than \$600. Participants are not paid for attending orientation classes.

A request for exceptions to this policy can be made on a case-by-case basis to the Director of Program Services, or designee. The request must demonstrate the exception is in the best interest of the consumer and in accordance with informed choice. Approvals will be provided in writing from the Director or designee. The consumer's consent to this exception should be documented in the case file.

Consumers participating in pace must be set up as a vendor in CMS, and counselors will authorize payment via a pay authorizations. There are two Pace budgets, one for field counselors and one for the Carl D. Perkins Vocational Training Center.

The following points are important to note in relation to Pace reimbursement funds:

- Reimbursements are Title I Basic Support Funds from the Department of Education
- This is an incentive for the consumer and part of the Individual Plan for Employment
- Reimbursements paid to Social Security Disability and Supplemental Security Income recipients are not considered income
- Time spent in a Pace slot does not count as part of the Social Security Trial Work Period
- Reimbursements are not considered wages for Unemployment Insurance purposes and do not need to be reported as income. Reimbursements will not directly affect Unemployment benefits.

- Pace participants should NOT be advised to fill out a UI-800 form exempting them from work search and approving enrollment in the Pace program.
- All Pace participants should be able, available, and actively seeking work, which is in line with the requirements of the Unemployment Insurance Program
- Participants receiving Unemployment Insurance Benefits need to be aware of and meet all requirements of that program, which includes demonstrating an active job search
- Reimbursements are not considered income by Food Stamps, K-Tap or Medicaid programs

Employer Responsibility

- Employers are required to provide on-site supervisors who will complete weekly evaluations and sign timesheets.
- Employers should not expect Pace slots to be a permanent positions.
- Employer should not use Pace slots in lieu of filling a positions.
- Employers are encouraged to contact the Job Placement Specialist or Counselor as questions or problems arise.
- Employer choosing to hire a participant in a permanent position should contact the Job Placement Specialist or Counselor for Work Opportunity Tax Credit certification.

Liability

All Pace participants are covered under a limited accident insurance policy for the time they are in the slot. This does not cover travel to and from the site. All injuries should be reported within 10 days. A Job Placement Specialist or the Counselor shall complete the claim form.

Pace documentation

Documentation kept in a Pace file should be duplicated as counselors are provided copies of all records while placement is ongoing. It is best practice for Job Placement Specialists to keep their copy for one year after closure from job placement, and then turn the file over to the counselor to be made part of the permanent case record. Documents that must be in the case record for Pace participants are listed in the Forms section of the Office website.

For specific guidance on Pace/job placement documentation, please refer to “Placement in Suitable Employment” section of this manual.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the “Services: General Information” section of this manual for the exception guidelines.

Personal Assistance Services

Personal assistance services means a range of services, provided by one or more persons, designed to assist an individual with a disability to perform daily living activities on or off the job that the **individual would typically perform without assistance if the individual did not have a disability**.

If personal assistance services are required, the counselor should seek technical assistance from the Personal Assistance Service Program Coordinator. The coordinator will conduct a joint meeting with the counselor and consumer to initiate the services.

The Rehabilitation Act require such services be designed to increase the consumer's control in life and ability to perform everyday activities on or off the job. These services must be necessary to the achievement of an employment outcome and may be provided only while the individual is receiving other vocational rehabilitation services.

Personal assistance services should be considered at each major phase of the rehabilitation process. Personal assistance services include, but are not limited to:

- Interpreter services for persons with hearing loss
- Personal care attendant services
- Services for the blind or visually impaired
- Tutorial services and education assistance
- Personal support systems on and off the job

Procedures for personal assistance services are intended to maximize customer involvement and informed choice during the selection of services and providers. Personal assistance services are made available to consumers on an individualized need basis, with each service covered through an established fee-for-service arrangement. Personal assistance services are excluded from consumer cost sharing. Please contact [Sarah Richardson](#) in Central Office for additional information.

Personal assistance services may be provided only while the consumer is receiving other vocational rehabilitation services. Counselors should work with consumers to identify and plan for long-term personal assistance needs. Individualized Plan for Employment development and closure planning should include, as appropriate: referrals to community resources, benefits counseling, assistance with Plans of Self Support (PASS); and exploration of comparable benefits.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services, or designee, may approve an exception to policy. Please refer to the "Services: General Information" section of this manual for the exception guidelines.

Physical Restoration

Resources

- [Service Fee Memorandums Website Page](#)

Definition

Physical restoration refers to services, which are necessary to correct or substantially modify, within a reasonable period of time, a physical condition, which is stable or slowly progressive.

Physical Restoration services may include:

- Medical or surgical treatment to correct or substantially modify a physical condition which is stable or slowly progressive and constitutes a substantial impediment to employment
- Hospitalization (either inpatient or outpatient care) in connection with surgery or treatment and clinic services
- Dentistry
- Drugs and supplies
- Prosthetic, orthotic, or other assistive devices essential to obtaining or retaining employment
- Eyeglasses and visual services
- Podiatry
- Physical therapy, occupational therapy, and speech services
- Chiropractic services
- Medical or medically related social work services
- Treatment of either acute or chronic medical complications and emergencies which are associated with or arise out of the provision of rehabilitation services; or are inherent in the condition under treatment
- Special services for treatment of consumers suffering from end stage renal disease, including transplants, dialysis, artificial kidneys, and supplies

General considerations

- Physical restoration services are subject to consumer cost sharing.
- All comparable benefits must be considered.
- The Office will not pay for sex change operations.
- The Office will not provide transplants, implant, or equipment which are experimental or do not have a consistent record of significant improvement in vocational functioning in better than 50% of the subjects
- Refer to Service Fee Momentums for additional information

Physical restoration may be authorized to out-of-state vendors under any of the following circumstances:

- The vendor is located in a geographical area that is routinely used by and convenient for the consumer (example: customers who live near state lines)
- When doing so will be economically beneficial to the Office
- If the procedure or mode of treatment is not available in state.

The amount authorized shall be governed by the rates established by the vocational rehabilitation program in the state where services are provided.

The Central Office Program Administrator in charge of fee schedules must be contacted concerning provision of out of state services.

Medical Consultation

The Office has access to a medical consultant whose services may be used in the following manner:

1. Review medical data to determine the existence of disability as it relates to eligibility determination
2. Assist the Office in determining an acceptable fee for medical services not clearly delineated in the established fee schedule
3. The medical consultant may be used to determine the medical prognosis of clients with progressive conditions that may affect the outcome of the rehabilitation program
4. The medical consultant may assist the counselors in interpreting medical information and in assessing impediments to employment

To request medical consultation, contact your District Branch Manager.

Equipment or Aids

Mobility Appliances other than wheelchairs (such as orthotic braces, prosthetics, etc.), are considered physical restoration, and should not normally be furnished for any other purpose than to assist consumers who need them in order to achieve the planned vocational objective. Purchase of appliances must conform to established fee schedules.

Visual Aids and Equipment

Prescription glasses and visual aids (e.g., contact lenses, cataract lenses etc.) may be provided as an ancillary service during the rehabilitation process. Purchases must conform to established fee schedules.

Therapies

This policy applies to therapeutic services not provided by Office of Vocational Rehabilitation staff.

Procedure

The Office may purchase treatment or therapy provided by a Physical Therapist, Occupational Therapist, Speech Pathologist, Registered Dietician, or other qualified medical professional when deemed necessary by the Vocational Rehabilitation Counselor for the attainment of a vocational objective.

A total of eighteen sessions may be authorized as follows.

- Counselors may authorize up to six initial sessions. Reports are required to document problem areas found, recommend a program of treatment, and provide evaluation criteria for progress.
- Up to twelve additional sessions may be authorized, with evaluation reports from the service provider answering specific questions as outlined above.
- Provision of further therapy is predicated upon the consumer's progress and anticipated gains, as documented by reports from the service provider, the Rehabilitation Counselor's documented assessment of consumer progress and approval from the Branch Manager

In general, the above services are billed in 15-minute units. In order to qualify as a visit, at least 45 minutes must be spent with the consumer.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the "Services: General Information" section of this manual for the exception guidelines.

Post-Secondary Transition Program

Forms

- [Individualized Plan for Employment](#)
- [Post-Secondary Transition Program Worksheet](#)

Resources

[Post-Secondary Transition Program Service Fee Memorandum](#)

Definitions

Post-Secondary Transition Program

A Post-Secondary Transition Program is a 2-year work readiness and employment skills training program offered by a post-secondary institution, which has been designated as being both a Comprehensive Transition Program and a Community Rehabilitation Provider. The program is offered alongside, but separate from, other services, which include academic curriculum, and academic supports. The Community Rehabilitation Branch may be contacted to identify Post-Secondary Transition Programs.

Comprehensive Transition Program

Institutions are designated as Comprehensive Transition Programs by the United States Department of Education. A Comprehensive Transition Program is a postsecondary education degree, certificate, or non-degree program for students with intellectual disabilities that:

- Is designed to support students with intellectual disabilities who want to continue academic, career, and independent living instruction to prepare for gainful employment;
- Offers academic advising and a structured curriculum; and
- Requires students with intellectual disabilities to participate, for at least half of the program, in:
 - Regular enrollment in credit-bearing courses with nondisabled students,
 - Auditing or participating (with nondisabled students) in courses for which the student does not receive regular academic credit,
 - Enrollment in noncredit-bearing, non-degree courses with nondisabled students, or
 - Internships or work-based training with nondisabled individuals such as a Post-Secondary Transition Program

Guidance

Before support can be considered, Individual must meet the following criteria:

- Be determined eligible for Vocational Rehabilitation services
- Provide verification of acceptance in to a Comprehensive Transition Program
- Be between the ages of 18-25

Before authorizing Post-Secondary Transition Program services, an Individualized Plan for Employment must be developed and the program listed as a service. Progress notes should demonstrate the program is consistent with, and necessary to achieve the vocational goal. Best practice is to consider input from others working with the consumer when developing the Plan for Employment. This could include the consumer, family members, guardians, and the institution's Comprehensive Transition Program coordinator.

As part of Post-Secondary Transition Program, institutions may provide the following services:

- Contacting and meeting with consumers, family members, counselors and classroom mentors to discuss work preferences, goals and environments compatible with individual skills and abilities
- Obtaining and reviewing all consumer background information, including academic and psychological testing, disability information, etc.
- Networking with university staff and Disability Services to identify employment opportunities on or near campus
- Researching campus employment opportunities with consumers
- Acquiring detailed job descriptions, employment handbook, etc. to review with consumers
- Facilitating initial interviews with employers as needed
- Requesting on-site observation, performing and documenting task analysis for each given duty
- Identify scheduling needs, tools, and accommodations, (e.g. written schedule, graph calendar)
- Negotiating student work schedule and implementing tools and accommodations
- Identifying direct supervisors, and key staff working with consumers
- Identifying staff "mentors" and other natural supports to reinforce good work behaviors
- Identify specific employment services such as skills training, workplace supports, observation and progress updates
- Providing communication and required documentation to the Office of Vocational Rehabilitation
- Job training and retention services
- Preparing orientation materials as needed for staff working with the consumer
- Meeting with management, direct supervisors and staff working with consumers and conducting orientation on the following: individual work study goals, work expectations; importance of inclusion, maintaining a high standard of work; background information on a disability, how it may manifest, what obstacles and/or opportunities it may present; and specific strategies for training or redirecting
- Identifying appropriate training aids or accommodations, (e.g. task lists, flash cards, color coding, etc.)
- Providing on-site job support services as negotiated with management
- Developing progress charts to document consumer progress

- Facilitating mentoring relationships between the consumer and staff
- Train mentors as needed

Each semester, the institution submits to the counselor, a Post-Secondary Transition Program Worksheet, and invoice for that semester's activities. These reports are to be reviewed before the invoices are paid. Please refer to the Service Fee Memorandum for guidance regarding payment.

The counselor plays a significant role in planning services and facilitating successful participation in the program. The counselor should review the Post-Secondary Transition Program Worksheet with the consumer to determine: what benefits the consumer is receiving, what improvements or enhancements should be made, and if the participation in the program should continue.

To enhance continuity of services, counselors should review academic curriculums each semester ensuring they supports vocational goals. As defined by this policy, a Post-Secondary Transition Program is part of a package of services provided by a Comprehensive Training Program, alongside an academic program. Supports, including tuition assistance, classroom accommodations and assistive technology, for the academic program can be provided in accordance with applicable policies and procedures. For the examples given above, the applicable policies and procedures would be Training, Tutorial Services and Education Assistance, and Assistive Technology respectively.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the "Services: General Information" section of this manual for the exception guidelines.

Pre-Employment Transition Services

Authority

- Workforce Innovation and Opportunities Act P.L. 113-128, Title IV
- Federal Regulations: 34 CFR, Part 361.48

Forms

- [Post-Secondary Inclusion Program Monthly Report](#)
- [Pre-Employment Transition Services Referral Form](#)
- [Pre-Employment Transition Services Timesheet](#)
- [Community Rehabilitation Program Pre-Employment Transition Services Form](#)
- [Pre-Employment Transition Services Report Form](#)
- [Potentially Eligible Form](#)

Resources

- [Kentucky Office of Vocational Rehabilitation Transition Services Webpage](#)
- [Potentially Eligible Form Instructions](#)
- [Pre-ETS Referral Form Instructions](#)
- [Pre-Employment Transition Services Integrated Work Experience Program Service Fee Memorandum](#)
- [Community Work Transition Program Fee Schedule, Pre-Employment Transition Services Fee Schedule](#)
- [Pre-Employment Transition Services Fee Schedule](#)
- [WINTAC's Pre-Employment Transition Services Webpage](#)

Definitions

- **Identify:** what the educational program does when it sends Vocational Rehabilitation a student for Pre-Employment Transition Services
- **Enroll:** What Vocational Rehabilitation does when it gathers information on an identified student and enters their information into the Case Management System
- **Potentially Eligible:** All students with disabilities, including those who have not applied or been determined eligible for Vocational Rehabilitation services.
- **Student** (with a disability): Is in an Educational Program, is 14-21 years of age and is eligible for and receiving special education or related services under IDEA or is an individual with a disability for purposes of section 504 of IDEA.

Overview

In collaboration with the local educational agencies involved, Vocational Rehabilitation shall provide, or arrange for the provision of, Pre-Employment Transition Services for all students with disabilities in need of such services who are eligible or potentially eligible for Vocational Rehabilitation under this title. Applications and Individualized Plans for Employment are not required.

Pre-Employment Transition Services are an early start to job exploration available statewide to all students in need of such services who meet the established criteria, regardless of whether a student has applied for Vocational Rehabilitation services. Once the mandatory student information is entered into the Case Management System, these services may begin (See the documentation section below.)

Pre-Employment Transition Services are available to students with disabilities ages 14 through 21. Services are for the purpose of career exploration and experience without regard to assessing skills or abilities. Services include:

- Job exploration counseling,
- Work based learning experiences,
- Counseling on opportunities for enrollment in comprehensive transition or post-secondary educational programs at Institutions of Higher Education,
- Workplace readiness training, to develop social and independent living skills, and
- Instruction on self-advocacy.

The Office of Vocational Rehabilitation will reserve not less than 15 percent of the allotted federal funds to provide, or arrange for the provision of, pre-employment transition services for students with disabilities.

The educational setting can vary and can include public school, private school, homeschool, Adult Education, college or university, or an alternative school setting.

In the event a student does not have a 504 plan or Individual Education Plan, the counselor may provide pre-employment transitions service if other documentation of the disability is provided. Other options for documentation include medical documentation, review of school records, statement from school staff, case notes documenting counselor observations, or a letter verifying Social Security benefits received as a result of the student's disability (not survivor's benefits.)

To facilitate Pre-Employment Transition Service, Counselors should collaborate with schools and educational agencies, such as:

- Secondary Education
- Non-Traditional or Alternative Secondary Education Programs including Home Schooling
- Post-Secondary Education

- Other Recognized Educational Programs, such as those offered through the Juvenile Justice System

Coordination

Local offices are responsible for fulfilling the designated coordination responsibilities outlined in the Workforce Innovation and Opportunities Act Title IV 361.48 (a) (4.) Pre-employment transition coordination activities are:

- Attending Individualized Education Plan meetings, when invited;
- Working with the local workforce development boards, one-stop centers, and employers to develop work opportunities for students with disabilities;
- Working with schools to coordinate and ensure the provision of pre-employment transition services; and
- Attending person-centered planning meetings for students with disabilities receiving services under title XIX of the Social Security Act, when invited.

In Kentucky, schools are responsible for initiating transition planning at the age of 14, for students identified with a disability. School faculty and staff specialize in academics and Vocational Rehabilitation Counselors focus on students' vocational future. Including Vocational Rehabilitation early can align educational needs with the vocational concerns of the student. Because counselors are educated on federal and state laws, they are able to act as an advocate for students and parents.

When invited, counselors are required to attend Admission and Release Committee (ARC), Individualized Education Plan meetings as early as age 14 and act as a consultant. If the Counselor is unable to attend in person, alternative methods such as webcam or teleconference are allowed.

Early contact with students and families increases opportunities for planning and development, which promotes informed decisions about employment goals.

Pre-employment transition services may be provided to individuals or groups of students with disabilities, without regard to individual needs or disability related concerns. Students may not need all five services; however, the opportunity for each must be available. Counselors should work with schools and providers to facilitate opportunities when needed services are unavailable.

Five Required Services

1. Job Exploration Counseling

Group: Job exploration counseling in a group setting may be provided in a classroom or community setting and could include

- Information regarding in-demand industry sectors and occupations, as well as nontraditional employment
- Information about labor market composition
- Administration of vocational interest inventories
- Identification of career pathways of interest to the students.

Individual: Job exploration counseling provided on an individual basis might be provided in a classroom or community setting and could include discussions pertinent to the particular student about:

- Student's vocational interest inventory results
- In-demand occupations
- Career pathways
- Labor market information that applies to the student's particular interests.

2. Work Based Learning Experiences

Work-based learning experiences must be provided in integrated settings within the community to the maximum extent possible. Integrated Settings may include in school, after school, or outside the traditional setting (including internships.) Vocational Rehabilitation agencies are to exhaust all opportunities for work-based learning experiences in integrated settings before placing an individual in a non-integrated setting. Each student participating should be covered under liability insurance provided by the school or provider of the service.

Group: Work-based learning experiences, in-group settings, may include:

- Coordinating a school-based program of job training and informational interviews to research employers
- Work-site tours to learn about necessary job skills;
- Job shadowing;
- Mentoring opportunities in the community.

Individual: Work-based learning experiences done individually may include paid or unpaid:

- Internships,
- Apprenticeships
- Short-term employment
- Fellowships
- On-the-job trainings located in the community.

Funds for work-based learning experiences must be used solely for costs incurred in the provision of Pre-Employment transition services for the benefit of a student with a disability. The following are broad examples of costs that might be allowable:

- Interpreters, reader services, accessible informational materials necessary to ensure equal access to work-based learning experiences, workplace readiness training or any of the other activities, as required by the Americans with Disabilities Act or section 504 of the Rehabilitation Act
- Fees charged by the employer for costs incurred in providing the work-based learning experience, such as printing additional informational materials, providing uniforms, employer-provided staff or trainers, or other costs incurred by the employer in providing the work-based learning experience to students, which are not individualized in nature.
- Administrative Services
- Payment for work-based learning experiences depends on the tool being used. For example, the Community Work Transition Program uses authorizations from the Case Management System directly linked to the student's name while the Education Cooperatives are paid by a contract for services.

3. Counseling on opportunities for enrollment in comprehensive transition or post-secondary educational programs at Institutions of Higher Education

Group: Group counseling on post-secondary education may include information regarding:

- Course offerings
- Career options
- Types of academic and occupational training needed to succeed in the workplace
- Post-Secondary opportunities associated with career fields or pathways

Individual: Individual counseling on post-secondary education may include:

- Advising students, parents, or representatives on academic curricula
- Information on college application and admission process;
- Completing the Free Application for Federal Student Aid
- Providing resources used to support individual student success in education and training (disability support services.)

4. Workplace readiness training

Group: Workplace readiness training may be offered in a classroom or other group setting to assist students with disabilities develop social skills and independent living skills necessary to prepare for employment. These series could teach skills such as:

- Communication and interpersonal skills
- Financial literacy
- Group orientation and mobility skills (to access workplace readiness training or learn to travel independently)
- Job seeking skills
- Understanding employer expectations for punctuality and performance, as well as other ‘soft’ skills necessary for employment

Individual: The trainings above may be tailored to individual needs and provided in an educational or community-based setting. Training may be provided through instruction, as well as, opportunities to acquire and apply knowledge.

5. Instruction in self-advocacy

Group: Instruction in self-advocacy may be provided through classroom lessons in which students:

- Learn about their rights and responsibilities
- Learn how to request accommodations or services and supports
- Communicate their thoughts, concerns, and needs, in order to prepare for peer mentoring opportunities with individuals working in their area of interest

Individual: Services can also be provided through individualized opportunities that include:

- Conducting informational interviews
- Mentoring with educational staff
- Mentoring with individuals employed by or volunteering for employers, boards, associations, or organizations in integrated community settings
- Participating in youth leadership activities offered in educational or community settings

Pre-Employment Transition Services at Vocational Rehabilitation Facilities

When group Pre-Employment Transition Services are required at an Office of Vocational Rehabilitation facility, and the facility is located greater than 50 miles from the school or educational agency, the school may charge and the Office may pay a registration fee to cover the cost of providing the service. The registration fee must be negotiated, in advance, between the Office and the school or educational agency. The registration fee must not exceed the estimated expense incurred by the school or educational agency for providing these services. Schools and educational agencies must coordinate with representatives from both the facility where the service will occur and the local Vocational Rehabilitation Office.

Schools and educational agencies requesting this assistance must submit a proposal, to the Office of Vocational Rehabilitation, 90 days prior to the activity. The proposal must include the following:

- Name and location of the school or educational agency,
- Number of students participating
- Name of Vocational Rehabilitation facility
- Date of activity
- The proposed registration fee
- Estimated expenses to be incurred by the school or educational agency
 - Examples of expenses include transportation, accommodations, and staff time.

The Carl D. Perkins Vocational Training Center provides outreach opportunities by offering tours to students with disabilities. Prior to and upon completion of tours, counselors and Branch Managers who serve the schools will receive an e-mail notification from the Center. The pre notification will indicate the name of the high school that has scheduled a tour. The post notification will include a list of student participants and the high school they attend.

Documentation

To ensure accurate federal reporting, eight data elements must be recorded in the Case Management System for each student receiving pre-employment transition services. Paper files should not be maintained on students who receive only pre-employment transition services. When a potentially eligible student is entered into the Case Management System, a case number will be provided. The case number must be included on documentation of pre-employment transition services. The required data elements are:

1. Name, address, phone number
2. Social Security Number if available or leave blank
3. Date of Birth
4. Ethnicity
5. Race
6. Educational setting of record
7. Individualized Education Plan, 504 plan, or none
8. Documentation of Disability – scan verification into the Case Management System

For an individual receiving Pre-Employment Transition Services and a Potentially Eligible student already in The Case Management System, a note must be added to staff provided services or a scanned document can be put into the Case Management System from a folder, which can be entitled Pre-Employment Transition Services students or Potentially Eligible Students, for example.

Pre-employment transition services can be provided to individuals or groups via three methods:

1. Staff Provided Services

2. A vendor paid by the Office per a Service Fee Memorandum
3. A contract between an entity and the Office of Vocational Rehabilitation (Educational Cooperative programs, universities, etc.) and that entity directly provides the service

Community Rehabilitation Programs may provide pre-employment transition services per the appropriate Service Fee Memorandum. Prior to authorization required information must be documented in the Case Management System.

Entities, such as educational cooperatives, universities, etc. may enter into contracts with the Office to provide pre-employment transition services. In these instances, required documentation must be provided to Vocational Rehabilitation and entered into the Case Management System prior to provision of services. In these situations, students may receive pre-employment transition services without meeting Vocational Rehabilitation staff. Students would meet Office staff when and if they decide to apply for service beyond pre-employment transition.

When the Office receives information on a student who has been identified Potentially Eligible, local office staff must enter all required data elements in the “potentially eligible” section of the Case Management System.

Staff time spent providing pre-employment transition services and the services provided must be documented. This can be accomplished by uploading a progress note, or completing the potentially eligible section of Staff Provided Services in the Case Management System. Staff must ensure they code their time and travel to the appropriate templates. Staff must maintain documentation of their time and travel expenses related to their direct provision of pre-employment transition services for audit purposes. Documentation must include the amount of time spent, the direct service being provided (which is indicated with the template used on the timesheet,) and the case number. All timesheets that charge time to a Pre-Employment Transition Services budget must also include the Excel form titled *Pre-ETS Timesheet Attachment*.

District Branch Managers are responsible for ensuring documentation supporting the use of time and travel charged to pre-employment transition services are maintained in the district office and must be made available upon request from Central Office.

Order of Selection

Students with disabilities are not exempt from order of selection requirements. For students who are determined eligible, but placed in an order of selection closed category:

- If the student received pre-employment transition services prior to being placed in a closed priority category, he or she may continue to receive pre-employment transition services up until the age of 22.
- If the student did not receive pre-employment transition services prior to being placed in a closed priority category, they may not receive pre-employment transition services while in a closed category.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the “Services: General Information” section of this manual for the exception guidelines.

Self-Employment Enterprises

Authority

- Workforce Innovation and Opportunities Act P.L. 113-128
- Federal Regulations, Sections 361.49
- Administrative Regulation 781 KAR 1:020 Section 8.

Forms

- [Self-Employment Process Form](#)
- [Self-Employment Feasibility Checklist for Consumer](#)
- [Self Employment Feasibility Review Form](#)
- [Self-Employment Counselor Review Form Instructions](#)
- [Self-Employment Process Instructions](#)
- [Self Employment Confidential Disclosure Agreement](#)
- [Self-Employment Process Flow Chart](#)
- [Self-Employment Calculation Worksheet](#)
- [Self-Employment Start Up Costs Table](#)
- [Self-Employment Tiers](#)
- [Self-Employment Feasibility Review and Plan Review Service Fee Memorandum](#)

Resources

- [Kentucky One Stop Business Portal](#)

Introduction

Self-employment services are intended to support an employment outcome designed to maximize the individual's work, earnings, and financial independence. The self-employment venture should be expected to be the primary source of employment for the individual. All Individual Plans for Employment involving self-employment must be approved by appropriate personnel before services may be provided by the Office of Vocational Rehabilitation. Services related to start-up and operational costs are only available for new self-employment ventures.

The primary role of the Office in assisting with a vocational goal of self-employment is to provide support and information throughout the assessment, planning, and implementation process. The counselor need not be an expert in small business development or in the intricacies of business administration. However, what is crucial is a willingness on the part of the counselor to coordinate closely with the consumer and all available resources. Adopting a proactive approach with clearly outlined steps can lead to the consumer joining the ranks of successfully self-employed.

The Office has developed a statewide Cooperative Agreement with the Small Business Development Center to provide business consultant services. These services include assessment, training, assistance with business plan development, and follow-up. The agreement specifies that the Consultant will provide the counselor with a written critique of the consumer's Business Plan. Other consultants are authorized to provide these services including reviewing the Feasibility Study and providing a final critique of the Business Plan (see service fee memos for details) For the purpose of this manual, the term "business consultant" is used interchangeably when referring to the Small Business Development Center and other available resources.

District Self-Employment Specialists will advise staff of business consultant services available in the district. Follow agency guidelines on confidentiality when working with these entities.

Definition of Self-Employment

Self-employment is a consumer-owned business, profession, or trade that sells goods or services for the purpose of making a profit. A self-employed consumer works for themselves for profit or fees, at home or at another work site. Self-employment includes sole proprietorships, partnerships (51% consumer-owned), or corporations. Self-employment is considered to be competitive integrated employment, and the consumer should yield an income that is comparable to the income received by other individuals who are not individuals with disabilities and who are self-employed in similar occupations, similar tasks, and have similar training, experience, and skills.

The terms, "home based business" and "home-based corporate employment" have different meanings and are not interchangeable in regard to self-employment:

- **Home-Based Business:** A business, profession or trade that is consumer owned, managed and operated out of the consumer's residence, *including contract work*. A home-based business is self-employment.
- **Home-Based Corporate Employment:** Work performed by a consumer, at home, *for an employer* through telecommuting. Home-based employment is *not* self-employment.

Subcontract Work

Subcontract is work that is arranged for, or contracted, to be performed for others (the contractor). A subcontractor is a person who is hired by a general contractor (or prime contractor, or main contractor) to perform a specific task as part of the overall project and is normally paid for services provided to the project by the originating general contractor. Subcontractors work for a contractor and are therefore not considered self-employed. Subcontractors do need a business license, but it is usually not necessary to have a Business Plan. It is best practice to refer the individual to a business consultant for a consultation to make sure they know how to get a business license, understand the need for insurance, and understand their responsibilities related to income taxes.

Existing Businesses

If an individual who applies for services has been self-employed for **one year or more**, this will be considered a “maintain” self-employment case. The Counselor needs to determine if the business meets the definition of “competitive integrated employment” by following these steps:

1. Eligibility and order of selection have been determined.
2. Use the Existing Business Checklist [Existing Business Checklist.docx](#).
3. Consumer is to provide up to three (3) years of tax records and two (2) months of bank statements.

Self-employment “competitive integrated employment” includes all aspects of the definition of “competitive integrated employment” detailed in the above section including having similar income, training, tasks, skills and experience to individuals without disabilities. Additionally, Self-employment “competitive integrated employment”, according to Federal Regulations, Section 361.5(9), is:

:

- Employment is performed on a full or part-time basis;
- An income not less than minimum wage is earned and is comparable to the income of self-employed individuals without disabilities;
- The occupation and/or tasks are similar to self-employed individuals without disabilities;
- Similar training, experience, and skills are required as individuals without disabilities;
- The business must be in the community or in the competitive labor market;
- The job allows for interaction to perform work duties with others (e.g. employees, supervisors, service providers, and vendors) without disabilities to the same extent as individuals without disabilities interact with others;
- Interactions with individuals without disabilities occurs at times other than breaks and social occasions;
- Interactions must occur during the performance of the individual’s job responsibilities and is appropriate to the job; AND
- Includes similar advancement opportunities as individuals without disabilities.

The self-employed individual would automatically meet the advancement piece of the regulation, because they are the owner of the business. As such, this is the highest level of advancement possible in this circumstance.

To note, the counselor can examine the level of integration of the self-employed business. The level of integration may depend on the nature of the business, type of service, and the consumer’s situation. For more information, see the Guidance to the Counselor below.

Guidance to the Counselor

Listen to the consumer, discuss the consumer's situation, think about what is best for the consumer, and take time to look at and review the above regulation. Make a judgement call related to the person and the position by asking:

- Is this job something anyone can do regardless of disability and does the job require the individual to be in that situation?
- Is this what the consumer wants, and is it appropriate?

The counselor should make a progress note detailing and discussing their judgement call on the case.

In regard to the definition of "competitive integrated employment" and whether it is an appropriate work goal, the business either MEETS or DOES NOT MEET these definitions. The counselor is advised to comply as follows:

MEETS - The counselor will get more information on the business using the same process we would use for a new business. This includes:

1. Providing a copy of the feasibility study worksheet;
2. Asking the consumer for a copy of the business plan;
3. Having the feasibility study worksheet and business plan reviewed by an approved vendor (see service fee memo);
4. Reviewing the feasibility worksheet using the review form to check on any rehabilitation issues or concerns related to the business;
5. Using questions in the section below when a business plan is not available to determine if the business is a hobby or self-employment;
6. Providing guidance and counseling in cases where the business is determined to be more of a hobby toward a goal that is a competitive integrated employment enterprise;
7. Documentation in a progress note by the counselor of what is done.

DOES NOT MEET –The counselor will need to provide guidance and counseling toward the development of an employment goal that adheres to the requirements of competitive integrated employment".

Is it a Hobby or Self-Employment

If Self-Employment ventures are not profitable, the Internal Revenue Service (IRS) will consider them to be either a hobby or an activity not engaged in for profit. The IRS determines if a business is a hobby by posing the following questions located in Section 1.183-2(b) of the tax code:

- Does the business have accurate and detailed expense records including receipts?
- Does the business have a business plan?
- Are the profits greater than the expenses? If not, why not?
- Is the necessary time and effort being put into the business to turn a profit?
- Has the individual turned a profit before, and can they expect to turn one in the future? If the business has turned a profit before, how much?
- Have you changed the methods of operation in order to improve profitability?

- Does the individual have the knowledge to make it in this field?
- Does the individual depend on income from this activity?
- Are the losses in the business beyond the individual's control?

For those businesses that have been open for at least five (5) years, below is some general guidance from the IRS to be used as a baseline and to be considered when looking at an existing business. The IRS may assume that a business is profitable because it has been open longer, but it may not be the case.

The IRS will consider the business to be a hobby in such following cases:

- No profit has been turned in at least three (3) of the last five (5) years (Section 183(d) of the tax code). A hobby cannot deduct expenses to get a loss in order to offset other income.
- Subsistence employment is regarded as self-employment by WIOA outlined in 371.6. It is a job that anyone can do regardless of disability. Subsistence employment produces goods and services that are predominately consumed by their household and are an important basis of a household's livelihood.

Ventures are not always viewed the same, such as in the following cases:

- Farms showing two (2) years of profit in five (5) years, it is considered a trade, or business.
- Farms (activities consisting of breeding, training, showing, or racing horses) have seven (7) years to show two (2) years profit.

If the business is considered to not be a hobby and meets the definition of "competitive integrated employment" the counselor and the consumer will develop an Individualized Plan for Employment if there are disability-related services with which the OVR can assist. These are services which are specifically designed to address limitations resulting from a disability. Moreover, these services enable the consumer to maintain employment in the case of self-employment in an existing business. For example, if the individual has physical limitations due to a disability, the OVR may consider a rehabilitation technology referral to assess the appropriateness of any disability-related to services to address those limitations. Please see the details under Group One for more information.

Self-Employment cases for existing businesses can be put into two groups:

1. Group One: Competitive Integrated Business-Provision of Disability-related services only, as needed to establish successful business maintenance. If an individual who applies for services has been self-employed for one year or more, this will be considered a "maintain" self-employment case. If the individual requires disability-related services in order to effectively maintain employment, the individual will be assessed and services negotiated under agency guidelines. The focus of the agency will be to help the business to continue operations. The agency, however, will not assist with the expansion of a business or making it larger and more extensive. In other words, the agency will not assist the business with adding more locations or expanding their inventory. OVR would not

consider equipment that has been recommended to help with the performance of job tasks to be an expansion. This is because the equipment is for the consumer to use and not related to inventory available for sale.

2. Group Two: Business is a hobby -The counselor will provide guidance and counseling while working with the consumer to determine a more realistic vocational goal.

The agency is unable to assist with the business if the business does not meet the definition of “competitive integrated employment”. The consumer may request an appeal for an exception to the regional manager in the consumer’s particular region. However, if an accommodation for a disability would change the ability of the business to be more than a hobby, as long as the business meets the definition of “competitive integrated employment”, the counselor may decide to assist with that accommodation.

The Self-Employed Applicant

If an individual who applies for services has been self-employed for one year or more, this will be considered a “maintain” self-employment case. If the individual requires disability-related services in order to successfully maintain employment, the individual will be assessed and services negotiated under agency guidelines.

District Self-Employment Specialists

Each district will have a designated Self-Employment Specialist with the following role:

- Act as a resource to district staff on self-employment.
- A source of information for counselors regarding local resources.
- Provide guidance to counselors regarding appropriate assessment and planning.
- Report any problems with process or procedures to the Self-Employment Coordinator for resolution or revision of process.

Review of the Process

Once the eligible consumer identifies an interest in self-employment, one of the first steps for the counselor is to fully inform the consumer of the role of Vocational Rehabilitation and the self-employment process by reviewing the Self-Employment Rehabilitation Process Form and obtaining the consumer's signature.

There are standard steps the Vocational Rehabilitation Counselor will follow in working with an eligible individual with an expressed interest in self-employment. These steps are:

1. Review the Self-Employment Rehabilitation Process Form
2. Complete Confidential Disclosure Agreement
3. Discuss funding policy for self-employment ventures

4. Provide Guidance and Counseling
5. Assess the vocational goal
6. Assess the individual for self-employment
7. Complete required self-employment training and education
8. Complete the Feasibility Checklist and obtain approval of a Feasibility Study
9. Complete and obtain approval of a Business Plan
10. Complete Cost Participation Form and Tiers Cost Table
11. Network with partners and other resources to identify financial resources
12. Obtain verification of consumers financial contribution
13. Identify needed ongoing supports and services
14. Develop the Individual Plan for Employment

Guidance and Counseling

Assessment, guidance and counseling are concurrent services provided by the counselor throughout the process. It is important for the counselor to put maximum effort into determining that the consumer has considered all of the various aspects of self-employment. Discussion should focus on specific experiences and will provide a starting point for developing the Feasibility Study and Business Plan. For suggested questions that should be explored early in the counseling process, see the Feasibility Checklist.

Self-employment, by nature, is very demanding. The counselor plays a vital role in counseling the consumer regarding the demands, risks, and responsibilities of self-employment. Individuals pursuing a self-employment outcome should be willing to accept the personal and financial risks inherent in small business enterprise establishment and ownership.

The counselor should obtain information from the individual regarding particular business ventures being considered, previous business experience, related skills/training, and other relevant factors. They should discuss the characteristics needed for successful small business operation in terms of the strengths, resources, concerns, abilities, capabilities and interests of the individual. These include such traits as:

- Well-developed interpersonal skills
- Initiative
- Flexibility and problem solving ability
- Ability to prioritize and focus
- Ability to accept the risks inherent in self-employment

The counselor and consumer will discuss the consumer's financial goals in order to define what would constitute a successful outcome. Since the self-employment venture is expected to be the primary employment, such issues as termination of government benefits and earning sufficient funds to maintain competitive integrated employment, standards should be discussed.

Required Assessments

The assessments for self-employment shall be conducted as early as possible in the process. Assessment for a consumer interested in self-employment involves the assessment of three variables prior to the development of the Business Plan and Individualized Plan for Employment:

1. Vocational goal assessment (Counselor)
2. Consumer's aptitude for self-employment (Counselor and Business Consultant)
3. The Feasibility Checklist and Feasibility Study (Counselor and Business Consultant)

The information gathered can be valuable tools to assist the consumer in making informed choices regarding self-employment. This information should be used as documentation in the case record.

Vocational Goal Assessment

The counselor shall assess the individual to determine the specific employment outcome selected is consistent with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. This includes an assessment of the consumer's skills, interests, interpersonal skills, related functional capacities, training, work experience, and vocational aptitude. If a consumer requires vocational training, the assessment may need to be revisited upon completion to ascertain that self-employment is the best option. It is the counselor's responsibility to complete this assessment to determine that the specific goal is appropriate prior to referral to a business consultant.

Consumer's Aptitude for Self-Employment – Training Required

Counselors will assess consumer aptitude for self-employment including referrals to the local resources for training and education (the Small Business Development Center, SCORE, the Small Business Administration, Community Ventures, etc.) Assessment must include completion of required classes on starting a business. Trainings provide insight into the challenges faced by small businesses and helps counselors gauge a consumer's commitment to self-employment. District Self-Employment Specialists can provide information on local training.

Feasibility Study: Determining the Viability of the Business Venture

Both a feasibility Checklist and Feasibility Study must be completed to determine the viability of the venture. The counselor completes the Checklist and the consumer completes the Study. Referrals for credit score, asset development, benefits analysis or other financial considerations would be appropriate during this phase. By completing the Feasibility Study, consumers lay the groundwork for their Business Plan and consider challenges and risks of self-employment.

The consumer submits the completed Study, along with required documentation, to the counselor who will review using the Agency Self-Employment Feasibility Review Form. If acceptable

from a rehabilitation perspective, the counselor sends the study, and required documentation, to an approved business consultant for review and recommendations. See the Self-Employment Feasibility Review and Plan Review Service Fee Memorandum for additional information.

The business consultant will provide written recommendations including an assessment of viability. The consumer may be asked to provide corrections or additions. The Feasibility Study must be approved by the Counselor and Consultant before proceeding to writing a Business Plan.

Areas covered in the Feasibility Study include:

1. Description of the business idea
2. Review of the individual's management skills
3. Summary of technical skills and work experience related to the self-employment goal OR training, licenses, skills, etc. needed in that area. Include specific information regarding education in that particular occupational field
4. Evidence of the individual's commitment, desire, and persistence in making the self-employment venture a success
5. Review of the market demand for the desired business
6. Personal credit history and financial solvency of the individual

This information is used by the counselor and business consultant as a basis for assessing the feasibility of the self-employment goal. Some key considerations in the review of the study include:

- Examples of experience in the business area. Sometimes business ideas evolve from avocations, related employment experience, or other interest.
- Support of family and friends who may be helpful in business development, particularly in situations where a person has support needs in areas such as transportation, mobility, financial management, or activities of daily living.
- Clearly articulated short and long-term goals for the business, including realistic goals for development and growth. Self-employment is expected to be the primary employment; therefore, an income target should be part of planning.
- Understanding the financing needs of the business and financial resources the individual brings to the initiative. The Vocational Rehabilitation guidelines regarding financial contributions to self-employment plans are clearly outlined. The individual is required to communicate all available and potential financial resources.
- Information regarding other businesses reaching the same market as well as the demand for the service or product.
- If the individual is a recipient of Social Security Disability benefits, an understanding of the potential impact of earnings on these benefits. This should include a discussion with a Benefits Counselor.

The counselor can guide the individual to resources needed for information gathering, but it is important the person show initiative and independence in putting together a well thought-out feasibility study.

The Business Plan

Upon receipt of an approved Feasibility Study, the consumer is ready to write the Business Plan. Developing a clear and well-documented Business Plan is a critical step in the self-employment process. The Business Plan is developed by the consumer and, if needed, a qualified professional consultant knowledgeable in small business start-ups and self-employment planning. A qualified professional consultant is someone who has experience in counseling small business start-ups, is familiar with writing Business Plans, and is capable of creating financial projections. These consultants may include the Small Business Development Centers, Service Corp of Retired Executives (acronym SCORE), and private consultants.

An effective Business Plan should address the following topics:

- Executive summary – concisely state key points of the Business Plan. This should be written last, although it will be the first portion of the plan the reader sees.
- Product or service — a description of the product or service, including any aspects making it unique and marketable.
- The market — assessment of available customers, supported by local demographics and market research.
- The industry — assessment of competitors in operation, or planning to establish territories in the area. The plan should state why this business would be preferred over competitors.
- Marketing (distributing and pricing) — a plan for marketing, including schedule, cost / benefit analysis, and alternatives.
- Production costs — estimated cost of production, including facility, supplies, salaries, licenses, taxes, insurance, shipping, transportation, and utilities.
- Management — listing of all persons involved in the business along with credentials and experience they will contribute, and proposed work schedules, and responsibilities.
- Financing — analysis of equity / debt structure. If a loan is taken, this section should include the schedule for repayment. Anticipated return on investment should be realistic. New businesses often take 1 to 3 years to turn a profit).
 - The majority of funding for small businesses comes from investors or lenders who will closely scrutinize the financial section of the Business Plan.
 - The goods or services provided by Vocational Rehabilitation are not to be included in the Profit and Loss Statement portion of the Business Plan.

Networking

Networking is important when developing a self-employment plan. With the help of the district specialist, the counselor can provide assistance with identifying potential partners and community resources.

Identifying Supports

An important component in the process is identifying and arranging for any ongoing supports.

For example, an individual may have skills applicable to the self-employment goal but not be able to perform a critical support activity, such as bookkeeping. A bookkeeping service could be arranged as a support. Vocational Rehabilitation could help acquire that support and potentially help finance it for a limited period of time. There are a variety of ongoing supports that might be needed for the self-employment goal to be reached. Identifying these potential supports and assisting the individual in putting them into place is part of the counselor's role.

Funding and Consumer Cost Participation

It is not the agency's role to become the sole funding source for self-employment ventures. As in all cases, comparable benefits must be explored and an economic needs test applied prior to the provision of services. Start-up and operational costs are only provided during the first six months after the Individualized Plan for Employment is approved. From the outset, individuals interested in self-employment must be informed that each funding tier is subject to the Consumer Cost participation policy. Based on this, limited funding toward specific required goods and services (according to an approved business plan and Individualized Plan for Employment) will be considered.

Other funding sources may include the consumer, family members, bank loans, workers compensation, insurance settlements, Social Security work incentives, and other private or public sources.

In addition to the economic need policy and consumer cost participation policy, the funding for self-employment services is subject to the Office's purchasing policy. Early in the process, the counselor should discuss with the individual:

- The Office's limits on financial participation.
- Economic need and consumer cost participation.
- That goods or services provided by the Office are not to be included in the Profit and Loss Statement portion of the Business Plan
- Funding sources other than Vocational Rehabilitation must be documented for businesses with start-up costs in excess of \$5,000

Funding should not be presented in such a way as to impede the development of the plan or to discourage the individual from pursuing self-employment. Rather, it should stress the need for personal investment in the business and resources to sustain beyond the initial start-up phase.

The individual's financial participation must be documented in the business plan and may include non-monetary in-kind contributions. In-kind contributions can be goods, services, land, facilities, Pace, personnel, equipment or materials assigned a cash equivalent value. Sweat equity is not considered an in-kind contribution. When calculating in-kind contributions, use the fair market value of whatever is being provided. If required, a third party such as a certified appraiser will determine value.

Funding Tiers

To meet the start-up needs of various types of business ventures, the Office has three funding tiers. Each has specific requirements and approval procedures. Regardless of the tier, if the economic needs test indicates the consumer has excess income, this income will be subtracted from the contribution of the office.

Tier I: Start-up Costs of \$1,000 or Less

The Office may fund up to \$1,000 of start-up expenses for tier I. Consumers seeking financial assistance for goods and services costing less than \$1,000 or wanting to work within an established business (such as renting a chair in an existing beauty or barbershop) must:

- Be referred to a local business consultant for appropriate training and assistance;
- Develop an abbreviated business plan describing:
 - The operation of the business;
 - A marketing plan;
 - An itemized list of goods and services the Office is asked to purchase, along with the lowest purchase price;
- Develop a 24-month cash flow projection.
- Understand license, insurance and tax obligations associated with the business.
- Obtain approval of the abbreviated business plan from the counselor.

Tier II: Start-up Costs over \$1,000 up to \$5,000.00

The Office may fund up to \$5,000 of start-up expenses for tier II, if expenses are required according to the business plan.

Start-up costs do not include business management training, consultation or technical assistance for the development of the business plan, or assistive technology needed to accommodate a disability.

Counselors and consumers should avoid underestimating the start-up costs to stay under the \$5,000 threshold. Once the Individualized Plan for Employment is implemented, additional approvals would be required to exceed \$5,000. Failure to accurately estimate cost prior to Plan could delay the start of the business or require the business to be scaled back.

Tier II requires a Feasibility Study and Business Plan, both of which must be reviewed and deemed viable by an approved business consultant and Self-Employment Coordinator.

Consumers seeking financial assistance for goods and services exceeding \$1,000 up to \$5,000 must:

- Complete training in the following areas
 - Exploring business ideas

- Starting your own business
- Business plan development
- Marketing
- Financing
- Where possible, locate and seek guidance from an individual operating a similar business
- Develop a formal Feasibility Study and receive approval from business consultant
- Develop a formal Business Plan and receive approval from business consultant
- Furnish a list of existing equipment that may be used in the proposed business. The Office will not purchase new equipment if existing equipment is still operable and can be used for the operation of the business.
- Develop a 24-month cash flow projection
- Develop a list of start-up expenses requested from Vocational Rehabilitation

An exception to the training requirement can be granted if the consumer has documentation of already completing this training or successfully operating a previous business for more than a year (as evidenced by tax returns).

Tier III- Start-up Costs \$5,000.00 to \$60,000.00

For tier III, the Office may fund the first \$5,000 of start-up cost, and additional start-up cost as follows:

- 50% of additional start-up costs up to \$10,000 and
- 5% of the additional costs beyond \$10,000

Total financial support provided by the Kentucky Office of Vocational Rehabilitation for start-up cost shall not exceed \$10,000.

The Office of Vocational Rehabilitation must not be the sole source of funds for the capitalization of a Tier III business plan. All persons interested in Tier III self-employment shall seek business funding in order to establish or build the credit essential to business ownership, therefore demonstrating viability of their chosen employment goal. The Office will assist individuals in identifying potential funding sources for business start-up. These sources may include private and public funds, micro-enterprise programs, or PASS plans.

All guidelines for tier II funding are required for tier III. In addition, Tier III business plans must be approved by the Business Consultant, District Branch Manager, and the Self-Employment Coordinator. The request for approval should include the following documentation:

- Counselor Review Form
- Copy of the approved Feasibility Study and Business Plan
- Business Consultant critique of the Feasibility Study and Business Plan
- Description of needed purchases
- Documentation of consumers contribution
- Results of exploration of comparable benefits

Consumers seeking tier III funding must meet the same requirements as tier II funding and the following additional requirements:

- The consumer must be responsible for 50% of all start-up cost in excess of \$5000 up to \$10,000.00 and 95% of costs beyond \$10,000. This participation in costs can be provided through one or more of the following:
 - Cash, may be from personal funds, loaned, or another resource
 - The dollar value of existing equipment used in the daily operation of the business;
- If the dollar value of existing equipment is used, required documentation should include a list of the equipment with the dollar value of each item and an explanation of how the equipment will be used in the daily operation of the business. The dollar amount of the existing equipment must be determined through consumer-researched fair market value of the equipment.
- Documentation showing the source of the consumer contribution should be provided (i.e. gift letter, bank statement, title, deed).

Exception to Tier III Funding Limit

In addition, request for any amount of Vocational Rehabilitation assistance exceeding \$10,000 requires an exception to policy. The exception should receive approval from the District Branch Manager, Self-Employment Coordinator, and the Director of Program Services, or designee. Exceptions to exceed \$10,000 will only be considered if they meet the agency exception guidelines.

Guidance

All services shall be provided in accordance with established current Agency guidelines. All other applicable State and Federal laws, policies and procedures must be followed, including State purchasing laws and zoning regulations. Available comparable benefits must be utilized before expenditure of Office funds. Assistive Technology expenditures must follow the Assistive Technology guidelines. Refer to the “General Fiscal Concerns” section of the Policies and Procedures Manual for guidance on purchase through bid procedure, receipts for tools and equipment, and use of catastrophic funds.

Scope of Services

When self-employment is the goal, services may include but are not limited to:

- Training in the field or specialty. Usually completed before the business plan. Competitive integrated employment must also be considered.
- Entrepreneurial training such as that offered by the Small Business Administration and Small Business Development Center

- Referral and coordination with available small business consulting resources. [See the Office's Self-Employment Services webpage for suggestions.](#)
- A portion of initial stock, supplies, tools, and equipment. May be negotiated during the initial establishment period (not to exceed the first six months after Individual Employment Plan approval)
- Coordination and referral for small business loans
- Initial business licenses
- Start-up marketing and accounting costs, which may not exceed six months after Individualized Plan for Employment approval.
- Operational costs during the initial establishment period, which may not exceed six months after Individualized Plan for Employment approval
- Property modifications for **consumer-owned or leased property** to the extent necessary to make the property accessible to the consumer and useable for the intended venture. All modifications on leased or rented property should be removable.
- Assistive Technology in accordance with guidelines.
- Independent appraisal of existing business or franchise. If the consumer plans to purchase an existing business or franchise, an independent appraisal is required before the Office of Vocational Rehabilitation makes a determination of services to be provided.

Office Participation Excludes the Following:

- **Operating capital or grants.** No money is given directly to the business and all authorizations must be to designated vendors
- Payment of franchise fees or purchase of existing businesses. This does not preclude the provision of other services for the business, including payment for independent appraisal
- Business that are speculative in nature, such as investments in real estate or stock trading
- Businesses organized as non-profit
- Construction of buildings
- Permanent property modifications provided for leased or rented property
- Purchase of permanent buildings or real estate
- Signing of leases
- Refinancing or payment of existing debt
- Payment of any services or goods purchased **prior to an approved** Business Plan, a signed Individualized Plan for Employment or Amendment listing the service, and an authorization issued to the vendor.
- Liens by a third party shall not be placed on equipment purchased by the Office of Vocational Rehabilitation
- Inclusion of goods or services provided by the Office in the Profit and Loss Statement portion of the Business Plan
- Providing services for a consumer in more than one business
- The Office being the sole source of funding for stocking a retail business with inventory
- In a partnership, all partner contributions shall be considered prior to determination of Vocational Rehabilitation funding. The consumer must own at least 51% of the business and a formal agreement for partnership shall be part of the Business Plan.

Case Follow-Up and Closure

A case should be closed when planned services are completed and the business shows definite signs of stability. Ideally, the revenues from the business venture should equal or exceed operating costs. The financial statement should show that the consumer is making enough money to cover long-term cost without external support. In most cases, this will require a minimum of one year in operation.

During the initial year of operation, the Small Business Development Center Consultants are available for quarterly meetings with consumers to update the status of the business venture. Counselors should keep apprised of these meetings and maintain regular telephone contacts with the consumer. The Agency may review record keeping systems until the case is closed or until liens on any Vocational Rehabilitation equipment expire. Referral to appropriate consultant services, such as SCORE, or Small Business Development Center, must be made if signs of instability in the business venture surface.

The counselor will arrange for the retrieval of items no longer being used in the business by the consumer. Refer to the Items Transfer Agreement for life expectancy of the items. Reassignment will be made as appropriate.

Resources

Writing the Business Plan or starting the business

- Business section of local newspaper, which provides information about workshops, etc.
- Carl D. Perkins Vocational Training Center
- Chambers of Commerce
- Colleges, universities, junior colleges
- Libraries - trade association information, books, magazines, newspaper articles, marketing information
- Local Office Self-employment specialists and district managers
- Service Corps of Retired Executives (SCORE)
- Small Business Development Centers Workshops

Funding and maintaining a business

- Community Ventures Corporation
- Kentucky Highlands Investment Corporation (for large ventures)
- Mountain Association for Community Economic Development
- Southeast Kentucky Economic Development

Kentucky Small Business Development Center – Central Office

One Quality Street, #635
Lexington, KY 40507

Phone: (859) 257-7668 / FAX: (859) 323-1907

The Kentucky Small Business Development Center offers an intensive schedule of affordable training workshops both in the classroom and on-line. These expert-led training workshops are designed to provide new venture and existing business owners with the knowledge required to maintain or expand a profitable business. Training modules can be found on-line at <http://www.ksbdc.org/>

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the “Services: General Information” this manual for the exception guidelines.

Services to Family Members

The Office may provide services to a consumer's family when necessary as part of the consumer's rehabilitation program. "Family member" includes any relative by blood or marriage or other individuals living in the same household with whom an eligible consumer has a close interpersonal relationship. Services to family members are to be included on the Individualized Plan for Employment and documented in a progress note in the same manner as services to the consumer.

Services provided to family members should be based on a determination that:

- Without these services the eligible consumer would be unable to begin or continue the Individualized Plan for Employment, or
- The consumer's Plan would be jeopardized to the extent employment would be delayed or could not be achieved, or
- Needed services are not readily available and feasible through existing community agencies.

Services to family members may include:

- Homemaker services to family members assisting in a program of independent living and adaption to new or altered methods of home management (e.g., daily personal care and home maintenance provided by an outside resource during periods of stress or illness);
- Counseling to help family members understand the needs of the consumer;
- Day care services, if child care is required for the consumer to complete the Individualized Plan for Employment;
- Family care to facilitate completion of an Individualized Plan for Employment (e.g., services to maintain all children within a family unit when an eligible consumer must leave home temporarily for vocational training or other services);
- Family planning or marital counseling services;
- Assistance in locating adequate living quarters for the family.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the "Services: General Information" this manual for the exception guidelines.

Supported Employment Services

Authority

- Federal Regulations: 34 CFR 363.11 and 34 CFR 361.46(b)
- Workforce Innovation and Opportunities Act P.L. 113-128

Forms

- [Vender Application Form](#)

Resources

- [Supported Employment Branch Webpage](#)
- Service Fee Memorandum: [Guidelines for Purchase of Supported Employment Services](#)

Philosophy

- Supported employment is a means to assist individuals with the most significant disabilities become competitively employed in an integrated work setting. The core values are:
 - Integrated (inclusive) work environment;
 - Consumer choice and involvement, with services and supports based on individual interests and abilities;
 - A career path made possible through the provision of on-going support and extended follow-up services; and
 - Parity in wages and other employment benefits.

Supported employment focuses on assisting consumers obtain positions suitably challenging for their skill level and interest. Job-site training, ongoing follow-up, and support are provided to eliminate barriers in typical “train-then-place” models, where training is provided prior to placement and support services are either time-limited or non-existent after employment begins. This approach provides opportunities to those with the most significant disabilities who otherwise may be excluded from community-based jobs.

Unlike other services, supported employment is built on the premise that long-term, on-going support, throughout the duration of the consumer’s employment is a key factor in determining vocational success. Although services paid by the Office remain time-limited, consumers served in supported employment will continue to receive services from a supported employment agency long beyond case closure.

The following features make supported employment innovative and responsive to the needs of people with the most significant disabilities.

- Assumption that all persons, regardless of degree of disability, have the capacity to participate in real employment with appropriate ongoing support;
- Focus on providing appropriate support services to assist in obtaining and maintaining employment. Each service is tailored to specific needs;
- Consumer choice in the selection and maintenance of jobs. Decisions about services are made jointly with the consumer as well as family and “stakeholders” involved in the process. Person-Centered Planning concepts are utilized to improve success;
- Emphasis on recognizing and maximizing opportunities for integration and inclusion in the workplace;
- Emphasis on contacts and relationships with people who are not disabled or caregivers, both on and off the job; and
- The goal is employment with all the expectations of a job such as wages, job security, and performing meaningful work.

Supported employment offers more than just assistance with obtaining and learning a job. It provides ongoing support for maintaining employment. Extended, ongoing support services are provided by supported employment personnel, and will vary in the amount, intensity, and kind of support based on the needs of each consumer.

General guidelines for providing supported employment services

The Workforce Innovation Opportunity Act defines supported employment as: “a term that, in general, means competitive integrated employment, including customized employment, or employment in integrated work settings in which individuals are working on a short term basis toward competitive integrated employment, that is, individualized and customized consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the consumer, for individuals with the most significant disabilities –

- For whom competitive integrated employment has not traditionally occurred, or
- For whom competitive integrated employment has been interrupted or intermittent as a result of a significant disability; AND
- Who, because of the nature and severity of the disability, need intensive supported employment services.”

Supported Employment Services means: “on-going support services and other appropriate services needed to support and maintain an individual with a most significant disability in employment, that—

- Are provided signally or in combination and are organized and made available in such a way as to assist an eligible individual to achieve competitive integrated employment;
- Are based on a determination of the needs of an eligible individual, as specified in an Individualized Plan for Employment, and
- Are provided for a period of time not to extend beyond 24 months, unless under special circumstances the eligible individual and the Counselor or coordinator jointly agree to extend

the time in order to achieve the rehabilitation objectives identified in the Individualized Plan for Employment.”

Eligibility

In addition to meeting general eligibility criteria for vocational rehabilitation services, the disability must constitute a need for intensive support services and extended services only supported employment can provide. The need for this service, rather than a particular diagnosis, is the basis for receiving supported employment. Counselors must document how specific functional limitations verify the need for supported employment versus other employment options.

Eligibility is determined separately from availability of services. Under federal regulations, a consumer determined to be potentially employable through the provision of supported employment services, must be found eligible even if a key resource needed to provide those services is unavailable. In other words, the federal regulations do not allow counselors to find consumers ineligible because the resource for providing extended services cannot be identified. In this instance, the Counselor would:

- Determine the consumer eligible for Office services;
- Inform the consumer that supported employment services cannot be initiated until an extended services resource is obtained; and
- Seek out the needed extended services resource.

Individualized Plan for Employment

A Plan is developed for each consumer served in supported employment. Additionally, the case file must contain documentation of the following:

- A description of the supported employment services to be provided;
- A description of the ongoing services to be provided (e.g., help with finding subsequent jobs); and
- The name of the program that will provide the extended, ongoing support services.

On-Going Support Services

“On-going support services,” as referred to in the Workforce Innovation and Opportunity Act, include training and other services needed to support and maintain an individual with the most severe disabilities in employment. These services are determined based on an assessment of the consumer’s needs, as specified in the Individualized Plan for Employment. Services may be provided for a period not to exceed 24 months, unless a longer period to achieve job stabilization has been established in the Plan.

Economic Needs Test Exclusion

Time-limited supported employment services are excluded from the economic needs test. Other services are based on eligibility and provided through Title I funds, and may be subject to the financial needs test as applicable.

Work Setting and Benefits

Employees must be paid in accordance with the Fair Labor Standards Act, and not less than the customary wage and level of benefits provided by the same employer to non-disabled workers who perform the same or similar work. The work setting must be an integrated environment providing opportunity for daily interaction with people without disabilities who are not paid service providers. The employees work hours should be determined individually.

Successful Case Closure

Once employed for 90 days, supported employment consumers transition to Long Term Supports (extended services.) Before case closure, four requirements must be met:

1. The consumer is employed in a job or jobs consistent with the Person Centered Employment Plan;
2. The individual has maintained employment and achieved stability in the work setting for at least 90 days after transitioning to extended services;
3. The consumer is satisfied with the job, and has a satisfactory number of hours of work scheduled each week; and
4. Extended service supports are in place after the Office closes the case file.

If a consumer stabilizes in employment working less than the original goal, the consumer, Supported Employment Provider, and Counselor must agree the job represents substantial and suitable employment. Staff should take care not to close cases too quickly. The closure narrative must indicate the name of the supported employment agency providing extended and ongoing support services.

Counselors should talk with the consumer, supported employment specialist, and possibly the employer, family members, or others of importance before closing the case.

Counselor should assure consumers are functioning well on the job not only in terms of general satisfaction, hours worked, performance and other basics, but also in comfort level, interacting with coworkers and supervisors, and other "less visible," but essential, aspects of the job which, if unattended, could jeopardize the worker's future.

Post-Employment

Services can be provided under post-employment, if they are unavailable from the Supported Employment Provider and are necessary to maintain employment, such as job station redesign and repair, maintenance, or replacement of assistive technology devices. In instances of under-

employment or a need for extensive retraining, discrete post-employment services shall be used and consideration should be given to opening a new case with the Office if appropriate.

Natural Supports

Natural supports are unpaid voluntary help and care a person receives from friends, family, community, or coworkers. Supported employment is not solely a matter of physical integration (i.e., a work setting that is “natural” rather than created for people with disabilities and where a low percentage of workers have a disability). The workplace is also a social space: A network of interactions, relationships, and supports. An emphasis on developing natural supports is essential for consumers to become successful and feel included in the workplace.

The job coach approach does not always maximize social integration of workers with severe disabilities. Narrowly practiced, job coaching can develop unnecessary dependency on external supports, stigmatize workers as deviant, and result in social isolation. Task analysis, work skill training, and other “job coach” functions need to be carried out in the context of a wider perspective.

A common mistake is creating a self-contained position with few interactions. Jobs should be interdependent with some tasks performed in cooperation with others. At several points in the workday, a supported employee’s job should intersect with other workers at a level requiring communication. Job routines should be flexible allowing for disruptions of usual patterns. Establishing procedures for asking for help and notification of problems should be a priority for the employment specialist.

Many co-workers and supervisors enjoy providing support and some companies have formal or informal mechanisms for the training and orientation of new employees (for example, pairing a new worker with an experienced worker or “mentor”). Employment specialists seek to take advantage of these opportunities. For example, employment specialists may observe the mentoring process, meet periodically with the mentor, and offer training pointers. By sharing training and behavior management skills, employment specialists avoid the perception that it takes a special kind of person to interact with the supported employee.

Clarity in regards to supervision, job orders, and where to go when there is a problem is essential. Employment Specialist should not solve the problem, but should instead enlist co-workers and other in the search for solutions to job design, work method, or adaption issues.

A few cautions must be kept in mind when implementing natural supports:

Supported employment is not a rigid service or fixed package of techniques but a flexible, open-ended approach. “Co-worker support” is not a new model to be imposed on businesses. The relationship between employment specialist, supported employee, co-workers and supervisor will be different at each work setting.

“Natural support” must never be used as an excuse for providing inadequate services or withdrawing agency support. A “laissez-faire” or “place and hope” approach is incompatible

with facilitating natural supports. Agencies may perform their support function in a less direct and intrusive way, but supported employees remain entitled to receive whatever ongoing agency support they need for as long as they need it.

Co-workers must not be turned into human service paraprofessionals. For example, it is generally unnecessary to conduct classroom-style-training session for co-workers in behavior management or to load co-workers down with data sheets and stop watches. Inclusion of co-workers in the support process must be directly related to a specific need, respectful of their existing skills, and tailored to fit the cultures of work settings.

Source: Excerpts from “Natural Supports Presentation” by David Hagner, Ph.D., Concord, NH. 1996

Supported Employment Vendors

Supported employment providers must be approved by the Supported Employment Branch and receive a Supported Employment Services Agreement Contract. Vendorship will be reviewed regularly and updated as necessary. All supported employment vendors must be able to fund and *provide extended, ongoing* support services for all consumers served.

Vendorship applications are available from the Supported Employment Branch. All programs need to have internal and external review policies in place to ensure continued quality of services. Internal reviews should include regular evaluations of staff, as well as thorough financial and program audits. External reviews should include consumer satisfaction surveys, and other feedback from consumers, family members, and employers. All vendors must assure staff participate in “Supported Employment Core Training Sessions” which are available through the University of Kentucky-Interdisciplinary Human Development Institute in Lexington.

Job Carving

Job carving (sometimes called job creation or restructuring) is a process of analyzing and identifying tasks within a given job that may be reassigned to another position. This process can be extremely effective in securing appropriate jobs for those with the most severe disabilities. As such, it is often an important step in the job development process.

By moving away from standard job descriptions with many generalized tasks, employers often find opportunities for supported employment positions. Individuals with severe cognitive disabilities, serious mental illness or physical challenges can benefit from positions created with their unique abilities in mind. Job carving benefits employers by freeing up skilled personnel from routine tasks. This reduces overall labor cost, increases productivity and improves customer service. Employers may also find an improved completion rate and lower turnover when generalized task are carved out.

This process begins with a thorough job analysis of the related positions, taking into account all required tasks, competencies of the existing employees, and current task efficiency. By directly

observing the work routine and interviewing the employer and employees, Employment Specialists can identify gaps in tasks performance and efficiency.

Employment Specialist should listen carefully to concerns of the employer and employees and inquire about tasks that are particularly time-consuming or where turnover is a problem. In multi-department companies, it is important to schedule time in each department to understand particular needs.

Employment Specialists will want to assess the company culture and attitudes towards hiring persons with disabilities, as well as identify natural supports available to assist a new employee learn and maintain their job. A created or carved position should not devalue a person by having them perform tasks that no one wants or that coworkers feel are unnecessary. Employment Specialists will want to target overlapping or intersecting job tasks to allow for increased interaction with coworkers. As always, Employment Specialists must make sure consumers are not physically separated from other employees or excluded from applicable staff meetings or company events.

After analysis, Employment Specialists determine if there is sufficient opportunities to warrant a carved position, and if the available tasks and the culture match to the needs of the consumer. If this is the case, a written proposal should be made to the employer, clearly outlining the benefits, proposed job duties, hours and wages, and an overview of supports the Employment Specialist will provide. It is important to include specific information about the consumer, including a resume and application. If possible, the Employment Specialist should set up a time for the employer to interview the applicant.

The process of job carving can be an excellent opportunity to develop jobs for persons with severe disabilities and to establish strong relationships between an employer and the supported employment organization.

Customized Employment

The Customized Employment process is a flexible blend of strategies, services, and supports designed to increase employment options for job seekers with complex needs through voluntary negotiation of the employment relationship with an employer. The U.S. Department of Labor's Office of Disability Employment Policy has evidence-based research data showing that Customized Employment leads to positive employment outcomes for individuals with disabilities.

An essential element in Customized Employment is negotiating job duties and employee expectations to align the skills and interests of a job seeker to the needs of an employer. Typically, an employer will be willing to consider customized job tasks for a prospective employee if doing so meets unmet needs in a way that saves money, make money, increases efficiency, improves customer relations, or increases safety.

Customized Employment has six basic steps that guide toward employment: discovery of the job seeker, capturing discovery in a profile, customized employment planning, visual portfolio /

resume development, job development representation, and worksite analysis, accommodation, and job support.

The discovery process is essential to identify individual needs, interest, and potential contributions and should result in a blueprint for conducting a job search where negotiation of the employment relationship is needed to benefit both the job seeker and the employer.

Guidelines for Purchasing Supported Employment Services

For information regarding authorization and payment for services, please refer to the Service Fee Memorandum Guidelines for Purchase of Supported Employment.

Person-Centered Job Selection

The Employment Specialist uses this phase to learn about the consumer and gatherer relevant information regarding needs, skills, preferences, and experiences.

Person-centered job selection provides:

- A respectful way to learn about the consumer, break past preconceived notions, and discover new and positive job possibilities
- A thoughtful framework for planning job development and job negotiation
- A thoughtful approach to the ideal position rather than slotting” consumers into readily available jobs.

The Person-Centered Job Selection outcome fee must be authorized prior to the start of this service, and may be paid once a Person-Centered Employment Plan is developed and submitted to the counselor. The provider must submit activity notes by the 5th of each month. Standard formats for notes and the Person-Centered Employment Plan must be used. If at the end of the 75 day authorization period a Person-Centered Employment Plan has not been developed, the provider and the Supported Employment Consultant should be contacted to plan next steps prior to issuing another authorization for Person-Centered Job Selection

Person-Centered Employment Plan

A Person-Centered Employment Plan must be submitted to the Counselor prior to job development. The Plan should include:

- General Information and Life Information affecting employment;
- Employment History (jobs that worked well and why? Jobs that did not work well and why?);
- Skills and Interests;
- Possible job tasks based on skills and interests;
- Learning styles and teaching tools;
- Desired job characteristics and rationale for each;

- Ideal number of hours per work-week and how this was determined;
- Plan of Action including job possibilities, supports for Job Development, On-the-Job Supports, Other Support Services and Information.

Person-Centered Employment Plan Extended

A Person-Centered Employment Plan Extended is used for consumers whose functional limitations prevent competing in the traditional job market, thus requiring customized employment.

This extended plan utilizes customized employment principles and strategies following the Vocational Profile process and report format as developed by Marc Gold and Associates.

This service can only be performed by staff trained in the development of a Mark Gold and Associates Vocational Profile. A list of approved staff can be found on the Supported Employment page of the Office of Vocational Rehabilitation website or by contacting any staff member of the Supported Employment and Community Rehabilitation Program Branch.

A minimum of 15-20 individualized documented hours must be spent with the consumer or people who know the person well. The report must be developed according to the Mark Gold and Associates Vocational Profile Format and the Mark Gold and Associates Customized Employment Activity logs.

Job Development Services

Individualized job development services are an important component of the supported employment process. Job development activities should be based on the Person Centered Employment Plan.

Job development may focus on interviewing, work environments, job types, settings, learning styles, transportation needs, hours required, potential for natural supports, job carving, job creation, accommodations, and other individualized services.

The Job Development outcome fee must be authorized prior to the start of this service. The provider must submit Job Development activity notes by the 5th of each month. Standard formats for notes must be used by all providers. If at the end of the three-month authorization period a job has not been developed, the Provider and the Supported Employment Consultant should be contacted to assist with planning next steps prior to issuing another authorization. The outcome fee will be paid at the time the person starts the job. Communication between the counselor and provider is vital to assure that authorizations, notes, and payments are timely.

Stable Employment Outcome

Once competitive integrated employment is obtained, the Stable Employment Outcome fee should be authorized to the provider. Stable Employment Activity Notes must be submitted by the 5th of each month. Payment for 30, 60, and 90-day stable employment outcomes should

occur after the appropriate documentation has been provided and approved by the Counselor. The Provider must submit a Long Term Support Plan after 60 days of employment.

The list of supported employment services covered under the outcome fee is extensive. These services can occur both on and off the job site. Services are not limited to skills training by a job coach only, but should be individually tailored based on the needs of the particular person.

The supported employment provider must give feedback to the Counselor as needed, and submit written activity notes by the 5th of each month. Successful completion of the service means all documentation has been provided to the counselor and the consumer:

- Has been employed at least 90 calendar days in a job or jobs consistent with the Person Centered Employment Plan
- Is satisfied with the job, and has a satisfactory number of hours of work scheduled each week
- And has the extended services support in place to continue after Vocational Rehabilitation closes the case file.

Outcome fees will be paid to the provider if the above criteria are met. Vocational Rehabilitation case closure could occur after another 90 days of successful employment, for a total of 180 days in Employed status.

The supported employment agency is responsible for providing ongoing support services necessary to help the individual remain employed. The supported employment agency will use funds other than Vocational Rehabilitation dollars to cover the cost of these services. Only in specialized circumstances will additional services be authorized by Vocational Rehabilitation.

Supported Employment Consultation in Conjunction with Community Work Transition Programs

When a consumer in the Community Work Transition Program needs supported employment to maintain employment after graduation, the following guidelines apply:

The Supported Employment Provider should become involved with the student no later than the last semester of school. The Community Work Transition Program will be responsible for job development. The Supported Employment Provider will act as a Consultant to the Community Work Transition Program. The Supported Employment Consultation Fee may be authorized to cover activities such as:

- Planning meetings with the student, Counselor, Community Work Transition Program Staff and other involved persons
- Record reviews
- Consultation regarding vocational goal selection and job development
- Individualized Education Plan and Individualized Transition Plan meetings
- Other individualized services.

If the student leaves school with a job, the Community Work Transition Program will be eligible to receive the 60-day follow-up fee, per program guidelines. During these 60 days, the Community Work Transition Program coordinates with the Supported Employment provider to facilitate a smooth transition to long-term supports. The Supported Employment provider would not be eligible for the Job Development fee, but would be eligible for the Stable Employment Outcome fees, according to guidelines for that service.

If the student leaves school without a job, the Supported Employment Provider is eligible to receive the Supported Employment Job Development Fee, followed by the Stable Employment Outcome Fees. Individualized decisions will be necessary to determine if supplemental information is needed prior to beginning job development. If so, the Counselor may authorize the completion of a Person Centered Employment Plan.

When planning Supported Employment Services for students, all decisions should be individualized. Exceptions to the above guidelines should be discussed with and approved by the Supported Employment Branch Manager.

Additional Supported Employment Services (by special approval)

Stabilization is not easily defined and is often a judgment call based on factors such as individual job satisfaction, coworker interaction, supervision, and services required. Consumers may need time to reach the desired number of work hours as stated on the Person Centered Employment Plan. Continued Vocational Rehabilitation services may be required until extended services can be put in place. Such issues should be taken into consideration and the decision to close cases made on an individual basis. Extended services must be in place so interruptions of services do not jeopardize employment

An additional hourly Supported Employment fee has been established for provision of extra necessary support services beyond the outcome fee for up to 24 months. Timeframes must be specified on the Individualized Plan for Employment. Special approval from the Supported Employment Branch is required.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the “Services: General Information” this manual for the exception guidelines.

Training

Forms

- [Student Individual Responsibilities Form](#)
- [Consumer Cost Sharing Form](#)

Resources

- [Occupational Outlook Handbook](#)
- [O*NET](#)
- [Free Application for Federal Student Aid](#)
- [Post-Secondary and Tuition Rates](#)
- [Kentucky Higher Education Assistance Authority](#)
- [Getting-In](#)
- [Types of Financial Aid](#)

Guidelines

The following guidelines apply to all training types: college, technical, proprietary, distance learning, short-term, etc.

The Office may support training required to achieve an agreed upon vocational goal. Informed choice, benefit in terms of employment outcome, and expenditure of time and resources of the consumer and the Office of Vocational Rehabilitation should be considered when making training decisions. Prior to the provision of training:

- Thorough career exploration should occur, which may include interest inventories, visits to job sites and training institutions, job shadowing, or volunteer opportunities. Tools such as O*Net and the Occupation Outlook Handbook provide valuable occupational information. Counselors should explain labor market trends for the planned occupation.
- Counselor should assess transferable skills, interests, and capacities to determine if training is needed to obtain suitable employment.
- Documentation should support the ability, aptitude, and interest to complete the training, with or without reasonable accommodations. Documentation may include performance measures such as academic records, ACT or TABE scores.
- Counselors should discuss all situations, obligations, history, and attendant factors, which may affect successful completion of training and explore comparable training options prior to finalizing a plan.

When assessments are not clear in regards to likelihood of training success, a semester of training may be an appropriate assessment tool. However, Office sponsored training should not be routinely used as an assessment.

Consumers should be prepared to participate in coursework prior to beginning training. When possible, Adult Education services should be utilized for remediation or skills enhancement. Because of the availability of remedial assistance, counselors should not authorize more than one non-credit course throughout the student's training, and if authorized the course should be taken during the first year of training. Additional non-credit courses are the responsibility of the consumer.

The goal of sponsored training is not education alone but employment. Progress should be carefully monitored, and due diligence exercised to insure efforts are directed towards achievement of an appropriate employment outcome.

Institutional trainings must be accredited or licensed by appropriate accrediting or licensing bodies, and comply with all state and federal requirements applicable to their use by the Office of Vocational Rehabilitation.

Prior to training, counselors and students are to negotiate individualized minimum requirements. Requirements should include at a minimum: expected grade point average; minimum number of credit hours completed per term; requirements for filing financial aid forms; responsibility to contact counselor prior to changes in plan; responsibility for provision of grade or progress reports at the conclusion of each term; and anticipated date for completion of training. These requirements should be recorded on the Individualized Plan for Employment or on the Student Individual Responsibilities Form, and must be signed and dated by the consumer.

It is best practice that fulltime training programs be completed as follows:

Maximum Expected Duration of Training

- Two year associates or technical college Three (3) years
- Four year bachelor degree Five (5) years

When additional time is required, justification and the revised expected completion date must be clearly documented in the case record. It is best practice for the Individualized Plan for Employment to include the length of training or type of degree, i.e. associates, bachelors, etc.

Counselors and students should meet at least annually to review progress, grades, schedule, disability, accommodations, referrals, and make needed changes to the plan.

Students are expected to maintain full-time status and make satisfactory progress towards completion of training. Exceptions should be made when part-time training is necessary due to limitations of the disability or when doing so would result in financial savings to the Office (i.e. student only requires one class to graduate).

Students are expected to maintain at least a "C" average throughout the training program. At the counselor's discretion, sponsorship may continue when this requirement is not met for **one additional term**. Justification for exceptions must be clearly documented in the case record.

The counselor may require a higher grade point average if necessary for satisfactory achievement of the vocational objective. Individuals are required to provide the counselor with a grade transcript or progress report for each grading period.

Books and supplies are excluded from financial needs testing. Books and supplies are limited to those considered essential. Books may be sold by the student and receipts can be used to purchase books and supplies for the upcoming semester.

Student Need and Aid Assessment

For trainings participating in a financial aid program, consumers are required to file the Free Application for Federal Student Aid (FAFSA,) and the Student Aid Report (SAR) must be used to complete the Consumer Cost Sharing Form. Failure to seek out and utilize comparable benefits will result in cessation of Office training support.

Financial assistance for tuition and fees is based on economic need after the application of comparable benefits. The amount is determined by completing the Consumer Cost Sharing Form. Please refer to the Consumer Cost Sharing section of this manual for more information.

Comparable benefits must be explored and utilized as outlined in Federal and State regulations and Office policy. Negotiation is strongly encouraged to maximize resources and serve the greatest number of eligible individuals.

Tuition Payment Process and Exceptions

Exception to Requirement for the Student Aid Report

A Student Aid report is not required for individuals attending training programs that do not participate in a financial aid. If the individual files the Free Application for Financial Aid and is not eligible for any need-based financial aid (including grants or loans), a new Student Aid Report is not required in subsequent training years if there has been no substantive change in family income, dependency status, or school of attendance. Other primary income documentation should be used to complete the form, i.e. pay stubs, tax returns, Social Security Administration benefit verification, etc.

Exception for post-secondary programs for individuals who are deaf

Congress recognizes national programs for individuals who are deaf (i.e. Gallaudet, National Technical Institute for the Deaf.) Tuition and initial registration fees may be provided for these programs without regard to financial needs testing. One hundred percent of tuition may be paid to these training programs. Assistance for these programs is not limited to the highest state rate. Comparable benefits must be considered.

Exception for Supplemental Security Income and Social Security Disability Recipients

Although services to Social Security recipients are not subject to economic needs testing, comparable benefits must be applied and therefore, the same training assistance procedure is to be followed. Negotiation is strongly encouraged to maximize resources to serve the greatest number of eligible individuals.

Out-of-State Training

Sponsorship for out of state programs should be at the same level as in-state training. However, if one of the above exceptions exist, the following policy shall apply: If comparable training is available at a state training program in Kentucky, sponsorship shall not exceed the highest state rate. If no comparable vocational preparation is available at a state training program in Kentucky, sponsorship shall not exceed the established fee paid by the Office in that state.

Default on loans

If financial aid is not available due to the consumer being in default on a student loan. Such loan must be in reinstatement or rehabilitation status before Office sponsorship is provided.

Replacing loans

Subsidized loans, based on need, may be replaced up to the amount of Office funds the consumer is eligible to receive. The student is responsible for educational expenses not covered by Vocational Rehabilitation sponsorship and may be need to take out loans if other sources of aid are not available. The Financial Aid Office should be notified regarding replacement of loans.

Types of training

Summer school

Summer school should be supported when relevant to the individual's vocational goal. The maximum amount of annual financial support does not change, so support of summer school would result in financial support being spread over three semesters instead of two. Summer school financial support should be prorated per credit hour, and subject to cost participation. (A per credit hour rate should be addressed on the SFM. We need a prorated amount on there for students going less than full time)

Graduate training

Graduate training may be planned when it is required to meet the original vocational goal (i.e. physician, attorney, dentist, etc.). The district manager does not have to approve graduate training required to meet the original vocational goal. When a rehabilitation plan is nearing completion and the individual has made satisfactory progress, the vocational goal should not be changed in order to receive graduate assistance or other advanced training.

Graduate training, which was not required to meet the original vocational goal must be approved by the district manager and be reviewed for:

- Appropriateness of the vocational goal as it relates to the disability;
- Consideration of other vocational goals which do not require advanced training; and
- Determination of the necessary level of training for the vocational goal.

Distance learning and technology assisted training

The Office may provide assistance with correspondence, online, or other technology assisted training (i.e. web-based, distance learning, interactive, etc.) if it is the best method by which the consumer can participate. Providers must be accredited or licensed by the appropriate body, and comply with all state and federal requirements applicable to their use by the Office of Vocational Rehabilitation. The Office should not sponsor courses in subjects such as heavy equipment, truck driving, detective, or airline employees if practical experience is not provided. Assistance must not exceed the highest Kentucky state-supported school offering similar training.

Other training programs

Consumers may choose to participate in other types of training such as corporate training, proprietary training, or continuing education classes. The Office can support these in the same manner as other post-secondary training. Assistance is determined by applying the cost sharing form according to the established process. Assistance must not exceed the highest Kentucky state-supported school that offers similar vocational preparation.

Training outside the United States

It is expected practice that training be provided at institutions located within the United States. Exceptions may be considered if all of the following conditions are met:

- Consumer is enrolled in a program located in the United States, which requires study abroad to satisfy degree requirements for graduation;
- The study abroad does not lengthen the total program;
- Individuals maintain full-time student status while studying abroad;
- Individuals are in good academic standing; and
- Successful achievement of the vocational goal is contingent on participation in the study abroad as a part of the approved curriculum.

If all five (5) conditions are met, the Office may provide financial assistance only up to the amount normally authorized for training in the United States, excluding transportation costs. Economic need and comparable benefits must be applied. Approval by the branch manager and Director of Program Services or designee is required.

Educational support services.

Educational and support services include tutorial services and educational aids. Please refer to the Tutorial Services and Educational Assistance section of this manual for more information on these training services.

Repeated Training and Multiple Training Programs

Prior to assisting with repeated training programs, employment at the current skill level should be ruled out. This may be accomplished by a thorough job search and assessment of transferable skills. If a consumer is able, or will be able, to achieve a positive employment outcome with the current level of training, it is not the responsibility of Vocational Rehabilitation to assist with additional training to broaden opportunities for employment or advancement.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the “Services: General Information” section of this manual for the exception guidelines.

Transition

Authority

- Workforce Innovation and Opportunities Act P.L. 113-128
- Federal Regulations: 34 CFR, Part 361.48
- Individuals with Disabilities Education Act: PL 101-476

Resources

- [An Explanation of Pre-Employment Transition Services Video](#)
- [Kentucky Office of Vocational Rehabilitation Transition Services Webpage](#)
- [Human Development Institute's Community Work Transition Program Webpage](#)
- [Community Work Transition Program Service Fee Memorandum](#)

Definitions

Pre-Employment Transition Services

Please refer to the [Pre-Employment Transition Services](#) section of this manual for information on these services.

State Interagency Cooperative Agreement

The Office of Vocational Rehabilitation maintains an interagency cooperative agreement with the Kentucky Department of Education. The purpose of which is to improve effective and efficient integrated school-to-work transition planning and vocational rehabilitation service delivery to eligible secondary school students. This agreement includes roles and responsibilities of each agency, financial responsibilities, provisions for determining State lead agencies and qualified personnel responsible for transition services, and procedures for outreach to and identification of students with disabilities.

Transition Services

A coordinated set of activities, for a student, designed within an outcome-oriented process to promote movement from school to post school activities, including postsecondary education, vocational training, competitive integrated employment (including supported employment,) continuing and adult education, adult services, independent living or community participation.

Activities must be individualized, taking into account a student's preferences and interests, and must include instruction, community experiences, development of employment, other post school adult living objectives, and, if appropriate, acquisition of daily living skills and functional evaluation.

Transition services must facilitate the achievement of the employment outcome identified on the student's Individualized Plan for Employment.

Guidelines

Local Educational Agencies

The Office of Vocational Rehabilitation maintains relationships with all of Kentucky's school districts in the following manner

Vocational Rehabilitation Counselors:

- Are assigned to function as liaisons to schools and service providers in each school district.
- Provide consultation and technical assistance to education agencies planning for the transition of students with disabilities from school to post school activities.
- Are responsible for outreach to students with disabilities in need of pre-employment transition services. Outreach should take place as early as possible during the transition planning process. Students are not required to have an open case with Vocational Rehabilitation to participate in outreach activities.

Outreach efforts shall inform education staff, students, and as appropriate, families and authorized representatives regarding:

- The purpose of the vocational rehabilitation program
- Application procedures
- Eligibility requirements
- The scope of services available to eligible individuals.

Opportunities to interact with students, families, and educators include Individualized Education Program meetings, transition forums, parent nights, education staff meetings, school based agency events, career fairs, agency nights, and Vocational Rehabilitation Center tours. Attendance at these events fosters and advances collaboration and outreach.

Individualized Education Plan Meetings

The Individuals with Disabilities in Education Act mandates that local education agencies invite adult agency representatives, such as Vocational Rehabilitation Counselors, to Individualized Education Plan or Admission / Release Committee meetings. These meetings, for students with disabilities, are held at least annually. When invited, counselors should consider how their involvement could benefit the student with regard to consultation, technical assistance, referral, or coordination of pre-employment transition services, transition services, and post school services.

During meetings, Counselors provide verbal or written information regarding programs and services. Counselors are authorized to sign Individualized Education Plans. The Office of

Vocational Rehabilitation is only responsible for services placed on the student's Individualized Plan for Employment.

Provisions for timely notification of meetings should be included in the procedures between the school district and local Vocational Rehabilitation office. There may be times when Counselors are unavailable. Options beyond the physical presence of a Vocational Rehabilitation Counselor include informational sheets and brochures, teleconference, video conference, informational videos, or other creative approaches.

Referral and Application

Referral for a Vocational Rehabilitation Case should not occur until the student:

- Needs specific vocational rehabilitation services to transition to post-school activities.
- Has shifted focus (or is in the process of shifting) from education to employment
- Is ready and available to participate in all aspects of a their vocational rehabilitation program, including assessment activities, and pre-employment transition services
- Is considering competitive integrated employment (depending upon the individual's needs and preferences, alternative outcomes may be pursued, as reflected in other sections within the manual, including supported employment, self-employment, etc.)

All school districts in the state have the opportunity to collaborate with Vocational Rehabilitation to provide the Community Work Transition Program through a Memorandum of Understanding Agreement. This two-prong program provides both Pre-Employment Transition Services and employment transition services. Students may participate in the program's Pre-Employment Transition Services, as potentially eligible, prior to opening a case for Vocational Rehabilitation Services. To do so, the student must complete the Community Work Transition Program's Approval to Participate form (refer to Pre-Employment Services section for activity overview.) Cases should be opened when the student needs to move from Pre-Employment Transition Services to Employment Transition Services and will need job coaching, job development and job placement services to be successful post high school.

All individuals, including students, have the right to apply for vocational rehabilitation services; however, there are situations in which an application may be premature. Open and ongoing communication between Local Education Agencies and Vocational Rehabilitation staff provide opportunities for education, discussion, and negotiation in situations where disagreements exist.

Eligibility

Students are subject to the same eligibility process as other consumers. Counselors, with an appropriately signed release of information, shall obtain all relevant school records including medical, psychological, vocational, educational, and recreational relating to the student's disability, impediments to employment, and rehabilitation needs. Records are provided by the local school district at no cost.

Documentation

Students with an Individualized Education Plans

Students receiving services under the Individuals with Disabilities Education Act have an Individualized Education Plan. This along with other documents, contained in the special education file, provide valuable information for eligibility, comprehensive assessment, and development of an Individualized Plan for Employment. Counselors will obtain and use these documents for eligibility determination and vocational planning.

Students with 504 Plans

Students receiving services under Section 504 of the Rehabilitation Act will have a 504 plan. Student with current 504 plans are considered to have a physical or mental impairment. Counselors must determine whether an impairment constitutes a substantial impediment to employment and if the individual requires services to achieve an employment outcome.

Students without an Individualized Education Plan or 504 Plan

Local Educational Agencies may not be aware of these students, so confidentiality must be maintained. Documentation of impairment must be made as outlined in the [Eligibility](#) section of this manual. Additional documentation, obtained from the school, should be used to determine impediments to employment, need for Vocational Rehabilitation services, and priority category. All information is used to assess strengths, interests, priorities, abilities, functional limitations, and other factors relevant to vocational rehabilitation needs.

When accessing functional limitations and impediment to employment, it is important to determine that issues are due to an impairment rather than age. Age-related limitations do not constitute a functional limitation for the purpose of determining priority for services.

Some records may not be contained within the special education file. Important documents may be located in the health office or school district cumulative file. Counselors should consult with educators on a case-by-case basis regarding how relevant documents can be accessed. If school records are insufficient to determine eligibility, Counselors may elect to obtain documentation through other means.

Comprehensive Assessment

Students are subject to the same comprehensive assessment as other consumers. Please refer to the [Comprehensive Assessment](#) section of this manual as needed. When feasible, use existing information from schools, student, parents, or representative to facilitate a timely and accurate assessment of rehabilitation needs. Additional assessment may be conducted if necessary; however, Counselor assessment based on interest and aptitude tests, school reports, interviews with school personnel, work history, medical or psychological records, evaluations and other information may be enough to constitute a comprehensive assessment. Assessment findings

obtained through interviews with the consumer, parents, or school personnel should be included in the case record.

Individualized Education Plan and Individualized Plan for Employment Coordination

Counselors will consider Individualized Education Plans during development of the Individualized Plan for Employment to determine if services reflected on the Individualized Education Plan need to be included on the Individualized Plan for Employment.

There may be times when a Counselor determines a vocational goal or service on an Individualized Education Program to be inappropriate. As with all other consumers, Counselors are not expected to support an inappropriate vocational goal or service. Counselors should provide vocational guidance and consultation to education staff and guidance and counseling to the consumer.

Individualized Plan for Employment

Counselors should assist students in selecting a vocational goal, provide services needed to reach that goal (including pre-employment transition services), and develop an Individualized Plan for Employment before the student exits high school.

Counselors may specify a vocational goal or utilize a Projected Post-School Employment Outcome. Please refer to the [Projected Post-School Employment Outcome](#) section of the Individualized Plan for Employment policy for additional information

If circumstances prevent the development of an Individualized Plan for Employment prior to exiting school, the case file must contain evidence that planning activities are taking place or a rationale for the delay. If there is a delay, the case file must reflect when planning is expected to resume.

Timelines for Plan development and extensions are the same as for non-students. Please refer to the Individualized Plan for Employment policy for more information.

Services

Financial responsibility for vocational rehabilitation services while in high school is determined on an individual basis. Services provided to students must:

- Be vocational, and support and lead to the achievement of the employment goal identified on the Individualized Plan for Employment
- Not be the responsibility of the school district under the Individuals with Disabilities Education Act or Section 504 of the Rehabilitation Act

- Such responsibilities may include, but are not limited to: physical therapy, occupational therapy, interpreter services, reader services, educational aids, transportation, and assistive devices for educational purposes
- Not be readily available from the school district, unless it is in partnership with Vocational Rehabilitation to provide such a service either in a group or individually.

The following are general guidelines to consider when determining if a service is the responsibility of Vocational Rehabilitation or school district.

1. Will the service help achieve the educational goal of the Individualized Education Program?
 - If yes, the school district is responsible for the service.
2. Will the service help to achieve the employment goal of the Individualized Plan for Employment?
 - If yes, the Office of Vocational Rehabilitation is responsible for the service.

If the Office and school district are unable to agree on responsible for a service, a cost sharing arrangement may be negotiated (conflicts are to be resolved using the process outlined in the *State Interagency Cooperative Agreement*).

Guidance and Counseling

Guidance and counseling is the most common service provided to high school students. Topics to consider include but are not limited to

- Career exploration
- Employment options, (e.g. competitive employment, supported employment)
- Self-advocacy and self-determination skills
- Previous and current work experience
- Transportation and related issues
- Post-secondary education and training opportunities
- Referral to and information about other agencies or programs

Assistive Technology

It is the responsibility of the school to provide technology needed to complete an Individualized Education Plan. Equipment purchased by the school for a specific student can only be used by that student while in school. It remains the property of the school after the student graduates.

Eligible students with assistive technology needs beyond high school should be considered for an Assistive Technology Assessment from Vocational Rehabilitation. This assessment should be considered no later than their final year in high school.

In rare cases, equipment may be purchased from the school by Vocational Rehabilitation. Appropriateness of the equipment with regard to vocational objectives and fair market value of the item must be determined by an Assistive Technology Assessment. Vocational Rehabilitation

is in no way obligated to purchase equipment from the school and doing so should only be considered when the purchase of new equipment is not in the best interest of the student, may cause a delay in services, or unnecessary hardship for the consumer.

Community Work Transition Program

Refer to the Community Work Transition Program’s Policy and Procedures Manual and Service Fee Memorandum for in-depth information on this program.

The Community Work Transition Program is a collaborative effort between the Office of Vocational Rehabilitation and the Kentucky Department of Education. The program allows Counselors to authorize and purchase Employment Specialist services for eligible and potentially eligible students from local school districts. The goal is for all participants to exit high school with paid competitive integrated employment (including supported employment) in the most integrated setting reflective of their capacities, abilities and interests.

The program has two components: Pre-Employment Transition Services, for potentially eligible students with disabilities, and Employment Transition Services, for students who have been accepted for services by the Office of Vocational Rehabilitation. Both types of services are designed to help students with disabilities gain skills and obtain resources to achieve meaningful employment prior to exiting high school. An Employment Specialist hired by the school district provides the services. In-depth descriptions of service are included in the Pre-Employment Transition section.

Students from ages 14 to 21 participating in Pre-Employment Transition Services, are provided opportunities to explore their community’s job market and career clusters while in secondary school. Services focus on broad exposure to local labor market opportunities, in a variety of community settings, and allow students to explore and experience possible careers. Services may be provided in a group or individually and for multiple years. Students may participate in more than one service at a time.

Employment Transition Services are available should a student with a disability need support with a job leading to a career or job coaching assistance. To receive Employment Transition Services, students must be accepted for services by the Office of Vocational Rehabilitation. Employment Transition Services are provided individually during the last year of high school, with a focus on developing a plan to successfully exit high school and enter integrated, competitive employment.

Eligibility for the Community Work Transition Program

The Community Work Transition Program is a transition service for students with significant disabilities, who, traditionally have not been served, or have been under-served by Vocational Rehabilitation. This population includes, but is not limited to, persons with moderate and severe intellectual disabilities, severe emotional disorders, severe long-term mental illness, and severe multiple disabilities.

Students participating in the Employment Transition Services component of this program must require specialized training, support, and follow-up that only this program can provide (i.e. systematic, individualized community based vocational evaluation, career exploration, job placement, on-the-job training, and follow-up services.) The need for this service, rather than a particular diagnosis, forms the basis for eligibility to participate in the program. Counselors must document specific functional limitations supporting this need.

Students should not participate if another program in the school is more appropriate. In the event the program is determined not to be appropriate for any reason, then participation should cease and alternate plans developed for the transition of the student. To be considered for the Community Work Transition Program, students must

- Be in secondary school,
- Be age 14 through 21,
- Have a disability,
- be interested in employment after high school,
- Want to work with an Employment Specialist, and
- Have time in their schedule to participate fully.

The Admissions and Release Committee (ARC) is responsible for determining if a student should be referred to the Program. Each participant will have an Individualized Education Plan identifying the Office of Vocational Rehabilitation as an interagency linkage and the Community Work Transition Program as a needed transition service.

A designated school representative (i.e., Special Education Coordinator, teacher, vocational coordinator, or employment specialist) refers students to the Vocational Rehabilitation Counselor. Ideally, referrals should be made early in the student's sophomore year. With input from school personnel and family, the Vocational Rehabilitation Counselor determines eligibility for services and need for participation in the Community Work Transition Program separately. Counselor will issue an authorization to the local school district to provide services to participants during their final three years of high school.

Pre-Employment Transition Services - Career Exploration

Employment Specialist assists students and families determine a transition path between secondary education and post-school life.

The employment specialist will submit a report summarizing activities and relevant information gained and bill Vocational Rehabilitation quarterly.

Employment Transition Services - Career Training

Transition Planning Meeting

Individualized services will be necessary for a small population of students. Formal evaluation begins during this meeting, with the student and possibly their guardians. The Employment

Specialist explains expectations, shares information from experiences during career exploration and begins to identify targeted career sites and pathways based on the student's interests, skills, history, etc.

This is an opportunity for the student, Vocational Rehabilitation Counselor, Employment Specialist and other interested parties to discuss what vocationally relevant questions need to be answered during the student's final year in the program.

Sites are developed with a specific student in mind and for answering specific evaluation questions best answered within a place of business.

The Transition Planning Meeting Note completed by the Employment Specialist and submitted to the Counselor provides an overview of relevant information from the Meeting. Typically, Transition Planning Meetings occur during the student's junior year to give Employment Specialists ample time to secure employment during the senior year.

Monthly Notes

Monthly Reports capture activities and the vocationally relevant information collected. The Employment Specialist completes and submits these reports to the Vocational Rehabilitation Counselor.

Targeted Business sites are a mandatory and useful means of obtaining information in conjunction with interviews and other observation opportunities. It is recommended that students be evaluated in multiple different job clusters (such as manufacturing, agricultural, clerical, retail, food service, maintenance, etc.). Activities will be determined by the student's interests, local economy, and types of jobs available in the community. All business sites must be fully integrated places of employment in the community.

The Community Work Transition Program is designed with the intended outcome of competitive integrated employment (which may include supported employment) therefore, activities should not occur in a sheltered or institutional setting. School settings should not be used as sites. In an instance where a student desires employment in a school setting and an opportunity for the student to become employed in such a setting exist, an exception request must be made in writing to the Vocational Rehabilitation Counselor and the Plan Administrator must be apprised of the situation before using the school as a site. A detailed progress note must be in the consumers file specifying clearly the reasons for this direction along with information from the school expressing an interest in hiring the consumer in the future. Unless there is strong evidence the school is willing to hire the individual, school work experience is strongly discouraged.

Career Assessment

Once the Employment Specialist has sufficient information to do so, a Career Assessment is written. Information contained in the Assessment serves as the basis for the Individualized Plan

for Employment. The Assessment should be submitted to the Vocational Rehabilitation Counselor by the end of the student's junior year, and in the same quarter it was authorized.

Exit Planning Meeting

The goals of this meeting are to discuss if, and when, adult services should begin, the current vocational goal, future career plans, rehabilitation technology referrals, and if further Vocational Rehabilitation services are needed. During this meeting, the Individualized Plan for Employment should be reviewed and, possibly amended. The Meeting Report, completed by the Employment Specialist and submitted to the Vocational Rehabilitation Counselor, captures an overview of relevant meeting information and documents strategies for the student's exit from the program.

Job Placement

The goal of the Community Work Transition Program is for the participant to obtain post-school paid employment in a job consistent with the Individualized Plan for Employment. Ideally, this will occur prior to the conclusion of training in the program. For billing purposes, Vocational Rehabilitation considers Job Placement to be paid employment in a job consistent with the Individual Plan for Employment after the student has exited school. It is perfectly acceptable and expected for the student to obtain paid employment prior to exiting school, but the school will not be able to invoice for Job Placement until the student has exited school with the employment outcome. The Employment Specialist provides documentation of Job Placement to the Vocational Rehabilitation Counselor through Monthly Reports and the Job Placement report.

Employment Follow-Up

Employment Specialists are expected to provide Employment Follow-up to students upon exiting school with a Job Placement. Employment Follow-up services are designed to assist students with finalizing natural supports and troubleshooting issues that may arise in the first 60 days after exiting school. The amount of time needed for follow-up is unique to each student participating in the program. During follow-up, it should not be necessary for Employment Specialists to spend the majority of the student's workday on the job site. Instead, Employment Specialists should periodically check on students to troubleshoot issues or offer support. In order to receive payment for Follow-up services, the first 60 days of employment must occur and an invoice received by August 30. If it is not possible to complete the first 60 days of post-school employment by August 30 (due to inclement weather or other extenuating circumstances) an exception may be requested.

Additional Services

The intent of the Community Work Transition Program is for the student to be employed, with necessary supports in place, before exiting high school. However, not all students will be employed by exit. Counselors are encouraged to refer students for additional services from Community Rehabilitation Providers or other available services such as Pace or supported

employment. Ideally, service providers will be identified early in the process, made aware of the referral, and invited to participate in Transition planning meetings.

Supported Employment

Supported employment may be recommended for a student participating in the Community Work Transition Program. Vocational Rehabilitation Counselors are responsible for determining if such services are required, based the unique needs of each student. If required, it is the responsibility of the Counselor to determine the best service path. Counselors may continuing participation in the Community Work Transition Program, suspend participation, or cease participation and refer to supported employment per that programs policy.

For students needing supported employment and continuing in the Community Work Transition Program, supported employment services should be initiated no later than January of the student's final year of high school. Please refer to the Community Work Transition Program section within the [Supported Employment policy](#) for additional information.

Technical Assistance

The Human Development Institute at the University of Kentucky provides technical assistance and training for the Community Work Transition Program. Detailed information regarding all aspects of the Community Work Transition Program can be found in the Community Work Transition Policy & Procedures Manual, located on the Human Development Institute's Website.

Case Closure

Transition cases are subject to the same criteria for closure as all other cases served by the Office. To ensure the ability to work independently of the school setting and structure, a student's case cannot be closed successfully until the student has worked a minimum of 90 days beyond exit from high school.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the "Services: General Information" section of this manual for the exception guidelines.

Transportation

Forms

- [Consumer Mileage Form](#)

Resources

- [Consumer Mileage Form Instructions](#)
- [Transportation Service Fee Memorandum](#)
- [State Employee Travel Rates](#)

Guidelines

Transportation means travel and related expenses necessary to enable an applicant or eligible individual to participate in a vocational rehabilitation service, including expenses for training in the use of public transportation.

Transportation assistance may be provided according to the following guidelines:

- Transportation may be provided when necessary to support and derive the full benefit of other Vocational Rehabilitation services. It shall not be provided as the sole service.
- Generally the maximum cost should not exceed the established reimbursement rate for state employees (actual toll cost may be paid.) Counselors may negotiate a lesser amount. Exceptions above the maximums may be considered for essential transportation in vehicles with special adaptive equipment, etc.
- Transportation, other than for diagnostic purposes, is subject to cost participation. Cost of transportation will not exceed the cost of maintenance to stay in the area to which the individual is transported. Transportation for training is limited to actual time in attendance.
- When social services agencies, hospitals, community rehabilitation programs, or similar organizations are used by Vocational Rehabilitation to provide financial disbursement to an individual for transportation, the individual must sign a receipt acknowledging that funds were received and used for transportation

Procedures for Providing Transportation

- Public transportation, paratransit, other regulated carriers – the counselor may pay the standard fee charged to the public or negotiate a lower rate.
- Office of Vocational Rehabilitation owned or operated vehicles should be used when circumstances are advantageous to Vocational Rehabilitation and the consumer. Arrangements for transportation can be made by contacting the Transportation Branch at the Carl D. Perkins Vocational Training Center.
- When a vendor is not available, consumers may be reimbursed through a NonPay Cash authorization, by completing the Consumer Mileage Form.

- Individual, family member, or third party vehicles – the counselor may pay:
- The prevailing state rate per mile **or**
- \$7.50 per hour **or**
- Total miles to be driven divided by the approximate miles per gallon and multiplied by the average cost per gallon.
- The rate of payment applies regardless of who owns the vehicle or how many individuals are transported. The third party may be compensated at the established per diem rate for state employees when it is necessary to be stay overnight to provide transportation.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the “Services: General Information” section of this manual for exception guidelines.

Tutorial Services and Education Assistance

Forms

- [Agreement for Services](#)

Resources

- [Educational Support Services Fee Schedule](#)

Tutorial Services

Tutors provide instruction, usually one-on-one, in a particular subject or skill. The Office of Vocational Rehabilitation requires tutors to have a bachelor's degree or a minimum of fifteen semester hours in the specific subject matter. For the purpose of this manual: remediation, disability-related tutoring, and content tutoring have distinct definitions.

Remediation - Classes or tutoring to address deficiencies in basic education, which are not caused by limitations or impact of a disability. Adult education courses should be utilized when geographically available and appropriate to the needs of the individual.

Disability-related tutoring – Tutoring, classes, or programs specifically designed to address academic limitations, resulting from a disability. Examples of disability-related tutoring are Learning Disability Programs and Deaf Tracks. Some institutions may refer to programs meeting this definition as remediation, or mentoring designed to address disability issues. Counselors may purchase disability-related tutoring at the fees established by The Office of Vocational Rehabilitation.

Content tutoring – Tutoring aimed at addressing poor academic progress in a specific class or course, not caused or impacted by a disability.

Non-credit remediation and content tutoring commonly provided at institutions may not be the most appropriate intervention for individuals with disabilities. For example, remediation or content tutoring in mathematics may be ineffective for an individual with a mathematics learning disability. Counselors should be aware of resources for disability-related tutoring. Many institutions have Disability Resource Centers or Student Services that can provide information on resources for students with disabilities.

Educational Aid Services

Services such as page turning, typing, recording, reading, and securing reference materials, may be provided, and are considered educational assistance or aids. Individuals performing such duties are Education Aides. The hourly rate for such services is the same whether provided individually or for a group.

Prior to providing tutorial or educational assistance, an Agreement for Services must be signed stating the vendor is responsible for submitting a monthly log of their service hours.

State law provides funding to Kentucky public post-secondary institutions for auxiliary aids, such as interpreters and note-takers, for students who are deaf or hard of hearing. The Office of Vocational Rehabilitation oversees administration and distribution of this fund, and the public postsecondary institutions are responsible for arranging and providing communication access to the students. The public postsecondary institutions are reimbursed, through the Deaf and Hard of Hearing Services Branch, for classroom interpreter and note-taker expenses. For consumers who are deaf or hard of hearing, interpreter and note-taker costs are tracked utilizing non-pay cash authorizations. Expenses for individuals who are not consumers are paid from a separate budget.

Interpreter and note-taker costs are negotiated with Kentucky private post-secondary institutions for consumers who are deaf or hard of hearing attending these programs. The practice is to share half of the cost of these services with the Kentucky private post-secondary institution.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the “Services: General Information” section of this manual for exception guidelines.

Wheelchairs.

Authority

- 781 KAR 1:040. (Assistive Technology services)

Forms

Resources

- [Assistive Technology Webpage](#)

Introduction

Wheelchair seating has a significant impact on accessibility. In addition to providing seating and mobility, the wheelchair becomes the basis for performing activities of daily living, work tasks, and transportation. Just as a proper wheelchair can increase health, independence, and function, an improper wheelchair can result in a decrease in ability. The Assistive Technology Branch can help consumers obtain properly fitting, appropriate wheelchairs to allow safe and independent mobility needed for employment. Counselors should always include an Assistive Technology Specialist from the Office when providing funding for wheelchairs. The Assistive Technology Specialist should be involved with any wheelchair services before the selection of a wheelchair is made.

Wheelchair services include assistance with obtaining a new wheeled mobility device (commercial off-the shelf or complex rehabilitation technology systems) and obtaining repairs for an existing wheelchair.

The Driver Rehabilitation Technology Program must be included for all cases involving wheeled mobility devices where adapted transportation is needed, or will be needed in the future. Wheelchair choice significantly affects the ability to fit into the driver position of a vehicle, access and operate driving and secondary controls, and maintain balance and stability while operating the vehicle. To ensure the device can be safely transported using the current vehicle, it is important for Driver Rehab to be involved before a wheelchair is purchased.

Making a “mistake” with wheelchair recommendations can be costly to both the consumer and the agency. Once an insurance company has made payment, the Durable Medical Equipment dealer generally will not take the wheelchair back and the insurance company will not pay for another one. When another wheelchair must be obtained before insurance requirements for replacement have been met, the Office of Vocational Rehabilitation may be the only funding source available to the consumer. If a new wheelchair cannot be used with the current driving/transportation system, the consumer may have to purchase a different vehicle and the agency may need to purchase new modifications. This process is time consuming, frustrating, and expensive. To prevent such mistakes, Counselors should always take the time at the start of

the process to include an Assistive Technology Specialist thus ensuring the right wheelchair is obtained. Taking these extra steps in the beginning can prevent years of work to fix a problem that did not have to happen.

Consumer Cost Sharing

Please refer to the Consumer Cost Sharing Policy for information.

Definitions

Assistive Technology Professional (ATP)

An Assistive Technology Professional has received the ATP certification from the Rehabilitation Engineering and Assistive Technology of North America (RESNA), which recognizes demonstrated competence in analyzing the needs of consumers with disabilities, assisting in the selection of appropriate assistive technology for the consumers' needs, and providing training in the use of the selected devices.

COTS

Commercial-off-the-shelf technology is one that is sold, leased, or licensed to the general public and available in multiple, identical copies.

Clinician

For the purposes of this document, a clinician is a licensed occupational therapist or licensed physical therapist providing wheelchair seating evaluation services in a medical facility.

Complex Rehab Technology Wheelchair Systems

Complex Rehab Technology wheelchair systems are products designed to meet the unique needs of individuals with disabilities. Complex rehab technology includes medically necessary individually configured manual and power wheelchair systems, adaptive seating systems, alternative positioning systems, and other mobility devices that require evaluation, fitting, design, adjustment and programming. This type of technology is designed to meet the specific and unique medical and functional needs of an individual living with disability.

Copay

For this document, the copay refers to three items: 1) The amount remaining on the annual deductible, 2) the percentage of the insurance-billed costs that the policyholder must pay, and 3) the maximum annual out-of-pocket expenses.

Drive Wheel Configuration

The drive wheel configuration identifies where on the frame the primary drive wheel is. Each configuration has advantages and disadvantages.

Driver Assistive Technology Program

[See the Drivers Assistive Technology Program section of manual](#)

HCPCS Codes

The Healthcare Common Procedure Coding System (HCPCS) codes are used for billing Medicare and Medicaid patients. These codes represent procedures, supplies, products, and services, which may be provided to Medicare beneficiaries and individuals, enrolled in private insurance programs. Durable Medical Equipment (DME) such as scooters, hospital beds, prosthetics, etc. may *sometimes* be considered rehabilitation technology, and may *sometimes* be purchased, either partially or in full, using the rehabilitation technology budget. This is generally in circumstances when such equipment is needed to meet work needs versus daily living needs.

Insurance Quote

The quote provided by the Durable Medical Equipment vendor to the consumer's insurance, with line item descriptions, quantity, HCPCS code, and Insurance Allowable for each item on the wheelchair order form (but may not include items that do not have a charge).

Letter of Denial

A letter of denial is issued by the consumer's insurance company identifying items not covered by the consumer's policy.

Letter of Medical Necessity (LMN)

A letter of medical necessity is the documentation created by the clinician, and signed by the consumer's physician, that is submitted to insurance for the purpose of providing supporting material for the consumer's claim of medical necessity for a specific mobility device.

Mobility Device

Any device needed to assist with the mobility of one's person, i.e. walker, crutches, scooter, wheelchair. For this document, it will specifically focus on wheeled mobility devices, which includes scooters, manual wheelchair and power wheelchairs.

Office of Vocational Rehabilitation Quote

A quote prepared by the Durable Medical Equipment vendor, specifically for the Office of Vocational Rehabilitation, identifying the items in the Letter of Denial with the item descriptions, quantity, HCPCS code, and Insurance Allowable.

Rehabilitation Technology Prescription for Services

The document created for the counselor by the rehabilitation technologist with purchasing information for the recommended technologies.

Rehabilitation Technology Report

The document created by the rehabilitation technologist providing information from the assessment, the recommendations of appropriate technologies, and the justifications for the recommendations. The report is an internal document sent only to the rehabilitation counselor.

Wheelchair assessment

All wheelchair assessments involve a clinician and a vendor Assistive Technology Professional as members of the service provision team and follow the [RESNA Wheelchair Service Provision Guide](#). The Office of Vocational Rehabilitation has a mission to focus on functionality for work goals, while the Guide focuses on whole-life goals.

Wheelchairs and Wheelchair Accessories / Features

Complex rehab technology wheelchairs applies to both manual wheelchairs and power wheelchairs.

Manual wheelchairs

Manual wheelchairs are appropriate for persons who are able to efficiently propel themselves through push contact with the wheelchair rims, and able to safely turn, and safely stop. Shoulder strength and hand strength are major indicators for this. All complex rehab technology manual wheelchairs fall within the Ultralight category.

Power Assist

Power Assist for manual wheelchairs is appropriate for shoulder preservation when users have to consistently push over long distances. This is generally considered a work-or school-related solution, with appropriate documentation.

Power Wheelchairs

Power wheelchairs are appropriate for people who are unable to safely propel, turn, or stop a manual wheelchair.

Eligibility for Wheelchair Services

Individuals seeking assistance with a wheelchair purchase or repair must be “Accepted for Services” by the Kentucky Office of Vocational Rehabilitation and must have an assessment of needs relative to the wheelchair in regards to home and work accessibility and driving / transport of a wheelchair completed by an agency Assistive Technology Specialist. Due to the nature of Durable Medical Equipment dealers and their wheelchair provision policies, it is important that the assistive technology specialist be involved with the wheelchair process from the evaluation through the final fitting. The Office is unable to assist with the purchase of wheelchairs that do not meet the home, work, and vehicle accessibility needs.

Referring a Consumer for Wheelchair Services

Vocational Rehabilitation consumers, who utilize mobility devices, will likely need some assistance in regards to their device during their case for services. Changes to a mobility device often affect other assistive technology services. As a result, consumers should be introduced to the Assistive Technology Specialist at the start of services and advised to involve the Specialist before taking steps towards replacing a mobility device. Early introductions allow Specialist to discuss future changes to the wheelchair or other technology and develop a relationship with the consumer.

To make a referral, Counselors must complete an Assistive Technology Referral Form and forward it to the local Assistive Technology Specialist. Counselors should complete the mobility section on the referral form in its entirety, including current mobility devices used as well as the model, year obtained, and funding source of the current wheelchair. In the narrative section, Counselors should include information on driving and transportation status, as this could be affected by a change of mobility device.

Consumers in need of a wheelchair are often referred to the Office of Vocational Rehabilitation after an evaluation by a seating clinic, who may be seeking an additional payer source for the wheelchair. In these cases, the wheelchair has typically been selected, submitted for insurance payment and possibly ordered before an application for services has been taken. This can lead to problems such as a wheelchair being delivered to a consumer prior to the completion of an Individualized Plan for Employment. It is imperative that Counselors make all parties understand the Office of Vocational Rehabilitation does not reimburse for services provided without an authorization. The consumer must have “wheelchair” included on a signed Individualized Plan for Employment and an authorization completed before the wheelchair is delivered or The Office of Vocational Rehabilitation will not participate in the cost.

Seating clinic staff or durable medical equipment dealers sometimes call Assistive Technology Specialists to determine if an individual has “Office of Vocational Rehabilitation funding” prior

to making a referral. The Office of Vocational Rehabilitation cannot disclose if an individual has or had a case without a current, signed release from the consumer. These vendors should refer the individual to the Office of Vocational Rehabilitation and have the individual call to schedule a meeting with their counselor or apply for services.

Wheelchair Assessments:

When the recommended mobility device is an off-the-shelf item and no specialized seating components are required, wheelchair assessments can take place directly with an Assistive Technology Specialist and Durable Medical Equipment dealer. Generally, this will only be the case for those who do not spend “all day” in the wheelchair, but instead use the wheelchair for mobility and transfers to other setting when not mobile.

When a complex rehab technology wheelchair is required, the consumer’s physician must provide a referral to a clinician for a wheelchair seating assessment. This typically occurs if additional seating components are required or if the consumer is expected to be in the wheelchair from the time they wake until they go to bed. In this case, the assessment should take place in a seating clinic. Typically, the assessment will be performed by a seating clinician with the support of a durable medical equipment dealer and the Assistive Technology Specialist.

Assistive Technology Specialist work with other seating professionals to develop specifications for the wheelchair. The role of the Specialist is to ensure work, home, and transportation issues are addressed. For this reason, it is best if the Specialist evaluates the home, workplace, and the vehicle available for transporting a mobility device prior to the seating clinic appointment. This will provide the Specialist with the best understanding of the consumer’s needs.

Funding cannot be considered until the Assistive Technology Specialist has had the opportunity to review the seating clinic report and assess the home, transportation, and work needs of the consumer. As a result, a delay may occur if the Specialist has not meet with the consumer both before and during the assessment.

Evaluation Equipment

Where possible, consumers will have the opportunity to try equipment before it is purchased. In the case of wheelchairs, the durable medical equipment dealer participating in the seating clinic generally has a sample chair the consumer will try during the evaluation. Understandably, this chair may not be to the exact size and specifications of the recommended equipment, as it would be impossible to have samples of every size and type of chair.

Wheelchair Assessment Results

Several pieces of information go into wheelchair recommendations and the determination of funding provided by the Office of Vocational Rehabilitation.

1. Seating clinic reports are written by the seating clinician. A copy of this report must be provided to the Assistive Technology Specialist for inclusion with their report.

2. Wheelchair order form specific to the wheelchair being ordered.
3. Durable Medical Equipment dealer quote for recommended wheelchair. This quote must include the following information:
 - a. Letter of Medical Necessity
 - b. Line item description of each item to be included with the wheelchair
 - c. Healthcare Common Procedure Coding System (HCPCS) code for the specified line item
 - d. Manufacturer Suggested Retail Price for each line item
 - e. Insurance company allowable OR denial for each line item – please note, this is an estimate at the time of submitting the wheelchair to insurance for pre-approval. This amount can and often will change when the final bill comes in.
4. Statement of benefits from insurance company –listing what is approved or denied and indicating the amount of copay, deductible, and out-of-pocket maximum as well as the current status of each item. If we do not have this before we need to write an authorization, a report from the consumer with copay percentage, deductible, and max out-of-pocket is sufficient.

The Assistive Technology Specialist will use the above information and information from the Case Management System to determine the maximum amount the Office can pay towards the wheelchair. This amount is determined and negotiated with the Durable Medical Equipment dealer before recommendations are written. The Assistive Technology Branch Manager will approve the maximum expenditure before it is submitted to the Counselor.

If the Assistive Technology Specialist has not completed evaluations of home, work, and transportation needs, these assessments will need to be completed (if applicable) before the assistive technology specialist can make recommendations.

The Assistive Technology Specialist will provide a written report within two weeks of receiving all required information. The report should include the following:

- A description of the consumer’s current functional limitations as related to wheelchair needs;
- A description of the current tasks to be accommodated as related to wheelchair needs;
- A line item recommendation for a wheelchair and / or wheelchair parts and accessories that indicates the amount that the Office of Vocational Rehabilitation can pay for each line item; and
- A total “up to amount” the authorization should be written for. Please note the amount paid will generally be different from the amount authorized. However, to protect the interest of the consumer and the Office, the authorization is written for “up to the amount specified, considering the insurance payment received by the durable medical equipment dealer.”
 - For example, consumers often have an insurance deductible to be met. It often takes a few months to get a wheelchair, and the amount remaining on the deductible may be less than at the time of the estimate.

- There are generally some recommendations an insurance company will deny. For example, insurance typically denies a standing function on a wheelchair. Regardless, the Office of Vocational Rehabilitation can provide funding if the item is vocationally necessary. Whenever an item is not covered by insurance, the Assistive Technology Specialist should justify the item as “assistive technology”, relating it to both employment and the individual’s disability.
- Any items on the quote denied by insurance and the Office of Vocational Rehabilitation will need to be left off the wheelchair or paid for by the consumer.

Assistive Technology is purchased using a “delegation of authority” that allows the technologist to recommend the specific item needed by the consumer from a specific vendor without going through the bidding process. Generally, the assistive technology specialist will recommend using the services of whatever durable medical equipment dealer was present at the seating clinic.

Purchasing Wheelchairs

Prescriptions

The assistive technology specialist will provide a prescription for the purchase of the wheelchair. Expenditure codes used in this area of technology include:

- 92 K – Wheelchairs
- 92 L – Wheelchair repair

Authorizations

The Vocational Rehabilitation Counselor is responsible for generating the authorizations for items to be purchased. Authorizations should be forwarded to the Assistive Technology Specialist to coordinate with the durable medical equipment dealer and seating clinic for delivery.

Generally, wheelchairs are delivered in the seating clinic with the durable medical equipment dealer and seating clinician present to ensure the chair ordered is proper and fits the consumer. The Assistive Technology Specialist should be involved in the fitting to ensure the consumer and the Office of Vocational Rehabilitation are receiving equipment that fits the consumer and is appropriate for their needs.

Assistive Technology Over \$3,000

Any assistive technology authorization over \$3000 will need preapproval by the Assistive Technology Branch Manager. When an authorization is generated, the Counselor will need to notify the Assistive Technology Branch Manager that there is an authorization in pre-approval status. The manager is not notified in any other way that there is an authorization to approve.

Assistive Technology Over \$10,000

When the total of recommended assistive technology is over \$10,000 (generally only if the Office is completely funding a wheelchair with no assistance from insurance), the agency process for expenditures over \$10,000 should be followed. Please see the manual section on expenditures over \$10,000 for more information.

Life Expectancies for Wheelchair/Components

Power wheelchair base: 5 years

Manual wheelchair frame: 5 years

Tires: 1 year

Batteries: 1 year

Electronics: 1 year

Brakes, etc. 1 year

Cushion: 2 years

Wheelchair Repairs

The consumer is responsible for all maintenance on a wheelchair. This includes items that need replacing due to standard wear and tear, i.e. batteries, tires, etc.

Generally, insurance will pay for wheelchair repairs (fixing items that have broken vs. normal wear and tear) outside of these items. A request for payment for all items must be submitted to insurance. A letter of denial from the insurance company and vendor's quote are required by the assistive technology specialist in order to create a prescription for services for repair of the wheelchair.

Exceptions.

Exceptions to this policy, if required, must be approved by the Director of Field Services or designee prior to commencing services.

Policies and Guidance Related to Specific Disabilities

Deaf, Hard of Hearing, and Deaf-blind

Due to the prevalence of conditions causing both hearing and vision loss, individuals with a diagnosis of deafness, hard of hearing or late deafened should be referred for a visual examination by a physician skilled in the diseases of the eye or by an optometrist. This examination should be part of the assessment of vocational rehabilitation needs and address visual function (including visual fields) and possible eye pathology. If restricted visual fields or eye pathology are found, referral should be made to an ophthalmologist

Deaf-Blindness

Deaf-blindness is defined as an auditory and visual impairment, also referred to as dual sensory loss, so severe that the combined sensory disability causes extreme difficulty in the attainment of independence in activities of daily living, psycho-social adjustment, or pursuit of a vocational objective. It is not necessary for either the hearing impairment or the visual impairment to be the primary or secondary disability. The presence of both conditions is sufficient for the individual to be considered deaf-blind

Individuals with deaf-blindness are served by a primary counselor, which may specialize in either hearing or visual disabilities. A secondary counselor is involved as appropriate to address disability concerns not within the primary counselor's specialty. Deaf-Blind cases are coded 08 Deaf-Blind in the Case Management System. This code acknowledges the dual sensory loss, so a secondary disability code is unnecessary for the visual or hearing impairment.

Deaf-blind cases are served by a Rehabilitation Counselor for the Deaf, Rehabilitation Counselor for the Blind, or Communication Specialist. The primary counselor maintains the case and if necessary solicits the expertise of the secondary counselor. The secondary counselor has a professional responsibility to ensure the primary counselor and consumer have access to the knowledge, resources, and opportunities available to other consumers served by the secondary counselor. The secondary counselor will not maintain a casefile or enter data into the Case Management System. The primary or secondary counselor can seek guidance from the Deaf-Blind Services Coordinator at any time.

When a counselor identifies a new deaf-blind case, they shall contact the Deaf-Blind Services Coordinator who will also maintain a file on the consumer. The Deaf-Blind Services Coordinator assists in obtaining services from other resources including the Kentucky Commission for the Deaf and Hard of Hearing, The Kentucky Deaf-Blind Project, The National Deaf Blind Equipment Distribution Program, and the Helen Keller National Center. The Deaf-Blind Services Coordinator helps facilitate team meetings for consumers as appropriate.

Primary counselor assignments are based on the needs of the individual. Sign Language users are referred to a Rehabilitation Counselor for the Deaf. If the individual does not communicate

by sign language, the individual is referred to a Rehabilitation Counselor for the Blind or Communication Specialist depending on the unique needs and informed choice of the consumer.

In the event counselors experience a conflict requiring the intervention of their Branch Managers, those Managers must consider the input and recommendations of the Deaf-Blind Services Coordinator prior to making a decision. In cases where it is not immediately clear which counselor is best suited to serve as the primary counselor or the consumer has requested their case be transferred to another counselor, the Deaf-Blind Services Coordinator should be consulted.

Deafness

deaf (lower case "d") means any person with hearing loss so severe that communication and learning is primarily visual.

Deaf (capital "D") indicates a cultural identification with members of the Deaf community and the use of American Sign Language as the primary communication method.

Each county has a Rehabilitation Counselor for the Deaf assigned to serve consumers who are deaf and use sign language as their preferred mode of communication. Counselors serving individuals who are deaf should consult the State Coordinator of Deaf Services for assistance.

Hard of Hearing and Late Deafened

Hard of Hearing is used to indicate those who have mild to profound hearing loss, and may benefit from the use of hearing aids or other listening devices. Hard of hearing individuals depend primarily upon spoken or written language (do not rely on any form of sign language as their primary means of communication,) and function in the hearing world with regard to family, friends, work, and leisure activities. Individuals who are hard of hearing do not have significant association with Deaf community. They may or may not have taken steps to deal with their hearing loss, i.e. audiological assessment, use of hearing aids or other technology.

Late Deafened refers to those who have a severe to profound hearing loss, which occurred after the development of speech and language; and can benefit from the use of visual display technology, but usually very little from hearing aids or other listening technology. Individuals who are late deafened usually depend upon visual representations of language to communicate with others (may include finger spelling, some system of manually coded English, speech reading, cued speech or written communication. They may have developed some proficiency in American Sign Language learned as a second language; and function in the hearing world with regard to family, friends, work, and leisure activities. Individuals who are late deafened usually do not have significant association with the Deaf community.

Communication Specialists have training and expertise on the rehabilitation needs of persons who are hard of hearing and late deafened. When possible and in the best interest of the consumer, individuals with hearing loss should be referred to a district Communication Specialist. Exceptions should be discussed with the Branch Manager.

Expected practices

According to State law, hearing aid recommendation must be obtained from a qualified professional. A comprehensive audiometry evaluation and hearing aid evaluation obtained from an audiologist is preferred. Audiologist assesses hearing loss and prescribes hearing aids. Any exceptions to this practice, such as the use of a hearing instrument specialist, must be justified and documented in the case file.

- Only audiologist can perform comprehensive audiometry evaluations (92557).
- Both audiologist and hearing instrument specialist can perform hearing aid evaluations (92590 & 92591).

An evaluation of the auditory system from a physician skilled in the diseases of the ear should be provided when symptoms of ear pathology or conductive hearing loss are present.

A Communication Assessment is required, and should cover settings such as work, school, and home to determine issues such as

- Face-to-face communications,
- Telephone communications,
- Environmental sounds and situations,
- Small group and large group situations
- Electronic media,
- Special equipment in settings such as work, school, home, etc.

This information is helpful to determine appropriate circuitries and assistive devices needed to address any barriers to performance of job functions.

Learning Disorders

Definition

According to the DSM-V, Learning Disorders are diagnosed when achievement on individually administered standardized tests in reading, mathematics, or written expression is substantially below that expected for age, schooling, and level of intelligence.

Substantially below is usually defined as a discrepancy of more than 2 standard deviations between achievement and IQ. If a sensory deficit, such as a vision or hearing loss, is present, the learning difficulties must be in excess of those usually associated with the deficit.

Counselors should use existing documentation including psychoeducational evaluations and Individual Education Plans obtained from the school system. It is not necessary to get a DSM-V diagnosis if documentation of the significant discrepancy between intelligence and achievement is available through the educational system.

Morbid Obesity

Definition

According to the National Institutes of Health, a person is considered obese if they are more than 20 percent over their ideal weight. Obesity becomes "morbid" when it significantly increases the risk of one or more obesity-related health conditions or serious diseases (also known as co-morbidities). Morbid obesity sometimes called "clinically severe obesity" is defined as being 100 pounds or more over ideal body weight or having a Body Mass Index of 40 or higher.

Eligibility

Morbid obesity is a serious chronic disease. A disability of morbid obesity may be established if the individual's weight meets the medical definition. Eligibility must be determined based on current functional limitations documented during the eligibility process. Counselors should consider possible co-existing physical ailments, such as hypertension, diabetes, heart disease, etc.

Substance Use Disorders

Substance use disorder is a term commonly used by professionals to describe any excessive use of addictive substances. Therefore, for the purpose of this section, that term will be used to denote both substance dependence and substance abuse. The term relates to the use of alcohol as well as other substances of abuse and refers to all varieties of substance use disorders as described by the DSM-V. The essential feature of substance use is a maladaptive pattern manifested by recurrent and significant adverse consequences. Recurrent use may result in a failure to fulfill major role obligations at work, school or home. It also may result in legal, social or interpersonal problems and physically hazardous situations. Disability does not end with the cessation of use.

Treatment

Treatment is inpatient or outpatient services provided by licensed and certified mental health professionals to assist a person with addiction recognize, and take appropriate steps to remedy the damage done by addiction. The [Psychological Service Fee Memo](#) has additional information regarding services and credentials recognized by the Office of Vocational Rehabilitation

Treatment program

Treatment programs include both inpatient treatment and three or more months of outpatient care provided by qualified, licensed and certified mental health professionals. Treatment and Recovery programs are part of an array of services available to address addictions and sustain long-term recovery. Many individuals enter a formal inpatient or outpatient treatment program and then go on to participate in recovery programs to maintain abstinence. There is a positive correlation between consistent participation in treatment and recovery programs and successful rehabilitation.

Recovery

Recovery is the condition of learning to live and function without drugs and alcohol. Individuals in recovery continue to deal with addictive thinking and behaviors. Initially, recovery can be as difficult as the active phase of substance abuse. It is important to participate in both a treatment and recovery programs.

Recovery programs

Recovery Programs are peer led. These programs include Alcoholics and Narcotics Anonymous, 12-step programs based on peer support, faith based or pastoral counseling and halfway houses.

DUI education classes

These classes are not considered treatment. However, they may be beneficial when done in conjunction with a treatment or recovery program. Some classes include a therapy component conducted by a certified drug counselor. It is important for counselors to be knowledgeable of the services offered in their community. DUI classes alone do not meet the expanded definition of mental restoration.

Replacement therapy

Replacement Therapy (i.e. Methadone, Suboxone, Subutex) is a medical maintenance program. This treatment option is generally considered after those that are more conventional have been tried and a pattern of relapse is present. Replacement Therapy is a respected and accepted step in recovery. It is the responsibility of the consumer, and their mental health professional, to understand the benefits and risks associated with any treatment option they choose. For some, replacement therapy may be the safest and surest means to a goal of abstinence.

To insure individuals are available to complete the assessment process, they are expected to be “stable on dose” prior to provision of services. The term "stable on dose" means the individual is not positive for illicit substances, and is on the same maintenance dose for at least twenty-one days. Replacement therapy alone does not meet the expanded definition of mental restoration. However, mental health therapy is often provided in conjunction with replacement therapy and if so, the conditions for the expanded definition of mental restoration may be met.

Relapse

Relapse is the principal marker of this disorder, and recovery may be interrupted by multiple relapses. Relapses may require the interruption of Vocational Rehabilitation services and multiple treatment experiences are often necessary. Counselor should communicate support, commitment to the consumer, and clearly express willingness to resume services as soon as possible when the recovery is back on track.

Eligibility

No length of abstinence is necessary in order to apply for services; however, prior to eligibility determination a consumer must acknowledge substance abuse and commitment to recovery documented through treatment records, counselor observations and self-reports. Because of the prevalence of co-occurring disabilities, a thorough assessment should be conducted by the Counselor.

Because of the substance abuse disorder, and possible co-occurring disorders, individuals in recovery commonly have significant functional limitations, which may be physical, psychological, or social. Regardless of the diagnosis, the functional limitations related to employment are the determining factors of eligibility.

Individuals with long-term abstinence are less likely to experience functional limitations. If substantial problems continue during long-term abstinence, further assessment may be necessary to determine if there is an overlooked co-occurring condition.

Assessment

Consumers in treatment may have trouble with cognitive functioning. As a result, assessments may not provide accurate information during the initial phase of abstinence. Reassessment of a consumer's aptitude may need to be considered as the individual reaches a longer period of abstinence and their level of functioning improves.

Individualized Plan for Employment

Work is necessary for the physical and emotional recovery of consumers with substance abuse disorders. Meaningful progress toward employment can reduce the potential for relapse and provide opportunities for consumers to grow in areas important to recovery. As part of the Individualized Plan for Employment, consumers must have a commitment to abstinence, be active in, or completed, a treatment program, and be involved in a recovery program based on individual needs and availability of services.

The case record must include documentation verifying compliance in a treatment program or recovery program. Documentation includes:

- A sponsor's letter of recommendation
- A treatment coordinator's recommendation
- Verification of active participation in 12-step or other self-help program

The counselor may monitor the consumer's progress in other areas of their life. This would include the consumer's ability to meet their own basic independent living needs as well as family stabilization, managing finances, and complying with the judicial system.

Drug Courts and Halfway Houses

Drug courts and halfway houses often have specific work and lifestyle restrictions. Counselors need to be alert to legal history and circumstances affecting employment. Developing a cooperative relationship with these referral sources can improve success. For further information regarding working with ex-offenders, please refer to the [Job Placement Manual's](#) section on criminal records.

Establishing goals

Consumers in early recovery need to focus on the recovery process and the “here and now.” This is particularly important for those being served by drug courts or halfway houses. It is generally best to limit stress and to make only gradual changes to life activities. Encouragement and a focus on short-term, specific, manageable goals within the context of a longer-term strategy provides the most benefit. Goals might include stopgap employment, stable housing, reliable transportation and independent living skills. Services are often needed to develop interviewing skills, and acquire attitudes and behaviors necessary for work, such as punctuality, regular attendance, appropriate dress, and responsiveness to supervision.

Individuals with mid-range abstinence have a diminished risk of relapse and, in general, a greater success rate for engaging in new activities and tolerating stress. Their family lives and sense of self have moved towards stability, and they have an increased capacity for long-range planning and problem solving. They are often ready to engage in active job seeking or to begin work toward long-term vocational goals by acquiring new skills and knowledge.

Training

The criteria used to determine an individual’s readiness for training, including post-secondary training, are not based on a specific length of abstinence. Instead, the determining criteria are based on individual success indicators as outlined below.

Individual Success Indicators

Individual timelines for success vary. Counselor should monitor success indicators to encourage appropriate vocational planning. The criteria listed below will help determine an individual’s readiness:

- Participating in (or completion of) a formal treatment program
- Compliant with the recommendations of the treatment plan
- Participation in a recovery program
- Individual is practicing appropriate life skills (i.e. personal care, finances, medical needs, housing, etc.)
- Individual demonstrates they have a stable support system
- Individual demonstrates abilities to make decisions and carry through on tasks

The counselor and consumer should agree upon criteria to determine readiness to begin services on the Individualized Plan for Employment. The agreement and the achievement of the established criteria must be documented in the case file. Services will be initiated when compliance is met based on the agreed upon terms.

Carl D. Perkins Vocational Training Center

The Carl D. Perkins Vocational Training Center may be considered as a part of planned services for achieving a vocational goal. It should not be considered as a primary treatment facility. The Center is a viable option for vocational assessments and training for individuals with substance abuse. Please refer to the Carl D. Perkins section of the counselor's manual for additional information regarding services and admissions procedures.

The Center offers a Substance Abuse Program as an auxiliary service to consumers enrolled in vocational services. A Substance Abuse Counselor will assess consumers referred for the substance abuse program. This assessment determines the best options available, taking into account the potential for relapse, based on stated and available information, as well as the consumer's viability for remaining in the Center's residential training setting without being a harm to self or a danger to others. The Substance Abuse Counselor will conduct a conference call with the Vocational Rehabilitation Counselor, consumer, and the Center's Case Manager to present the results of the assessment. The possible outcomes of this conference are:

1. If the recommendation from the Substance Abuse Counselor states the consumer needs more intensive care than is currently available at the Center, the consumer will return to the home community for care.
2. If the recommendation states the consumer can benefit from the Center's Substance Abuse Program,
 - If (1) the Vocational Rehabilitation Counselor agrees to have the recommended services added to the Individualized Plan for Employment and (2) the consumer agrees to amend and sign the plan with those services. The consumer may remain at the Center for vocational services
 - If the consumer and Vocational Rehabilitation Counselor do not want the recommendations added to the Individualized Plan for Employment, the consumer will return to the home community for services deemed appropriate by the consumer and Vocational Rehabilitation Counselor.

Drug testing

If relapse is suspected, drug testing may be done at the discretion of the Vocational Rehabilitation Counselor. While not routine, it can be requested and accomplished if both the Counselor and consumer agree. Counselors may act based on the manifested actions or inactions of the consumer without a drug test. Actions to services may be taken, due to the lack of cooperation, progress, or participation, without verification of causation. Drug testing may also be a service to prepare for training or employment opportunities.

Terminal Illness (Potentially)

- KAR 1-020 Section 6

Individuals with a potentially terminal illness must have either a favorable prognosis or the prospect of survival for a reasonable period of time, allowing a return to work for at least twelve months (work life expectancy). Individuals requiring surgery or ancillary medical services such as chemotherapy or nuclear medical treatment that is expected to cure the condition should be served as if it were any other medical condition.

If the attending physician feels the prognosis is “guarded,” the counselor shall request a letter indicating the consumer’s work life expectancy. For those individuals without a twelve-month work life expectancy, the counselor should consult with the Branch Manager before accepting the case or denying services.

Visual Impairments

General Information

Visual impairment generally means a loss in visual acuity or visual field resulting in the inability to read standard print obtain a driver’s license, travel independently, etc.

Each county has a Rehabilitation Counselor for the Blind assigned to serve consumers with visual impairments. Rehabilitation Counselors for the Blind have training and expertise on the unique rehabilitation needs of this population. It is the need for specialized services for the blind rather than a particular disability, which results in the assignment of a Rehabilitation Counselor for the Blind. When possible, and in the best interest of the consumer, individuals with vision impairments should be referred to a Rehabilitation Counselor for the Blind. Exceptions to this policy should be discussed with both Branch Managers.

The existence of a visual impairment is verified through medical documentation, using existing information when possible. The information must include the results of a visual examination provided by an ophthalmologist or an optometrist. If medical information is not current, a new exam is recommended. Visual examinations within the last year are considered current. The Office may obtain second opinions from qualified specialists to determining eligibility and scope of services.

Due to the prevalence of conditions causing both hearing and vision loss, individuals who have met the requirements for legal blindness, or have significant visual field loss, should be referred for a hearing exam and audiogram by a physician licensed in the treatment of ear, nose and throat.

Consumers who have both a visual and a hearing impairment may be considered as deaf-blind. Please refer to the section on [Deaf-Blindness](#) for more information regarding this population.

As with other consumers, a comprehensive assessment should be conducted prior to developing the Individualized Plan for Employment. If other disabilities are identified, medical information should be obtained and functional limitations assessed. Psychological or psychiatric evaluations should be obtained when disabilities such as developmental, mental, emotional, or substance abuse is suspected. When serving consumers with additional disabilities, Rehabilitation Counselors for the Blind should consult with other Vocational Rehabilitation Counselors who have specialties, resources, and knowledge of benefit to the consumer.

Eligibility should be determined as soon as possible and a comprehensive assessment completed prior to the Individualized Plan for Employment. Assessment is an ongoing process throughout the rehabilitation program and the need for additional information should be balanced against informed choice. Counselors should document in a progress note any refusal to participate in an assessment.

Eligibility criteria for those with visual impairments are the same as for all other consumers. Verification of a visual impairment is needed to document the disability, assess functional limitations, and determine the need for specialized services from a Rehabilitation Counselor for the Blind.

Information from the Social Security Administration verifying an applicant is eligible for benefits under Title II or Title XVI of the Social Security Act, as a result of a visual impairment, shall be presumed eligible and best served by a Rehabilitation Counselor for the Blind.

A rapidly progressive visual disorder may be determined to constitute an impairment before the onset of functional limitations. For example, a diagnosis of proliferative diabetic retinopathy may be given, even though functional limitations do not currently exist. This condition may, over time, result in blindness. Prior to making this determination, an ophthalmologist or optometrist must:

1. Provide a diagnosis of a condition which is rapidly progressive,
2. Requires intervention services and
3. Will, if untreated, over time result in functional limitation in terms of employment

Assistive technology and Orientation and Mobility assessments will be provided by the agency, to develop the capacity to perform in a work environment.

Rehabilitation Counselors for the Blind should refer to the other sections of this manual for further information regarding comprehensive assessments, Individualized Plan for Employment, case closure, etc.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the “Services: General Information” section of this manual for exception guidelines.

Vehicle Purchases

Vehicles purchases are allowable only when the occupation of the consumer requires a vehicle as occupational equipment. The Office may not purchase a vehicle for the routine need for transportation to and from a place of employment. Occupational equipment is defined as equipment required to perform the essential functions of the job once consumers have arrived at their work stations.

If consumers are required to travel to alternate work sites this does not constitute a vehicle as occupational equipment, as in the case of a rehabilitation counselor traveling to surrounding counties. Consumers could access other modes of transportation such as the mass transit system, the state motor pool, co-workers, etc. Once consumers actually arrive at their work sites, occupational equipment consists of whatever is needed to actually perform the job.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the “Services: General Information” section of this manual for the exception guidelines.

Appendices

Approval Sign-off Matrix

Services or Circumstances	Forms Requiring Approving Signature	Branch Manager or Designee	Other	Director of Program Services or Designee
Agreement for services	Agreement for Services Form	X		
Expenditures of \$10,000 or more (including home or vehicle modification, & self-employment)	Pay Authorization Individualized Plan for Employment or Amendments	X	*Self-Employment Coordinator or Assistive Technology Branch Manager	X
New Counselors- First 6 months	Eligibility statement Individualized Plan for Employment & Amendments	X		
Personal Care Assistant (Hiring Family Member)	Progress Note	X		
Price Contract and Bid Items – Expenditures of \$3,000 or more	Individualized Plan for Employment, Amendment Non pay authorization Attach itemized list	X	Finance Officer	
Graduate Training- (if different from initial vocational objective)	Individualized Plan for Employment or Amendments	X		
Mental Restoration Services and Therapies (physical)– Requiring more than 18 sessions	Individualized Plan for Employment or Amendments	X		
Training-In foreign Countries	Individualized Plan for Employment or Amendments	X		X
Contingency Fund	Letter to Assistant Director	X		X
Self-employment - Start-up costs greater than \$1,000	Pay Authorization Individualized Plan for Employment or Amendments	X	Self-Employment Coordinator	X
Self-employment – Start-up costs greater than \$60,000 (total Office expenditures over \$10,000)	Pay Authorization Individualized Plan for Employment or Amendments Exception Letter	X	Self-Employment Coordinator	X

* When expenditure is for self-employment or assistive technology

General Fiscal Concerns

Authority

- Workforce Innovation and Opportunities Act P.L. 113-128
- Federal Regulation: CFR 361.5 (b)
- Kentucky Revised Statute: KRS 45A
- Administrative Regulation: 781 KAR 1:020 and 200 KAR 5

Resources

- [Authorization Instructions and Guidelines](#)
- [Authorization Approval Process](#)
- [Finance and Administration Cabinet Policies](#)
- [Expenditure Codes](#)
- [Receipt and Transferable Items Agreement](#)

General Regulations for Providing Services and Authorizations

All consumer services are authorized and paid utilizing, as appropriate, an Office of Vocational Rehabilitation Authorization for Goods or Services. District Branch Managers will countersign, and the Director of Program Services will review, expenditure of \$10,000 or more prior to the authorization being issued to the vendor. Approval of the expenditure will be evidenced by the signature of the District Branch Manager on the authorization.

Costing Back Authorizations are used to track services paid through alternative means, such as a contract. Costing Back Authorizations do not require a Counselor's signature. As with all other authorizations, they should be printed and included in the case file. These authorizations can be identified by the statement "Costing Back Name and Address" above the vendor information on the authorization for services.

With the exception of Costing back Authorizations, the Office of Vocational Rehabilitation will not pay for services unless an authorization was created and signed by the Counselor prior to the date of service. Authorizations must be prepared, signed and dated, and delivered to the vendor before services are initiated. All services must be clearly itemized with their respective costs. The Office will ensure physicians or other vendors agree not to charge or accept from the individual, or family, any payment for authorized services, unless the amount of is previously known to and, where applicable, approved by the Director of Program Services.

All authorizations are submitted with a pay or non-pay descriptor. A non-pay descriptor means that the payment is processed in a different manner, i.e. interaccount expenditure to another state agency, non-pay cash authorizations, contract, etc.

Counselors must verify services have been rendered before authorizations are sent to Frankfort for payment. For most services, this means an invoice or receipt. A service is not considered

rendered on psychological or medical services until the report is received. Timesheets are adequate documentation for Pace training wage payments. Personal Care services require both a timesheet and a tax worksheet.

Expenditure Codes

Services are classified by Service Categories broken down into Expenditure Code. Case status effects which expenditure codes may be used.

Expenditure Codes within the Pre-Employment Transition Services and Assessment categories may be used prior to an Individualized Plan for Employment. Other codes cannot be accessed until an Individualized Plan for Employment is entered into the Case Management System.

Authorized services should be charged to the appropriate Expenditure Code. Please refer to [The Kentucky Office of Vocational Rehabilitation Expenditure Code List](#) for more information.

Receipts for Tools, Equipment, Computers, ETC.

Items, such as tools, equipment, computers, supplies, etc. require a receipt, Receipt and Transferable Items Agreement Form, or Security Agreement be signed by the recipient. Receipts for non-transferable items are retained in field offices. Receipt and Transferable Items Agreement Forms for items over \$500 (which could be used by others –**not** prosthetic devices, dentures, etc.) and Security Agreements are to be sent to the Systems and Fiscal Management Branch in Central Office.

Purchase through Bid Procedure

No counselor will commit the Office to purchase tools, equipment, computers, initial stocks and supplies for self-employment, etc. over the Office purchase limit.

- Purchases under \$1,000, to a single vendor, do not require bids and can be purchased locally using a pay authorization.
- Purchases over \$1,000 but less than \$3,000, to a single vendor, require three local quotes and can be purchased locally using a pay authorization.
 - The case must include documentation to substantiate three quotes on identical items were obtained prior to purchase.
- For authorizations over \$3,000, counselors must consult with the District Branch Manager. If the manager agrees the purchase is necessary, the service must be competitively bid. In accordance with KRS 45a, the Finance and Administration Cabinet-Office of Material and Procurement Services must competitively bid these purchases.

If a consumer needs several items from the same vendor and the total exceeds \$3,000, this bid process must be followed. It is a violation of Finance and Administration Cabinet procurement policy to artificially divide or split purchases to remain below these limits.

Process for orders \$3,000 or more

A list of requested items will be submitted to the District Branch Manager along with two copies of the Individualized Plan for Employment justifying the request with strong emphasis on the necessity of the purchase and how it is to be used by the individual. If approved, the District Branch Manager must sign the Individual Plan for Employment and submit to the Systems and Fiscal Management Branch. **No authorization is to be entered until the bid has been awarded.**

A list of items to be purchased with sufficient description for ordering must be attached and will include budget unit number, delivery address, estimated cost, and specifications.

Specifications must be explicit since they will be used to write the requisition sent to the Division of Purchases and should include model numbers, dimensions, branch, pictures, etc. Additionally, the name and address of any vendors who provided specifications must be shown. Contact the Central Office Finance immediately if there is need for correction of errors.

To speed the process, it is advisable for counselors to seek and receive three quotes and send them with the detailed list. It is imperative the quotes be for identical items. For example, if one quote is for a 15 cubic foot refrigerator and another is for a 14 cubic foot refrigerator, the quotes are not identical.

When the bid is awarded, the counselor will receive a copy of the purchase contract showing the exact cost and the vendor. The counselor will prepare a non-pay authorization and submit electronically to Central Office. The delivery address should be designated to the counselor's office address, except for large, heavy equipment.

- Upon delivery, the counselor must verify items against the purchase contract, prior to or at delivery of the equipment to the consumer.
- When all materials on the purchase contract have been received, the counselor will date and send the copy of the purchase contract, marked received, and the signed Receipt and Transferable Items Agreement to Finance in Central Office. Central Office will continue the payment process.

Exceptions to bid and quote process

The Office has a delegated purchasing authority for the purchase of assistive technology, vehicle modifications, and medical and diagnostic services. This authority allows the Office to procure these items and services without utilizing the competitive bid and quote process as outlined in KRS 45a. However, counselors must follow Office guidelines for these purchases by referring to the appropriate sections of this Manual. All other purchases for occupational and other tools, equipment, computers, initial stocks and supplies for self-employment, etc., **must** utilize the procedures described above.

Non-pay Cash Authorizations

When a counselor has established a legitimate need and the service cannot be obtained via the standard authorization process, cash funds may be expended as outlined below. The non-pay authorization may be authorized to the recipient of the service, but should be authorized to a vendor whenever possible. Generally, non-pay cash funds paid to the consumer for a specific service should not extend beyond a three-month period. This should allow the counselor with the assistance of Central Office adequate time to establish a mechanism to pay for the necessary service via the vendor payment system.

Payment made directly to recipient of service, is not to exceed \$500.00 per non-pay authorization, (exception for attendant care.) Counselor must have a reasonable expectation the money will be used for the intended purpose. Services include:

- Maintenance outside of home community and beyond normal living expenses: including room, board, apartment rental and/or subsistence.
- Transportation expenses (other than purchase of airline ticket).
- Uniform expenses.
- Incidental needs, (i.e., necessary toiletries, laundry, etc., not to exceed \$100.00 per month.)
- Lodging, less than one week, daily rates only.
- Testing and or license fees for customers.
- Personal care assistance (cannot exceed \$2000.00 in a one-month period.)
- Consumer training funds.

When a check is issued, the recipient should be informed of the purpose for which the money is provided and type of documentation they are required to produce.

When a check payable to the consumer is obtained prior to acquiring the service or item, the consumer is required to provide a receipt for the expenditures within 30 calendar days of receiving the check. Under no circumstances should additional non-pay cash funds be authorized until the appropriate documentation is received for prior authorizations.

The following documentation must be attached to the non-pay cash authorization:

Maintenance, transportation, uniform expenses, incidental expenses, lodging, and testing or license fees: **Appropriate documentation includes invoices or receipts identifying items purchased or services received equaling or exceeding amount of cash received. For testing or license fees, documentation of test completion or licensure would be adequate documentation.**

Non-pay cash authorizations must be submitted electronically to Central Office and a copy maintained locally by the counselor. Once the counselor receives the check from Finance, they should verify the correct amount and authorization number. The authorization must be signed and dated by the counselor and consumer verifying the check was delivered to the consumer. The signed and dated copy of the authorization will then be placed in the casefile. Appropriate documentation is to be attached to authorization when received.

Personal Care Assistance: Appropriate documentation is a timesheet signed by both the consumer and the provider and a completed tax worksheet. Due to the nature of this service, funds are not to be authorized until the personal care assistance has been received and the time sheet and tax worksheet completed. The original non-pay authorization is to be signed by the authorizing counselor and submitted electronically to Central Office. The signed timesheet and tax worksheets are to be attached to the authorization and filed in the case record.

Non-pay authorization payments to vendors can be made for the following:

- Maintenance including room, board, apartment rental, etc.
- Transportation expenses (other than purchase of an airline ticket).
- Drugs and medical supplies.
- Interpreter services, note taking services, tutoring services, attendant care and childcare.
- On-the-job training services.
- Testing or license fees (original application must accompany non-pay authorization).

If services are not rendered or goods received, the check should be retrieved and an authorization refund document should be prepared and submitted. A printout of the refund document is to be attached to the check and mailed to the Systems Management Branch in Central Office. Copies must be filed in the case file.

Contingency Fund

There are times when large expenditures are necessary to achieve an employment goal. Such expenditure could deplete a caseload budget to the extent services to others on the caseload are impacted. A Contingency Fund has been established to meet this need. All purchasing laws, regulations, and procedures including the bid process, apply and must be followed.

Counselors can request monies from the Contingency Fund for any expenditure of \$10,000 or more. An exception to the \$10,000 amount will be considered if a counselor has multiple expenditures, none of which singularly amount to \$10,000 but which together constitute a significant amount of the caseload budget.

For approval to utilize the Contingency Fund, counselors should:

1. Consult with the District Branch Manager. If both the counselor and District Branch Manager agree that the circumstances require the use of the Contingency Fund;
2. Send a letter to the Assistant Director of Program Services briefly describing the needed purchase, the amount, and the results of an exploration of comparable benefits. Include the authorization for the purchase using Contingency Fund's Budget Unit Number, 6795.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or designee may approve an exception to policy. Please refer to the "Services: General Information" section of this manual for the exception guidelines.

Useful Life Expectancy of Transferable Items

ITEM	YEARS
Auditory Equipment	5
Assistive Tech Devices (fragile)	3
Assistive Tech Devices (non-fragile)	5
Breathing Machine	5
Beauty Shop Equipment	5
Chair Lift	6
Computer Hardware	3
Construction Tools	5
Drafting Tools	5
Electronic Equipment	3
Farm Tractor	6
Home Modifications	5
Hospital Bed	6
Industrial Sewing Equipment	5
Gunsmithing Tools	5
Jewelers Tools	5
Machine Shop Tools	5
Mechanics Tools	5
Mobility Aid	5
Mower & Grounds Equipment	5
Office Furniture	6
Portable Buildings	6
Ramp	5
Refrigeration Tools	5
Stair Lift	5
Storage Barns	6
Taxidermist Equipment	5
Telecommunication Device	3
TENS Unit	5
Trailers	6
Vehicle Modification	6
Welding Equipment	5
Wheelchair	6
Woodworking Tools	5
If items are not included on this list call, the Central Office Inventory Officer, for help determining life expectancy.	

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For use with the Office of Vocational Rehabilitation's [Receipt and Transferrable Items Agreement](#)