Department of Health and Human Services
Division of Vocational Rehabilitation Services

VOCATIONAL REHABILITATION SERVICES PROGRAM

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CASEWORK & SERVICE DELIVERY POLICY MANUAL

Effective Date: October 1, 2011
Revision Date: July 15, 2019

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MANUAL INTRODUCTION

All policies stated in this manual are effective January 1, 1996 and replace policy and procedural information issued for Volume I and Volume VIII prior to this date. Subsequent revisions of this Volume will have a revision date.

This manual is divided into chapters based on the rehabilitation process of the Vocational Rehabilitation Program (VR) of the North Carolina Division of Vocational Rehabilitation Services. Each chapter is divided into sections with many sections further divided into subsections. Each chapter, section and subsection is numbered to provide for easy location of specific topics. Additionally, a Table of Contents and an Index identifying the location of each topic is provided.

An APPENDIX is also provided which gives the reader general information and guidance on topics supporting the rehabilitation process.

CHARGE AND PURPOSE OF THE NORTH CAROLINA DIVISION OF VOCATIONAL REHABILITATION SERVICES

OUR CHARGE:

North Carolinians with disabilities will live and work in the communities of their choice with economic and other supports available to help them achieve and maintain optimal self-sufficiency and independence.

OUR PURPOSE:

To promote employment and independence for people with disabilities through customer partnership and community leadership.

CHAPTER ONE: PROGRAM ADMINISTRATION

Section 1-1: Introduction

Enabling Legislation

Federal Legislation and Administration
Title I and Chapter I of Title VII of the Rehabilitation Act of 1973, Public Law 93-112, as amended by Public Laws 93-516, 95-602, 98-221, 99-506, 100-630, and 102-569.

The Vocational Rehabilitation Program and the Independent Living Program are administered by the Rehabilitation Services Administration in the U. S. Department of Education.

State Legislation and Administration
N. C. General Statutes 143-545A and 143-546A.

The Department of Health and Human Services is required to establish and operate these programs under the administration of the Division of Vocational Rehabilitation Services in collaboration with the Division of Services for the Blind which conducts Vocational Rehabilitation and Independent Living programs for individuals who are blind or visually impaired under Chapter III of the General Statutes.

State Plans

To be eligible to receive Federal funds for its programs, the State must have a State Plan for Vocational Rehabilitation Services, with a Supplement for Supported Employment Services, and a State Plan for Independent Living that meet Federal requirements.

[The Rehabilitation Act of 1973 (P.L. 93-112) as amended through 1998; G.S. 143-545.1]

1-1-1: Policy Development and Consultation

The Division of Vocational Rehabilitation Services shall seek and consider, in connection with general policy development and implementation, the views of:

A. Current and former clients or, as appropriate, their parents, guardians or other representatives;
B. Providers of vocational rehabilitation and independent living services;
C. The State Rehabilitation Council;
D. The Statewide Independent Living Council;

E. Representatives of business and industry and other employers;
F. Numerous advocacy and consumer organizations;
G. Other councils, commissions, associations, agencies, and departments concerned with issues related to individuals with disabilities; AND
H. Committees representing counselors, members of the regional rehabilitation centers, and other professional groups.

Implementation of this policy shall involve the use of numerous mechanisms to seek such views including, but not limited to, the following:

- STATE AND STRATEGIC PLAN PUBLIC MEETINGS throughout the State, after appropriate and sufficient notice (usually thirty days), to allow interested individuals and groups an opportunity to comment on the Vocational Rehabilitation and Independent Living State Plans and the Division's Strategic Plan and to participate in the formulation of policies governing the provision of service established through these plans as required by the Federal Vocational Rehabilitation Law.

- PUBLIC RULE-MAKING HEARINGS which are required by the State's Administrative Procedure Act, G.S. 150B; prior to the adoption of policies or procedures that affect the public and that are not already established in either State or Federal laws or rules. These rule-making hearings involve a lengthy process requiring 30-day notices, submission and analysis of the fiscal impact of policies by the Office of State Budget and Management, review by the Governor's Office, an Administrative Rules Review Committee, and the Joint Legislative Administrative Procedures Oversight Committee. This law also provides legal avenues for court review of statutory authority for policies and procedural safeguards for the public.

- ADVICE FROM THE VOCATIONAL REHABILITATION ADVISORY COUNCIL: Both Federal and State law require regular consultation with this Council regarding the Vocational Rehabilitation State Plan, the Strategic Plan, and other policies and procedures of general applicability pertaining to the provision of Vocational Rehabilitation services in the State. This council is established under both Federal and State laws. Members are appointed by the Governor, the President Pro-Tempore of the Senate, and the Speaker of the House and represent a broad cross-section of individuals and entities including those with disabilities, service providers, business and industry, labor, parent training and information centers, the Independent Living Council, the Client Assistance Program, and clients. A majority of the members must be individuals with disabilities.

- INVOLVEMENT OF THE CLIENT ASSISTANCE PROGRAM (CAP) in policy development: The Director of CAP is a member of the Division's Management Team and has the opportunity to participate in initial discussions as policy is being

developed. In addition, the Director is a member of the State Rehabilitation Council and regularly attends meetings of the Statewide Independent Living Council; thus representing client interests in policy development through these two bodies as well as public hearings. CAP is also able, through its involvement in the Division's administrative review/appeals process, to identify problematic policy issues and call these to the attention of the Division Director.

- CONDUCTING FOCUS GROUPS: These groups offer a means to assure stakeholders participation in policy development; particularly in identifying areas of concern related to existing or needed policies. Focus groups are conducted under the direction of local unit offices and represent grass-roots involvement in policy development.

- DIRECTOR'S INFORMAL CONSULTATION WITH CONSUMER AND ADVOCACY GROUPS: The Division Director periodically holds informal meetings with leaders of various consumer and advocacy groups to solicit their concerns about needed policies or policy changes. These meetings usually relate to significant service-delivery issues such as order of selection for services or issues that would be appropriate for the State or Strategic Plans.

- NORTH CAROLINA ASSOCIATION OF REHABILITATION FACILITIES: The Division Director or his designee meets with the executive committee of this group (which represents community rehabilitation programs) at their regularly scheduled meetings and occasionally, as the need arises, requests special meetings with them. These meetings provide an opportunity for the group to have input into policy development and change.

- COUNSELOR ADVISORY COMMITTEE (CAC): The Counselor Advisory Committee is a group of representatives elected by counselors from all the unit offices and facilities across the State. It meets at least three times a year with the Assistant Director for Program Operations and other supervisory and management staff as appropriate. Ideas, needs, feelings, and client-related issues from the Committee are presented to the Division Director through the Deputy Director. Many of the issues raised by this group result in policy studies and possible changes.

- CONTACT WITH OTHER ORGANIZATIONS, AGENCIES, ASSOCIATIONS, COUNCILS, AND COMMISSIONS: The Division maintains formal contact with approximately 50-75 groups other than those specifically described in this policy. In some instances, the Division has formal representation on such bodies. In other instances, information is routinely exchanged through informal contact, formal correspondence, public hearing notices, and newsletters. The Division has a mailing list of approximately 600 groups and individuals who receive all hearing notices and all proposed rules regarding the two State Plans and the Strategic Plan.

- SPECIAL STUDIES AND SURVEYS are used to solicit direct consumer input that assists in evaluating the Division's delivery of services and the policies guiding that service delivery.

- THE CONSUMER SATISFACTION SURVEY CONDUCTED BY THE STATE REHABILITATION COUNCIL is used to evaluate the effectiveness of, and consumer satisfaction with, rehabilitation services received through the Division's Title I program. Within 60 days, this survey is sent to all clients whose cases were closed after having received services from the general Vocational Rehabilitation program. Review and analysis of these survey results provide information that can assist in evaluating Division policy and implementation of such policy.

- THE POST-CLOSURE FOLLOW-UP STUDY is an ongoing study in which a sample of individuals whose cases were closed successfully are contacted 12 months after their cases are closed. Current work status, earnings, and client views regarding services are assessed by means of a survey form. This information is also useful in evaluating policy and its long-range implications.

[34 C.F.R.361.18; 34 C.F.R.364.20; VR State Plan Section 2.5 b.; I.L. State Plan Section 2.3]

1-1-2: Audit-Federal

The Department of Education requires that State Vocational Rehabilitation Division records, including client files, be retained for three years. Therefore, Federal auditors when auditing the Division, review active client files or records which have been closed for no longer than three years. This said, the Division, by State statute, retains closed case files until notified by the Office of the Controller that cases closed in a specific year are scheduled for disposition. Refer to policy in 1-2-4.

1-1-3: Provision of Services to Employees or to Members of Their Immediate Family

Policy does not prevent rehabilitation services from being provided to an individual with a disability who is an employee or relative of an employee. Counselors should not complete Division documents or issue authorizations for any services for a family member, relative, or division employee without following the requirements set forth in this policy.

An immediate family member is defined as an employee's spouse, parent, sibling, child, grandparent, grandchild, aunt, uncle, and first cousins by either blood or marriage. Step and in-law relationships within these categories are also included as are others who may be living in the same household but unrelated. An employee is defined as anyone currently on the Division's payroll.

In the instance of an employee's family member or an employee, a neutral counselor or supervisor, working in a different unit office from the family member or employee, shall be asked to complete the preliminary assessment and forward such to the Regional Director or designee who will make the eligibility decision and complete the VR Eligibility Decision. The Regional Director or designee will then appoint a neutral counselor, working in a different unit office from the family member or employee, to develop the rehabilitation program and provide services.

Revised 2/2/2016

1-1-4: Transportation of Clients-Liability

A Division employee who has a motor vehicle accident while transporting a client in the employee's personal vehicle and injures the client is wholly liable; if the Division employee is found negligent. Even though the individual is a State employee and is engaged in State business at the time, this fact does not alter the liability issue.

If the client sustains injury while being transported in a State owned vehicle, and the Division employee is found negligent, liability insurance carried by the State would be available to help satisfy any allowed claim. Allowed claims in excess of State provided coverage become the employee's responsibility. Unless an employee's own insurance policy contains special provisions to cover such, it is our understanding that liability insurance carried by the Division employee would not offer coverage when an accident involves a State owned vehicle.

When authorizing a third party to provide transportation for our clients, the counselor should confirm that the individual authorized has a valid driver's license; unless a commercially licensed person or firm is the authorized carrier.

Should a Division employee be involved in any accident on the job which involves a client and/or a State owned vehicle, the employee's supervisor or the state office should be immediately notified.

[Attorney General Ruling]

Section 1-2: Records Management

All Division records of service must be maintained in a neat and orderly fashion which allows easy access to information regarding the client. Client records must be stored in locked file cabinets in each office and should not be removed from the office unless great care is taken to assure confidentiality of client information and should not be left unattended.

1-2-1: Record of Service Transfers

The transfer of client records of service should occur when another counselor is in a better position to develop or continue the rehabilitation program. Records should be transferred on the following conditions:

1. When an applicant/client has permanently located in a geographical area not served by the original counselor and a substantial amount of time is required to develop or complete the rehabilitation program;
2. When the applicant/client could best be served by a specialized counselor in the same geographical area and if it is in the client's best interest;
3. When a client is being discharged from a facility and the facility does not have an assigned counselor to ensure completion of the rehabilitation process; OR
4. At client request and management discretion, a client's record may be transferred to another counselor when communication and rapport between a client and counselor is not at a level appropriate to assure successful completion of the rehabilitation program.

1-2-2: Responsibilities of the Transferring Counselor

1. The transferring counselor should contact the receiving counselor to notify of the potential case transfer.

2. Ensure the case record is in proper order and complete for the phase of the rehabilitation process. Records should be up-to-date regarding the client's address and telephone number along with an additional current contact name and phone number.

3. Notify the client of the VR office address and phone number for their new location. This should be done via letter with a copy maintained in the client record. The letter should include the receiving counselor's name and the client's requirement to contact the new office within 60 days.

4. It is the responsibility of the client/Parent/Guardian or representative to contact the receiving office within 60 days.

5. The transferring counselor should contact the receiving counselor **AND** client if confirmation of contact has not occurred within 30 days.

6. If contact is not made by the client/parent/guardian or representative within 60 days the transferring counselor may, with Supervisor approval, close the case unsuccessfully.

1-2-3: Responsibilities of the Receiving Counselor

1. Once client/parent/guardian or representative contact has been made, the receiving counselor must contact the transferring counselor within 5 working days, to request transfer of the case.

2. Upon receipt of the transfer, the receiving counselor will review the case. Casework errors should be documented in case notes. If significant errors are found the case should be staffed with the Supervisor to determine appropriate action.

   If there appears to be an error in eligibility the case should be staffed with the QDS who will consult with the Chief of Policy.

3. The receiving counselor should arrange to meet the client as soon as possible but at least within 30 days of receipt of the transfer.

[34 CFR 361.39]

Revised 6-1-2013

1-2-4: Retention/Disposal of Records of Service

The Department of Health and Human Services and State Department of Cultural Resources, Division of Archives and History have agreed to a schedule for retention and disposition of records for the Division of Vocational Rehabilitation Services.

A predefined period of time cannot be used as a record disposition date. Staff will receive the schedule for purging and destroying records on a semiannual basis from the Chief of Policy. Records must be retained in the office until notification that records closed during a specific year are scheduled for disposition. In addition, all records with litigation, appeals, and financial or other local issues pending when disposition is scheduled must be retained until those issues are completely resolved. The following records are subject to the schedule of retention and disposition provided by the Office of the Controller:

ACTIVE RECORDS OF SERVICE: Includes referral information, client data sheets, client survey forms, authorizations, eligibility/ineligibility decision, rehabilitation plans and amendments, financial statements, medical reports, case notes, and related documents and correspondence. Remove the record of service from active files once the record has been closed.

CLOSED RECORDS OF SERVICE: Includes case records closed from any status.

INELIGIBLE RECORDS OF SERVICE: Included in this category are those records of individuals who were not accepted for services.

PURCHASE ORDERS AND INVOICES

In addition, please retain and dispose of the following records as follows:

- CLIENT MASTER LIST: Keep in office two years, and then destroy.
- GENERAL OFFICE FILES: Includes applications for employment, personnel files, general memoranda, equipment inventory lists, purchase orders and invoices for supplies and equipment. These files should be arranged alphabetically by subject.
- EQUIPMENT INVENTORY LISTS AND GENERAL MEMORANDA: Keep until obsolete, and then destroy.

[Chapter l2l and l32 of the General Statutes of North Carolina]

Revised 02-19-04

1-2-5: Annual Review of Closed Records of Service

The Division is required by Federal law and regulations to conduct periodic reviews of certain categories of ineligibility determinations for applicants and clients. The review of ineligibility determinations applies to applicants and clients who were determined ineligible, on the basis of assessments, which indicated they could not be expected to reach the rehabilitation goal due to the severity of the disability or unfavorable medical prognosis. The following policies apply as appropriate in the respective instances:

Client's Record Of Service Closed As Ineligible Due To Unfavorable Medical Prognosis Or Disability Too Severe

Clients closed as ineligible in case status code 08, 28, or 30 because the disability is too severe or there is an unfavorable medical prognosis (reason code 2) will be reviewed within 12 months to determine if circumstances resulting in the ineligibility decision have changed to the degree that the decision can be reversed. State office staff for the VR program will automatically conduct this initial review. Subsequent reviews will be conducted only upon request of the individual.

The Program Policy, Planning and Evaluation Section will mail a letter during the ninth month following the date of closure informing the individual of their right to a review. This letter will also explain why the record was closed. A copy of this letter will be forwarded to the counselor currently serving the caseload from which the individual was closed. This letter is designed to provide the individual with a clear understanding of, and an opportunity for, review.

The letter will explain:

A. The Division's review responsibility;
B. That if the individual feels employment is now or in the near future a possibility, then the individual should contact the counselor/office noted in the correspondence; AND
C. That if the individual is uncertain of the future, contact in subsequent years may be requested.

If the individual does not respond by the thirteenth month after closure, then the following options are available:

A. If the letter is returned (i.e., moved - no forwarding address; occupant unknown, etc.) the Division will have made a reasonable attempt to provide the initial review and the individual's name will be dropped from any future follow-up list. Upon receipt of the returned letter from the postal service, the Planning and Evaluation Services Section will send the letter to the counselor. The letter will be filed in the individual's case record. OR
B. If the individual fails to make contact by the thirteenth month, the individual will be dropped from the list for future contact. The counselor shall document on the copy of the letter that no contact occurred and file the letter in the record of service.

If the individual makes contact, the counselor should respond and interview the individual and provide the assessments necessary to make a determination of eligibility based on current data. The individual's other option would be to request a review the following year. Should either of these situations occur, the counselor must note at the bottom of the file copy of the letter one of the following:

- *Contact - case record requires no further consideration.*
- *Contact - case placed in 02 and subsequently placed in, 10 as appropriate). Counselor should identify the previous and new VR-number.*
- *Contact - case placed in 02 and not accepted (closed 08).*
- *Counselor should identify the old and new VR number.*
- *Contact - individual unable to participate in a rehabilitation program leading to work - requests follow-up next year. (This will automatically establish a review the following year.)*

Additionally, the VR counselor should notify the Statistical Assistant, Planning and Evaluation section of the disposition of the review. The copy of the letter should be filed in the new record. This step is very important in that it allows the Division to document compliance with the Act.

The situation may arise when a record of service was closed 08, 28, or 30, for reason code 2 but is later referred or otherwise opened. The counselor must

notify the above referenced statistical assistant providing the previous closure date and code. This mechanism will prevent a follow-up letter being mailed during subsequent reviews.

1-2-6: Annual Verification of Records Service

Each year the Regional Director will coordinate a "hands-on" comparison of the *Client Master List* with client records in each unit. This includes inactive and active records of service based on the *Client Master List.* The Regional Director will report to the Chief of Policy by August 31 the results of the review. Every effort should be made to account for misplaced client records of service. Lost records of service should be reported to the Chief of Policy for reconstruction purposes.

[34 CFR 361.39 and 34 CFR 361.49]

Section 1-3: Confidentiality of Records

All Division records of service will be maintained in a confidential manner as described in this section.

1-3-1: General Provisions

The Division, through its units and facilities, shall maintain a record on all clients receiving services from the Division. All records shall be of a confidential nature and shall not be made available to the general public. Except as required or allowed in this policy, no information obtained concerning a client served by the Division may be disclosed by the Division without the consent of that individual. The Division will not contract with vendors who require, as a condition of admission, the disclosure of health or disability information which is not necessary to achieve health, safety, or programmatic objectives. For example, residential programs are not legally seen as settings that should require HIV disease related information for health and safety reasons. In situations when such disclosure is necessary, the Division will require that the vendor have in place policies which assure that such information will be used and disclosed only as necessary to achieve those purposes. If the information concerns a minor, the consent of a parent or guardian must also be obtained. After a client has reached the age of l8 years, the records of that individual may be disclosed only with the consent of that individual, or, if the client is incompetent, the client's guardian. Furthermore, whenever consent or action is required of a client, the client's representative, if properly authorized, may give such consent or take such action.

Except as provided in this policy, each Division client shall have full access to all records which contain information regarding the individual. A parent or guardian of a minor shall also have full access to the information contained in the records of that minor. All clients, representatives, service providers, cooperating agencies, and interested persons shall be informed of the confidentiality of client personal information and the conditions for accessing and releasing this information.

All applicants/clients or their representatives must be informed about the Division's need to collect personal information and the policies governing its use. The Division shall inform clients of the following:

A. Identification of the Rehabilitation Act as the authority under which information is collected;
B. The principal purposes for which the Division intends to use or release the information;
C. That the individual's provision of any information is mandatory if such information is necessary to determine eligibility, to plan rehabilitation goals, objectives, and services, and to accomplish the rehabilitation program. Failure to provide such information will result in delay or denial of services. Information which is not crucial or pertinent to the rehabilitation program would be deemed voluntary and would not affect provision of services if not provided by the client;
D. Identification of other agencies to whom information may be released along with the types of information so released; AND
E. Of those situations when the Division requires or does not require informed written consent of the client before information may be released.

All explanations to applicants/clients and their representatives about policies and procedures affecting confidential information must be in the individual's primary language or must be through appropriate modes of communication for those individuals who rely on special modes of communication.

All confidential information acquired by the Division is the property of the Division and shall remain so, and all contracts, grants, agreements, and other documents entered into by the Division shall so provide. The Division shall maintain in its records only such information about a client as is relevant and necessary to accomplish any purpose of the Division required by statute or rule. No information in the case record shall be removed, destroyed, or altered for purposes of avoiding compliance with this policy. Whenever the Division makes a disclosure to any person or entity other than the client, the disclosed material shall be stamped with a *CONFIDENTIAL INFORMATION* stamp or accompanied by a letter containing the following statement**:** *THIS IS CONFIDENTIAL INFORMATION FROM THE RECORDS OF THE NORTH CAROLINA DIVISION OF VOCATIONAL REHABILITATION SERVICES. FEDERAL LAW AND REGULATIONS PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE INFORMED WRITTEN CONSENT OF THE CLIENT TO WHOM THIS INFORMATION PERTAINS.*

The original file may not be removed from the control of the Division, but must be viewed in the office in the presence of a Division staff member. All other responses to requests requiring personal information shall be provided through photocopies. There will be no charge for the sharing of copies to individuals, agencies or organizations which require copies for the benefit of the client's rehabilitation program. Otherwise, photocopies are $ .25 per page.

A client may submit a written request to add, delete, or amend information contained in the case record. The Supervisor shall make a decision whether to amend the record. If the record is to be amended, the Division shall:

A. Amend any portion of the record which is not accurate, relevant, timely, or complete by making appropriate notations on the record; OR
B. Insert corrective material into the file.

If the decision is made not to amend the record, the Division shall inform the client in writing of the decision, the reason for such decision, and the procedures for the client placing statements into the record.

1-3-2: Requests for Client Information

All requests for information shall be in writing. The consent for disclosure shall contain:

A. The name of the client;
B. The name or title of the person or organization to whom the disclosure is to be made;
C. The extent or nature of the information to be disclosed;
D. A statement that the consent is subject to revocation at any time;
E. The date on which the consent is signed; AND
F. The signature of the client.

When a requested record has been identified and is available, the Division shall notify the party requesting the information as to where and when the record is available for inspection or that copies will be available and will be sent by mail. The notification shall also advise the requesting party of any applicable fees.

If a requested record cannot be released or located from the information supplied or is known to have been destroyed or otherwise disposed of, the party requesting the information shall be so notified. A response denying a written request for a record shall be in writing and shall include:

A. The identity of the person responsible for the denial; AND
B. A reference to the specific law or regulations authorizing withholding of the record with a brief explanation of how the regulations or law applies to the information being withheld.

When confidential information is released or release is denied, the counselor releasing it or denying the release shall place an entry in the Case Notes stating:

A. The name of the person to whom it was given or by who requested, if the request is denied;

B. The date the information was released;
C. The documents released or reviewed; AND
D. The reason for such release or denial.

Disability Determination Section

Regulations of the Social Security Disability Insurance (SSDI) Beneficiaries and Supplemental Security Income (SSI) program authorize the disclosure of information about the claimant by the Disability Determination Section (DDS) and the Social Security Administration. Likewise, the regulations authorize this Division to disclose client information to these parties for the purpose of disability determination; which includes the appeals process when claimants are denied benefits.

Releasing records to Disability Determination

During the application process for SSI and SSDI benefits, the claimant must authorize the Disability Determination Section and the Social Security Administration to collect any medical records or other information about the disability from physicians, hospitals, agencies, or other organizations. This signed release by the client meets the requirements set forth in the Division policy, and authorizes the counselor, when requested by the Disability Determination Section or the Social Security Administration, to forward copies of medical records or other information about the client's disability for the purposes of disability determination.

Requesting records from Disability Determination

DDS can release some disability related reports to VR with a written consent. The consent must:

(1) include the name, Social Security number, and date of birth of the individual
(2) be signed, and dated by the individual
(3) specifically authorize the NC DDS to release records
(4) specify the information to be disclosed
(5) state the purpose for which the information is to be disclosed
(6) specify to whom the records may be disclosed.

DDS will only release copies of the signed Consultative Examination (CE) Form to VR. Draft copies will not be released. These documents should contain specific information about the client's disability for use in determining eligibility and rehabilitation service planning.

Process for Requesting records from DDS:

- VR staff should fax requests for CE reports with a properly executed consent to the DDS fax at 800-804-5509. (DDS requests that VR NOT call in advance.)

- DDS will handle all VR requests on Thursdays and one of the following responses will be provided via fax:
    - A fax cover with the signed CE report attached
    - A note indicating that there are no reports available
    - A note indicating the claim is no longer within DDS jurisdiction and any inquiries should be sent to the servicing Social Security Field Office

Revised 6/1/2019

1-3-3: Release of Confidential Information *With* the Consent of the Client

When the client requests release to another individual, Division or organization, the Division upon receiving the informed written consent of the client, shall release to such other individual, Division or organization for its program purposes only that information which may be released to the client, and only to the extent that the other individual, Division or organization demonstrates that the information requested is necessary for its program. Information which is determined by the Division to be harmful to the client shall be released only when the other individual, agency, or organization assures the Division that the information will be used only for purposes for which it is being provided and will not be further released to the client. When a client requests release of confidential information to the client, parent, guardian, or representative, all confidential information contained in the client's file may be inspected and copied with the exceptions as noted below:

- On rare occasions, certain information obtained from another organization is restricted from further re-disclosure. Such information is generally so marked and the Division will honor such restrictions by directing the client to the original source. (Most agencies and organizations, including the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and the Social Security Administration, permit re-disclosure with client consent).

- Any information including medical or psychological information, which, in the judgment of the counselor may be harmful to the client, may not be released to the client. If the client is a minor, it may be released to the client's parent, guardian, representative, or to a physician or licensed psychologist. Some information is so sensitive and potentially harmful that the counselor shall seek consultation with the Chief of Policy before responding to the request. When releasing such information, the Division shall caution the party receiving the information that it may be harmful to the client and; therefore, the receiving party is responsible for the use of the information.

1-3-4: Release of Confidential Information Without the Consent of the Client

An employee may, in the course of providing rehabilitation services, disclose confidential information without the consent of the client to other Division employees.

The Division may authorize the release of confidential information to an organization, agency, or individual engaged in audit, evaluation, research, only for purposes directly connected with the administration of the program or for purposes which would significantly improve the quality of life for individuals with disabilities. Inquiries of this nature should be directed to the Chief of Policy. Before participating in such activities, the Division will require assurance that:

A. The information will be used only for the purposes for which it is being provided;
B. The information will be released only to persons officially connected with the audit, evaluation or research;
C. The information will not be released to the client;
D. The information will be managed in a manner to safeguard confidentiality; AND
E. The final product will not reveal any personal identifying information without the informed written consent of the client.

The Division may share confidential information on a need-to-know basis with its trainees, interns, and volunteers, who shall be bound by Division policy concerning confidentiality in the same manner as employees.

Confidential information must also be released without consent in the following situations:

A. In order to protect the client or others when the client poses a threat to his or her safety or to the safety of others;
B. If required by Federal law;
C. In response to investigations in connection with law enforcement, fraud, or Abuse. This includes routine sharing of demographic information as required by DHHS to support Child Protective Service investigations; AND
D. In response to judicial order.

Revised: 9/1/2015

Periodically, the Division will receive requests for client information from attorneys in Workers' Compensation cases, who will not present consent for release, but will assert that Workers' Compensation information is not privileged under N. C. Law. G. S. 97-27 does state that information from physicians and surgeons who examine injured workers shall not be privileged. However, the Division must require client consent because Federal law and regulation *(34 CFR 36l.49)* must prevail in this situation.

1-3-5: Subpoenas

A subpoena is a court order to either appear and testify at trial or at a deposition or to produce documents (a subpoena duces tecum). The subpoena itself does not obviate or overrule the confidentiality regulations dealing with client records and, therefore, client confidentiality may be invoked in certain circumstances as set forth below when a subpoena seeks to elicit confidential client information. This is applicable to either testimony given at a trial or deposition or the production of documents.

An employee who receives a subpoena must send a copy of the subpoena via encrypted email to the Chief of Policy/Policy Office with a copy to the respective Regional Director and Division Director as soon as possible upon receipt. The Chief of Policy is responsible for forwarding the subpoena to NC DHHS legal counsel. The employee shall also notify the Chief of Policy/ DHHS legal counsel as to whether necessary client consent has been given, in writing, for the release of information, including confidential client information. Division of Vocational Rehabilitation Services staff must not respond to subpoena requests without receiving specific instructions from the Chief of Policy/Policy Office in coordination with NC DHHS legal counsel.

Subpoena to appear/testify:
If consent has been given, the employee shall appear according to the terms of the subpoena at the direction of DHHS legal counsel. If no client consent has been given, DHHS legal counsel will inform the court and issuing parties of the requirements of the law and regulations concerning confidentiality; the employee shall testify or produce documents in this circumstance only upon judicial order compelling production.

Subpoena to produce documents:
Upon receipt of a subpoena for the production of documents, if client consent has been given, the production of requested documents shall occur at the direction of DHHS legal counsel. If no client consent has been obtained, written objection to the production of documents should be served on the attorney or such other person designated in the subpoena by DHHS legal counsel. This written objection, prepared by or under the direction of DHHS legal counsel, should state the specific grounds objected to, such as protection of privileged or confidential matters. If the subpoena is issued from Federal Court, the written objection to production must be served within 14 days after service of the subpoena, or before the specified time for compliance if less than 14 days.

If the subpoena is issued from a North Carolina state court, the written objection to production must be within 10 days after service of the subpoena, or before the specified time for compliance if less than 10 days. The written objection to production of documents should read as follows: "Pursuant to Rule 45(c)(3) of the North Carolina Rules of Civil Procedure [Federal Rules of Civil Procedure Rule 45(d) should be substituted if the action is filed in Federal court], the Division of Vocational Rehabilitation Services, North Carolina Department of Health and Human Services, objects to the inspection or copying of the documents designated in the subpoena directed thereto on the grounds that the documents are privileged and confidential pursuant to 34 CFR 361.49." Upon service of the written objection, the employee is relieved of the duty to produce the documents until a court order compelling production of the documents is issued. The burden is on the party issuing the subpoena to obtain a court order to compel production.

On occasion, certain information which the Division received from another source may be restricted from further disclosure by the original source. That information is generally so marked when the Division receives it and the Division should honor the restrictions

on re-disclosing. After consulting with the Chief of Policy/Policy Office, the Division should respond to subpoenas for such information by directing the person issuing the subpoena to the original source. If the subpoena requires a court appearance, the employee shall consult with the Chief of Policy/Policy Office who will obtain guidance from DHHS legal counsel.

An employee may testify without client consent about general information concerning the Division, such as services available and eligibility criteria.

Revised 1/3/2017

Section 1-4: Client Assistance Program (CAP)

The CAP, as mandated by 1984 Amendments to the Rehabilitation Act of 1973, was developed to assist individuals with disabilities in resolving concerns related to accessing rehabilitation services. Services available through CAP include:

- Assistance to consumers in resolving concerns related to the application for and the provision of or denial of services.
- Explanation to consumers of rehabilitation policies and procedures.
- Education for consumers on their right to due process (requesting an Administrative Review and/or an Appeals Hearing).
- Provision of legal consultation if required in those cases which reach the Appeals Hearing level of the appeal process (in these cases, CAP is empowered to contract with private attorneys for this service).
- Provision of information/referral services to individuals with disabilities seeking information about independent living, vocational rehabilitation, and other rehabilitation programs.

Each applicant for services must receive *The Agreement of Understanding with the North Carolina Division of Vocational Rehabilitation Services and Applicants for Services* and a CAP brochure. When working with an individual with known or suspected limited reading skills, this information must be thoroughly reviewed to assure full understanding of the CAP.
CAP places a strong emphasis on early intervention and on the use of mediation and negotiation strategies to resolve the consumer's concern as resolution at the local or regional level is desirable whenever possible.

The CAP Director <u>must</u> be notified immediately upon receipt of a consumer request for an Administrative Review and/or an Appeals Hearing. The CAP director is also involved in the review and development of Division policy and procedures.

A signed consent form is required before verbal and/or written communication can take place between the CAP advocate and the counselor/field staff. The CAP representative

should provide this consent form to counselors/field staff at the time of the initial contact. This consent form shall be maintained in the case file. If the counselor initiates contact, a consent form is available under VR client templates, Form & Templates on the Agency Resources page on the DVRS Intranet. This consent form should be provided to the CAP advocate.

[34 CFR Parts 76.369, and 76.370]

Section 1-5: Client (and Applicant) Appeals of Division Decisions Including Administrative Reviews and Mediation

The Division provides a procedure through which any individual receiving or applying for services from the Division who is dissatisfied with any determinations made by the Division concerning the provision of services may request a timely review of those determinations. This policy applies to the Independent Living Program as well as to the Vocational Rehabilitation Program. The individual has the right to an appeals hearing before an impartial hearing officer within 45 days of the Division's receipt of a written request for an appeals hearing. The individual also has the option of seeking resolution of the issue through mediation and/or an administrative review prior to an appeals hearing, but these procedures cannot be required. Division staff will assist individuals with their written request for administrative reviews, mediation, or appeals hearings. Assistance with the resolution of their problems is also available through the Client Assistance Program (CAP).

At the time of application for services, when the Individual Plan for Employment (IPE) or Individual Plan for Independent Living (IPIL) is developed, and when services are being reduced, suspended or terminated, all individuals shall be given written information informing them:

A. That they have a right to an appeals hearing when they are dissatisfied with any determination(s) made by the Division that affects the provision of services;
B. That they have the option of seeking resolution of the issue through an administrative review prior to an appeals hearing;
C. That mediation may be available to resolve their issues if the Division agrees to it;
D. That the rehabilitation counselor, or other designated staff of the Division will assist them in preparation of the written request for an administrative review, mediation, and/or appeals hearing.
E. Of the name and address of the appropriate Regional Director to whom the request shall be submitted; AND
F. That they may receive assistance with the resolution of their problems through the Client Assistance Program (CAP).

The counselor shall review this information with the individual in a manner that is understandable to the individual. The individual's signature on FORM DVR-0004 for VR

applicants and FORM ILRP-1001 for IL applicants confirms that this information was provided and explained. All applicants shall be given a copy of this information.

Request For Administrative Review, Mediation And Appeals Hearing

When any applicant for or an individual receiving services wishes to request an administrative review, mediation and an appeals hearing or only an appeals hearing, the individual shall submit a written request to the appropriate Regional Director. The request shall indicate if the individual is requesting an administrative review, mediation, and an appeals hearing to be scheduled concurrently; an administrative review and an appeals hearing to be scheduled concurrently; or only an appeals hearing. The request shall contain the following information:

A. The name, address and telephone number of the individual; AND
B. A concise statement of the determination(s) made by the rehabilitation staff for which an administrative review, mediation and/or appeals hearing are being requested and the manner in which the person's rights, duties or privileges have been affected by the determination(s).

The Division shall not suspend, reduce or terminate services being provided to a client under an IPE or an IPIL pending final resolution of the issue through mediation, an administrative review, or an appeals hearing unless the individual or the individual's representative so requests, or the Division has evidence that the services have been obtained through misrepresentation, fraud, collusion, or criminal conduct on the part of the individual.

Response to Request

A. Upon receipt of a request for an appeals hearing, the Regional Director shall immediately forward the original request to the Division's Chief of Policy who will arrange for the Coordinator of Rules and Policy Development to provide the individual with information about the possibility of mediation (if mediation has been requested) and appoint a hearing officer to conduct the appeals hearing;
B. If the individual has requested an administrative review in addition to the appeals hearing, the Regional Director shall:

    1. Make a decision to conduct the administrative review or appoint a designee to conduct the administrative review who:
        (a) Has had no previous involvement in the issues currently in controversy;
        (b) Can conduct the administrative review in an unbiased way; AND
        (c) Has a broad working knowledge of the Division’s policy, rules, and Federal regulations governing the program, and

the State Plan for Vocational Rehabilitation Services or the State Plan for Independent Living Services (as appropriate).

AND

2. Proceed with, or direct the designee to proceed with an administrative review according to the provisions of this policy;

C. The Regional Director shall send the individual written acknowledgment of receipt of the request and inform the individual that additional information will be sent regarding the possibility of mediation (if mediation has been requested) and the administrative review, and/or appeals hearing (See SCHEDULING, NOTICE OF, AND CONDUCTING ADMINISTRATIVE REVIEW below). If this information is available, it can be included in the letter of acknowledgment;

AND

D. The Regional Director shall provide the Client Assistance Program (CAP), if assisting the individual with the case, and the Chief of Policy with a copy of the request and the response to the request.

Scheduling, Notice Of, and Conducting Administrative Review

If an administrative review is to be conducted, the Regional Director or designee shall:

1. Set a date, time, and place for the administrative review;
2. Send written notification by certified mail to the applicant or client and the parent(s), guardian, or representative, as appropriate, of the date, time, and place for the administrative review at least five days prior to the administrative review;
3. Advise the applicant or client in the written notice:

   (a) That additional information will be sent regarding mediation if mediation has been requested;
   (b) That arrangements will be made for a hearing officer to conduct an appeals hearing if the matter is not resolved in the administrative review or mediation, AND
   (c) That the applicant or client will also receive a written notice from the hearing officer regarding the formal appeals hearing which will be held after the administrative review and mediation (if mediation is scheduled);

AND

4. Notify the Director of the Client Assistance Program (CAP) and other individuals to be involved in the administrative review of the request and

the date, time and place for the administrative review. This notification may be by phone or in writing.

Prior to the administrative review, the Regional Director or designee shall review all previous decisions and casework related to the applicant or client and seek whatever consultation, explanation, documentation, or other information that is deemed necessary, utilizing the Division's CAP Director as appropriate.

The administrative review must be conducted within 15 days of receipt of the original request. Within five working days of the administrative review, the Regional Director or designee shall make a decision and notify the applicant or client and others using the following procedures:

1. Compiling a written report of the administrative review outlining the purposes of the administrative review, the participants, the decision that was reached, and the rationale for the decision;
2. Sending the written report containing the decision to the applicant or client by certified mail with return receipt requested, with a copy being placed in the individual's official case record, and copies being forwarded to the Chief of Operations and the CAP Director (if CAP is involved), and
3. Providing instructions to the applicant or client of steps that may be taken in response to the decision and the deadline for the responses.

A form indicating agreement with the decision and requesting that the hearing (and mediation if scheduled) be canceled shall be included for the individual's signature if the individual agrees with the decision. If the individual is satisfied with the decision resulting from the administrative review, the individual shall sign the form and return it to the Regional Director within five days of receipt of the decision. The Regional Director shall inform the Chief of Policy of the request to cancel the hearing immediately and forward the form to the Chief of Operations for submission to the hearing officer. If the Regional Director does not hear from the applicant or client within the five days indicated, it is recommended that the Regional Director contact the applicant or client to verify that the person does understand the procedures and does wish to proceed with the formal appeals hearing.

Administrative Review by Chief of Program Policy, Planning and Evaluation

In situations where the issue currently in dispute involves action taken by the central office of the Division, the Section Chief for Program Policy, Planning, and Evaluation or designee shall be responsible for the duties related to the administrative reviews that are prescribed for the Regional Director in this policy.

Appointment Of Hearing Officer

Upon receipt of the individual's request for an appeals hearing from the Regional Director, the Chief of Policy shall contact the Coordinator of Rules and Policy

Development for the appointment of a qualified mediator (if mediation has been agreed upon by the individual and the Division) and an impartial hearing officer. The hearing officer will be selected on a random basis without replacement from the pool of qualified hearing officers who meet the requirements of the Rehabilitation Act and have been approved by the Division and the VR Council. This is done concurrently with the scheduling of an administrative review (if one has been requested) in order to meet the 45-day deadline required by the Rehabilitation Act. [*Effective date of selection of hearing officers on random basis – July 1, 2000 – 10 NCAC 20B .0206.]*

Mediation

The Coordinator of Rules and Policy Development will inform the individual in writing that the issue may be resolved through mediation prior to the appeals hearing (and usually after the administrative review, if one is scheduled) if both the individual and the Division agree to mediation. The Division Director will make the decision regarding the Division's participation in mediation.

If both parties agree to mediation, the Coordinator will make arrangements for an impartial mediator from the Division's list of qualified mediators to conduct the mediation. (A qualified mediator must be an individual who has been Certified by the N.C. Dispute Resolution Commission or approved by the Mediation Network of North Carolina. The mediator also must be knowledgeable about Vocational Rehabilitation law and regulations.)

The Coordinator will make arrangements for the mediation to be conducted in a location that is convenient to both parties. The mediation will be scheduled so that the appeals hearing can be conducted within the required 45-day time frame if possible. If this schedule is not possible, the appeals hearing may be delayed if both parties sign a written agreement for a specific extension of time. The Coordinator will send both parties written confirmation of the mediation: the time and place, the mediator's name, and any instructions relating to the process.

Both parties will sign a statement prior to the mediation agreeing to keep all discussions occurring during the mediation confidential. If an agreement is reached during the mediation, it must be in writing and signed by both parties. The written agreement may be submitted as documentation during the appeals hearing and any subsequent court actions. However, discussions, proposed settlements, and other information not reflected in the mediation agreement must be kept confidential, but evidence that is otherwise discoverable shall not be inadmissible merely because it is presented or discussed during mediation.

The Division will pay for the expenses involved in the mediation process.

Scheduling and Notice of Formal Appeals Hearing

The hearing officer shall schedule the formal appeals hearing to be held within 45

days of the original request by the individual. The hearing officer shall provide the individual and the Division written notice of the date, time and place of the hearing and the issue(s) to be considered at least 10 days prior to the hearing. A copy of the notice shall also be sent to CAP if CAP is assisting the individual. The notice shall state:

A. The procedures to be followed in the hearing;
B. The particular sections of the statutes, Federal regulations, State rules, and State Plan involved;
C. The rights of the applicant or client to present additional evidence, information**,** and witnesses to the hearing officer, to be represented by counsel or other appropriate advocate, and to examine all witnesses and other relevant sources of information and evidence;
D. That the hearing officer shall extend the time for the hearing if the parties jointly agree to a specific extension of time and submit a written statement to that effect to the hearing officer; AND
E. That the hearing may be canceled if the matter is resolved in an administrative review or through other negotiations including mediation.

Notice shall be given personally or by certified mail. If given by certified mail, the date of notification shall be the delivery date appearing on the return receipt. If the hearing officer does not receive a written request from the individual that the hearing be canceled, the hearing shall be conducted as scheduled unless negotiations produce a settlement that is satisfactory to both parties prior to the hearing. If the hearing is canceled, the hearing officer shall send the individual and the Division written notice of the cancellation in the same manner as required for notice of the hearing. A copy of the notice of cancellation shall be sent to CAP if it is involved.

Procedures Governing Hearing

The appeals hearing shall be conducted according to the provisions of Federal Regulation 34 C.F.R. 361.57(b)(l)-(4) and (12) and (c) and according to the provisions of Division rules in 10 NCAC 20B .0212 through .0222 and .0225.

Hearing Officer's Decision

Within 30 days of the completion of the hearing, the hearing officer shall make a decision based on the provisions of the approved State Plan and the Rehabilitation Act (this would include Federal and State Regulations and Division policy that are consistent with the State Plan and the Rehabilitation Act) and provide the individual or, if appropriate, the individual's parent, guardian, or other representative, and to the Division Director, with a full written report of the findings and grounds for the decision. The decision shall be given to the individual and the Division Director personally or by certified mail. If given by certified mail, the delivery date appearing on the return receipt shall be delivery date of record.

The impartial hearing officer's decision is the final decision unless a review by the Secretary of DHHS is requested by either party or one of the parties brings a civil action for review by the courts of the decision.

Review and Final Decision by Secretary Of DHHS or Designee

Either party (the individual or the Division Director) may request a review of the hearing officer's decision by the Secretary of the Department of Health and Human Services within 20 days of the receipt of the decision.

The Secretary may delegate the responsibility for reviewing the hearing officer's decision to another employee of the Department but shall not delegate the responsibility to any officer or employee of the Division.

The reviewing official shall send written notification of the review to both parties and allow the submission of additional evidence as required by the Rehabilitation Act. The written notice must be given personally or by certified mail. If given by certified mail, the delivery date appearing on the return receipt shall be the delivery date of record.

The reviewing official's review shall be based on the following standards of review:

- Decisions that are neither arbitrary, capricious, an abuse of discretion, or otherwise unreasonable.
- Decision supported by substantial evidence and consistent with facts and applicable Federal and State policy.
- Decisions reflecting appropriate and adequate interpretation to such factors as:
  - (a) The Statute and Regulations as they apply to specific issue(s) in question;
  - (b) The State Plan as it applies to the specific issue(s) in question;
  - (c) Division rules as they apply to the specific issue(s) in question;
  - (d) Key portions of conflicting testimony;
  - (e) Division options in the delivery of services where such options are permissible under the Federal Statute; AND
  - (f) Restrictions in the Federal Statute with regard to such supportive services as maintenance and transportation.

The reviewing official shall not overturn or modify a decision, or part of a decision, of an impartial hearing officer that supports the position of the individual unless the reviewing official concludes, based on clear and convincing evidence, that the decision of the independent hearing officer is clearly erroneous on the basis of being contrary to the approved State Plan or Federal or State Law, including rules and regulations and Division policy that are consistent with Federal Law.

Within 30 days of the Secretary's receipt of the request to review the impartial hearing officer's decision, the reviewing official shall make a final decision and provide a full report in writing of the decision, including the findings and grounds for the final decision, to the applicant or client; or, if appropriate, the individual's parent, guardian, or other representative; and the Division Director. The final decision shall be given to both parties personally or by certified mail. If given by certified mail, the delivery date appearing on the return receipt shall be the delivery date of record.

The Division Director shall forward a copy of the final decision to the Chief of Policy, the CAP Director, the Regional Director, and the applicant's or client's representative, as appropriate. A copy shall also be included in the individual's official case record.

Copies of all final decisions must also be submitted to the VR Council but in a manner that ensures that all identifying information of participants is kept confidential.

Implementation of Decision

The final decision issued by the impartial hearing officer or the reviewing official shall be implemented regardless of whether a party has filed a civil action in the case. That implementation will stand pending a final decision in any civil action.

Extensions of Time

Reasonable time extensions may be granted for the various steps in these procedures for good cause shown at the request of a party or at the request of both parties except for:

- The time for continuation of services during the administrative review, mediation, and the appeals hearing unless the individual requests that services be stopped or unless there is evidence that services have been obtained through misrepresentation, fraud, collusion, or criminal misconduct on the part of the individual
- The 45-day time for conducting the appeals hearing which may be extended only when the Coordinator of Rules and Policy Development or the hearing officer extends the hearing for a specific period of time upon a written request of both parties
- The 10-day time for issuance of the written notice of the formal appeals hearing
- The 20-day time frame for requesting a review of the hearing officer's decision
- The 30-day time for the reviewing official's issuance of a final decision.

When an extension of time is being granted by the person conducting the administrative review or meditation or by the hearing officer, consideration shall be given to the effect of the extension on deadlines for other steps in the

administrative review and appeals process.

Record
The official records of appeals hearings shall be maintained in the central office of the Division by the Chief of Policy.

Any person wishing to examine a hearing record shall submit a written request to the Chief of Operations in sufficient time to allow the record to be prepared for inspection, including the removal of confidential material.

Transcripts
Any person desiring a transcript of all or part of an appeals hearing shall contact the office of the Chief of Operations. A fee to cover the cost of preparing the transcript shall be charged, and the party may be required to pay the fee in advance of receipt of the transcript. The transcript may be edited to remove confidential material.

Civil Action
Any party (the individual or the Division) aggrieved by a final decision may bring a civil action for review of such decision by a State Court of competent jurisdiction or in a United States district court of competent jurisdiction.

The party seeking judicial review in a State court must file a petition in Superior Court of Wake County or in the superior court of the county where the person resides within 30 days after the person is served with a written copy of the decision. Court review in a United States district court will be governed by the Federal laws applicable to such situations.

[Except for the method of appointing hearing officers, all changes became effective August 7,1998 - 34 CFR. 361.57; 10 NCAC 20B Section. 0200; 1998 Amendments to the Rehabilitation Act, Section 7(16) and Section 102(c)

Revised 10-08-01

Section 1-6: Social Security Work Incentives

Individuals receiving SSI and/or SSDI are offered a variety of work incentives and programs which may have little or no impact on their benefits. These incentives are explained in SSA publication No. 64-030 entitled A SUMMARY GUIDE TO SOCIAL SECURITY AND SUPPLEMENTAL SECURITY INCOME WORK INCENTIVES FOR THE DISABLED AND BLIND.

1-6-1: Failure to Cooperate

The Social Security Act no longer provides for suspension of benefits to those SSDI beneficiaries and SSI recipients who refuse, without "good cause," to accept Vocational

Rehabilitation (VR) services.

Revised 01-09-02

1-6-2: Social Security Reimbursement System

Provisions of the 1981 amendments to the Social Security Act authorizes the Social Security Administration (SSA) to pay for VR services on a case-by-case basis when VR services have resulted in a beneficiary or recipient performing a "substantial gainful activity" (SGA) for a continuous period of nine (9) months. VR is required to file a claim on each case to receive payment. SSA is required to process all claims from VR and will return a decision notice on every claim submitted. The claim must be filed within twelve (12) months following the ninth month of SGA. If the SSA approves the VR claim, both direct cost services (case services) and indirect cost services (administration, counseling, and placement) will be reimbursed. This process is managed and monitored by the Fiscal Services Section.

Section 1-7: Implications of Section 504 and Americans with Disabilities Act (ADA)

It is the policy of this Division that full compliance with the requirements set forth under Section 504 of the Rehabilitation Act of 1973, as amended (PL 93-112) will be maintained in all areas of programming, and services provision. The Division will implement all necessary procedures set forth in 45 CFR, Part 84, to assure full compliance with the requirements by the required dates. All policies and procedures relative to provision of services, employment, and programming within the Division will be carried out with due consideration to these requirements. The Division has designated an ADA Officer as the primary individual for compliance with the provisions of the Americans with Disabilities Act. The Division has also designated the Personnel Manager as the responsible party for assuring compliance with employment requirements under this Section.

[Section 504, Rehabilitation Act of 1973, as Amended; 45 CFR 84; 29 USC 706]

Section 1-8: Nondiscrimination

All policies are applied without regard to sex, race, age, creed, color, national origin or type of disability of the individual applying for service.

[34 CFR 361.31 (a)(1) and (2)]

1-8-1: Disability Group

No individual will be found ineligible for services or be restricted from Division services on the basis of the type of disability.

1-8-2: Age

There is no upper or lower age limit which will, in and of itself, result in a finding of ineligibility for any individual who otherwise meets the basic eligibility criteria. It is clear that the Rehabilitation Act is directed to the rehabilitation of individuals for employment or independent living. While it is clear that some services may be initiated prior to the current employable age (in North Carolina) of sixteen years old, these individuals are not likely to be employable or be able to live independently. An individualized rehabilitation program may not be appropriate until a later age.

1-8-3: Residence

No state residency requirement can be imposed which excludes from services any individual who is otherwise eligible unless the individual comes to North Carolina for the sole purpose of becoming a client of the Division. Individuals may be served by two different State vocational rehabilitation programs as long as services are not duplicated. The counselor should have the applicant sign a release of information giving permission to obtain records from the State vocational rehabilitation program of the individual's previous residence. Communication with the joining state will be crucial in assuring that the needs of the consumer are being met and that services are not being duplicated. This also assures that both states receive credit for the successful closure.

[34 CFR 361.50(b)(2) RSA-TAC-12-04]

Section 1-9: Identification and Verification

The Immigration Reform and Control Act of 1986 (IRCA) was passed to control unauthorized immigration to the United States. The Immigration Reform and Control Act made all U.S. employers responsible to verify the employment eligibility and identity of all employees hired to work in the United States after November 6, 1986. To implement the law, employers are required to complete Employment Eligibility Verification forms (Form I-9) for all employees, including U.S. citizens.

Citizens of the U.S. include persons born in Puerto Rico, Guam, the U.S. Virgin Islands, and the Northern Mariana Islands. Nationals of the U.S. include persons born in American Samoa, including Swains Island.

The Act affects consumers receiving Vocational Rehabilitation services entering employment since they will have to verify identity and employment eligibility to

employers. Counselors are encouraged to verify identity and employment eligibility during the application process whenever possible. Verification of documentation to establish identity and employment eligibility is required prior to the development of a plan of services.

The verification of Identity and employment eligibility must be documented in the following manner:

The BEAM intake form “Special Categories” includes questions regarding employment eligibility. These questions must be completed either at intake, or later in the process prior to eligibility and plan development when appropriate verification is obtained. In addition, the Identity and Employment Eligibility Verification Form must be completed after reviewing the client’s identity and employment eligibility documents. This form must be signed electronically by the VR representative. It is not necessary to print this form.

Revised 7/1/2015

Documents which are acceptable are listed on Immigration and Naturalization Service Form I-9; however, amendments to the regulations have resulted in an expansion of acceptable documents/procedures as follows:

A. Identity and Employment Eligibility - The following are acceptable documents to establish both identity and employment eligibility:

1. United States Passport (expired or unexpired);

2. Alien Registration Receipt Card or Permanent Resident Card, Form I-551.

3. An unexpired foreign passport that contains a temporary I-551 stamp.

4. An unexpired Employment Authorization Document that contains a photograph, Form I-766, Form I-688, Form I-688A, or Form I-688B.

5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, an unexpired foreign passport with an Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, so long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the Form I-94.

B. Identity - The following are acceptable documents to establish identity only for individuals 16 years of age or older:

1. A state-issued driver's license or identification card containing a photograph, or identifying information shall be included such as: name, date of birth, sex, height,

color of eyes, and address;

2. School identification card with a photograph;

3. Voter's registration card;

4. U. S. military card or draft record;

5. Identification card issued by Federal, state, or local government agencies or entities;

6. Military dependent’s identification card;

7. Native American tribal documents;

8. Driver's license issued by a Canadian government authority; or

9. United States Coast Guard Merchant Mariner Card.

For individuals, under age 16 who are unable to produce one of the above listed documents, the following documents are acceptable to establish identity only:

1. School record or report card;

2. Clinic, doctor, or hospital record;

3. Daycare or nursery school record;

Minors under the age of 18 who are unable to produce any of the above listed documents are exempt from producing one of the enumerated identity documents if the following procedures are followed:

1. The minor's parent or legal guardian completes, on Form I-9, Section 1 "Employee Information and Verification" and in the space for the minor's signature, the parent or legal guardian writes the words, "minor under age 18."

2. The minor's parent or legal guardian completes, on Form I-9 the "Preparer/Translator certification."

3. The employer or the recruiter writes in Section 2 "Employer review and Verification" under List B in the space after the words "Document Identification #" the words, "minor under age 18."

Individuals with a disability, who are unable to produce one of the aforementioned documents, who are being placed into employment by a nonprofit organization, association, or as part of a rehabilitation program, may follow the procedures for

establishing identity provided in this section for minors under the age of 18, substituting where appropriate, the term "special placement" for "minor under age 18," and permitting in addition to a parent or legal guardian, a representative from the nonprofit organization, association, or rehabilitation program placing the individual into a position of employment, to fill out and sign in the appropriate section, the Form I-9. For purposes of this section the term "individual with a disability" means any person who:

1. Has a physical or mental impairment which substantially limits one or more of such person's major life activities.

2. Has a record of such impairment.

3. Is regarded as having such impairment.

C. Employment Eligibility - The following are acceptable documents to establish employment eligibility only:

1. A social security number card other than one which has printed on its face “not valid for employment purposes”.

2. A Certification of Birth Abroad issued by the Department of State, Form FS-545.

3. A Certification of Birth Abroad issued by the Department of State, Form DS-1350.

4. An original or certified copy of a birth certificate issued by a State, county, municipal authority or outlying possession of the United States bearing an official seal.

5. Native American tribal document.

6. United States Citizen Identification Card, INS Form I-197.

7. Identification card for use of resident citizen in the United States, INS Form I-179.
8. An unexpired employment authorization document issued by the Immigration and Naturalization Service.

Special rules for receipts. Except in cases where the employment is for less than three business days, unless the individual indicates or the employer has knowledge that the individual is not authorized to work; an employer must accept any of the three documents indicated below in the following circumstances:

Application for a replacement document. The individual:

1. Is unable to provide the required document within the time specified in this section because the document was lost, stolen, or damaged.

2. Presents a receipt for the application for the replacement document within the time specified in this section; AND

3. Presents the replacement document within 90 days of the hire or, in the case of re-verification, the date employment authorization expires; or

Form I-94 indicating temporary evidence of permanent resident status. The individual indicates in section 1 of the Form I-9 that he or she is a lawful permanent resident and the individual:

1. Presents the arrival portion of Form I-94 containing an unexpired "Temporary I-551" stamp and photograph of the individual, which is designated for purposes of this section as a receipt for Form I-551; AND

2. Presents the Form I-551 within 180 days of the hire or, in the case of re-verification, the date employment authorization expires; OR

Form I-94 indicating refugee status. The individual indicates in section 1 of the Form I-9 that he or she is an alien authorized to work and the individual:

1. Presents the departure portion of Form I-94 containing an unexpired refugee admission stamp, which is designated for purposes of this section as a receipt for either the Form I-766 or a social security account number card that contains no employment restrictions; AND

2. Presents, within 90 days of the hire or, in the case of re-verification, the date employment authorization expires, either an unexpired Form I-766; or a social security account number card that contains no employment restrictions together with a document described under paragraph (b)(1)(v)(B) of this section.

It occasionally happens that an employer learns that an employee whose documentation appeared to be in order for Form I-9 purposes is not actually authorized to work. In such case, the employer should question the employee and provide another opportunity for review of proper Form I-9 documentation. If the employee is unable under such circumstances to provide satisfactory documentation, employment should be discontinued (alien employees who question the employer's determination may be referred to an Immigration field office for assistance).

For additional information, go to the website for the U. S. Department of Agriculture – Office of Chief Economist (Agricultural Labor Affairs) – Immigration Reform and Control Act.
http://www.usda.gov

Frequently Asked Questions About Employment Eligibility
http://uscis.gov/graphics/howdoi/EEV.htm

Codes for Citizenship, Visas, and Green Cards
http://www.usimmigrationsupport.org

Social Security Numbers

A social security number is required on each applicant for or recipient of rehabilitation services prior to closing client records in case status codes 08, 26, 28, 30, and 38. Should an individual lose their number or have never applied for a social security number, counselors have the responsibility for assisting the individual in completing the appropriate request for either a duplicate card or an original from the Social Security Administration. Services should not be delayed pending issuance and/or receipt of the social security number unless the counselor has information contrary to the requirements noted in Section 1-9.

Section 1-10: Repossession, Storage, and Disposal of Equipment

The counselor should repossess equipment purchased for clients when the equipment is not being used for the intended purpose and it is unlikely that the equipment will be used for such in the foreseeable future or for reasons as specified on the DVR-1015. When equipment costing more than $500 is repossessed, the Counselor should consult with the Purchasing Manager on disposal of the equipment and arrangements for storage. In some cases, repossessed equipment may be of use to another client. The equipment should be safely stored until reassignment is made. In other situations, equipment may not be feasibly transferred to another client because of the customization or general condition of the equipment. The Purchasing Manager can advise on the disposition of equipment in such cases. If necessary, the Supervisor may designate staff to pick up and safely transport repossessed equipment to another location. The Supervisor should arrange for the transportation of equipment items that staff cannot safely move by contacting the Assistant Regional Director.

Repossessed equipment that might be of use to another client may be stored locally or in a regional storage area or in the purchasing section of the state office. If such storage space is not available, the Purchasing Manager and/or Assistant Regional Director should be consulted regarding other options for storage of the equipment.

Revised 10/1/2011

Section 1-11: Invoice Processing

In order to meet Federal requirements regarding authorization for services, rates of payments, and determination of comparable benefits, the Division requires the submission of an invoice for any service provided to a client that is consistent with the corresponding authorization for services. Invoices must be submitted on forms

specified in this policy and found on the automated case management system along with required supportive information. Other required information includes client name, inclusive dates of service, complete description of service, vendor name, vendor address, and the counselor's approval in BEAM.

Revised 2/2/2016

Vendor Signatures

1. **Medical Invoices - Signatures on File - (Medical Vendors only)**
   An electronic or manual signature on medical, dental and pharmacy claim forms is a required field; however, the claim can be processed if the following is true: if a physician, supplier, or authorized person's signature is missing, an authorization must be on file either electronic or paper or the signature field contains a computer generated signature.

   Revised 4/1/2015

2. **Vendor Invoice-** Vendor signatures are not required on vendor invoices. Invoices must specifically document the invoiced amount, the service, the equipment, the training etc. Examples of documentation include but are not limited to:
   - Packing Slips and receipts that detail the item or service and the cost
   - Cash register or other sales receipts
   - Invoice on letterhead with itemized list
   - Invoices for copying Medical Records
   - Computer generated invoices that identify the name of the company, date and itemized list of purchases

3. **Case Service Invoice -** Vendor signatures are required on the Division's case service invoice form when it is the only submitted documentation and none of the above documentation is available; or for authorizations to clients.

Invoices are to be submitted on one of the following required invoice forms:

1. Vendor Invoice – Invoice provided by the vendor. Acceptable invoices must include the Vendor's Name, a detailed description of the service, the cost, the date(s) of service, and the client's name.

2. Case Service Invoice - This is the general purpose invoice used by the Division in place of an invoice provided by a vendor or when an authorization is done directly to a client. These invoices must include client name, a detailed description of the service, the cost, and the date(s) of service.
3. Medical Invoice - Health Insurance Claim Form CMS 1500 used for speech, hearing, orthotic, anesthesia, radiological, DME, ambulatory surgery, physician

services, home health and other services. These invoices should include the Employer Identification Number (EIN) per Federal Standards as noted in the claim instructions.

4. Dental Invoice - Used for dental services. These invoices should include the EIN per Federal Standards as noted in the claim instructions.

5. Eyeglass Invoice - Used for eyeglass billing. Should be DVRS Agency form from Nash Optical or Health Insurance Claim Form CMS 1500 from all other vendors.

6. Pharmacy Invoice - Used for over-the-counter and prescription medications and others. These invoices should include the EIN per Federal Standards as noted in the claim instructions.

7. Hospital Invoices – UB04 used for inpatient and outpatient services and some Home Health services. These invoices should include the EIN per Federal Standards as noted in the claim instructions.

Revised: 5/1/2016

COMPARABLE BENEFITS:

- When comparable benefits are listed on the authorization form, they must be clearly addressed on the invoice. Because of the variety of invoice forms received, there is no single area for comparable benefits to be noted. For example, if medical insurance is listed on the authorization as a comparable benefit, the counselor must indicate either the amount of the payment and specify the procedure(s) for which the payment is to be applied towards, or indicate denial of benefit. The insurance denial letter or payment stub must be forwarded with the invoice.
- If a legal settlement is pending, the counselor shall review the financial situation with the attorney and advise the state office of the current status of the legal action when submitting the invoice for payment. An Assignment of Reimbursement should be attached to the invoice, when appropriate, in order to expedite the payment process.
- If Medicare is the comparable benefit, a copy of the Explanation of Benefit (EOB) is required prior to payment.
- Division funds cannot be used to complement or supplement a comparable benefit that pays at the Medicaid rate. If a comparable benefit pays more than the allowable state established rate, the Division is unable to contribute any payment towards the cost of the service. Invoices with Medicaid as the comparable benefit should not be forwarded for processing until Medicaid status is ascertained.
- If a comparable benefit exists for equipment or items subject to payment at a competitive bid or contract rate – VR will pay the difference between the bid/contract rate and comparable benefit payment amount, including a co-pay or co-insurance.

Revised 6/1/2016

NOTE: See Sub-Section 3-10-3: Comparable Benefits, for requirements and procedures when a comparable benefit is waived.

Methodology for Paying Medical/Pharmacy Claims: Effective July 1, 2014, the non-pharmacy Medicaid rates are defined as the reimbursement rates in effect for the specific date-of-service paid on a specific date. Likewise, the pharmacy rates are defined as the reimbursement rates and dispensing fees in effect for the specific date-of-service paid on a specific date. DVRS will not recoup and repay claims when Medicaid reimbursement rates are changed retroactively.

Revised: 4/1/2015

ADDITIONAL INFORMATION REQUIRED ON INVOICES

AUTHORIZATION ADJUSTMENTS: Any authorization adjustments in excess of 10% must be electronically approved by the adjuster's supervisor.

ANESTHESIA INVOICES: Must include length of time the service lasted, in the Description of Service portion of the bill.

PERSONAL ASSISTANCE SERVICE INVOICES: Should be submitted directly to the Fiscal Intermediary.

DENTAL INVOICES: Require the same information as medical claims, but the procedure codes are paid according to American Dental Association (ADA) codes. Preventive procedures should not be authorized: if invoiced without adequate justification, these procedures will not be considered for payment.

DME INVOICES: - the Division will pay up to the DME Convenience Contract Rate for DME after all other resources and comparable benefits have been utilized, when the purchase occurs on the Convenience Contract. If the DME is not purchased on the Convenience Contract, the Division will pay the "low bid" amount when bids are required. Refer to Section 2-5 for procedures to purchase DME as well as exceptions/waivers to the purchasing process.

All Durable Medical Equipment vendors are required to file for any available medical comparable benefits as "assigned" on the invoice form, so that any payment from the benefit goes directly to the vendor. The Division can only invoice for the portions of the purchase not covered by the comparable benefit (as supported by the EOB). The Subrogation Rights Form shall not be used in lieu of this procedure.

[<u>Special Note on Lift Chairs</u>: In the purchase of lift chairs, it is universally understood that Medicare and Medicaid pays for the lift motor mechanism only, and not for the chair/frame itself. Medicaid will pay as secondary co-pay only if Medicare is the primary insurance. Medicaid will not pay as a solitary benefit on this item. Accordingly, staff shall not invoice for the lift motor mechanism unless presented with a Medicare EOB showing a denial of the claim. However, staff may invoice for the chair/frame without delay since Medicare nor Medicaid covers. The Division would deem this as an acceptable business practice and accounting of the comparable benefit.]

Revised: 3/1/2016

EYEGLASS INVOICES: Eyeglasses Ordering/Claim Forms require much the same information as a medical claim but the amounts paid are according to manufacturer invoice costs. The optometrist or ophthalmologist should complete and sign the invoice. Detailed instructions for the purchase and payment of eyeglasses are on the reverse side of each page of the Eyeglass Invoice.

HOSPITAL INVOICES: Inpatient and outpatient services shall be submitted on the hospital's billing form and are graded at a cost of no higher than the Medicaid rate according to the rate effective on the date of discharge. Hospitals can bill the client for any days not covered by the Division of Vocational Rehabilitation, but cannot bill the client for additional monies for days and services authorized by VR. Hospitals also cannot bill the client for remaining balances from payments made on services covered. Although inpatient and outpatient services can be authorized as separate line items on the same authorization, if billed by the identical provider, inpatient services should not be invoiced against an outpatient authorized line item. Physician services being billed by the hospital must be billed on the physician's invoice with a complete description of the service. Reports will be requested for clarification purposes. Physician charges should not be paid from an outpatient service line item on the authorization; these charges should be specified as a separate line item on the authorization as long as they are billed by the identical provider.

Effective 7/1/2015

HOUSING PLACEMENT AND ASSISTANCE INVOICES: Included in this category are home furnishings and the invoice must be accompanied by an itemized list of purchases.

HOUSING AND TRANSPORTATION MODIFICATION INVOICES: Should have itemized bills attached and bills for payment must also have the engineer’s signature indicating inspection and approval.

MAINTENANCE INVOICES: Must indicate which services are being sponsored (meals, room, or both). Meals shall not exceed actual cost or State per diem rates, whichever is

less. Invoices for room and board must not exceed the allowable rates as specified in Volume V.

MEDICAL INVOICES: At this time, only a Current Procedural Terminology (CPT) code is required to determine appropriate payment. If a code is not available or there is no listed rate, additional details may be requested. Seek pre-approval from the Chief of Policy when there is no listed rate. Additional supporting information may be requested to assure proper payment. Preventive procedures will be removed from the invoice unless appropriate justification is received.

ON-THE-JOB TRAINING INVOICES: Must include the hours for the current billing period, the rate per hour and vendor's signature. Vendor signature signifies that all information is true and accurate.

OTHER SERVICES: Allowed services must be itemized either on the case service invoice or on an approved invoice. The following are examples:

- EQUIPMENT INVOICES must be itemized Equipment purchased for training falls under normal equipment policy in Chapter 2.

- IMPREST CASH FUND INVOICES must be itemized relevant to the service being provided. For example, imprest checks which are to be used for maintenance services should provide the same information required for other maintenance invoices. If the imprest cash is written to the client then the Case Service Invoice should be used and must be signed by the client, if the imprest cash is written to a vendor then the vendors invoice must be included (if the vendor chooses to utilize the Agency's Case Service Invoice, the vendor must also sign it). The authorization will need to contain the justification for use of imprest cash and must contain the electronic signatures of both the counselor and the manager as well as the physical signature of the client. Receipts indicating that funds were used for the amounts and purposes intended should be forwarded with the invoice whenever possible.

Revised 2/2/2016

PERSONAL NEEDS: Allowed services must be itemized on the authorization.

4/1/2015

PHARMACY INVOICES: Invoices must have the prescription number, the brand or generic name, whether it's brand or generic (B = brand; G = generic), the National Drug Code (NDC) number, Dispense as Written (DAW) code, strength, the concentration of drug per unit, the quantity of drug dispensed (e.g., number of tabs, caps ml, cc. oz.), the date the prescription order was actually filled and amount billed for each drug.

Revised 4/1/2015

PROSTHETIC AND ORTHOTIC INVOICES: Should be itemized with a complete CPT code and description of the service provided.

PSYCHOLOGICAL SERVICES INVOICES: Must indicate the assessment level as specified in Volume V. Psychotherapy invoices must include the number of sessions and the length of each session. Neuropsychological invoices must reflect the amount of time and be within the limits stated in Volume V.

SPEECH THERAPY INVOICES: Must include length of each session and number of sessions.

TRANSPORTATION INVOICES: Must list number of miles and rate per mile. Invoices for public conveyance must note the number of rides or whether the invoice is for a multiple ride ticket, monthly bus pass or a book of bus tickets. All invoices should reflect the actual begin and end dates the travel is to or has taken place in. If invoices are completed in this manner, an attached receipt is unnecessary.

Revised 1/3/2017

TECHNOLOGICAL AIDS AND DEVICE INVOICES: Invoices for environmental control units, augmentative communication devices, etc., must be accompanied by an itemized list of items purchased.

TUITION, FEES, BOOKS AND SUPPLIES INVOICES: Invoices should not be submitted beyond the current term. Current term is defined as monthly, quarterly, or by semester depending on the vendor. Required books and supplies must be itemized on a vendor invoice. Any items not required by the school or the instructor should be deleted from the invoice by the counselor prior to submission.

INVOICE NUMBERING CONVENTION

If the vendor provides an invoice number, you are required to use that number. Occasionally invoices are received that do not have an invoice number. BEAM requires an invoice number for payment. For invoices that do not already have an invoice number, use the authorization number (less the A#), the letter “P” and, the payment number. Additionally, even though Vendor Client Number is not a REQUIRED field, you should begin entering the client’s first initial and last name in this space. If the vendor has any identifying client number such as a student ID or account number, you should always include that so the vendor can easily apply our payments to the correct client accounts.

> EXAMPLE: Creating a payment for authorization AA1999999A1 (this number appears on the screen so you can easily see it), the invoice number would be AA1999999P1 (Notice that the A1 was dropped and replaced with the P). If this was for rent and this was the 5th time a payment approval was created for rent the invoice number would be AA1999999P5. If you cannot remember what

payment number it is, BEAM will not let you duplicate an invoice number and will generate an error that it has already been used and you just use the next number in sequence until it accepts the digit(s).

NOTE: This invoice number must be written at the top of the bill so that payment approval and invoice can be matched at the Controller's Office during payment.

Revised 4/1/2015

PRIOR APPROVAL OF UNUSUAL CHARGES
Any service which appears excessive, not normally provided, non-routine or out-of-the-ordinary must be accompanied by documentation of prior approval by the Chief of Policy.

Revised 4/1/2015

REQUEST FOR REVIEW
Request for review of the amount of payment for a service should be submitted in writing to Case Service Accounting at dvr.m.fiscalservices@dhhs.nc.gov. The request should include the, case service authorization number and any reports or justification that can be provided to help in the review for possible additional payment.

WEEKLY CHECK-WRITE
Vendor payments are processed weekly on Monday night. Payments issued to vendors are computer-generated check or electronic draft. Careful review should be made comparing the invoice to the authorization prior to submission of the invoice for payment processing, this will help assure all information is in agreement and the proper vendor is paid for services in a timely manner. Any discrepancies will result in delay of payment. Rejected billing will be returned for corrective action and resubmission of payment processing.

[34 CFR 361.42; 361.44; 361.46; 361.47]

Section 1-12: VR/IL Concurrent Records of Service

The 1992 Amendments to the 1973 Rehabilitation Act strongly emphasize coordination and collaboration between the Vocational Rehabilitation Program and the Independent Living Rehabilitation Program in order to assure that clients with significant disabilities are able to access those services necessary to complete their rehabilitation program. Coordination of rehabilitation planning between the Vocational Rehabilitation (VR) Program and the Independent Living Rehabilitation (IL) Program is essential if the client is to achieve a successful vocational and independent living outcome.

Joint VR/IL cases should be considered whenever there are rehabilitation needs and goals that can appropriately and collaboratively be met by both programs for clients who are at a minimum significantly disabled. Joint planning should occur early in the

rehabilitation process or as soon as it is determined that the client must access both programs in order to have a successful employment and independent living outcome. The VR and IL counselors must closely collaborate in planning services so that IL related services are authorized through appropriate IL case service budgets and vocationally related services are sponsored via the appropriate VR case service budget. IL policy and maximum limits prevail whenever IL funds are utilized. VR policy and maximum limits prevail whenever VR funds are utilized. Under no circumstances should either program identify the other as the responsible party without prior coordination and agreement with the other program.

The VR and IL counselor must designate which counselor will be the primary point of contact for all projects requiring State Office approval (Chief of Policy, Purchasing Manager, etc.) and the designee will be identified on the Client Data Packet.

In concurrent records of service,

The VR counselor will:

1. Identify that independent living services may be needed for the individual to complete their Individualized Plan for Employment (IPE).

2. Contact the IL Office to staff the case with the IL counselor covering that geographical area where the individual will be receiving the IL services.

3. Notify the client that the IL program will determine eligibility for the Independent Living Rehabilitation Program.

4. Complete an IPE or IPE Amendment upon the IL counselor's determination of eligibility, selecting the service of Information and Referral to IL and outlining in the detail section the IL services that are to be coordinated by the IL program. If VR funded services are planned, the service(s) must be added to the IPE and the appropriate financial need category must be selected; if applicable, obtain verification of the client's eligibility for SSI/SSDI or complete the Financial Needs Survey. The IPE should include the statements – All services funded by VR will be terminated when the VR case is closed. All services funded by IL will be terminated when the IL case is closed.

5. All established VR closure standards apply to concurrent records of service.

6. Maintain all fiscal information (authorizations; bids or price quotes; invoices) in the VR case file for VR funded services, in keeping with the record retention schedule.

The IL counselor will:

1. Identify that vocational rehabilitation services may be needed for the individual to complete their Independent Living Service Plan (ILSP).

2. Contact the VR Office to staff the case with the appropriate VR counselor.

3. Notify the client that the VR program will determine eligibility for the Vocational Rehabilitation Program.

4. Complete an ILSP or ILSP Amendment upon the VR counselor's determination of eligibility, selecting the service of Information and Referral to VR and outlining in the detail section the VR services that are to be coordinated and/or provided by the VR program. If VR funded services are planned, the appropriate financial need category must be selected and the Financial Needs Survey must be completed or, if applicable obtain verification of the client's eligibility for SSI/SSDI. Include the statement on the ILSP – All services funded by IL will be terminated when the IL case is closed. All services funded by VR will be terminated when the VR case is closed.

5. All established IL closure standards apply to concurrent records of service.

6. Maintain all fiscal information (authorizations; bids or price quotes; invoices) in the IL case file for IL funded services in keeping with the record retention schedule.

[The 1992 Amendments to the Rehabilitation Act of 1973, Section 10

Revised 7/1/2014

Section 1-13: Client Signatures

Clients are required to sign many Division forms to either affirm their participation in developing the form or that they received a particular document from the counselor. Signatures may be of the individual or, if appropriate, a parent, family member, guardian, advocate, or an authorized representative of the individual. If the individual with a disability has not yet reached the eighteenth birthday and is not a legally emancipated minor, then additional signatures must be secured. If the individual is under eighteen and has been adjudicated a ward of the State, then an adult who is involved with the individual must sign required documents. Specific requirements are noted in appropriate polices.

In the electronic case management system, dating a signature for the individual signifies that the individual has signed a hard copy of the document. A signature should not be dated in the electronic case management system until the

individual has signed the particular document.

Revised 7/1/2014

Section 1-14: Imprest Cash Fund

The imprest cash (V-STIF Account) fund is a fixed sum of money available to meet emergency service delivery needs of clients. This fund is to be used for client services only. The fund should not be used to circumvent Division vendor approval requirements, bidding procedures, or used to provide any service that is subject to rates not established by the Division. At the beginning of each state fiscal year, each VR program unit office which requests an imprest cash fund is allocated a fixed amount of funds out of this budget. This budgeted amount remains constant until approval is received from Fiscal Services. Supervisors, or designee, must maintain the local fund in relation to expenses and reimbursements. Under no circumstances is the local fund to show a negative balance without prior permission from Fiscal Services.

Imprest cash can be used in either pre-planned or planned statuses. Refer to 1-17 Case Service Authorizations for explanation of the three different types of authorizations.

Procedures for Use of Imprest Cash Fund

1. In pre-planned status (02, 10)
    - If the vendor is the client, select “Authorization to Client”
    - If the vendor is not the client, select “Pre-planned authorization”
    - Proceed to step 3

2. In planned statuses (06, 12, 18, 20, 22) the authorization cannot be issued until the service is added to the plan.
    - Add the service to the plan.
    - If the vendor is the client select “Authorization to Client”
    - If the vendor is not the client select “Planned Authorization”
    - Proceed to step 3

3. For either pre-planned or planned authorizations as described above, the service description field on the authorization must include a full detailed justification for the use of Imprest Cash. Check the Imprest Cash box toward the bottom of the authorization. Once this is checked, a field will appear to enter the Imprest Cash check number.

4. The authorization will then need two approvals one by the counselor and then the

second approval from the supervisor. (Once the authorization has both approvals, Positive Pay will pick up the Imprest check and upload overnight. This means checks are not available for deposit or cashing until the day after the authorization is approved. If your client must cash or deposit the check the same day, please contact your financial analyst or email dvr.m.fiscalservices@dhhs.nc.gov to get the check uploaded to positive pay.)

5. After the counselor and Supervisor's electronic approvals are on the authorization, the client will need to physically **sign and date** the printed and approved Imprest authorization to show that the check was received.

6. A payment approval should be created. The payment approval, the signed and dated CSI (for authorization to client) or vendor invoice (see Section 1-11: Invoice Processing), any back up documentation and a copy of the authorization should be electronically submitted to the Controller's Office for reimbursement to the STIF account. All original documents with signatures should be kept in the unit Imprest Cash Fund files.

7. A copy of the Imprest authorization with all three signatures as described in step number five should be retained with the check copy. Also, supporting documentation such as payment approval, copy of the signed CSI or vendor invoice, receipts, mileage reports, etc. would be kept with these copies as well.

8. Once the field obtains all the necessary documentation for reimbursement, the payment approval is made on the authorization then is approved by the field in the Payments – Ready for Review PDQ. Once approved through this PDQ, the Controller's Office will process the reimbursement resulting in the payment back to the imprest account.

Revised: 7/1/2017

[Budget Manual 5.3 - Fiscal Policies and Regulations, Imprest Cash Fund]

Section 1-15: Vendor Review and Certification

1-15-1: General Provisions

Each year a training session on nondiscrimination compliance/vendor reviews is held for the Assistant Regional Directors (ARDs). The ARDs conduct similar sessions for regional management teams who in turn train counselors and other appropriate staff. Designated Division staff are responsible for conducting **ON-SITE** vendor reviews of all in-state vendors being considered for utilization during the rehabilitation process.

An appropriate vendor review form must be signed by the reviewer and the Supervisor. This form must also include the signature of the vendor indicating that the vendor is in compliance with all nondiscrimination legislation. The form is then sent to the Assistant Regional Director (ARD) for signature. The Assistant Regional Director (ARD) reviews

the vendor information and if there are no nondiscrimination compliance issues or accessibility/communication compliance issues, sends it to the state office. If there are problems in one of the above areas, the ARD will attempt to resolve them and will contact the Section Chief for Program Policy, Planning and Evaluation if there are difficulties in remedying some nondiscrimination compliance/ accessibility issues. The Section Chief for Program Policy, Planning and Evaluation may approve a plan, containing specific time lines for the correction of the problem, under which the vendor may be conditionally approved. The Section Chief for Program Policy, Planning and Evaluation approves, conditionally approves, or denies approval and notifies the vendor. The Chief sends a copy of the approval or conditional approval or denial letter to the appropriate Counselor, Supervisor, and ARD upon approval adds the vendor to the vendor compliance list.

Authorizations to a vendor will not be accepted prior to approval of that vendor by the Section Chief for Program Policy, Planning and Evaluation. New vendors also sign a statement on the *Form DVR-0304*, *Form DVR-0308*, and *Form DVR-0309* vendor forms indicating that the vendor will not charge the client if an authorization from the agency has been accepted unless the amount for such service charge or payment is previously known to and approved by the Division. Approval is made for these limited situations by the Assistant Director for Fiscal Services and is not subject to negotiation by field staff.

A W-9 must be attached to vendor review applications in order for the vendor application to be processed. A DVR-0306 is not required for any vendors who have completed one of the seven vendor review forms listed below.

The following vendor review forms can be obtained on the Division of Vocational Rehabilitation Services Intranet Website:

- DVR-0301 OJT Vendor Review-On Site,
- DVR-0302 Training Vendor Review-On Site,
- DVR-0303 Boarding Facility-On Site,
- DVR-0304 Miscellaneous Vendor Review-On Site,
- DVR-0307 Supported Employment, Vendor Review-On Site,
- DVR-0308 Application for Vendorship of Professionals-On Site,
- DVR-0309 Application for Corporate Group of Professionals-On Site, and
- DVR-0306 Form Certificate of Nondiscrimination Compliance.

Private interpreting agencies must be reviewed utilizing DVR-0304 Miscellaneous Vendor Review-On Site; however, a vendor review is not required for individual interpreters.

The vendor, Supervisor, and the ARD must sign a properly completed and approved VENDOR REVIEW Form, DVR-0302, for both in-state and out-of-state training programs. In addition, the following must also be submitted on all colleges/schools: licensure information, accreditation, W-9, a description of the training program, its length, costs, and refund policy. The reviewer must provide written confirmation from the home state VR agency that an out-of-state vendor is approved for use by that

agency. The Division will use only those out-of-state postsecondary facilities and programs that meet the standards of the public VR program in that state. The ARD is responsible for reviewing and submitting the above vendor information to the Section Chief of Program Policy, Planning and Evaluation in the State Office. (See Section 2-20 Training.)

A computerized VENDOR COMPLIANCE LIST is maintained for information purposes and as a tool to delete the names of vendors not utilized. Questions should be directed to the ARDs or the Section Chief for Program Policy, Planning and Evaluation.

Although an on-site vendor review is not required, a DVR-0306 must be signed by the following types of vendors:

- Day care programs
- Transportation vendors, i.e., taxi companies, and bus lines, etc.
- Vehicle modifications and repair vendors
- Building contractors (licensed general contractors are preferred). State law requires that persons, firms, or corporations constructing projects costing $30,000 or more to be licensed with the Licensing Board for General Contractors.

Vendors must indicate compliance with all Federal laws related to nondiscrimination based on race or national origin, sex, age, or disability by signing a vendor form. If, at any time, a staff member finds that an approved vendor is not in compliance with the nondiscrimination legislation, it is the staff member's responsibility to discuss the matter with the Supervisor and document the concern in writing. The vendor will be offered the opportunity to correct the problem. Should the correction not be made, a report must be sent to the ARD who will review the matter and forward recommendations to the Section Chief for Program Policy, Planning and Evaluation. Any vendor who is in violation of nondiscrimination legislation will receive a letter from the Section Chief for Program Policy, Planning and Evaluation advising the vendor that it has been removed from the approved vendor compliance list and of action required of the vendor prior to consideration for reinstatement with the Division. *[10 NCAC, 20C: .0410]*

The Division may cease to utilize any facility or program when the Division determines that a facility or program fails to meet the individualized rehabilitation needs of Vocational Rehabilitation clients. The Supervisor must investigate and advise the vendor of the concerns of the Division, and the two parties must agree upon a plan to correct them. Should the vendor fail to make the necessary improvements, the Supervisor will forward recommendations to the ARD to remove the vendor from the approved list. The ARD will review and, if in agreement forward such recommendations to the Section Chief for Program Policy, Planning and Evaluation who will remove the vendor from the vendor compliance list.

[Vocational Rehabilitation Act of 1973, as amended; Civil Rights Act of 1964; Title 10 North Carolina Administrative Code 20C .0400 and 20D .0100 through .0300 - Volume II, Part B; 34 C.F.R 361.51; State Plan, Section 4.10(c)]

1-15-2: Medical Specialists

A medical specialist must be certified in a specialty recognized by the American Board of Medical Specialists or eligible for certification through post-graduate education, and must be a member of the staff of a hospital approved for participation in the DVRS program. Physicians wishing to provide services should complete the vendor review form DVR-0308 or DVR-0309, which must be approved by the Section Chief for Program Policy, Planning and Evaluation.

[10 NCAC 20D .0302]

1-15-3: Psychologists

The N. C. Psychology Board must license psychologists providing services as VR vendors, and the Section Chief for Program Policy, Planning and Evaluation must approve a DVR-0308. In addition to the above, Masters level Psychological Associates also must provide evidence of an active supervisory contract.

1-15-4: Prosthetists and Orthotists

The American Board for Certification in Prosthetics must certify these vendors, indicating that the shop meets the Board's various standards. These vendors must complete a DVR-0304, and the form must be approved by the Section Chief for Program Policy Planning and Evaluation. *[10 NCAC 20D .0308]*

1-15-5: Dentists

Dentists must be approved by the N.C. State Board of Dental Examiners. A DVR-0308 must be completed and approved by the Section Chief for Program Policy Planning and Evaluation. *[10- NCAC 20D .0303]*

1-15-6: Day Care

Counselors may authorize only to such businesses that are licensed or registered by the North Carolina Department of Health and Human Services, Division of Child Development. The day care center should display the license or registration certificate. Before authorizing day care services, the counselor must obtain the license or registration number. A notation of the licensure or registration must be entered in the case record. Comparable benefits must be used when available. The day care programs must complete a DVR-0306. Questions regarding day care services should be directed to the Section Chief for Program Policy, Planning and Evaluation.

1-15-7: Hearing Aid Vendors

Such vendors must sign a Letter of Agreement with the Division indicating acceptance of payment rates and other requirements. They must be licensed by the N.C. State Hearing Aid Dealers and Fitters Licensing Board. These vendors must also complete a DVR-0304 and be approved by the Section Chief for Program Policy, Planning and Evaluation. *[10 NCAC 20D .0307]*

1-15-8: Speech and Language Pathologists and Audiologists

Such vendors must be licensed by the N.C. Board of Examiners for Speech and Language Pathology and Audiology. They must complete a DVR-0304 and be approved by the Section Chief for Program Policy, Planning and Evaluation.

[10 NCAC 20D .0206]

1-15-9: Chiropractors

These vendors must be licensed by the N. C. Board of Chiropractic Examiners. They must complete a DVR-0304 and be approved by the Section Chief for Program Policy, Planning and Evaluation.

1-15-10: Occupational Therapists

These vendors must be licensed by the N. C. Board of Occupational Therapy. They must complete the DVR-0304 and be approved by the Section Chief for Program Policy, Planning, and Evaluation.

[10 NCAC 20D .0302]

1-15-11: Physical Therapists

These vendors must be licensed by the N. C. Board of Physical Therapy Examiners. They must complete the DVR-0304 and be approved by the Section Chief for Program Policy, Planning, and Evaluation.

[20 NCAC 20D .0302]

1-15-12: Optometrists

These vendors must be licensed by the N. C. State Board of Examiners in Optometry. They must complete the DVR-0308 and be approved by the Section Chief for Program Policy, Planning and Evaluation.

1-15-13: Opticians

These vendors must be licensed by the N.C. State Board of Opticians. They must complete the DVR-0304 and be approved by the Section Chief for Program Policy, Planning and Evaluation.

1-15-14: Podiatrists

These vendors must be licensed by the N.C. Board of Podiatry Examiners. They must complete a DVR-0308 and be approved by the Section Chief for Program Policy, Planning and Evaluation.

1-15-15: Massage and Bodywork Therapists

These vendors may render services prescribed by a physician. Therapists must be in compliance with any local ordinance that pertains to such vendors and must be licensed by the North Carolina Board of Massage and Bodywork Therapy. These vendors must complete a DVR-0304 and be approved by the Section Chief for Program Policy, Planning and Evaluation.

1-15-16: Acupuncturists

These vendors must be licensed by the N. C. Acupuncture Licensing Board. They must complete a DVR-0304 and be approved by the Section Chief for Program Policy, Planning and Evaluation.

1-15-17: Standards for Community Rehabilitation Programs

The Division annually signs a contract with each community rehabilitation program in which the latter agrees to meet Agency approved standards in terms of management, operations, and client service delivery. The community rehabilitation programs further agree to maintain national accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA), the International Center for Clubhouse Development (ICCD) or adhere to certification under the process established by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services during the term of the contract.

1-15-18: Sign Language Interpreters

These vendors must be certified by the N.C Interpreter Transliterator Licensure Board

requirements. See Section 2-6-2 for additional information.

Revised 02-25-03

1-15-19: Standards for Training Vendors

In-state postsecondary training facilities must be licensed, or have their organizations approved, as follows:

- Colleges and universities –must be licensed by the Board of Governors of the University of North Carolina
- Proprietary schools – must be licensed by the Office of Proprietary Schools, NC. Department of Community Colleges or exempt from licensure under G.S. 115D 88- (1) through (4c) or facilities or program for which there is no licensing body in the State. However, these exempt facilities or programs shall submit documentation of their approval by an accreditation body. (See additional information below about proprietary schools.)
- Barber Schools – must be licensed by the N. C. Board of Barber Examiners
- Commercial Driver Training Schools – must be licensed by the N. C. Division of Motor Vehicles
- Cosmetology – must be licensed by the N.C. Board of Cosmetic Art Examiners
- Nurse's Aide I Programs – must be approved by the N. C. Division of Health Service Regulation
- Nurse's Aide II Programs – must be licensed by the N. C. Board of Nursing
- Schools for Real Estate Appraisal – must be licensed by the N.C. Appraisal Board
- Schools for Real Estate Sales – must be licensed by the N.C. Real Estate Commission
- Schools for Massage must be licensed by the N.C. Board of Massage and Body Work Therapy
- Other licensure boards for which a training facility or program has written verification that the licensing board is the appropriate licensing body and from which the facility or program holds a current license.

All of the above training vendors must meet the licensure or approval requirements and a DVR-0302 must be approved by the Section Chief for Program Policy, Planning and Evaluation.

Proprietary schools licensed by the community college system must have their license renewed annually. The Section Chief for Program Policy, Planning and Evaluation will obtain information regarding license renewal of these programs and give notice of any problems to the vendor and make an effort to resolve them. Should the Section Chief for Program Policy, Planning and Evaluation be unable to resolve an issue with the vendor, the vendor will be removed from the approved list.

The following are exempt from licensure by the Office of Proprietary Schools, N. C. Department of Community Colleges. Such training vendors whose programs are not

licensed must be accredited by an appropriate body in order to be utilized by the agency. This accreditation information must be submitted along with other items specified on the DVR-0302.

(1) Nonprofit schools conducted by charitable or religious institutions.
(2) Schools maintained or classes conducted by employers for their own employees where no fee or tuition is charged to the student.
(3) Courses of instruction given by any fraternal society, civic club, or benevolent order which courses are not operated by profit.
(4) Any school for which there is another legally existing licensing or approving board or Division in this state.
(4a) Classes of schools that are equipment specific to purchasers, users, or schools offering training or instruction to acquaint purchasers or users with equipment capabilities.
(4b) Classes or schools that are taught or coached in homes or elsewhere to five or fewer students.
(4c) Classes or schools that the State Board of Community Colleges determines are a vocational, recreational, self-improvement or continuing education for already trained and occupationally qualified individuals.

Section 1-16: Medical Consultation

The North Carolina Division of Vocational Rehabilitation Services employs a Medical Consultant/physician to provide medical consultation services to all unit offices. Consultation is often necessary to interpret, clarify, expedite, and make decisions regarding medical aspects of the case. It remains the counselor's responsibility to determine eligibility, provide/arrange for all appropriate services and set employment objectives. All counselors must have access to medical consultation to aid them in proper decision-making and to keep informed concerning current diagnostic and treatment methods. The responsibilities of the Medical Consultant are as follows:

1. Interpret medical terms and medical information on clients;
2. Clarify and explain physicians' reports in terms of client disability;
3. Assess the adequacy of medical information and advise on the need for specialist consultation or further medical evaluation;
4. Advise on nature and extent of functional impediments and improvement from proposed interventions;
5. Advise on likelihood of residual impediments after treatment;
6. Assess medical prognosis related to rehabilitation potential;
7. Provide staff education regarding disease or injury and current methods of treatment; and
8. Serve as liaison with colleagues in the medical community.

Medical situations which must be staffed with the Medical Consultant include those in which:

- A second opinion regarding chronic pain or chronic fatigue syndrome is considered desirable;
- Differentiation of an acute versus chronic condition is difficult;
- Unusual studies or treatment are involved;
- Severe disabilities render an eligibility determination difficult to establish, e.g. head injury, spinal cord injury, stroke, and chronic progressive conditions such as MD and MS;
- An elective hospital admission under VR sponsorship is requested when preadmission certification has been denied for a Medicaid recipient;
- There is question as to the appropriate level of care or reasonable length of stay for specific procedures or conditions;
- Require more than 7 days diagnostic hospitalization; or questions arise regarding inpatient -vs. - outpatient services or treatment.

[Rehabilitation Services Manual 540.01 - 540.08]

Revised 11/15/2013

Section 1-17: Case Service Authorizations

Case service authorizations must be issued prior to or on the effective date of the service being authorized. While it is allowable to issue a verbal authorization in times of emergency situations, written authorization must be issued within three days of the verbal authorization to cover the service. The intent is to assure the vendor and the clients are aware of the service(s) being authorized. Services not authorized should not be purchased. Any retroactive authorization exceeding seven days must be approved by the Supervisor except for required ancillary services associated with surgical procedures that are routinely authorized.

All claims must be received by DVRS within 365 days of the last date of service in order to be accepted for processing and payment. Claims received after 365 days of the last date of service must be approved by the Unit Manager. Claims received after two years from the last date of service must be approved by Fiscal Services.

When authorizing medical services, including durable medical equipment, comparable benefits such as private health insurance, Medicaid or Medicare must be noted, if applicable, in the section named “Less Resources.” Additionally, the service description section on the authorization form can be used to provide further instructions to the vendor regarding the use of comparable benefits. When a comparable benefit has been ruled out, is no longer available or the Chief of Policy has approved waiving the usage of the comparable benefit, written documentation to explain the action is required in the case file.

If the client is required to pay for a portion of the service being authorized, as noted in Excess Income Applied on the Financial Needs Survey, the authorization should note

the specific amount the client must pay. Arrangements for payment should be made by the client and vendor when the VR authorization is issued.

Definitions:

Pre-Planned Authorization: An authorization issued to a vendor for services to the client in statuses 02 and 10 prior to the development of the IPE.

Planned Authorization: An authorization issued to a vendor for services to the client in statuses 06, 12, 18, 20, 22, 32 upon the development of either a Trial Work Plan or the IPE.

Authorization to Client: An authorization issued directly to the client in either a pre-plan or planned status, such as for transportation funds in advance of an appointment or for allowing the client to be reimbursed by the Division.

Revised 1/1/2019

Section 1-18: Subrogation Rights: Assignment of Reimbursement

Subrogation rights legally allow the Division to recoup funds spent in the vocational rehabilitation or independent living rehabilitation of clients who may eventually be compensated for their injury/injuries by another third party. FORM DVR-0104 - SUBROGATION RIGHTS: ASSIGNMENT OF REIMBURSEMENT must be completed and dispensed prior to the provision of any rehabilitation service which is subject to financial eligibility, and there is a likelihood of future litigated or negotiated compensation from another source. Once FORM DVR-0104 is appropriately completed and dispensed, the Division may sponsor rehabilitation services. At such time a settlement is reached, the Division must reclaim its expenditure. FORM DVR-0104 must be completed under the following circumstances:

1. The disability was caused by a personal injury in which an insurance settlement is pending.
2. The disability resulted from an occupational injury which is subject to workers' compensation insurance requirements. Since the individual has a right to appeal a denied claim, an Assignment of Reimbursement should be secured when the original claim is denied.
3. The client has health insurance which pays directly to the client; it is the client's responsibility to notify the counselor of any funds received.
4. Any other situation when there is pending litigation regarding the individual's disabling condition.

The individual applying for services must sign the form after it is fully completed. If the individual is under eighteen, then the parent, guardian, or other legally recognized individual must also sign the form. Failure to sign constitutes failure to cooperate in the Division's legal responsibility to use comparable benefits and financial eligibility requirements thus negating eligibility to receive services based on these contingencies. The form must be notarized. Failure on the counselor's part to fully complete and accurately dispense the form will impede, if not negate, the Division's ability to recoup these funds. Completed forms mailed to the insurance carrier, employer, and attorney must be sent by certified mail.

When requested to supply financial information for settlement purposes, counselors should contact the Business Services Coordinator in the State Office Fiscal Services Section for this information which will be communicated to the responsible party as settlement is in progress. In addition, all negotiations for partial settlements with the Division must also be referred to the contact noted above. There are two conditions under which the Division will entertain such requests. These are:

1. When there is insufficient money to pay the total Division expenditure leading to a pro rata settlement among all parties having claims against the settlement, AND
2. When the partial settlement would offset future Division expenditures in completing the IPE.

[Rehabilitation Act of 1973, as amended; Federal Rehabilitation Manual, Chapter 2515; NC General Statute 143-547]

Section 1-19: Wage and Hour Responsibilities

Although the Division is not the enforcement authority for wage and hour regulations, all service delivery staff should have a thorough understanding of these regulations. A copy is available in each unit office. Any suspected violation or questionable practice should be reported to the appropriate supervisory staff, and if in a Community Rehabilitation Program (CRP) or Supported Employment Program (SEP), to the regional CRP specialist. Division management will determine the appropriate course of action.

Section 1-20: Supervisor Approval

Many casework decisions require oversight and approval by a Supervisor. A Supervisor is defined as a Counselor in Charge (CIC), Assistant Unit Manager (AUM), Casework Advisor, Unit Manager (UM) and Facility Director (FD). Supervisors may approve casework decisions in their designated unit at the direction of the Unit Manager. CIC, AUM and Casework Advisors should not approve their own work if it requires additional approvals.

The following require Supervisor approval:

- All successful closures (case status code 26)
- Any revisions of the case record (as covered under **SECTION 1-3 – CONFIDENTIALITY OF RECORDS**)
- Out-of-state services
- Requests for purchase of equipment outside of the state contract
- All requests for exceptions to maximum rates and fees as determined by Division policy (Supervisor must approve prior to submitting to the Chief of Policy for approval)
- Exceptions to use comparable benefits
- Cases involving excess financial resources and extenuating circumstances as determined by completing the Financial Need Survey
- Any exception to the requirements for verification of income or verification of payment of allowed deductions on the Financial Needs Survey
- Retroactive authorizations exceeding 7 days except for ancillary services associated with surgical procedures
- Case service invoices for authorizations exceeding 365 days from date of service
- Imprest cash authorizations **
- Case Service Invoice authorization adjustments of 10% or more of the initially authorized amount
- Equipment purchases in excess of $500.00 *
- Power Wheelchairs/Scooters *
- Residence modifications *
- Job and work site modifications *
- Small business proposals
- Vehicle modifications *
- Vehicle repairs in excess of Division rates **
- Approval of correspondence school/distance learning
- Part-time college attendance
- Extending time for college sponsorship **
- Graduate school training
- Reader and Notetaker services exceeding the Division's maximum rates **
- Foreign language Interpreter Services exceeding the Division's maximum rates **
- In-home maintenance *
- OJT *
- Internships *
- Job Development for Supported Employment and Work Adjustment Job Coaching beyond the third placement
- Extension of VR sponsorship of medical treatment beyond 6 months
- Personal care assistance in excess of 28 hours per week
- Approval for securing diagnostic assessment under the provision "*compelling indication of a chronic disabling condition"*
- Extension beyond 6 months for sponsorship of medically managed weight loss program

- Purchase of narcotic pain medications considered controlled substances in excess of three prescriptions**
- Outpatient psychotherapy > 24 sessions **
- Permanent relocation and moving expenses *

* These services require electronic approval by the supervisor at the time they are added to the IPE.

** These services require electronic approval by the supervisor at the time they are authorized.

Revised 10/9/2017

1-20-1: Rehabilitation Counselor I and Rehabilitation Counselor Trainee

In addition to the requirements at the beginning of this Section, those individuals who have not yet achieved Rehabilitation Counselor II must have the following casework and service delivery forms approved by a Supervisor:

- Eligibility Decision
- Ineligibility Decision
- Trial Work Plan
- IPE and Amendments
- IPE closure documents
- CRP Progress Reports in which the CRP has requested successful completion of SE Milestone 3A, WA Milestone 2A, WA Major Benefit outcome, and SE Major Benefit outcome
- Case service authorizations and all authorization revisions with the following exception:

    - Following a six-month period of service as a counselor, the counselor's Manager has the discretion to request the BEAM system administrator to enable a specific counselor to be granted the ability to authorize services and authorization revisions up to and including $500 without requiring supervisory approval. This does not apply to services and activities requiring approval beyond supervisory approval. The BEAM system administrator will maintain a record of such requests for audit purposes.

      When requesting the change, it is recommended for the Manager to copy the Regional Director and the appropriate Quality Development Specialist to notify them of the change so that this information can be noted during case reviews.

Revised 10/1/2015

Section 1-21: Client Informed Choice

Informed choice is an ongoing process and partnership with an applicant or client which provides that individual the opportunity to make decisions and selections regarding their options and methods to secure these services. The ability of the individual to choose, based on a factual knowledge that reveals all available options, and the potential implication of the individual's selection, is instrumental in the successful completion of the rehabilitation program. Division staff will provide the opportunity for individuals to participate in their rehabilitation program by providing information or assisting in the acquisition of information necessary for the individual to make informed decisions throughout the rehabilitation process. Division staff will provide, through the most appropriate means of communication for the individual to make informed decisions throughout the rehabilitation process. Division staff will provide, through the most appropriate means of communication for the individual, information concerning the availability and scope of the various choice, the manner in which decisions may be exercised, and the availability of support services for those individuals who because of their disability need assistance in exercising their options.

Application Phase

The assessment for determining eligibility must be conducted consistent with the individual's needs and choices. When necessary to provide evaluation services in order to complete the assessment, staff will provide the individual information necessary to make a choice regarding the service, service provider, and methods to procure the service. Services will be provided consistent with the individual's informed choice.

Plan Development

Staff will provide individuals with information necessary to make decisions regarding alternative goals, objectives, services, service providers and methods to procure services or assist in the acquisition of information necessary to make these informed decisions. Information related to cost, accessibility, and duration potential services will also be provided along with information regarding qualifications of service providers, types of services offered by those providers, and the degree to which services are provided in and integrated setting. Such information will come from state; regional; or locally maintained lists; referrals to other individuals or groups in order to get information, and information related to qualifications and certifications of potential service providers.

Service Delivery

Services will be provided consistent with the full input of the individual applying for or receiving services.

Employment Outcome

The employment outcome will be consistent with the individuals informed choice as

noted on the IPE, original or amended.

While working to honor client/participant choices in service planning and delivery, Division staff will apply resources in the most accountable and efficient manner. Only those services necessary to complete the rehabilitation program will be provided by the Division.

[Effective 1-1-99: 1998 Amendments to the Rehabilitation Act of 1973Sec.102 (b) (2) (B)]

CHAPTER TWO: NATURE AND SCOPE OF SERVICES

Section 2-1: Nature of Services

Vocational Rehabilitation services are provided to those individuals with disabilities who meet the eligibility criteria leading to a positive employment outcome. Employment outcome is defined as entering or retaining full-time or, if appropriate, part-time competitive employment in the integrated labor market (including satisfying the vocational outcome of supported employment) or satisfying any other appropriate vocational outcome. It is the policy of this Division that all services will be developed and carried out in a manner consistent with respect for individual dignity, personal responsibility, self-determination, and pursuit of meaningful careers, based on the inclusion, integration, and informed choice and full participation of the individual with a disability or the individual's representative.

Section 2-2: Scope of Services

CROSS REFERENCE: **Section 2-3, Core Vocational Rehabilitation Services**

The scope of rehabilitation services available to an individual is determined by the services required by that individual in order to reach the VR goal. All services provided must be directly related to the achievement of the goal established in concert between the client and the Counselor. The client is to play an instrumental role in determining the services received and the source from which these services are received. The Counselor's role is to assure that the client is aware of the service providers and how to access those services; and to provide the services which are within the Division's purview that have been planned with the client. It is important for the counselor to maintain a counseling relationship with the client throughout the rehabilitation process, in order to assist individuals to secure needed services including those from other agencies. The counselor must advise individuals about the availability of the client assistance program. All services planned and provided must be documented in the client's record of service. CASE NOTES and other forms are provided for documentation with some forms only available through the use of computers. Counselors are encouraged to use forms which are part of the IPE system for documentation of services after the development of the rehabilitation plan and to provide clients copies of this documentation. All services listed in this chapter are available for planning towards the accomplishment of the rehabilitation goal. Some services are subject to the client's personal financial resources or comparable benefits or both, and are so noted. The distinction is specific to the service being provided not the case status code or where the individual is in the rehabilitation process.

[34 CFR364.4; State Plan Section 6; 34 CFR 361.48]

2-2-1: Substantial Services

A substantial service is any *Core* vocational rehabilitation service that is provided within a supportive counseling and guidance relationship and contributes significantly to the individual's successful employment outcome**.** Support services (e.g. maintenance, transportation, et al) serve an important purpose but, provided alone, cannot constitute substantial services. Support services must be provided in conjunction with one or more of the *Core* services.

Substantial services are further defined as those services that are required by the individual in order to begin work, to return to work, or to retain employment and that contribute to the successful outcome such that the outcome could not have been achieved without the services. Required services are identified during the analysis of the information that precedes the development of the Individualized Plan for Employment. The services are provided to meet a specific rehabilitation need identified by the client and the counselor. Both the omission of services that are required to achieve the rehabilitation goal and the provision of services that are not required to achieve the job choice are audit exceptions to the requirements of Federal regulations.

The analysis of the impairment data is a crucial step in making the decision regarding service delivery. This analysis and development must occur as soon as possible in the rehabilitation process. The Counselor's commitment and negotiation/counseling skills are important in developing the IPE, in partnership with the client, to achieve the balance of substantial services.

2-2-2: Policy Exceptions

CROSS REFERENCE: **Section 1-20, Supervisor Approval**

Exceptions to the policies concerning the provision of services must be approved by the Chief of Policy, unless approval is specifically delegated to the Supervisor. This includes requests to exceed Division maximums, time limits, and other service selection criteria. The rationale for the exception must be submitted to the Chief of Policy to be reviewed.

Revised 7/1/2014

2-2-3: Timeliness of Services

Services must be initiated at the earliest time the service is available and that the client is prepared and available to participate. Delivery of substantial services should be documented within 90 days of initiation. If the substantial service has not been initiated within 90 days of the projected initiation date the circumstances requiring the delay must be documented on a progress review.

Revised 02/01/2018

Section 2-3: Core Vocational Rehabilitation Services

CROSS REFERENCE: **Subsection 2-2-1, Substantial Services**
Section 2-7, Counseling and Guidance
Section 2-11, Job Related Services
Section 2-13, Mental Restoration
Section 2-16, Physical Restoration
Section 2-17, Rehabilitation Technology
Section 2-20 Training

The *Core* vocational rehabilitation services consist of the following:

- Counseling and Guidance *(refers to substantial counseling and guidance as opposed to that which is simply supportive in nature)*
- Diagnosis and Treatment of Impairments (Mental and Physical Restoration)
- Training
- Job-Related Services
- Rehabilitation Technology

Section 2-4: Academic Support Services

In addition to the specific academic support services addressed in this section, any service needed to support an educational goal may be provided according to policy limits and standards. This includes assistive technology (Section 2-5) and communication services (Section 2-6).

2-4-1: Tutors

The Division can provide tutorial services in support of other training services leading to the completion of the IPE. Financial need and comparable benefits must be determined. This service cannot be provided to clients enrolled in public, private, or preparatory secondary schools. Supervisors are responsible for ensuring that vendors meet the educational qualifications for the appropriate hourly rate and that private tutors complete the DVR-0304-Miscellaneous Vendor Review process. See Volume V for rates based on the tutors qualifications.
[STATE PLAN: 34 CFR 361.42; 10 NCAC 20C .0205 and .0304]

2-4-2: Note Takers

The Division can provide note taker services in support of other training services leading to the completion of the IPE. This service is not subject to financial need however, comparable benefits must be used. This service cannot be provided to clients enrolled in public, private, or preparatory secondary schools. Supervisors are responsible for ensuring that vendors meet the educational qualifications for the appropriate hourly rate

and that a DVR-0304-Miscellaneous Vendor Review form is on file in the unit office. See Volume V for rates.

[STATE PLAN: 34 CFR 361.42; 10 NCAC 20C .0205 and .0304; Section 12; 34 CFR 364.43; Eff. 2-1-96]

Section 2-5: Equipment

Definitions:

Equipment – any item that can be utilized by a client as part of their IPE. Equipment is usually considered transferrable, meaning it can be relocated with the client if there is a change in the vocational setting or the living situation. Examples are numerous for items related to a job placement, retention or small business support. Items can range from something as basic as a table or task chair to something more complex like an entire workstation or tools required to perform work duties. Examples regarding home accessibility include large items such as Platform/Porch Lifts, Ceiling Lifts, and Stair Lifts, or smaller items such as Door Openers or electric locks. Equipment may have certain Durable Medical Equipment classifications (i.e. wheelchairs, shower chairs, lift chairs, etc.) or they can be related to electronics, such as an augmentative communication (Aug. Com.) device, computers or an Environmental Control Unit (ECU) or Electronic Aid to Daily Living (EADL).

Revised: 3/1/2016

Durable Medical Equipment – Durable medical equipment (DME) is that which (a) can withstand repeated use; (b) is primarily and customarily used to serve a medical purpose; (c) generally is not useful to a person in the absence of an illness or injury; and (d) is appropriate for use in the home. DME includes but is not limited to items such as manual and power wheelchairs, scooters, C-Pap equipment, stair-lifts, lift chairs, walkers and crutches.

Durable Medical Supplies – Durable medical supplies are non-durable supplies that (a) are disposable, consumable, and non-reusable in nature; (b) cannot withstand repeated use by more than one beneficiary;(c) are primarily and customarily used to serve a medical purpose;(d) are not useful to a beneficiary in the absence of illness or injury; and (e) are ordered or prescribed by a physician, physician's assistant, or nurse practitioner.

Emergency Purchase – A purchase that must be expedited when following the standard purchasing procedures would jeopardize the client's health, safety or impede the rehab process by risking immediate loss of employment or severely increasing the risk of institutionalization. There must be written justification in the case record to explain the extraordinary circumstances. Counselors must consult with Purchasing staff

before conducting an emergency purchase.

Preferred Vendor – After soliciting bids, the selection of a particular vendor when other vendors can provide the equipment at a lower cost. Written documentation justifying this request must be in the case record and must be included with the Client data packet.

Client Data Packet – Information required by the Chief of Policy and Purchasing staff in order to approve equipment purchases and carry out purchasing procedures when applicable. The client data packet is required when there is a request to:

- Purchase items that exceed local purchasing limits
- Waive Comparable benefits
- Purchase off the state term contract when the equipment is available on the STC
- Purchase from a preferred vendor
- Sole source the purchase

The packet should include a narrative explanation of the request for purchase with verification and/or documentation to support the request. Medical records, equipment evaluation and specifications, prescription, vendor quotes, Financial Needs Survey with supporting verification and documentation of comparable benefits must also be included.

NOTE: *A checklist for each type of request has been created and is located on the DVRS Intranet* ***Forms*** *Page under* ***VR Client Templates****. The checklist must be completed and included with the client data packet.*

Rev. 11/9/15

Sole Source/Competition Waiver – The selection of one vendor without following bidding procedures – waiving competition for the purchase of equipment. Written documentation substantially justifying this request must be in the case record and must be included in the Client data packet. According to 01 NCAC 05B.1401 (NC Administrative Code), a waiver of competition can be considered if the purchase is under the agency's delegation and conditions permitting waiver are validated by the Purchasing Officer. Conditions permitting waiver -- subject to approval -- include situations where:

(a) performance or price competition is not available;
(b) a needed product or service is available from only one source of supply;
(c) emergency action is indicated;
(d) competition has been solicited but no satisfactory offers received;
(e) standardization or compatibility is the overriding consideration;
(f) a donation predicates the source of supply;
(g) personal or particular professional services are required;
(h) a particular medical product or service, or prosthetic appliance is needed;
(i) a product or service is needed for the blind or severely disabled and there are overriding considerations for its use;

(j) additional products or services are needed to complete an ongoing job or task;
(k) where products are bought for “over the counter” resale;
(l) where a particular product or service is desired for educational, training, experimental, developmental or research work;
(m) equipment is already installed, connected and in service, and it is determined advantageous to purchase it;
(n) where the amount of the purchase is too small to justify soliciting competition or where a purchase is being made and a satisfactory price is available from a previous contract;
(o) Where a used item(s) is available on short notice and subject to prior sale.

Purchase of Equipment

This service involves the provision of all equipment required for the IPE including devices or durable medical equipment and supplies or assistance to obtain the equipment from a comparable benefit. For purposes of safety, risk containment and general best practices, the Rehabilitation Engineer must be involved if off-the-shelf equipment is to be modified to accommodate the individual’s disability. Such services are subject to both financial need and comparable benefits. Firearms will not be purchased for any reason. Equipment cannot be purchased to enhance a client’s leisure activity or hobby unless such equipment is required to enhance an individual’s independent living goals and is purchased by the IL program. Equipment should not be used by Division staff for their personal use and should not be stored at the private residence of Division employees. Available repossessed equipment from the Training and Placement Equipment List should be considered before buying new equipment.

Equipment may be purchased under all of the following conditions:

- The client has the knowledge to use or can be trained to use the equipment
- The equipment is required to meet the client’s employment goal or is required to complete a specific training curriculum planned on the IPE in which the client is enrolled and making satisfactory progress towards successful completion of the program
- The client has the resources to safely store, insure and adequately maintain the equipment

Equipment Security Agreement

The counselor is responsible for completing the Acknowledgement/Equipment Security agreement (DVR-1015) for any equipment costing $500 or more upon receipt of the equipment. The form must be maintained in the case record with all required signatures completed. This security agreement will remain in effect until the Division, at the Supervisor’s request, dissolves the agreement. Such requests should not be made until the equipment has been used for at least 5 years or unless unusual circumstances necessitate the release of the equipment. For individuals whom the equipment was purchased to support participating in a postsecondary training program and no longer

requires the equipment to complete the IPE, the client is responsible for notifying the counselor and to return the equipment to the Division.

State Term Contract

All equipment that costs more than $100 or exceeds the cost of the minimum order for the state term contract STC) must be purchased from the STC unless approved by the Chief of Policy. Also, see Medicare subsection within section 2-5-4 Procedures to Purchase Durable Medical Equipment (DME) for exceptions based on possible applicability of Medicare DMEPOS.

Information regarding vendors who have been awarded STC is available through the State Purchase and Contract Web Site.

To utilize the website:

1. Log on to the Purchasing Site: www.doa.state.nc.us/PandC/
2. Select Term Contract Link.
3. Utilize the "Term Contract Alphabetical/Key Word Listing" link.
4. Select an appropriate Alphabetical letter representative of a key word for the equipment to be purchased.
5. On each contract site review the information available regarding scope of contract, discounts, and details for placing an order.
6. Note the minimum order information. (Usually #5 on the contract).

In addition, any item provided by the NC Department of Corrections (Correction Enterprises) must be obtained from this source. (http://correctionenterprises.com). Items/services available from Correction Enterprises would primarily be office furniture, printing and eyeglasses (Nash Optical).

Counselors are required to check the STC for availability of needed equipment. The Division's purchasing section is available to help counselors determine if the equipment is on the STC.

2-5-1: Equipment Purchases for Post-secondary Training

This service is subject to financial need.

Equipment for post-secondary training may be purchased under the following conditions:

1. The equipment is required to complete a specific post-secondary training curriculum that is planned on the IPE;
   AND
2. The student has been accepted to a degreed curriculum program and requires

three or less remedial/developmental courses – **OR**-- the student is already enrolled and making satisfactory progress towards successful completion of the program (see 2-20-7 Academic Standards);
AND

3. The client has the resources to safely store, insure (if appropriate), and adequately maintain the equipment.

Exceptions to these conditions must be approved by the Chief of Policy (dvr.m.policyoffice@dhhs.nc.gov).

Additionally, the Chief of Policy must also approve:

- Any assistive technology requested to support an individual's post-secondary course of study when the cost of assistive technology equipment recommended by a Rehabilitation Engineer or Assistive Technologist exceeds $500.
- Specialized software in support of an individual's academic course when its cost exceeds $500.
- Specialized hardware, including main computer unit (CPU), monitor(s), etc., that exceeds current Volume V limit / *$2300.*

Computers – Desktops, Laptops, Tablets

This service is subject to financial need. **Financial assistance is limited to the Division's maximum rates. Rates are outlined in Volume V under *Computer and Equipment Fees* (available on the VR intranet). Any exceptions must be approved by the Chief of Policy.**

Computers may be purchased for individuals who require a computer to participate in a post-secondary training program which is part of the individual's IPE. Computers can be provided to individuals who do not currently possess a model sufficient to accomplish their curriculum. The Division will not purchase upgrades or improved versions of computers, assistive technology, or curriculum specific software to support a post-secondary training program following the initial purchase unless the individual can no longer use the device or software because of a significant change in his/her disability. Replacement computers (typically laptop computers) can be purchased to replace any previously client-owned computer if that model does not sufficiently meet the technology requirements for certain colleges, universities, or technical programs. Many colleges, universities, and vocational training programs make recommendations to incoming students regarding the minimum technology required to participate in the average curriculum at their institution. Counselors should survey the client's technology needs specific to his/her intended academic or vocational program as compared to the equipment that the student already possesses. All computer purchases should include warranty, technical support and virus protection as part of the package price as denoted on the DVR-0309 Computer Purchase Request form.

Tracking or location technology may be provided at the Counselor‘s discretion and assessment of the risk of the computer being lost or stolen. Brand–specific computers can only be justified based on curriculum requirements or disability-related/assistive technology needs. For example, tablet computers such as iPads may be purchased as long as they are recommended by a therapist based on the client‘s augmentative communication needs for a touch screen interface. If the post-secondary institution curriculum requirements allow for a choice among multiple computer configurations, then the most cost effective option will be selected unless there is a justifiable reason for the more expensive selection based on disability or other overriding considerations. Laptops have been traditionally preferred over tablets due to the stability and versatility of a laptop over a tablet.

Any exceptions must be approved by the Chief of Policy.

Procedures to Purchase Computers for Post-secondary Training
The Counselor and client should survey the client‘s technology needs by visiting the school‘s information and technology and/or bookstore website, by reviewing materials provided to the student by his/her academic advisor, or by contacting the school‘s technology, student supply, or departmental representatives directly. Note that many distance learning programs as well as technical programs such as engineering and graphic arts have unique and specific technology requirements that may be separate from typical campus-based programs. The Counselor must also determine whether computers are available through the institution‘s student bookstore before initiating the purchase process.

1. Community Colleges, Proprietary Schools, and Special Training Programs for Individuals with Significant Disabilities

For students enrolled in post-secondary training programs at community colleges, proprietary schools, or special training facilities for individuals with significant disabilities, computers should be purchased through the DVR Purchasing Section in the State Office, unless computers are available through the campus bookstore (see immediately below for such cases). The Counselor must complete the DVR-0309 Computer Purchase Request form (most current as available via VR intranet). This form should be forwarded to the DVR Purchasing Section by fax, mail, or email at dvr.m.clientpurchases@dhhs.nc.gov.

Once Purchasing has received the DVR-0309, the Purchasing Agent will obtain quotes based on the items requested on the DVR-0309. Once the Purchasing Agent receives the quotes they will ask the Counselor to add the vendor and the cost to the plan in BEAM. The Counselor is to email the Purchasing Agent once this process is complete. At that time the Purchasing Agent will issue the purchase order to the vendor and complete the RFQ and authorization in BEAM. Computers shall be delivered to a VR office so that the Counselor can assure that the client receives the computer and so that all paperwork is appropriately processed. Exceptions can be made under certain

circumstances and this must be presented to the Purchasing Agent prior to placement of order. The packing slips and invoices should be submitted along with the authorization, payment approval form to Fiscal Services for payment.

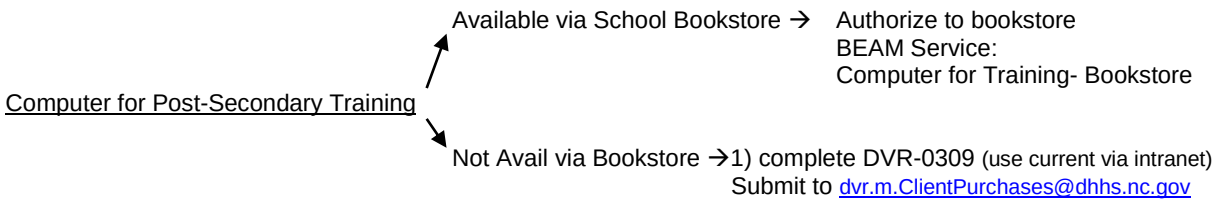
Computers Available for Purchase through Campus Bookstore
For students enrolled in post-secondary training programs at community colleges, colleges or universities whose bookstores sell computers directly, the Counselor should issue an authorization to the bookstore for up to the Division‘s maximum rate (rates published in Volume V on the VR intranet). Students may choose any system available at the bookstore which meets the student‘s needs up to the maximum amount.

2. Colleges/Universities

Computers Available for Purchase through Campus Bookstore
For students enrolled in post-secondary training programs at colleges or universities whose bookstores sell computers directly, the Counselor should issue an authorization to the bookstore for up to the Division‘s maximum rate (rates published in Volume V on the VR intranet). Students may choose any system available at the bookstore which meets the student‘s needs up to the maximum amount.

Computers Unavailable for Purchase at Campus Bookstore
For students enrolled in post-secondary training programs at colleges or universities which do not sell computers directly from the campus bookstore, the Counselor should purchase a computer through DVR Purchasing Section not to exceed the Division‘s maximum rates (rates published in Volume V on the VR intranet). The Counselor must complete the DVR-0309 Client Computer Purchase Request form (most current form as available via VR intranet). This completed form should be forwarded to the DVR Purchasing Section by fax, mail, or email at dvr.m.ClientPurchases@dhhs.nc.gov. Once verification is received from the DVR Purchasing Agent, the Counselor should generate an authorization and case service invoice to the appropriate vendor (confirmed by the purchasing agent) and maintain these documents in the case file until the computer is delivered. When at all possible, computers should be delivered to a VR office so that the Counselor can assure that the client receives the computer and so that all paperwork is appropriately processed. The packing slips and invoices should be submitted along with the authorization, case service invoice, and payment approval form to the Controller‘s Office for payment.

Visual showing pathways for purchasing Computer System & AT for Post-Secondary Training:



Assistive Tech for Training (>$500): 1) complete Computer/AT Client Data Checklist (use most current via intranet)

- or-

Specialized Software for Training (>$500): 2) submit to dvr.m.policyoffice@dhhs.nc.gov

ADDITIONAL NOTES REGARDING COMPUTER PURCHASES FOR TRAINING:
An individual's disability-related need for a specific computer or related software or hardware may justify a purchase of a non-standard computer configuration (hardware and/or software). This justification should be provided based on review by a Rehabilitation Engineer or Assistive Technologist and a description by the Counselor outlining the need for alternate equipment (see also Assistive Technology below).

Internet Service: Only internal computer hardware for hardwired and WiFi access is provided as part of each standard machine the Division provides to the client. The Division does not purchase internet service, in and of itself, for clients to participate in postsecondary training. For individuals living in on-campus housing or accessing the internet through wireless connections at the college/university libraries, internet service is typically included as part of the housing and/or technology fees. Therefore, individuals who are receiving Division assistance with room and enrollment fees should expect internet service fees to be included as part of the room and board or student fees assistance. Exceptions to these circumstances, such as internet service being provided as part of in-home maintenance, must be approved by the Chief of Policy (dvr.m.policyoffice@dhhs.nc.gov).

Assistive Technology may be purchased for individuals who require adaptive software, hardware, augmentative communication, Environmental Control Units ECUs), Electronic Aids for Daily Living (EADL) voice recognition, or equivalent adaptive input devices when they are absolutely required for the individual to access or participate in a post-secondary training program. This service is subject to financial need. The Counselor, Rehabilitation Engineer, or Assistive Technologist should assess the client's individualized need for assistive technology based on his/her functional capabilities and the technology's projected benefit to his/her capabilities. Adequate planning should be provided to ensure that any computer model owned or purchased is fully compatible with the adaptive software or equipment required. The Chief of Policy must approve the purchase of assistive technology to support an individual's participation in training when it's cost exceeds $500.

Curriculum-specific software, hardware and supplies may be purchased for individuals who require these items to participate in a post-secondary training program and who meet financial need. These supplies must be outlined as required items on course syllabi and/or a published post-secondary program description. If purchasing software or hardware, the Counselor and client should ensure compatibility between the items being requested and the computer owned or purchased. If unclear, Counselors

should consult with the Rehabilitation Engineer and/or the Program Specialist for Rehabilitation Technology. Division assistance with curriculum-specific software, hardware, or supplies will be limited to $500.00. Any request exceeding this amount must be approved by the Chief of Policy (dvr.m.policyoffice@dhhs.nc.gov).

Revised 4/15/2015

2-5-2: Equipment Purchases for Job Placement

This service is subject to financial need.

Equipment for job placement may be purchased under the following conditions:

1. The equipment is required for disability-related reasons and not available through other comparable benefits (i.e. the employer cannot provide it);
   OR
2. The equipment is usual and customary for the client's vocational goal and will be used by the client towards completion of the IPE. This must be a situation where the client has a solid employment offer or on-the-job (OJT) placement and the arrangement requires the consumer or agency to furnish their own equipment such as a telecommuting/work-from-home arrangement;
   AND
3. The client has the resources to safely store, insure (if appropriate), and adequately maintain the equipment.

Revised: 3/1/2016

Computers and **Assistive Technology** such as adaptive software, hardware, augmentative communication, Environmental Control Units (ECUs) or Electronic Aids to Daily Living (EADL), voice recognition, or equivalent adaptive input devices may be purchased when they are required for the individual to access or participate in his/her rehabilitation program according to the conditions listed above. They will not be provided for situations for career exploration, job search, internship, or auditioning/skills demonstration or training unless prior approval from the Chief of Policy is obtained. This service is subject to financial need. The Counselor, Rehabilitation Engineer or Assistive Technologist should assess the client's individualized need for assistive technology based on his/her functional capacities and the technology's projected benefit to his/her capabilities. Adequate planning should be provided to ensure that there is compatibility between all system components.

The Chief of Policy must approve:

- the assistive technology requested to support an individual's job goal when the assistive technology equipment recommended by a Rehabilitation Engineer or Assistive Technologist exceeds $500.

- A computer system (i.e., personal computer (pc) with pre-installed software, etc.) requested to support an individual's job placement exceeds the Volume V rate.
- Specialized software in support of an individual's job placement exceeds $500.

Procedures for purchasing Computer Systems for Job Placement:

There are two pathways for purchasing computer systems for job placement.

1. Computer Systems for Approved and Established Work-From-Home employers such as J Lodge, West At Home, etc. that require a fast-track computer purchase process as follows (since the specifications are largely standardized:

1. The client must have received a solid documented job offer with the approved work-from-home employer and has determined that any computer system they already may own will not adequately serve the purpose.

2. The Counselor verifies that the Financial Needs Survey is current and valid, or completes a new FNS to document that the client meets financial need for this service.

3. The Counselor completes the Computer Purchase Request form (most current form DVR-0309 available via VR intranet) and sends to the DVR Purchasing Section by fax, mail, or email at dvr.m.ClientPurchases@dhhs.nc.gov.

4. **NOTE:** If Assistive Technology related to the computer or equipment setup costing greater than $500 is required, then the Counselor will need to submit the entire request (including completed DVR-0309) with a brief explanation of the situation and special needs to the Chief of Policy for review and approval.

5. Once Purchasing has received the DVR-0309, the Purchasing Agent will obtain quotes based on the items requested on the DVR-0309. Once the Purchasing Agent receives the quotes they will ask the Counselor to add the vendor and the cost to the plan in BEAM. The Counselor is to email the Purchasing Agent once this process is complete. At that time the Purchasing Agent will issue the purchase order to the vendor and complete the RFQ and authorization in BEAM. Computers shall be delivered to a VR office so that the Counselor can assure that the client receives the computer and so that all paperwork is appropriately processed. Exceptions can be made under certain circumstances and this must be presented to the Purchasing Agent prior to placement of order. The packing slips and invoices should be submitted along with the authorization, payment approval form to Fiscal Services for payment.

2. All other Computer Systems, Assistive Technology in excess of $500 and Software in excess of $500 for Job Placement with the exception of Small Business (see below):

1. The Counselor verifies that the Financial Needs Survey is current and valid, or completes a new FNS to document that the client meets financial need for this service.

2. The Counselor completes the Computer/Assistive Technology Client Data Checklist (most current as available via VR intranet) and sends via fax, mail, or email to the Chief of Policy at dvr.m.policyoffice@dhhs.nc.gov.

3. The Counselor will receive an approval or denial letter. If approved, the DVR Purchasing Agent will be instructed to begin the purchasing process and contact the Counselor.

4. Once Purchasing has received the DVR-0309, the Purchasing Agent will obtain quotes based on the items requested on the DVR-0309. Once the Purchasing Agent receives the quotes they will ask the Counselor to add the vendor and the cost to the plan in BEAM. The Counselor is to email the Purchasing Agent once this process is complete. At that time the Purchasing Agent will issue the purchase order to the vendor and complete the RFQ and authorization in BEAM. Computers shall be delivered to a VR office so that the Counselor can assure that the client receives the computer and so that all paperwork is appropriately processed. Exceptions can be made under certain circumstances and this must be presented to the Purchasing Agent prior to placement of order. The packing slips and invoices should be submitted along with the authorization, payment approval form to Fiscal Services for payment.

Visual showing pathways for purchasing Computer System and/or AT for Job Placement:

Computer System For Job Placement →

For J. Lodge and similar approved work-from-home employment
1) complete DVR-0309 (intranet)
Submit to dvr.m.clientpurchases@dhhs.nc.gov
2) purchasing agent will direct next steps

All other PC for Placement Requests or Software for Placement >$500:
1) complete Computer/AT Client Data Checklist (use most current via intranet)
2) submit to dvr.m.policyoffice@dhhs.nc.gov

Assistive Tech for Placement (>$500): 1) complete Computer/AT Client Data Checklist (use most current via intranet)

- or -

Software for Placement (>$500): 2) submit to dvr.m.policyoffice@dhhs.nc.gov

NOTE REGARDING EQUIPMENT PURCHASES FOR JOB PLACEMENT OR SMALL BUSINESS PLANS

An individual‘s disability-related need for a specific computer or related software or hardware may justify a purchase of a non-standard computer configuration (hardware and/or software). This justification should be provided based on review by a Rehabilitation Engineer or Assistive Technologist and a description by the Counselor outlining the need for alternate equipment.

The purchase of equipment to support a small business plan will be uniquely considered. Non-disability-related equipment may be purchased as part of a small business concept which has been approved by the Chief of Policy. ***Equipment purchases for small businesses are still subject to purchasing policies (See Policy Directive #2-2012 – Self-Employment).*** For equipment purchases which support job placement in general, the Division will not purchase upgrades or improved versions of computers or assistive technology to support the individual‘s rehabilitation program following the initial purchase unless the individual can no longer use the device or software because of a significant change in his/her disability.

Revised 4/15/2015

2-5-3: Telecommunicative Devices

The Division will evaluate the needs of all eligible sensory impaired clients for telecommunications, sensory, and other technological aids and devices. These services include the widest range of electronic or assistive listening devices that are available and have demonstrated an ability to aid a person's chances of going to work or living more independently. Assistive listening devices include hardware devices, FM systems, loops, infra-red devices, direct audio input hearing aids, telephone aids and speech assistance devices. Such services are subject to an individual‘s financial need and comparable benefits, when available. Individuals needing Assistive Listening Device (ALD) or Speech Communication Device systems should be referred to the North Carolina Assistive Technology Program (NCATP) for consultation services. The NCATP staff will assess the individual’s needs and will provide a written report with recommendations. The counselor should submit a referral for services and authorization to the North Carolina Assistive Technology Program. Contact the North Carolina Assistive Technology Program’s administrative office at 919-233-7075 or obtain referral form and rate information at www.ncatp.org, click on “make a referral” and follow the steps listed.

Requirements for purchasing such devices are as follows:

A. The client must have a telephone or be able to afford the cost of telephone installation, monthly bill and maintenance in order to receive assistance with equipment requiring a telephone.
B. Text Telephones-Teletypewriters (TTYs) and other equipment costing $500 or more require an Equipment Security Agreement form.

Assistive Listening Devices for Students in Post-secondary Education

The Division can encourage educational institutions to provide assistive listening devices for students who are deaf and hard of hearing. Most students who use a hearing aid have difficulty understanding speech due to background noise. Hearing aids have a tendency to enhance all sounds at the same time, thereby drowning out the sounds of speech.

Several amplification systems are available to improve hearing ability in large areas, such as lecture halls and auditoriums, as well as in interpersonal situations (group discussions, and instructor conferences). These systems work by delivering the speaker‘s voice directly to the ear (with or without personal hearing aids), thus overcoming the negative effects of noise, distance, and echo, thereby improving understanding ability. It is the educational institution‘s responsibility to provide these large FM systems.

Assistive listening devices for students in post-secondary educational programs should not be purchased without a recommendation from the North Carolina Assistive Technology Program (NCATP) and counselor documentation that such a system is not available from the educational institution for use by the student. The Counselor should make a referral and submit an authorization to the North Carolina Assistive Technology Program for services rendered. Referral form and rates can be found at www.ncatp.org or by contacting the North Carolina Assistive Technology Program at 919-233-7075.

The NCATP Consultant will contact the client, the postsecondary institution, and involve appropriate vendors prior to completing a written report and making recommendations. Equipment may be purchased under the following conditions:

A. The device is required for the student to achieve the academic goal and is part of the IPE; AND
B. The device is mobile and can be used in a work environment after obtaining the degree.

Equipment Distribution Service (EDS): The Division of Services for the Deaf and Hard of Hearing (DSDHH) has an Equipment Distribution Service, which provides access to telecommunications devices for people who are Deaf, Hard of Hearing, Deaf-Blind, and Speech Impaired but have difficulty affording these devices.

Types of Devices Available through EDS: (Please verify equipment with DSDHH by visiting the DSDHH website at http://www.ncdhhs.gov/dsdhh/services/deaf.htm.)

- Amplified telephones with adjustable ringer volume
- Signaling devices that use sound, lights, and/or vibration to alert you to environment sounds such as the telephone ringing
- VCO(Voice Carry Over) telephones allow you to speak to the other person and

read what they are saying
- Single Hearing aid with telecoil switch
- TTYs(teletypers) allow you to type and read telephone conversations
- Large Visual Display TTYs for individuals with vision impairments
- Braille TTYs provide a print out in Braille
- Specific telephones for people with speech impairment such as voice controlled remote and outgoing voice amplification
- HCO (Hearing Carry Over) telephones allow you to hear what is being said while typing your message
- Electronic speech aids: artificial larynx, stutter inhibitors and Augmentative and Alternate Communication devices

In addition the EDS Hearing Aid Program provides one (1) hearing aid that allows individuals with hearing loss to communicate on the telephone using a hearing aid telecoil (T-coil). The goal is to provide equal access through use of the telephone. Devices are free to qualified individuals.

Types of Hearing Aids Available Through EDS Hearing Aid Program: (one hearing aid per person)
- Digital Hearing Aid
- Analog Hearing Aid
- Behind the Ear Hearing Aid

EDS is NOT considered a comparable benefit. However, individuals determined to be ineligible for VR services should be referred to EDS when appropriate. DSDHH may have a waiting list for services based on funding.

[Section 103(a) (11); 10 NCAC 89C.0310; State Plan, section 12;)

Comparable Benefits for Equipment Purchases

All comparable benefits must be utilized prior to expending agency funds for placement and post-secondary training equipment. Individuals participating in post-secondary training programs should be encouraged to use those comparable benefits similarly utilized by students without disabilities. However, if the general student body requires access to personal computers in order to meet the training or academic demands of a specific program or institution, individuals will not be excluded from Division support for the purchase of computers and related assistive technology just because computer labs may be available on campus.

In addition, Social Security work incentive options, Impairment Related Work Expense plans (IRWE), and Plans to Achieve Self-Support (PASS) must be explored and used when applicable with collaboration from the VR Counselor and the Social Security's

PASS Cadre Specialist who approves and monitors PASSes.

Procedures for Purchase of Non-Medical Equipment available on State Term Contract (STC) *(see Appendix Entry: 'Non-Medical Equipment: Purchase Procedures – Chart A')*

Obtain a quote from the STC vendor that lists the manufacturer's suggested retail price (MSRP) as documented on the manufacturer's order form when available or alternately the price quote obtained from the manufacturer; the percent discount applied to the MSRP; and the final price quote.

Cost ≤ $500:

1. No further approvals are required on the IPE. Add the "on-contract" service to the IPE, including the price quote for the equipment.
2. Counselor issues an authorization to the STC vendor at the contracted amount which includes shipping, delivery and set-up charges.

Cost > $500 - ≤ $2500:

1. Supervisor approval is required on the IPE. If approved, add the "on-contract" service to the IPE, including the quoted cost of the equipment.
2. Counselor issues an authorization to the STC vendor at the contracted amount which includes shipping, delivery and set-up charges.

Cost > $2500:

1. The counselor shall assemble and submit a client data packet (see Section 2-5: Equipment – Definitions) to the Chief of Policy for review and approval.
2. If approved, the Chief of Policy will notify the counselor. The counselor adds the on-contract equipment service to the IPE, including the STC vendor and price quote for the equipment.
3. The IPE or amendment will then be approved by the Chief of Policy in BEAM.
4. The counselor issues the authorization to the STC vendor at the contracted amount which includes shipping, delivery and set-up charges.

Revised: 10-15-2014

NOTE:
Regardless of the cost of the equipment, the following documents must be submitted to Fiscal Services in order to facilitate accurate payment processing:

- **Invoice**
- **Authorization**
- **Payment Approval Form**
- **Quote Documentation Form DVR-1033 (new 10/2014 via intranet)**

- **Written quote when available**

Procedures for Purchase of Non-Medical Equipment NOT available on State Term Contract (STC) *(see Appendix Entry: 'Non-Medical Equipment: Purchase Procedures – Chart B')*

Estimated Cost ≤$500:

1. Verify that the item(s) are not available on the State Term Contract. Determine the estimated cost of the equipment.

2. If the estimated cost is ≤$500 the counselor must obtain a quote. A faxed or written quote on the vendor's letterhead is preferred to prevent any miscommunication and to comply with fiscal auditing procedures. If it is not possible to obtain a written quote, a verbal quote may be accepted, and documented on Quote Documentation Form DVR-1033 (new via intranet 10/2014) The quote must be maintained in the case record.

3. Add the "off- contract" equipment service to the IPE and record the awarded vendor and price quote.

4. No further approvals are required. The counselor can issue the authorization. The RFQ is not required for items in this purchase category ≤$500.

Estimated Cost > $500 - ≤ $2500:

1. Verify that the item(s) are not available on the State Term Contract. Determine the estimated cost of the equipment.
2. If the estimated cost is >$500 - ≤ $2500 the counselor completes the bid process. A minimum of three (3) written competitive quotations must be obtained as part of the bid process. The quotes must be maintained in the case record.
3. When the bids are received add the "off-contract" equipment service to the IPE, including the awarded vendor and the price quote for the equipment.
4. Supervisor approval is required. After obtaining approval, the counselor can issue the authorization to the winning bidder and complete the RFQ

Estimated Cost > $2500:

1. Verify that the item(s) are not available on the State Term Contract. Determine the estimated cost of the equipment.
2. For equipment estimated to cost >$2500 the counselor shall assemble and submit a client data packet (see Section 2-5: Equipment – Definitions) to the Chief of Policy for review and approval.
3. If approved, a formal bid process will be completed by DVRS State Purchasing Section.

4. When the bids are received, purchasing will notify the counselor to add the off-contract equipment service to the IPE, including the awarded vendor and the price quote for the equipment.
5. The IPE or amendment will be approved by the Chief of Policy in BEAM.
6. DVRS State Purchasing Section will initiate the RFQ process and issue the authorization.

NOTES:

- **Regardless of the cost of the equipment, the following documents must be submitted to Fiscal Services in order to facilitate accurate payment processing:**
    - **Invoice**
    - **Authorization**
    - **Payment Approval Form**
    - **Quote Documentation Form DVR-1033 (new 10/2014 via intranet)**
    - **Written quote when available.**

- If multiple pieces of equipment are being purchased from the same vendor AND the total amount exceeds $2500, Chief of Policy approval is required.

- If equipment is needed as part of the preliminary or comprehensive assessment the same approval thresholds and bidding procedures apply. Approval, if required, occurs on the pre-planned authorization.

Revised: 10-15-2014

2-5-4: Procedures to Purchase Durable Medical Equipment (DME)

In order to purchase DME the counselor must establish the need for DME and obtain an evaluation for specifications. If a DME Convenience Contract is in effect, covered DME services may be expedited with higher quality control through applicable contract terms and conditions as compared with the normal required competitive bidding process.

When purchasing wheelchairs, a Seating and Mobility Evaluation should be obtained from an independent source, such as a wheelchair/seating clinic at a rehabilitation center/hospital employing staff who are Occupational or Physical Therapists qualified as Seating and Mobility Specialists. This evaluation team is to include a qualified wheelchair and seating technology specialist (RESNA ATP or ATS).

- When the DME Convenience Contract is to be used, the evaluation team is to include the contract provider's ATP or ATS - qualified wheelchair and seating technology specialist.
- If no clinic is available or would result in significant service delay, the counselor should use the DME Convenience Contract provider, or other provider that has staff qualified with Assistive Technology Professional (ATP) or Seating and Mobility Specialist (SMS) Certification. This certification is administered by RESNA and a directory is available on their web site www.resna.org.

A prescription is required to purchase durable medical equipment and must be included with the authorization and specifications to the vendor when the vendor is filing with a comparable benefit first. Individual DME items costing ≤ $500 that are part of a turnkey Residential Modification project (i.e. standard tub benches, stationary shower chairs, fold-down seats, etc.) DO NOT require a prescription in order to be purchased. A Rehabilitation Engineer's recommendation is sufficient for these basic off-the-shelf items, and will all be bid out as a Residential Modification. For individual DME > $500, or anything customized (i.e. rolling shower chairs or tilt-in-space chairs), a prescription is required, and applicable DME Purchasing guidelines must be followed.

DME Convenience Contract

A DME Convenience Contract has been established for VR/IL. Although this is not a mandatory contract, Counselors are strongly encouraged to utilize this contract in order to expedite service delivery and as a cost savings to the Division. The Division's Purchasing section is available to help determine if the equipment is available on the Convenience Contract. There is no minimum order if the item exists on the contract.

If the DME is available on the Convenience Contract, but there is a reason to purchase from a non-contract vendor, follow the procedures for purchasing off-contract through competitive bid processes. The Counselor should document the rationale for not purchasing from the Convenience Contract.

Details regarding approved vendors, available items and coverage areas are available on the DME Convenience Contract and related guidance materials located on the VR Intranet FORMS Page – DME Convenience Contract Resources Section. Counselors may purchase from any of the approved vendors who provide the specific equipment within the zone coverage areas.

DME available on the DME Convenience Contract– Purchase Procedures

(see Appendix Entry: 'Durable Medical Equipment: Purchase Procedures – Chart A')

Obtain a quote from the selected Convenience Contract vendor that lists 1) the manufacturer's suggested retail price (MSRP) as documented on the manufacturer's order form when available (strongly preferred) or alternately the price quote obtained from the manufacturer; 2) the percent discount applied to the MSRP; and 3) the final

price quote with discounts applied.

Cost ≤ $500:

1. No further approvals are required on the IPE. Add the on-contract service to the IPE, including the price quote for the equipment.
2. Counselor issues an authorization to the Convenience Contract vendor at the contracted amount which includes shipping, delivery and set-up charges.

Cost > $500 - ≤ $10,000:

1. Supervisor approval is required on the IPE. If approved, add the on-contract service to the IPE, including the price quote for the equipment.
2. Counselor issues an authorization to the Convenience Contract vendor for the price quote which includes shipping, delivery and set-up charges.

Cost > $10,000:

1. For equipment estimated to cost >$10,000 the counselor shall assemble and submit a Client Data Packet, using the Checklist: DME/Equipment/ECU/Prosthetic/Orthotic (available via the VR Intranet) to the Chief of Policy for review and approval.
2. If approved, the Chief of Policy will notify the counselor. The counselor adds the on-contract equipment service to the IPE, including the Convenience Contract vendor and the price quote for the equipment.
3. The IPE or amendment will be approved by the Chief of Policy in BEAM.
4. Counselor will issue the authorization to the Convenience Contract vendor at the contracted amount which includes shipping, delivery and set-up charges.

NOTES:

- If durable medical equipment is needed as part of the preliminary or comprehensive assessment the same approval thresholds apply. Approval, if required occurs on the pre-planned authorization.

- **Even when purchasing items on contract – waiving comparable benefits requires prior approval from the Chief of Policy**

- **Regardless of the cost of the equipment, the following documents must be submitted to Fiscal Services (or via encrypted email: dvr.m.FiscalServices@dhhs.nc.gov) in order to facilitate accurate payment processing:**
    - **Invoice**
    - **Authorization**
    - **Payment Approval Form**

- **Quote Documentation Form DVR-1033 (available via VR Intranet) with the following attachments:**
    - The manufacturer's suggested retail price (MSRP) as documented on the manufacturer's order form when available or alternately the price quote obtained from the manufacturer
    - The percent discount applied to the MSRP by the Convenience Contract provider
    - The Convenience Contract provider's final price quote with discounts applied.

- If client has comparable benefits (Medicaid, Medicare, Private Health Insurance) the vendor must be informed at time of authorization and must file with the comparable benefit first. The vendor will receive an Explanation of Benefits (EOB) from the comparable benefit. If the EOB shows that the comparable benefit does not pay up to the contract amount for the item, the vendor can submit an invoice to the Division for the difference between the paid amount and the Convenience Contract amount.
- If client does not have comparable benefits, then the vendor bills VR for full contracted amount.

Revised: 3-1-2016

DME NOT available on the DME Convenience Contract – Purchase Procedures
(see Appendix Entry: 'Durable Medical Equipment: Purchase Procedures – Chart B')

Estimated Cost ≤$500:

1. Verify that the item(s) are not available on the Convenience Contract. Determine the estimated cost of the equipment.
2. If the estimated cost is ≤$500 the counselor must obtain a quote. A faxed or written quote on the vendor's letterhead is preferred to prevent any miscommunication and to comply with fiscal auditing procedures. If it is not possible to obtain a written quote, a verbal quote may be accepted and documented on the Quote Documentation Form DVR-1033 (new via intranet10/2014). The quote must be maintained in the case record.
3. Add the "off- contract" equipment service to the IPE and record the awarded vendor and the price quote.

4. No further approvals are required. The counselor can issue the authorization. The RFQ is not required for items in this purchase category ≤$500.

Estimated Cost >$500 - ≤ $2500:

1. Verify that the item(s) are not available on the Convenience Contract. Determine the estimated cost of the equipment.
2. If the estimated cost is > $500 - ≤ $2500 the counselor completes the bid process. A minimum of three (3) written competitive quotations must be obtained as part of the bid process. Written quotes obtained from each of the vendors must include the MSRP as documented on the manufacturer's order form when available or alternately the price quote obtained from the manufacturer and the discounted price quote. The quotes must be maintained in the case record.
3. When the bids are received add the off-contract equipment service to the IPE, include the awarded vendor and the price quote for the equipment.
4. Supervisor approval is required. After obtaining approval the counselor can issue the authorization to the awarded vendor and complete the RFQ.

Estimated Cost > $2500:

1. Verify that the item(s) are not available on the Convenience Contract. Determine the estimated cost of the equipment.
2. For equipment estimated to cost >$2500 the counselor shall assemble and submit a Client Data Packet (see Section 2-5: Equipment – Definitions) to the Chief of Policy for review and approval.
3. If approved, a formal bid process will be completed by DVRS State Purchasing Section.
4. When the bids are received purchasing will notify the counselor to add the "off-contract" equipment service to the IPE, including the awarded vendor and the price quote for the equipment.
5. The IPE or amendment will be approved by the Chief of Policy in BEAM.
6. DVRS State Purchasing Section will initiate the RFQ process and issue the authorization.

NOTES:

- **Regardless of the cost of the equipment, the following documents must be submitted to Fiscal Services (or via encrypted e-mail: dvr.m.FiscalServices@dhhs.nc.gov) in order to facilitate accurate payment processing:**
    - **Invoice**
    - **Authorization**
    - **Payment Approval Form**

- **Quote Documentation Form DVR-1033 (available via VR Intranet) with the following attachment:**
    - Awarded Written Quote as competitively obtained on vendor's form, letterhead, or completed bid form **(if the item costs ≥$500)**

- If multiple pieces of equipment are being purchased from the same vendor, AND the total amount exceeds $2500, Chief of Policy approval is required.
- If durable medical equipment is needed as part of the preliminary or comprehensive assessment the same approval thresholds and bidding procedures apply. Approval, if required, occurs on the pre-planned authorization.

Revised: 3-1-2016

2-5-5 Procedures to Purchase Durable Medical Supplies:

Counselors should follow procedures for DME **NOT** on the Convenience Contract for the purchase of all Durable Medical Supplies.

Revised: 3-1-2016

Comparable Benefits

Comparable benefits must be utilized when available in the purchase of Durable Medical Equipment. Medicare, Medicaid, and/or private health insurance must be marked accordingly on the Division's case service authorization, unless in the "Less Resource Section" it has been ruled out with supporting documentation or the Chief of Policy has approved waiver of the benefits (see 3-10-3 Comparable Benefits). Additionally, see SECTION 1-17 Case Service Authorization and 1-11: Invoice Processing for further instructions and procedures for purchasing and accounting for the comparable benefit.

Medicare:

Medicare recipients in select areas of NC will have special procedures and vendors via CMS DMEPOS (Centers for Medicare Services CMS; Durable Medical Equipment, Prosthetics, Orthotics and Supplies). The select areas can be identified on the CMS website:

http://www.medicare.gov/supplierdirectory/search.html

In these select areas, only CMS sanctioned providers (vendors and physicians) may be used for Medicare**.** For all other areas of the state that are outside the CMS sanctioned provider areas, a vendor is selected that accepts Medicare

following the procedures detailed above.

Clients having Medicare are expected to use their comparable benefit. In situations where the Counselor establishes that the client does not have the funds/resources to pay their Medicare copay, the Chief of Policy must approve an exception for the Division to waive or pay the Medicare copay.

Medicaid:
The Division cannot invoice for durable medical purchases when the client has Medicaid, and the needed durable medical equipment is approved for Medicaid purchase. The Division can consider sponsorship of non-covered components. The Chief of Policy must approve an exception for the Division to waive Medicaid.

Private Health Insurance
Clients having private health insurance are expected to utilize their comparable benefit. When a client's primary health insurance has approved a durable medical purchase and will be the primary payer, the Division may only consider sponsorship of non-covered components. In situations where the client is unable to access their private health insurance because of an inability to pay the deductible or copay, the Chief of Policy must approve an exception for the Division to waive the insurance, or pay the copay or deductible.

2-5-6: Equipment Repairs

Equipment repairs may be sponsored if such repairs are required in order to complete the rehabilitation program or as part of a post-employment plan. Repairs up to seven hundred fifty dollars ($750) require only one quote from a reputable service vendor. Repairs exceeding seven hundred fifty dollars ($750) require obtaining three quotes, with the low quote being accepted and approved by the supervisor. Approval by the Chief of Policy is required for repairs exceeding two thousand five hundred dollars ($2500). When authorizing repairs, counselors should be cognizant of the cost of the repairs in relation to the value of the equipment being repaired. This service is subject to financial need and comparable benefits.

Revised: 4/1/2015

Section 2-6: Communication Services

These services are provided to enable the client to better communicate with other people. These services include, but are not limited to, foreign language translator and interpreter services, interpreter services (sign language & oral), tactile interpreter services for individuals who are deaf and blind, cued speech services, Braille training, reader services and training in use of communication equipment. Communication

accessibility may be required at any time during the rehabilitation process in order to allow the individual to have access to all rehabilitation services.

2-6-1: Foreign Language

Title VI of the Civil Rights Act of 1964 is the Federal Law that protects individuals from discrimination on the basis of their race, color, or national origin in all programs that receive Federal Financial Assistance. Title VI requires linguistic accessibility to health and human services. Therefore, foreign language interpreters/translators will be sponsored at any time during the rehabilitation process when the applicant/client is unable to understand either verbal or written information presented by the Division.

The U. S. Office for Civil Rights has interpreted Title VI to require all recipients/agencies receiving federal funds to implement the following specific guidelines:

A. The Counselor is responsible for determining the client's preferred language and providing a qualified foreign language interpreter/translator at the earliest possible opportunity before or after the initial contact with the Division.

B. VR forms and documents are available in Spanish for individuals with Limited English Proficiency (LEP). The Counselor may contact the Specialist for the Deaf and Hard of Hearing/Communicative Disorders for assistance in locating a qualified interpreter/translator for Spanish.

C. Interpreters/Translators for all languages must be qualified and trained with demonstrated proficiency in both English and the native language of the client. The Membership Directory of the Carolina Association of Translators and Interpreters is available at:

   http://www.catiweb.org/

   However, it is not required that all qualified interpreters/translators be listed in this directory.

D. DHHS has an agreement with the TeleLanguage Line to provide TeleLanguage translation via telephone. Information on this service can be found in Volume V (Rates). There is no authorization that is needed as DHHS bills the agency directly.

E. VR must offer translation services at no cost to the person with Limited English Proficient (LEP). Rates for foreign language interpreting services are listed in Volume V. The Supervisor can approve exceptions. A minimum of two-hours will be authorized per session. Such services are not subject to the financial need criteria; however, comparable benefits must be used when available. Mileage may be authorized at the allowable OSBM rates for State employees. Per Diem expenses may be authorized at the allowable rates for State Employees with advance approval from the counselor or the Supervisor.

F. Interpreter/Translator services must not be authorized to a member of the client's family. Minors (age 18 or under) shall not be used to interpret.

G. Information to verify identity and employment eligibility is in Section 1 – 9.

Revised 5/1/2019

2-6-2: Interpreting Services (Sign Language and Oral)

The Americans with Disabilities Act (ADA) has focused the United States on removing the barriers that deny individuals with disabilities an equal opportunity to share in and contribute to the vitality of American life. The ADA means access to jobs, public accommodations, government services (VR), public transportation, and telecommunications – in other words, full participation in, and access to, all aspects of society (Dunne, 1990).

VR Counselors for the Deaf must determine a client's mode of communication to ensure that an appropriate interpreter is employed to meet the client's communication needs before diagnostic and evaluation services are begun or anytime throughout the rehabilitation process. Such services are not subject to the financial need criteria; however, comparable benefits must be used when available. The assessment for determining eligibility and rehabilitation needs should determine the client's ability to communicate, and the IPE should note any potential need for interpreting services.

The Division may also provide sign language instruction for clients who are deaf on an individual or group basis when this service is an essential part of the IPE. Interpreters may be provided during the appeals, mediation, and administrative review process.

Interpreters may be provided during appeals, mediation, public hearings, and administrative review process.

All freelance interpreters and private interpreting agencies utilized by the NCDVRS must be licensed by the North Carolina Interpreters and Transliterators Licensure Board. Educational Interpreters utilized by NCDVRS must be licensed by the Board or meet the certification requirements established by the National Registry of Interpreters for the Deaf. (See Volume V for rates for interpreting services).

The following types of interpreting services may be used:

A. Sign language interpreting – ASL, signed English, or pidgin, the interpreter "visually" relays the spoken word to the student in whatever sign system is agreed upon.
B. Oral interpreting – the interpreter 'mouths' the words spoken for the deaf or hard of hearing student. Sign language may sometimes be used as filler.
C. Tactile interpreting – is used by deaf-blind students who need to 'feel' the formation of signs that the interpreter is making. The student places their hands on the

interpreter's hands while interpreting. Some students can also use on-the-palm printing.

D. Low-vision interpreting – is used by deaf / low-vision students who cannot see the interpreter from a distance. The interpreter and student face each other at a closer distance to enable the student to see the interpretation.

Payment for Freelance Interpreters
(For Educational Interpreting, See *Special Programs for Students with hearing loss*)

The Division has adopted the guidelines and the pay scale established by the Department of Health and Human Services' Approved Interpreters List. The Division has an ascending pay scale as delineated in Volume V for licensed interpreters, private interpreting agencies, and educational interpreters.

- The counselor should utilize an interpreter with full state license when possible.
- Normal reimbursement rates will apply during weekdays between the hours of 7:00 am to 5:00 p.m. During all other times and days, and during State recognized holidays, reimbursement will be at the rate of one and one-half times the normal rate.
- Time and one-half will also apply to last minute or emergency requests with twenty-four (24) hours or less notice.
- Interpreters will be paid for a minimum of two hours per assignment.
- Mileage may be authorized at the allowable OSBM rates for State employees.
- Per Diem expenses may be authorized at the allowable rates for State Employees with advance approval from the counselor or the Supervisor.

VR staff serving clients who are deaf should contact the Program Specialist for the Deaf and Hard of Hearing in the State Office for consultation and/or instructions on how to authorize for interpreting services.

[10A NCAC 89C .0308]

2-6-3: Reader Services

Generally, if a client needs reader services, the Division of Services for the Blind will serve this client and provide these services. However, if a client served by VR needs reader services, contact the Program Specialist for the Deaf and Communicative Disorders for assistance. Such services are not subject to the financial need criteria; however, comparable benefits must be used when available.

Section 2-7: Counseling and Guidance

CROSS REFERENCE: **Section 2-3, Core Vocational Rehabilitation Services**

These services cover an array of counseling and guidance issues for Division clients

that could be general, or specific and substantive in scope. Services in this category are not subject to financial need or comparable benefits. Supportive "counseling and guidance" is an integral part of any rehabilitation program and may be provided at any time during the rehabilitation process. When provided as a *Core* service, counseling and guidance must be of a substantial nature that addresses separate and specific objectives with documentation of regular appointments and progress toward objectives. Additionally, counseling and guidance provided as a *Core* service is distinct from the general or supportive counseling relationship that exists between the counselor and client and that accompanies the provision of other *Core* rehabilitation services.
[10A NCAC 89C, Section .0302]

Section 2-8: Day Care

Day care services may be provided as a service in support of another rehabilitation service. Such services are subject to the individual's financial need and comparable benefits when available. Providers must be approved by the NC Division of Child Development. (See Section 1-15-6)
[34 CFR 361.42]

Section 2-9: Driver's Evaluation and Training

CROSS REFERENCE: **Appendix Entry- Driver Evaluation and Training Services**

Handbook: Counselors shall utilize the "Counselor's Driving Evaluation and Training Process" located on the intranet.

Driver evaluation and training may be sponsored for those clients who require such training in order to obtain a driver's license. If the individual has never had a license, had the license revoked, or cannot get the license renewed due to the development of a disability, it may be necessary to secure both evaluation and training prior to getting a license.

Individuals who have cognitive, visual, or other physical impediments with questionable driving ability or restrictions must receive such evaluation and training prior to the Division agreeing to purchase and/or modify a vehicle. Any individual requesting driving control modifications, including hand controls and left foot accelerators, must complete a driving evaluation prior to modifications of their vehicle, except when all three of the following conditions are met generally for purposes of providing replacement equipment:

A. The individual has previous and current experience driving with driving control modifications; AND
B. The individual's disability is stable; AND
C. The individual is requesting functionally equivalent modifications.

The evaluation must be conducted by a driver rehabilitation specialist, an individual who is licensed, trained, and experienced in evaluating individuals with specific disabilities. Individuals who have never had a driver's license are required to pass the written and eye examinations and to obtain either a driver's permit or a "Restricted Driving Permit" prior to participating in an in-vehicle evaluation or training. Financial need and comparable benefits must be determined prior to the initiation of the training phase.

Section 2-10: Information and Referral

As a VR support service, information and referral services are provided to individuals who need services from other agencies (through cooperative agreements) not available through the VR program. Information and referral is a support service which is not subject to financial need.

Section 2-11: Job Related Services

CROSS REFERENCE: **Section 2-3, Core Vocational Rehabilitation Services; INTERIM POLICY AND PROCEDURE DIRECTIVE #04-2006 Division Sponsored Drug Testing for Clients**

The North Carolina Division of Vocational Rehabilitation is committed to locating and placing eligible and qualified individuals with disabilities in the best possible job. Job development and job placement services are primary services of the Division and as such are primary responsibilities assigned to service delivery personnel. The job placement process is the culmination of the rehabilitation counseling endeavor which focuses directly on the employment outcome goal required for all VR clients served by the Division. The job development and job placement process requires a substantial amount of planning and effort by service delivery personnel both in the early stages of plan development and towards the culmination of the program. Job placement and development services are not subject to either the client's financial need or comparable benefits.

Job-Related Services consist of the following:

- **Job Search Assistance**: activities that support and assist a consumer in searching for an appropriate job. Job search may include help in resume preparation, identifying appropriate job opportunities, developing interview skills and making contacts with companies on behalf of the client.

- **Job Placement Assistance**: a referral to a specific job resulting in an interview, whether or not the individual obtained the job.

- **On-the-Job Supports**: defined as support services provided to an individual who has been placed to enhance job retention. Such services include job coaching, follow-up and follow-along, and job retention services.

The level of involvement by the VR professional in job placement may best be described as Direct or Indirect:

- **Direct Placement**: A direct placement is one where the VR professional, the client, and the employer discuss the available job that the consumer is seeking. The VR professional, client and employer have connected at some point prior to the client being hired. A direct placement should denote that a relationship exists with the employer.

  Indirect Placement: An indirect placement is one where the VR professional informs the client that a particular employer is hiring and the client goes out on his/her own to find out about the job. If the client gets a job independent of the VR professional, the placement should be considered indirect.

2-11-1: Implications for Section 504 and ADA

The fundamental approach taken by the regulations for each law is that an employer cannot ask whether the applicant is a person with a disability nor ask about the nature or severity of the disability. However, the employer may make pre-employment inquiry into an applicant's ability to perform job-related tasks or functions or, if there is a known disability, ask the applicant to demonstrate or explain how, with or without reasonable accommodation, the individual would perform job-related functions.

Regulatory requirements safeguard the confidentiality of all personal information concerning the individuals served by the State Vocational Rehabilitation Division. A Counselor must be cognizant of these requirements in discussions with employers or potential employers of persons served by the Division. In placement efforts, a Division employee must obtain a signed *Consent for the Release of Confidential Information* prior to discussing a specific individual with a potential employer. It is not required that a new release be obtained for each employer. During the placement effort, the Rehabilitation Counselor should discuss functional limitations only as they relate to the client's ability to perform the essential functions of the job with or without reasonable accommodations. As the employer only needs to know whether the client has any functional limitations which will impact on specific job tasks, the Counselor must limit the discussion to any functional limitations that will impact on the client's ability to perform the job tasks or functions identified by the employer. This discussion may also include identifying reasonable accommodations which have been provided or could be provided. The specific disability should not be discussed by the Counselor with the potential employer.

[Section 504 of the Rehabilitation Act of 1973 as Amended through 1988; Section 102(c)(2) of the Americans with Disabilities Act of 1990; 34 CFR 104.14; 29 CFR

1630.2(n)(3), 1630.13(a) and 1630.14(a); 34 CFR 361.49]

Section 2-12: Maintenance

***CROSS REFERENCE*: INTERIM POLICY AND PROCEDURE DIRECTIVE #02-2008 Room and Board Rates for Postsecondary Training**

Maintenance is defined as monetary support provided for those expenses such as food, shelter and clothing that are in excess of the normal expenses of the individual, and that are necessitated by the individual's participation in an assessment for determining eligibility and rehabilitation needs or while receiving services under an IPE. Maintenance for housing is a short-term expenditure and is only provided when individuals are participating in services that are not within commuting distance of their own home. Maintenance is not intended to pay for those living expenses that exist irrespective of the individual's involvement with rehabilitation. Rather maintenance is a limited service designed to assist the individual with meeting the additional costs incurred while participating in a rehabilitation program. Financial need must be determined except in those situations when maintenance is required in support of an assessment service required to determine eligibility or rehabilitation needs. Comparable benefits must be used when available. Maintenance services include:

- Basic payments (room, board, incidentals) while attending college, university or other long-term training when commuting is not feasible
- Basic payments while client is in travel status to obtain services or for a short-term training session
- Basic payments for placement expenses incurred in conjunction with job interviews or employment, up to receipt of initial pay check

2-12-1: Maintenance for Post-Secondary Training:

The Division can sponsor room and meals at the catalog rate for clients enrolled in undergraduate or graduate training programs within the UNC System, at private colleges/universities or out of state schools. All rates are noted in Volume V and cannot been exceeded without prior approval from the Chief of Policy. These rates do change from year to year; therefore, counselors should consult Volume V prior to authorizing for these services.

Individuals who choose to live off campus may receive assistance up to the maximum rates as indicated in Volume V. Verification of the lease should be secured in order to determine the appropriate rate of sponsorship. Rates may not be exceeded without prior approval from the Chief of Policy. Authorizations should be done to the landlord

rather than the client whenever feasible.

Individuals attending a post-secondary training program not in close proximity to the individual's residence may receive assistance with housing and meals up to the maximum allowed as stated in Volume V. The counselor should consider the school's on campus residency requirements before authorizing for maintenance.

Individuals enrolled in short term or proprietary vocational rehabilitation training programs may receive assistance from the Division up the maximum allowed as indicated in Volume V.

NOTE: Supervisors must review and sign all case service authorizations for maintenance when the client lives in his/her home or in the home of a family member. All exceptions to the Division's maximum limits for maintenance must be approved, in advance, by the Chief of Policy.

SPECIAL CIRCUMSTANCES

The Division has established specific rates, based on cost, for certain rehabilitation facilities, educational programs, and rehabilitation homes. Maintenance services cannot routinely be used to meet the needs of persons leaving institutions who have income needs. However, clients being discharged to the community who need financial assistance in order to complete a rehabilitation program may be given short-term assistance until other arrangements can be made.

[10A NCAC 89C, Section .0305]

Revised 5/1/2017

2-12-2: Personal Needs

Personal needs means monetary support provided for personal hygiene items that are necessitated by the individual's participation in an assessment for determining eligibility and rehab needs or while receiving services under an IPE. Personal needs should only be provided on a short term basis, and are not intended to pay for expenses that exist irrespective of the individual's involvement with a rehabilitation program. This service is subject to financial need except in situations when the service is required in support of an assessment service required to determine eligibility or rehab needs. Comparable benefits must be used when available. Rates are listed in Volume V. All exceptions to the Division's maximum limits for personal needs must be approved in advance by the Chief of Policy.

4/1/2015

Section 2-13: Mental Restoration

CROSS REFERENCE: **Section 2-3, Core Vocational Rehabilitation Services**

Mental restoration services are those services which are necessary to correct or substantially modify a mental impairment that is stable or slowly progressive. Mental restoration is subject to the client's financial need and comparable benefits, when available.

The implementation of Mental Health Reform has led to the creation of target and non-target populations. Mental Health consumers falling into the non-target population will no longer be eligible for outpatient therapy services under the public mental health system. Because of this significant change, it is anticipated that more individuals with mental health disabilities will need Division assistance with outpatient therapy than before so that they can reach and maintain a level of stability that will enable them to successfully complete a program of vocational rehabilitation services.

In many areas of the state, especially in rural areas, a shortage of mental health therapists exists. Recognizing this fact, the North Carolina Division of Medical Assistance has expanded the types of mental health therapy providers that it will pay for outpatient behavioral health services. Expanding the Division's list of psychotherapy provider types to bring it into line with revised policy from the Division of Medical Assistance will help in addressing the shortage in therapists.

If outpatient therapy is available through the public mental health system, this, as in the past, would be considered a comparable benefit. Also, it must be emphasized that psychotherapy can only be sponsored if it is required by the client so that the objective of the IPE can be achieved.

[10A NCAC 89C, Section .0303]

2-13-1: Psychotherapy

Division clients needing psychological or psychiatric treatment to address a **primary** or **secondary** disabling condition in order to meet the objectives on the IPE should be referred to the local mental health system whenever feasible.

When public mental health services are not available, the Division may sponsor private therapy on an outpatient basis. **Counselors may authorize up to twenty-four sessions for psychotherapy.** Additional sessions may be authorized with the approval of the Supervisor and the Chief of Policy. In addition to the documentation required for eligibility determination and treatment updates, a written treatment plan, justification for additional sessions, and ongoing progress reports are required when more than twenty-four sessions are authorized. Medication monitoring may also be sponsored by the Division when comparable benefits are not available. Psychotherapy will not be authorized to cover case management or other services managed by the Mental Health System. Inpatient therapy will not be provided.

Psychotherapy may be provided by psychiatrists, psychologists, Licensed Psychological Associates (LPA), Licensed Professional Counselors (LPC), Licensed Marriage and Family Therapists (LMFT), Certified Clinical Supervisors (CCS), Licensed Clinical Addictions Specialist (LCAS), Licensed Clinical Social Worker (LCSW), or Advanced Practice Nurses licensed by the State of North Carolina to deliver individual these services.

The rates for sponsorship of psychotherapy and medication monitoring are found in Volume V.

[10A NCAC 89C .0205, .0302 and .0303; Statewide Agreement between the Division of Mental Health, Developmental Disabilities and Substance Abuse Services and the Division of Vocational Rehabilitation Services]

Revised 10/1/2011

Section 2-14: Other Goods and Services

Included in this category are any other required services, which are not elsewhere classified. Depending on the intent of the service, assessment or otherwise, financial need and comparable benefits may apply. **The Division cannot purchase land or construct a building. Additionally, firearms cannot be purchased by the Division for clients.**

[10A NCAC 89C, Section .0316; 34 CFR 364.4]

Section 2-15: Personal Assistance Services

Personal assistance is hands on assistance with two (2) or more major activities of daily living (ADL). The Division shall not sponsor chore worker or housekeeping services as a sole service. Housekeeping or chore worker services shall be secondary to the hands on ADL activities and shall not be the only assistance that is needed. Supervision, monitoring, companionship, cuing (reminder or prompting to complete task) and respite services are not considered personal assistance services and shall not be sponsored by the Division.

ADL tasks are basic daily living activities that must be performed to assure or support one's physical well-being. Examples of the major ADL activities include body/oral hygiene, bathing, toileting, dressing, grooming, eating, transferring, and moving about as needed in the environment.

Housekeeping and chore worker activities involve basic activities that help to provide a

safe and healthy living environment and promote community inclusion. Examples include cleaning, laundry, preparing meals, shopping, bookwork, and transportation.

Workers that provide ADL and housekeeping/chore worker services do not require any state licensure or certifications.

2-15-1: Vocational Rehabilitation Program

Personal assistance services may be sponsored at any time during the rehabilitation process to enable clients to fully participate in the assessment for determining eligibility and vocational rehabilitation needs, planning, service provision, and employment. It is a support service which can only be provided in relation to and in support of another vocational rehabilitation service. Sponsorship of this service is not intended to supplant services traditionally provided by the client's family. Personal assistance services are not subject to financial need, but comparable benefits must be utilized when available. Under no circumstance shall the Division sponsor co-pays for personal assistance if the client is utilizing Medicaid or another similar benefit to acquire personal assistance. Personal assistance can be provided by enrolling the VR client in the consumer-directed personal assistance service or by authorizing to Home Health agencies or medical service organizations. When home health care agencies are utilized, the Division shall authorize payment directly to the home health care vendor, and a concurrent case with IL is not opened. Once an individual has been identified as a candidate for personal assistance services, the IL counselor shall obtain a personal assistance evaluation in order to determine the client's ability to participate in and benefit from personal assistance. When the individual has been served by CAP-DA, the Division of Aging and Adult Services, or the Division of Medical Assistance, existing records (including assessment and plan of care) shall be obtained. If there are no existing evaluations of the individual's need for personal assistance, the counselor shall utilize a registered nurse, physical therapist, or occupational therapist to complete the Division's evaluation form by observing the client perform the activities of daily living. The counselor in consultation with the client will determine the number of hours that is being requested for the Division to sponsor based on the evaluation. If personal assistance services are being provided, the counselor shall continuously monitor the client's personal assistance needs throughout the rehabilitation process with changes documented appropriately. An updated evaluation is required only when there are significant changes in the client's functional capacity and subsequent need(s).**The VR counselor cannot authorize greater than 28 hours per week for personal assistance. Requests to exceed 28 hours per week shall be submitted to the Supervisor.**

Criteria

In order for a VR client to receive personal assistance services, the individual must be eligible for VR services and determined to be either SD or MSD based on a physical disability with functional limitations in the areas of self care and/or mobility. The individual must require hands on personal assistance services (PAS) with two (2) or more major activities of daily living in support of one or more of the CORE VR services planned on the Individualized Plan for Employment (IPE).

Concurrent Records of Service

When the counselor and VR client elect to pursue personal assistance by enrolling the client in the consumer-directed PAS, the client will have a dual VR/IL case with IL providing the personal assistance services for the individual. The funding for the PAS will come from VR case service funds. If other IL services are required in order to achieve the IL primary objective, then these services should be funded by IL, and IL policies should be applied. However, any services which are related to the achievement of the client's IPE goal should be funded by VR and provided according to VR policies.

Transition of Personal Assistance and Personal Assistance in a Post-Employment Plan

During the comprehensive assessment, the VR Counselor shall consider factors related to the transitioning of personal assistance services. In cases where personal assistance is needed to support training, the counselor shall discuss and document a client's stated needs related to transitions such as school breaks, completion of training, beginning a job search, and job placement. In cases where personal assistance is needed in support of job placement, the Counselor shall discuss and document any stated needs related to post-employment personal assistance services. This includes a discussion of comparable benefits, including the client's ability to private pay using the client's earned income. When referring a client to IL for coordination of personal assistance, the VR Counselor shall notify the IL counselor of the client's stated needs as related to transitions in personal assistance services so that the IL Counselor may effectively consider the service as part of a plan for independent living. Communication and coordination shall continue throughout service provision regarding personal assistance transitions.

At the point in which the client has achieved all other requirements for a successful employment outcome other than the termination of personal assistance services, the VR Counselor shall coordinate with the IL Counselor to determine whether the client is likely to meet the IL program's financial eligibility to continue personal assistance. If it is unlikely that the individual will qualify for this or other comparable benefits, the VR Counselor may continue to refer the client to the IL program for personal assistance coordination to be paid for out of VR case service funds as part of a VR post-employment plan.

In concurrent records of service,

The VR counselor will:

1. Identify that independent living services may be needed for the individual to

complete their Individualized Plan for Employment (IPE).

2. Contact the IL Office to staff the case with the IL counselor covering that geographical area where the individual will be receiving the IL services.

3. Notify the client that the IL program will determine eligibility for the Independent Living Rehabilitation Program.

4. Complete an IPE or IPE Amendment upon the IL counselor's determination of eligibility, selecting the service of Information and Referral to IL and outlining in the detail section the IL services that are to be coordinated by the IL program. If VR funded services are planned, the service(s) must be added to the IPE and the appropriate financial need category must be selected; if applicable, obtain verification of the client's eligibility for SSI/SSDI or complete the Financial Needs Survey. The IPE should include the statements – All services funded by VR will be terminated when the VR case is closed. All services funded by IL will be terminated when the IL case is closed.

5. All established VR closure standards apply to concurrent records of service.

6. Maintain all fiscal information (authorizations; bids or price quotes; invoices) in the VR case file for VR funded services, in keeping with the record retention schedule.

The IL counselor will:

1. Identify that vocational rehabilitation services may be needed for the individual to complete their Independent Living Service Plan (ILSP).

2. Contact the VR Office to staff the case with the appropriate VR counselor.

3. Notify the client that the VR program will determine eligibility for the Vocational Rehabilitation Program.

4. Complete an ILSP or ILSP Amendment upon the VR counselor's determination of eligibility, selecting the service of Information and Referral to VR and outlining in the detail section the VR services that are to be coordinated and/or provided by the VR program. If VR funded services are planned, the appropriate financial need category must be selected and the Financial Needs Survey must be completed or, if applicable obtain verification of the client's eligibility for SSI/SSDI. Include the statement on the ILSP – All services funded by IL will be terminated when the IL case is closed. All services funded by VR will be terminated when the VR case is closed.

5. All established IL closure standards apply to concurrent records of service.

6. Maintain all fiscal information (authorizations; bids or price quotes; invoices) in the IL case file for IL funded services in keeping with the record retention schedule.

[The 1992 Amendments to the Rehabilitation Act of 1973, Section 10]

Revised 7/1/2014

2-15-2: Suspension and Termination from Personal Assistance Services

All incidences of Client non-compliance with personal assistance policies shall be documented in the case record.

Individuals shall be suspended from receiving personal assistance for any of the following reasons:

A. Evidence of misuse of funds. Examples of misuse include, falsifying *the personal assistance service timesheet*, or misrepresenting personal assistance needs;
B. Failure to cooperate with program staff in efforts to implement policy and Procedures pertaining to this service; AND
C. Refusal to sign or conform to the *Form Personal Assistance Services and Reimbursement Agreement*.

Upon suspension, the Counselor shall contact the IL Program Specialist who will collaborate with the Chief of Policy to identify strategies to be included in a corrective plan for the particular incident of non-compliance. The Counselor shall partner with the client to develop the steps and timeframes required to be included in the corrective action plan. The corrective action plan shall be documented in the case record. The Division shall not pay e the client's personal assistant(s) for any personal assistance services provided during the period of suspension. The Counselor shall document the progress of the client in completing the corrective action plan in the case record. The Division shall resume service provision upon completion of the corrective action plan **within** the specified timeframe.

Individuals shall be terminated from receiving personal assistance for any of the following reasons:

- Financial gains to the point that the client can pay the full cost of personal assistance needs as documented by *DVR Financial Statement form*
- Significant change in the disabling condition, as determined by the personal assistance evaluation, which eliminates the need for this service
- Completion of the Individualized Plan for Independent Living (IPIL), unless personal assistance is negotiated as an IL post-outcome service
- Identification of a comparable benefit (e.g., CAP-DA, Medicaid, Division of Aging) for this service in a manner compatible with the IL goal
- Relocation out-of-state or IL office service area unless approved by the Independent Living Rehabilitation Program Coordinator and DVR Chief of Policy
- Death or incapacitation that requires institutionalization
- Insufficient case service funds

- Failure to complete the corrective action plan in the specified timeframe
- Continued and repeated incidences of noncompliance that have resulted in two (2) or more suspensions within a two (2) year period of time

The suspension and termination decision must be made in partnership with the client. In cases of death or institutionalization when no executor, Power of Attorney, or guardian exists, the Counselor shall contact the IL Program Specialist, who in consultation with the Chief of Policy, can advise on final payment procedures. Should the client disagree with the Division's decision to suspend or terminate personal assistance services due to a breach in the personal assistance agreement, then the counselor must inform the client of the Division's administrative review and appeals process. Record of service documentation is required when personal assistance is suspended or terminated.

[CFR 361.42; State Plan Chapter 20, Subchapter 20B, Section .0316]

Section 2-16: Physical Restoration

CROSS REFERENCE: **Section 2-3, Core Vocational Rehabilitation Services**

Physical restoration services may be provided as part of a rehabilitation program to correct or substantially reduce a physical impairment that is stable or slowly progressive and that results in substantial impediments to employment. A slowly progressive condition is one in which the client's functional capacity is not expected to diminish so rapidly as to prevent successful completion of vocational rehabilitation services, and/or employment for a reasonable period of time. This service is also referred to as "*Diagnosis and Treatment of Impairments"*. Such services are subject to the individual's financial need and comparable benefits, when available. Restoration services are considered substantial vocational rehabilitation services when they are provided within the supportive counseling and guidance relationship. *[NCAC 20C, Section .0303]*

Intercurrent Illness

Intercurrent illnesses are defined as those illnesses that arise during the course of the rehabilitation program and interfere with completion of the intermediate program objectives. Illnesses may be either acute or chronic. Treatment of such illnesses may be sponsored by the Division. Specialty medical information is required along with a treatment plan. Financial need must be ascertained and comparable benefits used when available.

Secondary Restoration

Secondary restoration refers to an acute or remediable condition that exists concomitantly with a chronic impairment (that makes an individual eligible for Division services), is present at the time of eligibility, and presents a definite obstacle to progression and accomplishment of the rehabilitation program. The rehabilitation counselor may sponsor the recommended treatment in these

circumstances to remove the acute condition so that the individual can benefit, in a timely manner, from other planned Division services. *Secondary restoration* differs from inter-current illness because the need is evident at intake and/or eligibility, and prior to development of the IPE; whereas, intercurrent illness occurs during the course of the rehabilitation program (IPE). A condition for which *secondary restoration* is being provided cannot be coded as a secondary disabling condition because it is acute and does not result in *substantial* impediments to employment. Specialty information is required along with a treatment plan. The financial needs criteria must be applied and comparable benefits used when available. The counselor must document in the case file the rationale for addressing a secondary restoration issue to include the diagnosis and necessary restoration services. In most cases, this should be done on the Written Rehabilitation Analysis Page (WRAP). However, in situations in which sponsorship of secondary restoration is needed in order to complete the comprehensive assessment (status 10), the counselor should document the rationale for sponsorship on a case note.

Physical Restoration as a "Substantial" Vocational Rehabilitation Service

VR sponsorship of a physical restoration service(s) would be viewed as a *substantial* service when it is:

A. provided to substantially reduce or eliminate limitations/impediments associated with a chronic impairment AND
B. required by the individual in order to begin work, return to work, or maintain employment, AND
C. provided within a supportive counseling and guidance relationship and/or in conjunction with other *Core* VR services.

The following are examples of supportive guidance and counseling interventions:

- Helping the client understand their diagnosis/impairment, impediments and what to expect during and after treatment
- Helping the individual understand the vocational implications of their diagnosis/impairment; i.e., need for part-time or modified duties following treatment, need for job re-assignment or job change because of impediments
- Career and educational guidance to help the individual select suitable jobs and/or type of training
- Assisting the individual in dealing with and adjusting to the emotional issues surrounding the diagnosis/impairment
- Referral to other community resources to assist with issues associated with physical restoration
- Liaison or interventions with medical providers to facilitate the individual's treatment, and medical needs
- Discussion and exploration of an individual's strengths, interests and abilities in relation to recommendations from the assessment data (medical and vocational) and other case information

- Providing supportive guidance and follow-up on specific impairment related issues after return to work

Typically, two or more *Core* services (See Section 2-3 for listing of the *Core* services) are necessary to address an individual's rehabilitation needs. However, if only one *Core* service (e.g. physical restoration) is determined necessary, the supportive counseling and guidance provided by the rehabilitation counselor, or other Division support staff, and documentation of such becomes even more important. This supportive element distinguishes the VR service from that of simply serving a medical insurance function, or paying a medical bill. The presence of a *chronic impairment* and provision of the physical restoration service *within a VR guidance and counseling relationship* distinguishes this situation from those where VR would simply be *paying a bill* for an acute or otherwise temporary medical condition. The client's need for the *guidance and counseling relationship* must be established as part of VR eligibility; specifically, in relation to the "*requires VR services"* component of the eligibility criteria.

Guidelines Regarding Anticipated Duration of Medical Treatment
Some individuals have stable or slowly progressive conditions of long duration. The Division does not provide long-term or ongoing physical treatment. Accordingly, Division funds cannot be used to initiate treatment that is reasonably anticipated to last more than six months (per case) unless Supervisor approval has been obtained. Agreed upon extensions may be approved only if the client maintains reasonable progress toward achieving the vocational goal. An exception can be when the purchase of medication/medical supplies is expected to exceed six months duration in support of training as a major service on the Individualized Plan for Employment. It is expected that the counselor would work jointly with the client to identify comparable benefits for long term medical care.

2-16-1: Morbid Obesity – Medically Managed Weight Loss Programs and Surgical Intervention

VR Sponsorship of Medically Managed Weight Loss Programs
Medically managed weight-loss programs provide treatment in a clinical setting with a licensed healthcare professional, such as a medical doctor, nurse, registered dietitian and/or psychologist. These programs typically offer services such as nutrition education, physical activity and behavior modification/therapy. In some situations, closely related programs such as cardiac rehabilitation programs may be utilized to accomplish this purpose as they have many of the same essential components. Before VR will sponsor services for a client through a medically managed weight loss program, medical records must document that the client has attempted other organized weight loss programs for a period of 9 months or more. VR may sponsor these programs for clients at the established Medicaid rate and subject to the individual meeting the Division's financial criteria. With regard to the duration of VR sponsorship, the guidelines in Section 2-16 Physical Restoration apply *(see under Guidelines for*

Anticipated Duration of Treatment). Approval of extensions of VR sponsorship beyond 6 months may be approved by the Supervisor if the individual is demonstrating acceptable progress in their weight loss as evidenced by the progress reports from the program.

VR Sponsorship of Surgery

VR sponsorship of surgery for morbid obesity may be considered when it is determined to be a medical necessity by the appropriate specialist and when the following conditions are met:

1. the individual is at least 19 years old; **and**
    - medical record documentation substantiates that the individual has a BMI greater than or equal to 40 with serious complications/limitations in at least two of the following areas:
        - documentation of primary diseases such as arteriosclerosis, diabetes, heart disease, hypertension, pseudo-tumor cerebri, etc., is significantly complicated by clinically severe obesity
        - the obesity causes substantial orthopedic or physical impediments as documented by the medical history records including x-ray findings and other diagnostic test results
        - there is significant respiratory insufficiency or sleep apnea documented by respiratory function studies, blood gases, sleep studies
        - there is significant circulatory insufficiency documented by objective measurements; **and**
2. clinically severe obesity must be present for a period of at least three years; **and**
3. the individual must have made consistent efforts to lose weight over a period of 9 months or longer under physician supervision or in an organized weight loss program and failed; **and**
4. the individual has no correctable cause for the obesity, e.g.; an endocrine disorder.

Case Documentation Requirements - VR Sponsorship of Surgical Intervention for a Client

1. Documentation of a continuous nine month period or longer of all medical treatment modality therapies attempted by the client under the supervision of a physician or in an organized weight loss program to reduce weight, the duration of each therapy and the results of each treatment
2. Documentation of the client's weight for each of the three previous years
3. The client's present weight, height, skeletal frame, body mass index and gender
4. Medical history of the entire client's diagnoses such as heart disease, pulmonary problems, arthritis, diabetes, etc.

5. Medical test results
6. Documentation that all correctable causes of obesity have been ruled out with test results of laboratory tests performed
7. Documentation of a psychological evaluation assessing the recipient's suitability for surgery and his/her ability to comply with lifelong dietary changes and medical follow-up. Components of such an assessment should include: levels of depression, eating behaviors, stress management, cognitive abilities, social functioning, self-esteem, personality factors or other mental health diagnoses that may affect treatment, readiness and ability to adhere to required lifestyle modifications and follow-up social support
8. Documentation of a fully developed, 5-year psychosocial, nutritional, and activity-based follow-up plan
9. Certification that the individual has been informed about all surgery risks, surgical sequelae, the need for extensive follow-up care, expectancy of weight loss and a signed statement that the individual has been informed of the risks and results and still desires a surgical procedure
10. Description of the type of gastro-bariatric surgery planned and CPT code that describes the surgery planned
11. VR may authorize follow-up surgeries if deemed to be medical necessities – ex: surgical skin flap removal. However, surgeries that are purely elective with no medical necessity cannot be sponsored by the Division
12. The Division cannot authorize "up-front" administrative fees which are sometimes required by surgical clinics

Revised 10/1/2014

2-16-2: Hearing Aids

CROSS REFERENCE: **Appendix Entry - Hearing Disabilities; Section 2-5-3 Telecommunicative Devices**

Hearing aids may be sponsored for those clients who meet the eligibility criteria listed in the Hearing Disabilities section of the Appendix and who require such devices to meet the needs of a training program or employment. A hearing aid may be purchased for a primary or secondary disability if the hearing loss meets the criteria for a hearing disability (See Appendix – Hearing Disabilities).

The Division will utilize vendors who provide a full range of services including servicing and loaner aids. Physicians who meet this requirement may provide ear, nose and throat (ENT) examinations, hearing evaluations, hearing aid evaluations and may dispense hearing aids (see Volume V for rates). Such services are subject to the individual's financial need and comparable benefits, when available. In order to purchase a hearing aid or aids, the counselor will authorize to an otologist and audiologist licensed to practice in the State of North Carolina for an ear, nose, and throat (ENT) exam, hearing evaluation, and a hearing aid evaluation. Medical clearance for fitting of an aid must be obtained from a physician skilled in diseases of the ear (ENT exam). The Division cannot accept a waiver for medical clearance from an audiologist, a

physician‘s assistant, a hearing aid dealer, or a family member.

The Division may purchase any kind of hearing aid (behind the ear, in the ear, programmable, or digital) recommended by a licensed audiologist or Board Certified Hearing Aid Specialist. The user‘s hearing aid should be equipped with a telecoil switch (T-coil switch). The _T-switch functions like an antenna, picking up the electromagnetic energy and transferring it to the hearing aid which converts it into sound. With a —T-switch, the consumer will be able to utilize additional assistive technology devices and have access to the telephone. (See Volume V – Hearing Aid Fees)

Purchase of a hearing aid is not subject to equipment purchasing procedures.
Clients are expected to follow the manufacturer‘s directions in using and maintaining a hearing aid. The client is responsible for safe storage of the hearing aid when it is not in use and should pay close attention to the safe handling of the device. Replacement hearing aids will **not** be purchased due to negligence that results in damage or loss.
A hearing aid can be repaired if feasible and cost effective, and the needed repair is not due to negligence. A replacement hearing aid may be purchased when an individual‘s current hearing aid is not sufficient to meet his/her needs due to a rapidly progressive hearing loss (See Appendix – Hearing Disabilities and Section 2-5-3 Telecommunicative Devices – Comparable Benefits).
Rehabilitation Counselors may also approve sponsorship of a replacement hearing aid if the client meets **one o**f the following criteria:

A. The client is working and needs a hearing aid to maintain employment (a letter from the supervisor/employer is recommended for establishing the need).
B. The client is not working and his/her current hearing aid is not meeting the communication needs of the client;
C. The client has a documented rapidly progressive hearing loss (see Appendix – Hearing Disabilities).

For exceptions to this policy or extenuating circumstances, please contact the Chief of Policy or the Program Specialist for Deafness and Communicative Disorders.

Revised 11/15/2013

2-16-3: Orthotics

Orthotic devices may be sponsored for clients who require such services in order to complete the rehabilitation program. A prescription from the appropriate medical specialist is required followed by an assessment and quote from a Certified Orthotist (as defined by the American Board for Certification in Orthotics, Prosthetics and Pedorthics).

Purchases and repairs to orthotics are paid based on statewide fees for services established by the Division of Medical Assistance using the prevailing Medicaid rates.
Procedures for purchase:

- If the estimated cost is less than or equal to $500
    - an assessment and quote is obtained from a certified orthotist
    - the counselor adds the service to the plan, and documents under *"Counselor Comments"*: "*Sole source of the vendor is warranted in accordance with Waiver section 01 NCAC 05b.1401 because a particular orthotic appliance is needed"*
    - The counselor issues the authorization

- If the estimated cost is greater than $500, but less than or equal to $2500:
    - an assessment and quote is obtained from a certified orthotist
    - the counselor adds the service to the plan, and documents under *"Counselor Comments"*: "*Sole source of the vendor is warranted in accordance with Waiver section 01 NCAC 05b. 1401 because a particular orthotic appliance is needed* "
    - the supervisor approves the plan in the Division's electronic case management system
    - the counselor issues the authorization

- If the estimated cost is $2501 or more:
    - an assessment and quote is obtained from a certified orthotist
    - the counselor submits a client data packet to the Chief of Policy
    - the Chief of Policy reviews and responds with an approval or denial external to the Division's electronic case management system
    - If approved, DVRS State Purchasing will notify the counselor to add the service to the IPE, including the awarded vendor and the amount the counselor puts the service on the plan**,** and documents under *"Counselor Comments": "Sole source of the vendor is warranted* in accordance *with Waiver section 01 NCAC 05b. 1401because a particular orthotic appliance is needed.*
    - the Chief of Policy approves the plan in the Division's electronic case management system
    - The purchasing agent in the Division Purchasing Section issues the authorization

The service is subject to financial need. Comparable benefits are to be used whenever available towards the purchase of orthotic devices. If a comparable benefit provides partial coverage towards a prescribed device, the counselor must consult with the Chief of Policy on how best to apply Division funds in coordination with the comparable benefit towards overall payment of the device.

Outpatient and inpatient gait training (with documented medical need) may be provided.

A replacement orthosis may be considered for purchase when repairs to the existing orthosis are not feasible or cost effective, as determined by a Certified Orthotist. Replacements, as with initial devices, must be prescribed by an appropriate medical specialist. Repairs may be recommended and prescribed by an Orthotist.

[*34 CFR 361.4; NCAC 20C, Section .0303]*

Revised 7/15/2019

2-16-4: Prosthetics

Prosthetic devices may be sponsored for clients who require such services in order to complete the rehabilitation program. A prescription from the appropriate medical specialist is required followed by an assessment and quote from a Certified Prosthetist (as defined by the American Board for Certification in Orthotics, Prosthetics and Pedorthics).

Purchases and repairs to prosthetics are paid based on statewide fees for services established by the Division of Medical Assistance using the prevailing Medicaid rates.

Procedures for purchase:

- If the estimated cost is less than or equal to $500
  - an assessment and quote is obtained from a certified prosthetist
  - the counselor adds the service to the plan, and documents under *"Counselor Comments"*: "*Sole source of the vendor is warranted in accordance with Waiver section 01 NCAC 05b.1401 because a particular prosthetic appliance is needed"*
  - The counselor issues the authorization

- If the estimated cost is greater than $500, but less than or equal to $2500:
  - an assessment and quote is obtained from a certified prosthetist
  - the counselor adds the service to the plan, and documents under *"Counselor Comments"*: "*Sole source of the vendor is warranted in accordance with Waiver section 01 NCAC 05b. 1401 because a particular prosthetic appliance is needed* "
  - the supervisor approves the plan in the Division's electronic case management system
  - the counselor issues the authorization

- If the estimated cost is $2501 or more:
  - an assessment and quote is obtained from a certified prosthetist
  - the counselor submits a client data packet to the Chief of Policy
  - the Chief of Policy reviews and responds with an approval or denial external to the Division's electronic case management system

- If approved, DVRS State Purchasing will notify the counselor to add the service to the IPE, including the awarded vendor and the amount the counselor puts the service on the plan**,** and documents under *"Counselor Comments": "Sole source of the vendor is warranted* in accordance with Waiver section 01 NCAC 05b. 1401*because a particular prosthetic appliance is needed.*
- the Chief of Policy approves the plan in the Division's electronic case management system
- The purchasing agent in the Division Purchasing Section issues the authorization

The service is subject to financial need. Comparable benefits are to be used whenever available towards the purchase of prosthetic devices. If a comparable benefit provides partial coverage towards a prescribed device, the counselor must consult with the Chief of Policy on how best to apply Division funds in coordination with the comparable benefit towards overall payment of the device.

Outpatient and inpatient gait training (with documented medical need) may be provided.

A replacement prosthesis may be considered for purchase when repairs to the existing prosthesis are not feasible or cost effective, as determined by a Certified Prosthetist. Replacements, as with initial devices, must be prescribed by an appropriate medical specialist. Repairs may be recommended and prescribed by a prosthetist.

[*34 CFR 361.4; NCAC 20C, Section .0303]*

Revised 7/15/2019

2-16-5: Podiatry

If the client so chooses, services from a podiatrist may be sponsored if required to complete the rehabilitation program. Podiatrists may render a diagnosis for determination of impairment. As a treatment service, this service is subject to both financial need and comparable benefits.

[NCAC 20C, Section .0303; 20D, Section 0302; 34 CFR 361.4]

2-16-6: Visual Services

CROSS REFERENCE: **Appendix Entry - Blind and Visually Impaired**

Visual services may be sponsored for individuals who require such services in order to complete the rehabilitation program. This service is subject to financial need and comparable benefits. Services are subject to the rates and procedures established in

Volume V. A prescription from an appropriate medical specialist is required.

[34 CFR 361.42 and 364.4]

2-16-7: Chiropractic Services

The Division may utilize the services of any legally licensed doctor of chiropractic. This service is subject to financial need and comparable benefits. The following conditions must exist:

1. The client has signs or symptoms that are considered by a chiropractor to be related to spinal subluxation, and are not shown in the general or special examination to be due to other causes;
2. The client chooses the services of a chiropractor for spinal subluxation and/or spinal manipulation; and
3. There are no contraindications to spinal manipulations imposed by disorders other than spinal subluxation.

Chiropractors may not be utilized during the assessment to determine eligibility and vocational rehabilitation needs. *[RSA-PRG-77-5; PL 92-603, Section 275 (Medicaid); G.S. 90-143 and 157.1; NCAC 20C Section .0303; 20D Section .0302]*

2-16-8: Hospitalization (Diagnostic, Inpatient and Outpatient)

Diagnostic
A hospitalization for diagnostic services is not subject to the client's financial need but is subject to comparable benefits. Counselors should be aware that any treatment service provided during the diagnostic hospitalization is subject to both financial need and comparable benefits. When questions as to whether a diagnostic procedure requires inpatient hospitalization, consultation from the unit medical consultant is required.

Inpatient
Inpatient hospitalization may be provided as part of a rehabilitation program requiring such services leading to employment. Elective hospitalizations will not be sponsored. Such services are subject to the client's financial need and comparable benefits. The unit medical consultant should be utilized when questions arise regarding length of stay.

Outpatient
Outpatient hospitalization may be provided as part of a rehabilitation program requiring such services leading to employment. Such services are subject to the client's financial need and comparable benefits. *[State Plan]*

2-16-9: Drugs and Medical Supplies (Prescription and Non-Prescription)

CROSS REFERENCE: **Appendix Entry - North Carolina Division of Vocational Rehabilitation Prescription Narcotic Pain Medication Contract**

Prescription and non-prescription drugs and medical supplies may be provided to meet the rehabilitation need of the client. This service is subject to financial need and comparable benefits. Drugs may be purchased when a prescription is received and there is a reason for the use of the drug recorded in the client's file. Whenever possible a copy of the prescription should also be retained. Drugs may be purchased only for those conditions directly related to the client's impairment.

Prescription
Generic prescription drugs will be purchased unless specified "dispensed as written" or in words of similar meaning. Payment is made according to the AWP (average wholesale price) plus the current Medicaid dispensing fee. There are some drugs with a maximum allowable charge (MAC) or estimated allowable charge (EAC) that have been mandated by federal regulations. The established rates will be used for these drugs with MAC taking precedence over EAC. The Counselor, in authorizing, should specify that the generic is to be dispensed unless otherwise specified by physician. Authorizations should be issued for the estimated monthly requirement for medications. Advise pharmacist to bill on a monthly basis for all drugs dispensed in that month for that client. Request that the pharmacist include on the invoice the NCD number, drug name, strength, and amount dispensed. The charges for drugs and for dispensing must be itemized, or we cannot pay the dispensing fee.

Prescribed Over-the-Counter Drugs
These drugs will be reimbursed at the OTC charge without any dispensing fee and should be so authorized.

Non-Prescription Drugs
Non-prescription medications and supplies may be purchased upon a physician’s recommendation if related to the individual's impairment, secondary restoration issue, or intercurrent illness. Authorizations should be made directly to the vendor.

[SBl6, l977 General Assembly; 34 CFR (a)(16); 34 CFR 361.42 and 364.4; NCAC 20C, Section .0303]

VR Sponsorship of Prescription Narcotic Pain Medications
The purpose of VR sponsorship of physician prescribed narcotic pain medication is to make a client’s pain more tolerable during the recovery process from physical impairments and/or to help the individual be more functional and able to participate in his/her vocational rehabilitation program. These medications have very strong addictive potential. There is the potential for overdose if not taken as instructed by a physician.

They also present significant risk for abuse and misuse.

The following guidelines must be followed by rehabilitation counselors when authorizing this service:

1. The client must sign a NCDVR Prescription Narcotic Pain Medication Contract which will be in effect for the duration of the service. **A NCDVR Prescription Narcotic Pain Medication Contract is not required for narcotic medications which are prescribed within two weeks post-surgery if the surgical procedure has been sponsored by the Division, however the other guidelines in this directive are still applicable to clients requesting sponsorship of post-surgery narcotic pain medications.**

2. All prescriptions for narcotic medications for the client must be provided by one treating physician. If the client has a history or current diagnosis of substance abuse/dependence, he/she must sign VR Consent for Release of Confidential Information Form allowing the Division to release this information regarding past or current substance abuse to the treating physician.

3. VR sponsorship of narcotic medications should not exceed three prescriptions. Exceptions to sponsor more than three prescriptions requires Supervisor approval. In addition, a supervisor may approve an extension for a specified, limited, time if the client is actively being treated in a chronic pain clinic and under the medication protocols of that clinic. However, the Division is unable to purchase prescription narcotic pain medications on a long term basis for chronic pain disorders. In these situations, efforts must be made to identify long term funding sources for the prescribed medications.

4. The treating physician will provide the vocational rehabilitation counselor with a brief treatment plan for the patient. The counselor will be notified in writing of any significant changes or amendments to this plan.

5. If the patient is referred to another physician who will become the treating physician, the patient will sign VR Consent for Confidential Information Form allowing notification of the new physician of the patient's controlled substance use.

6. VR will not authorize replacements of narcotic medications that are lost, stolen, damaged, destroyed, thrown away, etc.

7. The client must inform the treating physician and rehabilitation counselor if he/she is receiving prescriptions for narcotic pain medications from any other physician. Failure to do so will result in the Division terminating sponsorship of this service.

The treating physician should provide periodic blood or urine testing of the patient. This helps to identify patients who are using additional drugs, using excessive amounts of

the prescribed drug or not using any medication at all.

Revised 10/15/2014

2-16-10: Dental Services

CROSS REFERENCE: **Appendix Entry - Dental Impairments**

Treatment for dental conditions may be sponsored for those clients who require this service to complete the rehab program. This service is subject to financial need and comparable benefits. Treatment of such conditions may be necessary because of cosmetic appearance, dental caries and severe dental problems, and for orthodontic conditions. When orthodontic appliances are indicated, the teeth on which they are to be used should be in good condition, and restoration of those teeth may be necessary. Evaluation of the dental condition should be provided by the dentist of the applicant or client's choice or, in certain cases (e.g., orthodontics or oral surgery), by a specialist for the problem under consideration.
The dentist and the client must be notified prior to the examination that this Division will sponsor only that portion of the dental restoration that is essential to relieve the impairment resulting in the impediment to employment and that the client is responsible for any additional services and for any prophylactic care. The dentist must be informed that even when an estimate of the cost is submitted and an authorization issued, the amount of payment may not exceed the amount allowed by the Medicaid schedule.

[34 CFR 361.42 (a) (16); Rehabilitation Services Manual, 1519.01-1519.06; NCAC 20C, Section .0303]

2-16-11: Home Health

Home health services may be sponsored for those individuals who require this service to complete the rehab program. This service is subject to financial need and comparable benefits. Home medical treatment often helps facilitate successful vocational rehabilitation or a greater level of independence. Only Home Health agencies meeting Medicaid certification standards may be used and authorizations shall not exceed the Medicaid rate. Each agency provides skilled nursing services and physical, occupational, and speech therapy; medical social work; home health aide; orderly; or nutritional guidance.

Home health services must be authorized by a prescription for such services written by the client's physician. The type of service and the number of visits must be specified on the prescription, which is kept in the client's record. The Counselor must receive a report of the visit(s) from the Home Health Agency before the bill may be submitted to the State Office for payment.

[NCAC 20C, Section .0303]

2-16-12: Speech Therapy

Speech therapy may be sponsored for those individuals who require such services in order to overcome or reduce vocational impediments caused by speech impairment. The impediment must be severe enough to warrant therapy. Therapy must be recommended by a speech pathologist licensed to practice in this State. The following information should be included by the speech pathologist in every speech report:

1. A statement presenting the speech/language problem;
2. Case history;
3. A statement regarding the tests administered; and
4. Summary of the test results including the diagnosis, potential impact on employment, and recommendations and prognosis for speech.

This service is subject to both the individual's financial need and comparable benefits.

[State Plan-Section 9.3, House Bill 526; NCAC 20C, Section .0303; 20D, Section .0303]

2-16-13: Physical Therapy

Physical therapy services may be provided for those individuals who require this service to complete the rehab program. This service is subject to financial need and comparable benefits. Physical therapy must be prescribed by an appropriate medical specialist. The therapist must be appropriately licensed and certified.

[34 CFR (a) (16); NCAC 20C, Section .0303]

2-16-14: Occupational Therapy

Occupational therapy services may be provided for those individuals who require this service to complete the rehab program. This service is subject to financial need and comparable benefits. Occupational therapy must be prescribed by an appropriate medical specialist. The therapist must be appropriately licensed and certified.

[34 CFR (a)(16); NCAC 20C, Section .0303]

2-16-15: Physical Capacity Assessment (PCA)/Functional Capacity Evaluation (FCE)

This assessment establishes the client's functional level and limitations in returning to work. It measures such functions as strength, maximum effort, endurance, and forms

the framework for the therapeutic work hardening program. This may be conducted over a period of one to four hours. As an assessment, this service is not subject to financial eligibility; however, as many injuries requiring this service are occupational or accident related, comparable benefits may be available for use.

Section 2-17: Rehabilitation Technology

***CROSS REFERENCE*: Section 2-3 Core Vocational Rehabilitation Services**

Rehabilitation Technology includes but is not limited to assistive technology devices; repair, customizing, adapting or maintaining assistive technology devices; coordinating and using other therapies and interventions with assistive technology; training and technical assistance to clients, family members, employers, other agencies or rehabilitation professionals and modifications to vehicle, home, or worksite. As one of the VR *Core* services, assistance with rehabilitation technology becomes a substantial rehabilitation service when it is provided within the supportive counseling and guidance relationship.

2-17-1: Rehabilitation Engineering

The term "rehabilitation engineering" means ". . . the systematic application of technologies, engineering methodologies or scientific principles to meet the needs of and address the barriers confronted by individuals with disabilities in areas which include rehabilitation, education, employment, transportation, independent living and recreation." Applicants and clients who are in need of and can benefit from rehabilitation engineering services and devices should be referred to the Rehabilitation Engineer. This includes services and devices which can supplement and enhance individual functions such as adapted computer access, augmentative communication, special seating and mobility, vehicle modifications, and services which can have an impact on the environment, such as accessibility, job re-design, work site modification and residence modification. Other requirements are noted in specific policy statements elsewhere in this manual. Application of engineering services and technologies is important when making determinations of eligibility particularly for individuals with severe impairments. A rehabilitation engineering evaluation is not subject to an individual's financial need; however, devices, equipment and modifications recommended by the engineer are subject to financial need. Federal regulations stipulate that rehabilitation engineering services can be provided without consideration of comparable benefits. However, where rehabilitation engineering services are readily available to the individual from other sources, they should be used.
[34 CFR 361.32; the 1992 Amendments to the Rehabilitation Act of 1973, Sec. 103 (13); 34 CFR 364.4; NCAC 20C, Section .0315]

2-17-2: Assistive Technology Devices

An assistive technology device is any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capacities of individuals with disabilities. The provision of this service is subject to the individual's financial need and comparable benefits.

[The 1992 Amendments to the Rehabilitation Act of 1973, Sec. 103 (13); 34 CFR 364.4]

2-17-3: Assistive Technology Services

This service is defined as any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device. The provision of this service is subject to the individual's financial need but not comparable benefits.

[The 1992 Amendments to the Rehabilitation Act of 1973, Sec. 103 (13); 34 CFR 364.4]

Section 2-18: Modifications

In order to assist an individual in maintaining or obtaining employment or increasing their independence, the Division may assist with modifications of the residence, work site or a vehicle. Individuals for whom such modifications are considered must have been declared eligible for VR services. All modifications are subject to the individual's financial need and comparable benefits.

The Chief of Policy is responsible for approving all modification projects exceeding Unit Manager approval maximum rates and involving Division funds.

2-18-1: Residence Modifications

CROSS REFERENCE: **Appendix Entry - Residence Modification General Guidelines**

Residence modifications may be considered when the goal of modifying the residence is to enhance the individual's independence in relation to employment. All residence modifications are subject to the individual's financial need and comparable benefits. Regardless of the residence type, modifications costing ≤ $500 require a Rehabilitation Engineer's recommendation and one written price quote. Residence Modifications > $500 require Unit manager approval up to the maximum threshold for the residence type.
The Chief of Policy is responsible for approving all modification projects exceeding Unit Manager approval maximum rates and involving Division funds.

FORMS

FORM DVR-0197, REQUEST FOR RESIDENCE MODIFICATION:
The form which must be completed by the Counselor and signed by the property owner and client for all residence modifications involving Division funds regardless of the cost of the project. The purpose of this form is to assure that the client and property owner are fully aware of the specifications and proposed modifications. If, during the review process, the originally recommended modifications are altered, a new *Form DVR-0197* must be completed with appropriate signatures.

NC DVRS INFORMAL CONSTRUCTION CONTRACT:
This agency-specific document is to be consistently used in compliance with its accompanying instructions when bidding out jobs or obtaining quotes for ALL residential modifications exceeding $500. Use of this contract format, its terms and conditions and approved procedures improves the agency's protections and effectiveness regarding the procurement process for residential modification services.

FORM DVR-7007, ENGINEER CHANGE REQUEST:
This form must be completed by the Rehabilitation Engineer if the residence modification project is deemed unacceptable or incomplete. The Rehabilitation Engineer will consult with the Unit Manager, Counselor, client, and contractor to resolve the situation. The Policy Office is also an available resource for seeking resolution if a solution cannot be reached. If there are additional costs involved, an official price quote will be obtained from the contractor on letterhead or in an email and documented on this form. The additional costs will be added to the original bid amount to arrive at an adjusted total amount. If the original project was handled locally and the adjusted amount remains within the local purchasing delegation for the residence type, the Unit Manager will approve and sign the form. If the original project required Policy Office approval, the Policy Office will approve and sign the form. If the adjusted amount exceeds $12,000 the Policy Office and the Purchasing Office will approve and sign the form.

FORM DVR - 7011, BID TABULATION SHEET & AWARD RECOMMENDATION:
This form must be completed to document solicitation of at least 3 bids, bid responses, and award recommendations and shall be retained within the case file.

Division Maximum Rates for Residence Modifications

Per Case
A limit of $12,000 total Division case expenditures per client per case shall be placed on residence modification projects in general, with specific project limits based on the type of residence. Only Division case expenditures are considered when applying these limits; therefore, contributions from third parties toward these projects or project totals are not to be included in the totals when applying the limits. When it is estimated that

the Division limits will be exceeded, the case is to be handled as per the applicable tables below.

When an individual project is estimated to cost above the specific type of modification limit, an exception must be approved by the Chief of Policy. The request for an exception applies to all situations including any potential third-party contributions and shall be included in the total cost of the project being submitted for consideration by the Chief of Policy.

Cost Per Project Based on Residence Type and the Approval Process

A limit of $12,000.00 per project shall be placed on modification projects when the residence is owned by the client or client's immediate family. If the cost per project is estimated to exceed $12,000, a *Residence Modification Client Data Packet* is to be submitted to the Chief of Policy for approval *(please include the **Client Data Packet Checklist** with all requests; the checklist is located on the DVRS Intranet FORMS page under the VR Client Templates section).* If approved, the Purchasing Office is responsible for bidding and purchasing residence modifications exceeding $12,000. A project, for purposes of this policy, shall be defined as the group of all planned modifications foreseen to occur at a residence necessary to enable an individual to obtain their IPE goals.

Client / Immediate Family-Owned Residence (Site Built)			
If Estimated CUMULATIVE VR/IL Expenditures per case are:	**Current Project Estimate is:**	**Approval By:**	**Bid (or re-bid) and Purchased by:**
<$12,000	≤$12,000	Unit Manager or designee	Unit Manager or designee
>$12,000	≤$12,000	Chief of Policy	Unit Manager or designee
>$12,000	>$12,000	Chief of Policy	Purchasing Manager (PM)—Note: Must be Bid and Purchased by PM.

[Policy continued on next page]

Modifications to a mobile home owned by the client or the client's immediate family, shall not exceed $8,500.00 per project**.** Modifications to a rented mobile home shall not exceed $5,500 per project.

Client/Immediate Family-Owned Residence (Mobile Home)			
If Estimated CUMULATIVE VR/IL Expenditures per case are:	**Current Project Estimate is:**	**Approval By:**	**Bid (or re-bid) and Purchased by:**
<$12,000	≤$8,500	Unit Manager or designee	Unit Manager or designee
<$12,000	$8,501 - $12,000	Chief of Policy	Unit Manager or designee
>$12,000	>$12,000	Chief of Policy	Purchasing Manager—Note: Must be Bid and Purchased by PM.

Modifications to rented or leased residences shall not exceed $5,500.00 per project

Rental Property, Including Mobile Homes, Apartments or Multi-Family Dwellings			
If Estimated Cumulative VR/IL Expenditures per case are:	**Current Project Estimate is:**	**Approval By:**	**Bid (or re-bid) and Purchased by:**
<$12,000	≤$5,500	Unit Manager or designee	Unit Manager or designee
<$12,000	$5,501 - $12,000	Chief of Policy	Unit Manager or designee
>$12,000	>$12,000	Chief of Policy	Purchasing Manager—Note: Must be Bid and Purchased by PM.

Exceptions to these amounts must be approved by the Chief of Policy and are considered on a case-by-case basis. The following list gives some examples of the issues and circumstances that are considered when approving exceptions:

- client's living situation, circumstances, and preferences
- medical necessity and justification
- availability of alternative living situations or solutions
- cost effectiveness of the proposed solutions
- risks to the client's safety and health and independence
- cost of unforeseen structural damage needing repair(s) as part of the primary modification

- total cost of residential modification projects over the life of the case
- counselor's assessment of the stability of the situation and the projected client benefits

Residence Modification Process

1. Review and determine previous client expenditures for Residence Modifications.

2. The Counselor must consult with the Supervisor regarding the feasibility of the project. If the project is supported by the Supervisor, the Counselor must involve the rehabilitation engineer in discussion about the project.

3. The Rehabilitation Engineer must visit and evaluate the site to determine the feasibility of the project. Residence modifications shall be directed only at the issues of accessibility and will directly address the disability-related needs. They shall be the most technically appropriate, cost effective, and safe modifications that support a client's vocational goals.

4. The Rehabilitation Engineer will then consult with the Counselor and client, develop the project specifications and provide a report to the Counselor along with an estimated cost of the project.

5. Procedures for bidding and approval required will depend on the estimated cost.

    a. If the estimated cost does not exceed allowable limits the project is bid out using policy procedures and NCDVRS Informal Construction Contract, then awarded by the Unit Office.
    b. If the project is bid locally and the bid responses exceed allowable limits, a Residence Modification Data Packet shall be submitted to the Chief of Policy for approval.
    c. If the project estimate exceeds allowable limits based on the type of residence, a Residence Modification Data Packet shall be submitted to the Chief of Policy for approval.

[10 NCAC 89C .0316; 34 CFR 364.4]

Bid and Award Process

1. The NC DVRS Informal Construction Contract template shall consistently

be used for all residential modification projects exceeding $500.

2. It shall be the best practice of each office to bid to a minimum of 4-5 qualified contractors who are interested and actively bidding on the Agency's projects located within the project's vicinity. Proof of solicitation of at least 3 bids is required and documentation of this shall be retained within the case file using Form DVR – 7011 Bid Tabulation Sheet & Award Recommendation document recording solicitations, bid responses, and award recommendations.

3. For any projects exceeding $12,000, Purchasing policy requires the following documents to be uploaded into the client's electronic case file: 1) Documentation related to the bid solicitation and any Addendums, 2) Form DVR - 7011 Bid Tabulation Sheet & Award Recommendation document, and 3) Signed winning Bid Proposal Details and Contract pages.

4. Bids may be SENT to contractors via regular mail, or electronically via fax or e-mail (encrypted). Conducting business via e-mail with safeguards in place to protect client information can be an efficient and preferred method of conducting business. When e-mailing bid packages, it is imperative to exclude from bid specifications the client's name (case identifier is ok), age, phone number, specific address (city is allowed), or other personal identifying information components that can be used to identify an individual's identity as per HIPAA guidelines.

5. Bids shall be sent out for a MINIMUM of 14 calendar days. The bidding period may be extended at the discretion of the local office with an official notification Bid Addendum sent to all vendors.

6. ANY significant inquiries or clarifications regarding the engineering specifications or the terms and conditions must be communicated in writing to all the vendors equally with a Bid Addendum.

7. Bids RECEIVED from contractors must be a hard copy as part of the sealed bid response. This can be received via regular mail or physically dropped off at the location indicated on the bid solicitation.

8. Bids shall have time/date stamped (or noted) upon receipt at the local office.

9. Only bids received by the closing date with the vendor's signature and business information will be considered valid. All bid responses, the number received and from whom are to be kept internally confidential until the bids are opened.

10. Bids shall only be opened in the presence of at least two Agency staff witnesses and documented with signatures and retained in the case file.

11. Receipt of 3 bid response offers at first opening is not required, but highly encouraged. A valid bid is one that meets the bidding process deadline <u>and</u> all terms, specifications, scope, and engineering criteria including any

applicable urged and cautioned site visit requirements. A “No Bid” is not considered a valid bid.

12. The vendor who submits the low bid that meets the project specifications and all other bidding and qualifying requirements is generally awarded the project. Any exceptions (i.e. going with the next lowest bid, etc.) must be approved by the Assistant Regional Director and the justification(s) must be documented in the case file. The Assistant Regional Director is encouraged to consult the Policy Office or Purchasing if further consultation is required

    a. <u>If only 1 valid bid response is received and it is within the project estimate and Agency policy maximums per residence type, then it will be handled locally</u>.
    **** As noted above, proof of solicitation of at least 3 bids is required and documentation of this shall be retained within the case file.**

    b. <u>If only 1 valid bid response is received and it is **above** the project estimate but still within Agency policy maximum per residence type, then the Assistant Regional Director must review and approve with justification documented in the case file.</u>
    **** As noted above, proof of solicitation of at least 3 bids is required and documentation of this shall be retained within the case file, including any justification to exceed the original project estimate.**

    c. <u>If only 1 valid bid response is received and it is **above** the project estimate and it is **above** the Agency policy maximum per residence type, then a Client Data Packet must be submitted to Chief of Policy for consideration.</u>
    **** As noted above, proof of solicitation of at least 3 bids is required and documentation of this shall be retained within the case file, including any justification to exceed the original project estimate.**

13. The bid price shall be valid for a period of 120 days beyond the bid opening date. Any withdrawal of the offer shall be made in writing, effective upon receipt by the Agency.

14. A contract package shall be sent to the vendor/contractor. This is a package of information prepared by the Unit Office or the Purchasing Office authorizing the vendor to proceed with the project. Included in this package are:

- The case service authorization (or purchase order if issued by the Purchasing Office if the accepted bid exceeds $12,000)
- A copy of the bid from the selected vendor/contractor;
- A copy of the modification specifications; AND
- A cover letter authorizing the vendor/contractor to proceed with the project

Revised: 6/1/2018

Payment Approval Process

1. The vendor/contractor will complete the project and send the invoice to the Rehabilitation Engineer.
2. The Rehabilitation Engineer will visit the work site to assure that all project specifications have been followed in a satisfactory manner. When the project is approved, the Rehabilitation Engineer will sign the contractor's invoice and forward it to the Counselor.
3. If the project is deemed unacceptable or incomplete, the Rehabilitation Engineer will consult with the Unit Manager, Counselor, client, and contractor to resolve the situation. The Policy Office is also an available resource for seeking resolution if a solution cannot be reached. If there are additional costs involved, an official price quote will be obtained from the contractor on letterhead or in an email and documented/approved on **Form DVR-7007, Engineer Change Request**.
4. The Counselor will attach a copy of the contractor's invoice to the payment approval and authorization and submit for payment.

Revised: 6/1/2018

2-18-2: Vehicle Modifications

In order to assist an individual to obtain or maintain employment, the Division may assist with modifications of a vehicle. Individuals for whom such modifications are considered must have been determined eligible for VR services. All modifications are subject to the individual's financial need and comparable benefits. The Division will only contribute financially towards vehicle modifications that are recommended by the rehabilitation engineer. The engineer may be involved with developing specifications using drawings and sketches as well as developing project cost estimates for the Division. The Purchasing Manager is responsible for developing and reviewing the bid

specifications. An engineer is required to be present for delivery of all vehicle modifications.

The VR program may assist with modifications to a client/family-owned or leased-to-purchase vehicle for employment purposes or to assist with commuting problems while the individual is enrolled in a college training program where there are no or limited on-campus living facilities or if transportation is required as part of the training curriculum. Modifications shall not be considered for clients enrolled in secondary school.

The Chief of Policy reviews and approves all vehicle modifications estimated to exceed $500. Prior to the Division's participation, a thorough analysis of the individual's transportation needs must be conducted and other options, such as public conveyance or conveyance by a family member or other support person, must be considered and used when available. This analysis shall be included as a part of the Client Data Packet.

DEFINITIONS:

VEHICLE: For the purposes of this policy, vehicle includes automobiles, trucks, and vans. Motorcycles, mopeds, and golf carts do not fit this definition. When modifying used vehicles, Counselors should be cognizant of the cost of the modifications versus the value of the vehicle.

DMV REVIEW: A review conducted by the Policy Office for the purpose of obtaining information regarding the status of the vehicle operator's driver's license. Vehicle modifications and insurance require this review. Individuals with poor driving records and infractions will not be provided assistance with vehicle modifications or vehicle insurance.

CLIENT DATA PACKET: A packet of information prepared by the Counselor and submitted to the Chief of Policy on all work site modification proposals that exceed $2500 and all vehicle modification proposals that exceed $500; and all residence modifications that would exceed Division maximum rates.

For vehicle modifications that exceed $500, the packet is submitted to the Chief of Policy for casework/policy review. The packet then goes to the Rehabilitation Specialist for technical review. If the estimated amount is within the approval authority of the Supervisor, then he/she should review the case record with particular emphasis on this information generally required in the client data packet. **The required components of the Client Data Packet are specific to the type of modification and are found in the applicable Client Data Packet Checklist. These checklists are located on the DVRS Intranet: CASEWORK FORMS page.**

BID PROCESS: All bids should be neatly prepared on the contractor's stationary or the Division's bid form with the vendor's full name, address, and itemized costs. To be considered valid, the bid must be signed and dated by the vendor. Bids should identify

each part of the project and have the cost of each along with the total cost clearly stated. Bids are to be opened with at least two (2) Division staff present; and All bids are to be opened at the same time with the lowest bid being signed by at least two (2) of the Division staff present.

VENDOR SELECTION: The process, as defined by the Division of Purchase and Contract, is the same for all modification projects regardless of the cost and must be followed. The Counselor, along with assistance from the Rehabilitation Engineer, is responsible for initiating this process and must canvass the local area to assure all potential and interested vendors are offered the opportunity to bid on each project. Sufficient bids should be solicited to assure that a minimum of three (3) competitive bids are returned. Only those bids returned by the closing date will be considered valid. The vendor who submits the low bid that meets specifications within the deadline noted on the bid is generally selected to complete the project. This process must be strictly followed unless otherwise approved by the Regional Director.

CONTRACT PACKAGE: This is a package of information prepared by the Unit Office or the Purchasing Office and sent to the vendor authorizing the vendor to proceed with the project. Included in this package are:

- The case service authorization (or purchase order if issued by the Purchasing Office) signed by the Supervisor and/or the Purchasing Manager if the accepted bid exceeds the maximum amount allowable for the Supervisor to authorize;
- A copy of the bid from the selected vendor;
- A copy of the modification specifications; AND
- A cover letter authorizing the vendor to proceed with the project.

FORMS:

FORM DVR-0196, REQUEST FOR VEHICLE MODIFICATION: This form is intended to inform the client and vehicle owner of the specifications and proposed modifications, that the Division is not responsible for removal of the proposed modifications, that the Division may reclaim modifications if it is determined that they are no longer needed by the client, that the Division is not responsible for restoring the property to its original condition, and to fully indemnify the Division as a result of the modifications. If, during the review process, the originally recommended modifications are altered, then a new *Form DVR-0196* must be completed.

FORM DVR-7001, VEHICLE INSPECTION SHEET: This form must be completed and signed by an ASE Certified mechanic when modifications to used vehicles are being considered. All used vehicles being considered for modifications must be evaluated with an emphasis on safety and “life expectancy” of the vehicle. Recommended repairs may be authorized by the Counselor while general maintenance and “upkeep” items

must be supplied by the client.

Proof of Insurance

The consumer must provide proof of collision and comprehensive insurance for the vehicle and adaptive equipment prior to the adaptive equipment being purchased. If the vehicle is involved in an accident, the Division considers insurance to be a comparable benefit in sponsoring repairs or replacements.

For the VR program, there is no Division imposed maximum expenditure for vehicle modifications; however, Counselors must be cognizant of the estimated cost of the modifications in relation to the value of the vehicle to be modified.

Vehicle Modification Process

EST. COST	STEPS
≤ $500.00	1. Approved by Supervisor
	2. Engineer reviews, develops specifications, and estimates
	3. Bid process by counselor
	4. Vendor selection by counselor
	5. Contract package by the Supervisor
	6. Rehabilitation engineer approves completed project
	7. Counselor forwards vendor invoice with payment approval and authorization for payment

EST. COST	STEPS
> $500.00	1. Supervisor consult
	2. Engineer reviews, develops specifications, and estimates
	3. Submit Client Data Packet to Chief of Policy for policy/casework review. Then the Rehabilitation Specialist for technical review of project.
	4. Approved by Chief of Policy
	5. Bid process by Purchasing Manager
	6. Vendor selection by Purchasing Manager
	7. Contract package by Purchasing Manager
	8. Rehabilitation engineer approves completed project
	9. Rehabilitation engineer initials vendor invoice and forwards to Counselor
	10. Counselor forwards vendor invoice with payment approval and authorization for payment

2-18-3: Worksite Modifications

The goal of modifying the job or worksite is the suitable placement of a client, including clients who are self-employed, and the successful conclusion of a rehabilitation program by increasing job accessibility, reducing mental demand, reducing physical demand, alleviating physical distress, alleviating mental/emotional stress, increasing energy conservation, improving quality, or reducing dependency. Placement equipment is not included in this policy and should not be counted in calculating the cost of job and worksite modifications.

The employer and/or owner of the property to be modified must review the modification plans and understand the changes the Division is proposing. The client, the employer, and/or the property owner must also understand that the Division can remove certain Division-purchased free-standing equipment when it is no longer needed at the job site. The Division will not be responsible for expenses incurred for changes not needed to accommodate persons with disabilities. Form *DVR 0191–Request for Worksite Modification* must be signed by the property owner to free the Division from responsibility of the expense of restoring any property or equipment to its previous condition if the client is no longer employed at that site.

Maximum Rates for Worksite Modifications

A limit of $7000.00 shall be placed on all worksite modification projects. Unit Managers shall approve and oversee the bidding and vendor selection process for projects less than, or equal to, $2500.00, while projects estimated to be greater than $2500.00 must be approved by the Chief of Policy. Exceptions to the maximum contribution are based on the degree of disability and the cost of modifications and adaptive equipment necessary to complete the rehabilitation program. Individuals whose disability necessitates extensive technological adaptations require more extensive solutions.

[State Plan – Volume II, Part A, Section 6; NCAC 20C, Section .0316]

[Policy continued on next page]

THE FOLLOWING STEPS WILL BE FOLLOWED FOR PROJECTS:

Worksite Modification Process

COST	STEPS
≤ $2500.00	1. Approved by Supervisor
	2. Engineer reviews, develops specifications and estimates
	3. Bid process by Counselor
	4. Vendor selection by Counselor
	5. Contract package by Supervisor
	6. Rehabilitation Engineer approves completed project
	7. Rehabilitation Engineer initials vendor invoice and forwards to Counselor
	8. Counselor forwards vendor invoice with payment approval and authorization for payment

COST	STEPS
> $2500.00	1. Supervisor consult
	2. Engineer reviews, develops specifications and estimates
	3. Submit Client Data Packet to Chief of Policy for review and approval
	4. Bid Process by Purchasing Manager
	5. Vendor selection by Purchasing Manager
	6. Contract package by Purchasing Manager
	7. Rehabilitation Engineer approves completed project
	8. Rehabilitation Engineer initials vendor invoice and forwards to Counselor
	9. Counselor forwards vendor invoice with payment approval and authorization for payment

Rev. 11/15/2016

Section 2-19: Services to Family Members

Any rehabilitation service may be provided to a member of the client's immediate family if the service is required in the client's rehabilitation program, is essential to the success of the rehabilitation program and is not readily available through other agencies or resources. Such services are subject to financial need and comparable benefits as if the service was being provided to the client.

[34 CFR 361.42; NCAC 20C, Section .0307; 34 CFR 364.4]

Section 2-20: Training

CROSS REFERENCE: **Section 2-3 Core Vocational Rehabilitation Services**

Training includes planned services such as post-secondary training, supported employment training and work adjustment training provided within a supportive counseling and guidance relationship.

2-20-1: Postsecondary Training

VR services are not intended solely to place individuals with disabilities in entry level jobs but rather should be designed to assist clients to obtain appropriate employment given their unique strengths, resources, priorities, concerns, abilities, capabilities, and informed choice. Services are intended to increase the employment opportunities of individuals with disabilities in the competitive integrated labor market and therefore VR must provide individuals with disabilities opportunities to participate in job-driven training and to pursue high quality employment outcomes.

Career Advancement and Advanced Training

Career advancement may be considered for individuals who have the ability and interest in advancement. Career advancement includes advancement within an individual's current employment or advancement into new employment. In this way, the VR program ensures that individuals with disabilities obtain the training services necessary so they can pursue and engage in high-demand jobs available in today's economy.

Professional Improvement or certification programs can be sponsored in support of career advancement with the current employment or to obtain new employment. This applies to many of the computer certification courses, since an individual must have technical skills and experience in order to benefit from these courses and pass the certification exams.

Advanced training (including graduate and professional training) may be sponsored by the Division when necessary to maximize the potential for participants to prepare for, obtain, retain and advance in high quality jobs and high-demand careers such as law, medicine and other STEM fields. This category of training services applies to "job-driven training" meaning: training which will enhance one's existing skills to pursue high quality employment outcomes.

Documentation in the case record must explain specifically how the provision of advanced training will improve the individual's opportunities to advance in employment and/or increase economic self-sufficiency. Postsecondary training opportunities include programs offered at colleges and universities, graduate and professional level schools, community colleges, technical vocational, business, trade and proprietary schools. In addition to traditional classroom settings, post-secondary training opportunities may include correspondence or distance learning and on-line training.

Before completing the Individualized Plan for Employment (IPE), the counselor must determine that the individual has the capacity to achieve the job choice and to perform the essential functions of the job when the training is completed. Objective data must be obtained, analyzed and included in the record to ensure that the individual can successfully complete the training program and go to work. Sources of data include secondary school transcripts with SAT scores, placement test scores, previous postsecondary school transcripts, vocational evaluation, and/or psychometric assessments.

Division assistance is limited to the requirements necessary to achieve the educational credentials for the job choice. In order to take full advantage of the available comparable benefits and Division resources, it is expected that individuals attend on a full-time basis. Students attending postsecondary schools including private or non-profit technical and vocational schools shall meet the institution's requirements for full-time attendance. If the school does not have an attendance policy, the attendance schedule must be at the maximum hours or units per day, week or month offered by the school unless the Supervisor has approved part-time attendance.

The Division does recognize that factors related to the individual's disability or need to work while in training may interfere with full-time attendance. In such situations, with appropriate justification by the counselor and approval of the Supervisor, part-time attendance may be authorized. Lifestyle choices such as a preference for a more relaxed schedule or a pattern of repeatedly dropping courses will not be considered justifiable reasons to attend part-time. If a student drops enough courses to change the attendance status from full-time to part-time without prior approval from the Division, sponsorship will be discontinued after the student has been provided with notification one semester or quarter prior to the change.

With Supervisor approval, the postsecondary training program may be extended from four to five (5) semesters at a community college and from eight to ten (10) semesters at a college or university. Documentation in the case should justify the need for additional semesters. The counselor should consider whether the extra time is needed for disability related reasons or retaking classes due to failure and determine whether additional sponsorship is appropriate. Summer school should not be authorized unless one of the following conditions exists:

- Attendance during the summer will decrease the number of full-time semesters or quarters necessary to complete the training program
- Summer attendance is required as part of the scheduled curriculum
- The selected classes are only offered during the summer

Financial need must be established and comparable benefits used to the maximum extent, when available, in order for the Division to contribute to tuition, required fees and support services. Application for and use of comparable benefits, including the Pell Grant, is required of clients for any postsecondary training. SSDI and SSI recipients

must take advantage of comparable benefits only. See Section 3-10-3 for additional guidance on use of educational grants. Financial assistance is limited to rates for tuition and fees as published in Volume V of the Reference Library (Available on the VR Intranet web page). If the individual chooses to attend a training program that will cost more than the Division is funding, the individual must demonstrate that sufficient funds are available from other resources to cover expenses that are not covered by the Division. This information must be documented in the case record by an awards letter, a loan confirmation, or other verification that sufficient funding is available. In situations where the counselor has questions about the verification of resources, a budget for the training program may be developed with the client.

[34 CFR 361.48 (f); 10 NCAC 20C, Section .0205 (b) (3) (C) (D) (i)]

Remedial /developmental courses are not considered directly related to an employment goal; therefore sponsorship of these courses is limited. The Division may sponsor these courses if the individual is accepted into a degreed curriculum contingent upon completion of these courses, or as a part of a comprehensive assessment prior to the development of a training plan. The Division shall sponsor a maximum of three remedial courses during the first two semesters of the training program. The Chief of Policy must approve exceptions to this limit.

Distance Learning is available for many of the types of training sponsored by the Division. The coursework may be Internet based curriculum, computer-based tutorials, correspondence training, or a combination of these (with intermittent attendance to a campus). The programs vary greatly in the interactivity and the structure provided to the student. Successful distance learning students generally: (1) are self- motivated with the ability to structure their own tasks, (2) have a compelling reason for completing the course, (3) have difficulty coming to campus, and (4) are comfortable with the technology or means of communication required for the program. In addition to the data required in Section 2-20-1 for the planning of postsecondary training, the following are questions that should be addressed when considering a distance learning program:

- Does the distance learning program offer all courses necessary to complete a degree?
- Are distance learning students required to go to campus?
- What are the technology requirements of the courses?
- Does the program provide academic and career counseling and placement assistance?
- What are the time frames for completing courses?

The Division may sponsor individuals enrolled in licensed or accredited distance learning programs when such programs are not available through traditional on-campus programs, or when the individual has disability-related problems that prevent him or her from participating in an on-campus program. However, most students benefit from the structure and support of a traditional classroom.
The Division's financial assistance for tuition and fees is limited to the rate for on-

campus training published in Volume V (VR Intranet web site). The Division will not consider programs in which the entire package or curriculum must be purchased initially. The Supervisor must approve distance learning programs. This does not include individual classes that are distance learning as a part of a traditional campus-based program.

[34 CFR 361.42 (a) (4); NCAC 20C, Section .0205 (b) (3) (D) (i) (ii)]

Revised: 9/16/2016

2-20-2: Vocational Training

In this training category are business schools, trade schools, and vocational training programs at the community college level or technical institute level. If the training being considered is available through the Community College System, utilization of this resource should be given consideration and preference prior to other options. The North Carolina Community College System offers a broad spectrum of opportunities for education and is a comparable benefit in that it is partially funded by public resources. The curriculum is based on adult learning principles and the employment skills needed in the community.

Business and trade schools may provide training that is completed more quickly for clients who are unable to participate in a community college system. However, care should be taken in evaluating business and trade school programs in relation to the client's overall vocational needs. Considerations should include the need to develop basic skills in the chosen area, the rate at which the individual learns, the need for support services, and the employability of individuals

Financial need must be established and comparable benefits used to the maximum extent, when available, in order for the Division to contribute to tuition, required fees and support services. Division financial assistance is limited to the cost of the program or the Division's Proprietary Vocational/Business rate, whichever is less. The rate for Proprietary Vocational/Business Schools is based on the Division's rate for community college or the public university system. The rates are utilized as follows:

- The rate will not exceed the annual Community College rate if the school offers a curriculum comparable to those offered through the community college system unless the curriculum is inaccessible due to the commuting distance required for the program or for disability-related reasons. If the program is inaccessible to the client, the rate will not exceed the annual public university system rate.

- The rate will not exceed the annual public university system rate when the school/training program offers an accelerated or condensed curriculum that is less than a year in length. If the training program is not offered through the community

college system and is a year in length the annual rate including summer school will be the rate paid for the curriculum.

- The rate will be prorated (monthly) based on the annual rate if the program does not operate on a semester system or if the curricula of the program vary in length. For programs that are less than a semester in duration (and are not condensed) and for all programs that exceed a year in length, the rate will be prorated on a monthly basis.

Private, proprietary schools may offer vocational, business, technical or other training at the physical location of the community college or university system. These courses will also be sponsored at the Division's vocational/business school rate or the cost of the program, whichever is less. The vocational/business rate listed in Volume V is the maximum amount that the Division will sponsor during the entire life of the case regardless of the number of separate courses offered by the vocational/business training curriculum.

[34 CFR 361.42 (a)(4); NCAC 20C, .0205 (b)(3)(D)(i)(ii)]

2-20-3: College and University Training

College training, including college parallel courses at the community college level, and university training may be sponsored for those individuals who require this level of training in order to reach the job choice. Financial need must be established and comparable benefits used to the maximum extent, when available, in order for the Division to contribute to tuition, required fees (including required book rental fees) and support services.

For individuals who enter school as a "special student" or in a "provisional status" because they cannot be accepted into a degreed program, there must be a strong indication that this plan is feasible according to data required by the postsecondary training policy. The Division will sponsor a maximum of twenty-four (24) semester hours in this situation. The semester hours sponsored for these courses will be considered a part of the total ten (10) semesters for postsecondary training that are the Division's maximum limit; therefore, the courses must be acceptable as a part of the curriculum from which the student plans to graduate.

2-20-4: Graduate Training

Graduate training may be sponsored for those individuals who require this level of training to reach the job choice. For those individuals who have an undergraduate degree and require graduate training to advance in employment, graduate training may be sponsored subject to Supervisor approval. Financial need must be established and comparable benefits used to the maximum extent, when available, in order for the

Division to contribute to tuition, required fees and support services. Division financial assistance is limited to the rate for tuition and fees published in Volume V of the Reference Library (VR Intranet web site). Division financial assistance for Law, Medicine, Pharmacy and Veterinary Medicine is limited to the separate Professional School rate published in Volume V.

[34 CFR 361.42 (a)(4)]

Revised: 9/16/2016

2-20-5: Out-of-State Training

Counselors should thoroughly review in-state opportunities and discuss them with the client prior to considering out-of-state vendors. Factors to consider include non-resident tuition rates, difficulty establishing vendors, excessive transportation and/or maintenance expenses, client's ability to function independently, continued counseling needs, and the client's employment plans after completion of the training. The individual must understand that some out-of-state services cannot be assured to the degree provided in state. The Supervisor must approve all out-of-state training.

For out-of-state vendors, only those training institutions that are approved and used by that state's vocational rehabilitation program can be considered for use by NCDVRS. Questions regarding the vendor review process may be directed to the Assistant Regional Director. (See Section 1-15 Vendor Review and Certification.)

For those individuals who have not met NC residency requirements but who intend to remain in the state and have not relocated to North Carolina in order to receive rehabilitation services, training can be considered as part of the rehabilitation program. However, Division sponsorship is limited to the rate for NC residents. Financial need must be established and comparable benefits used to the maximum extent, when available, in order for the Division to contribute to tuition, required fees and support services.

For those individuals who are NC residents and choose to attend training programs out-of-state, Division financial assistance is limited to the NCDVRS in state rates for comparable training programs.

[34 CFR 361.42 (a) (4)

2-20-6: Preparatory School

The Division will not sponsor training at the preparatory school level since credits are not earned towards postsecondary training required to accomplish the job choice. The educational institution will therefore be responsible for the cost of special accommodations such as interpreting services.

2-20-7: Academic Standards

The Division has academic standards to assure satisfactory client advancement toward the job choice. The client must meet the academic standards imposed by the postsecondary school and demonstrate steady progress toward completion of the training program. The client must have at a minimum a 2.00 cumulative grade point average at entry into the junior year for the agency to continue sponsorship. In the community college system, a 2.00 average is required at the end of the second semester or the average required by the school or particular curriculum in order to graduate from the program. In other programs such as proprietary vocational programs, the client shall meet the requirements of the school for each specified progress period that will enable the student to graduate or achieve the competency-based requirements at regular intervals set by the school. If an exam is available to certify competence in the area for which the course was taken, the client must pass the exam in the specified sequence prior to the Division sponsoring any subsequent courses. Should the client's grades fall below the above minimum grade point average, the counselor must notify the client of the pending loss of Division assistance at least one quarter or semester before terminating assistance. This should be done at the beginning of each grading period so that the client has the following grading period to improve the grade point average to an acceptable level. Failure to maintain the prescribed academic standards will mean the loss of Division assistance with tuition, fees, books, interpreter services, maintenance, personal attendant services, and other authorized services directly related to the course of study. (When planning the IPE, the counselor and client should review the academic standards of the college since the educational institution may require a higher grade point average than the agency. The higher standard will become the client's primary concern.) It is the client's responsibility to maintain contact with the counselor by scheduling an appointment at least twice a year, if possible, and to provide the counselor with a copy of the grades.

[NCAC 20C, Section .0304 (b) (3)]

2-20-8: On-The-Job Training (OJT)

On-The-Job Training (OJT) is a job training service for a client who, as a result of a disabling condition, requires more specific vocational preparation (SVP) than average workers employed in the same job. OJT is typically coordinated for a client just prior to the client's start of employment, however it may be coordinated for individuals who have already been hired if the client is still in the training and orientation phase of employment and demonstrates a need for the service. OJT may be secured from any business or industry that meets the Division's OJT vendor requirements.

Even though an employee/employer relationship exists, a client receiving OJT will be in training during the on-the-job training period. The trainer/employer is expected,

however, to retain the client in employment following OJT. The client must be suitably employed for ninety (90) days following completion of training to be considered successfully rehabilitated.

The counselor and trainer/employer must develop a training outline indicating the areas in which the client will be trained. The trainer must submit evaluations at least twice during the OJT training period as specified on the Form *DVR-7008, OJT Agreement and Progress Report*. **Payment to the employer for OJT should be a reimbursement of 75% of the entry-level wage. The entry-level wage shall not be less than minimum wage. The employer is to contribute all of the mandatory employer taxes plus 25% of the total wage. A payment advance to the employer is not an option for this service.** Some OJT providers may not require any payment to provide the training.

Sponsorship should normally not exceed three (3) months; however, with appropriate justification, the Supervisor may approve up to an additional three (3) months. Under no circumstances, will the OJT period exceed six (6) months.

OJT is not subject to financial need. However, comparable benefits must be used to the maximum extent, when available, in order for the Division to contribute OJT training costs and support services. **This service requires the Supervisor's approval.**

Restrictions:

1. OJT will not be sponsored for individuals who have completed formal training for a given occupation without prior approval by the Supervisor. Training obtained in a Community Rehabilitation Program is not considered formal training; and
2. OJT may not be sponsored for individuals working in businesses owned or operated by relatives or VR Division employees unless approved by the Regional Director.

Coverage for Clients in an OJT

Under North Carolina Workers' Compensation Law, a trainee or a Vocational Rehabilitation client for whom an on-the-job-training contract has been executed with a firm employing three or more people would be covered by the firm's Workers' Compensation Insurance if the trainee was injured during the training period. In arranging and executing on-the-job-training contacts with firms employing three or more people, it is imperative that counselors, our client and the firm's representative recognize and understand that our client is covered by the firm's Workers' Compensation Insurance.

At the present time in North Carolina, firms employing fewer than three people are not required to carry Workers' Compensation Insurance. In the event a client is injured while receiving on-the-job-training with a firm employing less than three people and voluntarily not carrying accident liability insurance, the counselor may under some circumstances sponsor medical treatment.

Coordinating the OJT

Prior to authorizing OJT, the employer must be an approved OJT vendor.

1. The client, employer, and counselor must complete *Form DVR-7008, OJT Agreement and Progress Report* to outline the intended goals for training. Progress shall be documented and reviewed at least twice during the OJT training period.
2. The client, employer, and counselor must complete *Form DVR-7010, OJT Payment Agreement.* This form will outline the agreed upon wage rate and rate of reimbursement. The employer must agree to accept the Division's terms of reimbursement for 75% of the client's agreed upon wage. The Employer will be responsible for covering all mandatory employment taxes in addition to a minimum of 25% of the total wage.
3. The employer shall submit a pay statement for each pay period falling within the client's OJT training period. The counselor shall use the gross wages to calculate the amount of reimbursement of 75% of the agreed upon wage.
4. The pay statement shall be submitted along with the *Case Service Invoice* form. The calculations (75% of wage rate) shall be indicated in the description field on the *Case Service Invoice* form as evidence of the invoice amount. The client's pay period should be listed as the dates of service on the *Case Service Invoice* form, and the client's pay date shall be used as the invoice date on the BEAM *Payment Approval* form.

Additional Points / Direction:

1. Independent Contractor Positions: For OJT services, the resulting goal is to train for a specific previously-identified job opening with anticipated ongoing funding. If a position is classified as an independent contractor position, then such a position is not suitable for an OJT situation as intended by this service and such arrangements are to be avoided.
2. Tipped Employees: Individuals who are paid tips in addition to the base pay of the employer may participate in OJT. The amount reimbursed should be 75% of the amount paid by the employer.

[34 CFR 361.25, 34 CFR 361.42, 34 CFR 361.57; State Plan: Sections 6.I and 6.4, Volume II, Part A; 10 NCAC 20C .0400 Methods to Assure Nondiscrimination, Section .0205 (b)(A); 20D, Section .0306; N.C.G.S. Chapter 97 § 97-2]

Revised 12/1/2015

2-20-9: Internships

Internships are defined as structured work experiences within a client's specific job goal. They are intended to provide exposure to a specific work setting, build a client's confidence in a specific industry, generate opportunities to practice hard skills which will be transferable to a competitive job, and create industry-specific networks that will be beneficial when seeking competitive employment.

Internships may be provided for students, youth, and adults as a part of an IPE. As an

IPE service, an internship includes coordinating a site and tasks with a business/organization and providing support to the intern and site supervisor as the intern progresses through training. When a business does not offer a paid internship, the Division may sponsor the intern's wages. The client is not eligible for unemployment benefits at the completion of an internship. **Sponsorship of an internship requires Supervisor's approval. It is not subject to financial need.** However, comparable benefits must be used to the maximum extent, when available, in order for the Division to contribute toward this service and required supports.

Internships may or may not be associated with formalized training. Internships may be coordinated when employment is not immediately available as a result of the client's lack of experience required for the desired job goal or when additional experience is required to allow the client to be competitive in a specific industry based on the local labor market. Internships are not intended to delay job search assistance or to sustain income when the client is otherwise employable. Internships are not intended to meet a client's goal for permanent job placement, but instead to serve as a training opportunity which primarily benefits the client over the business. It is the business' decision whether or not to consider an intern for an actual job opening at completion of the internship.

Length of Internship

The length of the internship shall be based on the training goals of the client and the availability of the internship opportunity by an employer. The intern's work activities may not exceed 28 hours per week; and interns cannot accrue overtime. The internship shall not extend beyond 18 weeks or 504 hours from the date of initiation. Exceptions to this maximum length must be approved in advance by the Chief of Policy.

Revised 9/11/2017

Internship Wage Amount

Payments made to interns by the Division are considered countable earned income by many public benefit programs. Clients who receive public benefits such as SSI, SSDI, food stamps, and subsidized child care, should explore the impact of internship income on public benefits, including a referral to a benefits counseling specialist.

The specific wage amount for an internship should be determined according to the intern's title and specific functions. The VR counselor should use the Search Wizard within the federal Online Wage Library to establish the specific wage amount (http://www.flcdatacenter.com/OesWizardStart.aspx). The wage amount should be at least minimum wage and no higher than the Level 1 prevailing wage level for the comparable job title.

Sponsorship of Multiple Internships

A client may participate in multiple internships if, after completing a first internship, the client still requires a structured work experience to develop hard skills as outlined in this section. Consideration should be given to assure that the primary benefit continues to be for the intern (i.e., training) and not for the business. Additional internships must be approved in advance by the counselor's supervisor. A client may not participate in more

than one internship at a time. Each internship may not exceed 28 hours per week and shall not extend beyond 18 weeks or 504 hours from the date of initiation.

Internships for High School Students

Internships may be provided to high school students who are in their sophomore year of high school or higher either during the school year or in the summer(s) following the sophomore year. While most transition-aged youth can benefit from structured work experiences, an internship will *rarely* be the first transition service provided to a high school student. Prior to planning an internship for a high school student, the following factors should be considered:

- The client has a specific job goal which either matches the internship opportunity or, at a minimum, falls within the same major occupational classification such that the internship will progressively build hard skills required to achieve the job goal.
- The client has developed his/her soft skills enough to be placed in employer-supervised settings with or without short-term job coaching support.
- The client does not require a program of supported employment
- The client requires industry-specific experience and exposure to prepare for job-seeking or post-secondary training in the same industry.

For internships that take place during the academic year, counselors shall coordinate such services with school personnel including the teacher responsible for the Individualized Education Plan and/or the transition coordinator and comply with all of the school system's applicable rules and regulations. If an internship dually satisfies academic requirements, such as those which apply to the Occupational Course of Study, the counselor shall consider the school to be a comparable benefit for support services such as transportation to the internship site.

Youth Employment Certificates are not required for NCDVR youth internships because NCDVR is a government entity (GS 95-25.14(d)).

All other requirements within this section shall also apply to high school students.

Sponsorship of Internships with Other VR Services

- An internship may be provided along with *work adjustment job coaching for internships* if the client requires on-the-job supports for soft skills or support in modifying work processes in addition to receiving employer supervision on hard/transferable skills (See Work Adjustment Job Coaching for Internships, 2-20-18). If job coaching is required, this shall be indicated in the internship agreement and the job coaching provider shall be involved in any formal reviews of the client's progress in the internship. While the job coach will be present on-site, the counselor shall reiterate the importance of the supervisor communicating with the counselor/VR staff person regarding any concerns about the client's participation in the internship as well as the client's progress and not considering the job coach as a substitute for relaying information.
- An internship may NOT be provided within a program of *supported employment*.

- An internship may be provided as a part of or simultaneous with post-secondary training programs. The counselor shall work with the client and the post-secondary training institution to verify that no conflict exists with meeting the institution's training requirements or with the training institution's agreement with the internship business/organization**.**
- A paid internship may NOT be sponsored for clients in postsecondary training if the training program requires an unpaid internship. The blend of paid and unpaid hours may result in a conflict regarding workers' compensation responsibility, duration of the internship and maximum hours per week.
- An internship may NOT be provided simultaneous with *in-school work adjustment (ISWA)*. Since ISWA develops basic soft skills, it is considered an introductory transition service and, if required, should be completed prior to an internship (See In School Work Adjustment, 2-20-16).
- An internship may be included as a part of a *trial work experience (TWE) (*See Trial Work Experience 3-3*).*
- Other than a *TWE*, an internship should not occur with other assessment services. It should be planned on the IPE.
- Once a client achieves competitive employment within his/her IPE goal, the internship shall be discontinued regardless of whether the internship period has been reached.

Revised 2/15/2017

Internships at CRP's

Internships conducted at a CRP must be directly related to an employment goal with an opportunity specifically and uniquely offered by a CRP (i.e. human service or professional level job). The internship site must be fully integrated. If a client requires a job coach to participate in an internship the job coach cannot be employed by the CRP hosting the internship. In additional to supervisor approval, Chief of Policy approval is required in advance for internships conducted at a CRP.

Restrictions

Internships may not be sponsored for individuals working in businesses/organizations owned by relatives of the client or VR Division employees.

Coordination of the Internship

The process for internship coordination is as follows:

1. Comprehensive assessment component: The counselor shall explore the internship concept with the client including the client's personal goals as an intern, the desired length of the internship, possible internship sites, the wage for the possible internship site(s), impacts of wage earnings on public benefits, and other rehabilitative or support services required (e.g., transportation, work adjustment job

coaching for internships).

2. Internship site development: The counselor/VR staff shall identify a business/organization who is willing to host an intern for a designated internship period to perform functions consistent with the client's stated goals.

3. Arranging the internship interview: The counselor/VR staff assists the business/ organization in arranging to interview the client(s) for the internship position and prepares the client.

4. Developing the Internship Agreement: The counselor assists in arranging a meeting in which the client and business/organization establish an internship agreement. As a part of this meeting, all parties should review the *Internship Guidelines* document. The *Internship Agreement and Progress Report,* shall be used to record the goals of the client as well as other details of the internship arrangement, including the projected start and stop dates and hours per week. The goals determined during the comprehensive assessment should be included in the internship agreement and must be measurable. All parties shall also agree on an evaluation schedule (minimum of two times during the internship period) and record this on the *Internship Agreement and Progress Report* form. The *form* will be used to report on the client's progress at each evaluation. The *Internship Agreement and Progress Report* form must be signed by the client, counselor, internship supervisor, and job coach (if applicable) prior to initiating the internship and at each evaluation.

   In addition, the *Form "Internship Unemployment Insurance Tax Exemption"* must be completed and signed by the client. This form clarifies that NCDVR is not required to report interns on the quarterly NC Unemployment Insurance 101 report. Clients are not eligible for unemployment insurance coverage for wages funded through the Division's internship service.

5. Payroll Set-Up: An internship cannot be initiated until iLife has confirmed that the client has been set-up in the intern payroll system and has provided a start date. The client's address should be verified and updated (if necessary) in the Division's case management system. Division personnel shall complete and email (preferred method) or fax the following forms to iLife and maintain the originals in the client's case file:

   - W-4 (no employer name or EIN required)
   - NC-4/NC-4EZ
   - iLife Payment Election Form
   - Copy of photo ID and SS card or other identification documents allowable under List A of the I-0
   - I-9 (Counselor completes Section II as the authorized representative. Do not complete the first day of employment <u>until all of the forms above including both sections of the I-9 are completed.</u> The first date of employment shall be recorded as the date when all of the above forms are

obtained and fully signed.)
- Internship Authorization Calculation Form
- Consent to Release Confidential Information

Any changes to the client's address or payment election during the internship must be communicated to iLife immediately through completion of iLife's *Status Change Form*

6. Authorization of Internship: An email verification will be sent from iLife confirming the authorization amount and internship start date. The counselor shall issue an authorization to iLife for the amount indicated.

7. Internship Timesheets: The client must track his/her time on internship activities using the *Internship Timesheet* form. The counselor should provide copies of this form to the client to use throughout the internship. The client is responsible for completing the timesheet for each internship pay period according to the *iLIfe Payroll Schedule*. Once the client has recorded time for all of the days worked within a pay period, the client is responsible for requesting signature by the internship supervisor and submitting the timesheet to the VR Counselor. See the *iLife Payroll Schedule* for the end dates of each pay period.

8. Payroll Processing: For each pay period, once the VR counselor receives the internship timesheet signed by the client and internship supervisor, the VR Counselor shall review the timesheet for time reports and signatures, verify the total time worked for the pay period, and sign indicating approval of the timesheet. The internship timesheet must be emailed/faxed to iLife by the deadline per the iLife Payroll Schedule.

9. Unit Office Payment Approval: iLife will generate a unit-office level Timesheet Authorization Approval Report by each Monday after the pay period ends that includes each client for whom an internship timesheet was submitted by the pay period deadline. VR staff shall review the Timesheet Auth Approval report submitted by iLife and verify that all payments are correct. Staff should immediately notify iLife via email that the report is correct or that there are errors. Staff shall create a payment approval in BEAM for each intern for the payment amount indicated. The Unit Office lead shall email dvr.m.fiscalservices@dhhs.nc.gov when all payment approvals have been entered for the pay period. Timely attention to payment approval is critical to successful and timely check write for ALL interns enrolled in the internship payroll program statewide.

10. iLife will issue payment to the client in the format indicated on the Payment Election form for the number of hours indicated at the agreed upon wage rate. Payment is only issued for payroll data which is received on or before the deadline (per the iLife Payroll Schedule). Any payroll data that is not received by iLife on or before the deadline will be processed on the next payroll processing schedule.

11. Evaluating Progress in the Internship: During the internship period (as specified on the Internship Agreement and Progress Report form, the VR Counselor will use review portion of the Internship Agreement and Progress Report to complete at least two evaluations of the client's progress in the internship objectives. The counselor participates in the scheduled evaluations along with the client, internship supervisor, and job coach (if applicable) and acts as a facilitator during these meetings.

12. Integration of the internship into the rehabilitation program: Throughout and at the completion of the internship, the counselor shall jointly determine with the client how the internship is impacting the overall rehabilitation program. This may include a determination of whether the client can expect an opportunity to apply for permanent employment with the business/organization hosting the internship, whether to pursue additional internship opportunities, or whether to terminate the internship and pursue a job search for another permanent opportunity.

Revised 4/1/2019

2-20-10: Work Adjustment Training (WAT)

BACKGROUND AND GENERAL INFORMATION:
Hard Skills are defined as teachable abilities that are easy to quantify and are often learned through books or on the job in a series of concrete steps. These skills include specific knowledge about a job and can be evaluated and measured.
Soft Skills are defined as skills that affect interpersonal interactions with coworkers and supervisors. They are generally non-measurable and are subjective in nature.

Work Adjustment Training (WAT) is a goal directed service focused on developing soft skills to handle the everyday demands of work such as time management, interpersonal relationships, conflict resolution, and work stamina. Through paid work-based training and supports to address soft skill deficits, an individual is able to develop and enhance competitive work skills. The work setting is either within a Community Rehabilitation Program (CRP) facility or other community setting.

Before considering WAT as a service the counselor should consider whether other services would best address the client's rehabilitation needs. Services such as work adjustment job coaching, internships or On the Job Training (OJT) may be more appropriate for developing soft skills. WAT should not be provided in place of medically managed work hardening or physical therapy to improve work stamina for individuals with physical limitations.

WAT must not exceed three (3) calendar months. Exceptions to this timeframe must be approved by the Chief of Policy in consultation with the CRP Program Specialist. A client cannot continue to receive this service for more than three months without prior approval. Under no circumstances will approval be granted retroactively.

WAT is not subject to financial need, but comparable benefits shall be used if available. Other support services required for participating in WAT (such as transportation) are subject to financial need and comparable benefits.

SUITABILITY OF WAT:

WAT is an appropriate service for clients who need to develop soft skills necessary for success in competitive integrated employment or build work stamina to maintain competitive integrated employment when other services would not adequately address these rehabilitation needs. This service should not be used to assess motivation for work, ability to follow through, or when vocational direction is not clear. WAT cannot be used as entry point for other services or employment opportunities and must solely be based on rehabilitation need. A vocational evaluation conducted by the CRP is NOT required for participation in WAT.

The VR counselor should consult with CRP program staff to determine whether a vocational evaluation is needed. WAT is not appropriate for individuals who have completed formal training for a given occupation without prior approval by the Chief of Policy in consultation with the CRP Program Specialist.

The following criteria must be met when providing WAT:

- The client must be classified as Significantly Disabled (SD) or Most Significantly Disabled (MSD) as documented in the case record.

The rationale for providing WAT must be directly related to the client's impediments to employment and functional capacity deficits. The need for WAT must be clearly identified in the Rehabilitation Needs section of the Written

Rehabilitation Analysis Page (WRAP) or in the counselor comments section on an amendment if added as a required service after IPE development.

PROVISION OF WAT:

The work experiences should be individualized and geared towards the client's vocational interests when available. When referring for this service it is imperative that the counselor provide adequate information about the client's impediments to employment and vocational goals to the CRP so that CRP service plans will adequately reflect rehabilitation needs.

The CRP must develop a training plan that specifically addresses the client's impediments and functional capacity limitations with specific goals. Monthly staffings must occur during the provision of WAT to address progress towards these goals. The service should be terminated when such goals are complete or if a determination is made that other VR services would better address the client's needs (i.e. Supported Employment).

2-20-11: Work Adjustment Job Coaching

Work adjustment job coaching is a service that clients can receive as a part of work adjustment training provided by CRPs. Job coaching services are for clients that will require on-the-job supports in order to be successful in their employment. Job coaching services cannot be utilized for job placement service only. The counselor will include work adjustment job coaching on the IPE and the counselor is responsible for providing continuing counseling, guidance, and job development and placement services in conjunction with the CRP. Included in this service are job development, job placement, and job training. Such services are not subject to either financial need or comparable benefits.

2-20-12: Brain Injury Support Services (BISS) Milestone Programs

Brain Injury Support Services (BISS) are services offered through Community Rehabilitation Programs (CRPs) that are deemed qualified by the Division to provide such services. Components of the program shall include a specialized comprehensive assessment that will address the needs of the brain injured client in the areas of cognitive rehabilitation, counseling/therapy, case management, career exploration, and job placement and supports. These programs function much like work adjustment training programs in that they provide assistance to the client in obtaining job skills that lead to gainful employment or further training; however, they must include an array of cognitive rehabilitative activities that are individualized for each client that will assist them toward greater independent cognitive functioning.

Cognitive rehabilitation as provided under this service is defined as a structured set of therapeutic-type interventions that are designed to help those with brain injuries learn or relearn skills and strategies as they progress toward a higher level of functioning that will increase their readiness for entry into the competitive workforce, or to pursue additional training that will prepare them for competitive employment. The cognitive rehabilitation component must address areas of specific functional deficits associated with a client's brain injuries. Typical deficit areas to be addressed in this service include memory loss, attention and concentration, organization and planning, and emotional and psychological issues. The CRP staff must assist clients with brain injuries learn strategies to compensate for compromised skills and apply those skills in a variety of situations and settings that will lead toward greater independence.

Cognitive Rehabilitation Therapists employed by CRP programs under contract by the Division to provide BISS services shall have Master's level education in areas such as Rehabilitation Counseling, or a related human service or allied health discipline. Staff providing cognitive rehabilitation must be Certified Brain Injury Specialist (CBIS) under the auspices of the Academy of Certified Brain Injury Specialist (ACBIS) within one year from their date of employment with the CRP.

Individuals with Bachelor's degree in the fields specified may work within such programs

under the direct supervision of a professional as described above. All reports submitted by Bachelor's level staff shall be signed off on by the Master's level CRP staff or the program leadership. Reports submitted not meeting this criteria shall not be accepted. Referrals made to the CRP/vendor must include a neuropsychological evaluation completed within two years from the date of referral. If this cannot be obtained without significantly delaying services, then a psychological evaluation from a Ph.D/Psy.D is acceptable as long as issues related to brain functionality, such as ability to improve in current cognitive ability, are specifically addressed. All medical records relevant to the specific brain injury of the client should also be included with the referral. When making the referral, the counselor should ask specific questions to be addressed by the CRP as part of the referral process.

The Brain Injury Support Services (BISS) milestone program model provides for a comprehensive array of brain injury support services whereby the CRP vendor is reimbursed at a set rate for the client's achievement/completion of a pre-defined milestone. It is not necessary for a client to progress through all milestones. However, all clients enter into a milestone brain injury support program at the first milestone, **Assessment with Complete Report**. Even though a client is not required to complete all milestones under the Milestone program, the ultimate goal of brain injury support services is to assist clients in achieving a competitive employment outcome (successful closure, status 26), or prepare for other training programs such as post-secondary college settings.

Eligibility for BISS services requires that the client be determined to be the most significantly disabled if they advance beyond **Milestone 1, Assessment with Complete Report.** This milestone phase is used to determine if the client needs BISS services and will most likely benefit from this type of specialized services.
BISS services are not subject to financial need.

Brain Injury Support Services (BISS) Milestones

BISS Milestone 1: The **Assessment with Complete Report**
This milestone is defined as the initial intake with the client and the completion of a comprehensive assessment with all components of the BISS program being included within the assessment. Those areas include: Cognitive Rehabilitation; Therapy/Counseling; Case Management; and Occupational Information & Exploration. The assessment will include formal and informal techniques that must be completed within a maximum of 45 days. Counselors may approve exceptions to exceed 45 days with written justification from the CRP. This milestone includes a completed comprehensive report with detailed recommendations; an assessment staffing coordinated by the CRP and will include the client, the counselor, and other individuals selected by the client if appropriate. The assessment report must be presented to the counselor at least five (5) days prior to the assessment staffing.

Counselor Review of Milestone*:* The counselor shall confirm that the assessment report

was submitted as required, the staffing was held, and that the CRP has submitted all required documentation. If a client leaves the assessment before completion, authorization of payment for this milestone depends upon whether the counselor determines that the assessment addressed all of the referral questions.
Required Documentation: The CRP shall provide an assessment report, the completed initial CRP Service Plan and, if appropriate, a comprehensive CRP Service Plan for the next phase of the BISS program. These documents must be given to the counselor following the assessment staffing to the counselor as evidence for completion of milestone 1.

BISS Milestone 2: The **Cognitive Rehabilitation and Career Exploration, Part 1**

This milestone is defined as the initial mixture of specialized cognitive rehabilitative techniques along with other components that are defined as: Therapy/Counseling; Case Management; and Occupational Information & Exploration. Time spent in this milestone is highly individualized and will vary for each client; therefore, there is no set timeline for how long a client may stay within the service section. However, the counselor should closely monitor each client's progress by regular participation in case staffings and through the monthly progress reports. Each component below must have specifically identified goals and objectives that will be reviewed on a regular basis.

- Cognitive rehabilitation shall consist of individualized strategies that address client deficits in attention and concentration, memory and learning, language and communication, visual and perceptual, sensorimotor, and executive functioning, at a minimum.
- Therapy and counseling will address issues related to life adjustment following a brain injury, such as frustration, stress, anxiety, depression, coping skills, emotional outbursts and self-esteem.
- Case management will address the accessing of community resources, building natural supports and honing daily living skills to achieve the highest level of independence as possible.
- Occupational Information & Exploration will focus on those identified pre-vocational skills necessary to enter or re-enter the workforce. Training focuses on resume development, career exploration, job shadowing, volunteer work experiences, job search techniques, and job retention skills.

Counselor Review of Milestone: The counselor along with the client and CRP BISS staff all agree that 50% of the established goals/objectives in the CRP Comprehensive Service Plan have been completed.

Required Documentation: The CRP shall provide the counselor a detailed monthly summary report documenting the client's progress in this milestone section and an updated Person Centered Plan (PCP). Before it is agreed that the client can progress to the next milestone, the counselor must determine that 50% of the goals and objectives were completed. This should be agreed upon by the counselor, the client, and the CRP

BISS staff; however, the counselor has the final decision as to whether this milestone has been successfully completed and awards payment. CRP staff will submit to the counselor an updated service plan detailing the completion of 50% of the client's goals/objectives.

BISS Milestone 3: The **Cognitive Rehabilitation and Career Exploration, Part 2**

This milestone is defined as a continuation of the components of the areas within the previous milestone where the client is demonstrating significant progress toward the established goals and objective on the CRP Comprehensive Service Plan. An intensified emphasis is placed on moving the client toward the next milestone of employment placement, or exiting for other training.

Counselor Review of Milestone: The counselor along with the client and CRP BISS staff all agree that 100% of the established goals/objectives in the CRP Service Plan have been completed.

Required Documentation: The CRP shall provide to the counselor a detailed monthly summary report documenting the client's progress in the milestone section and a completed Person Centered Plan (PCP). Before it is agreed that the client can progress to the next milestone, the counselor must determine that 100% of the goals and objective were completed. This should be agreed upon by the counselor, the client, and the CRP BISS staff; however, the counselor has the final decision as to whether this milestone has been successfully completed and awards payment. CRP staff will submit to the counselor an updated service plan detailing the completion of 100% of the client's goals/objectives.

BISS Milestone 4: The **Employment Placement & Independence**

This milestone is defined as when the client is placed in competitive employment that matches their skills, abilities, interests, needs, and goals to ensure the greatest chance of success on the job. "Independence" is defined as when the client has received the appropriate level of supports to maintain stability on the job. The 90 day count of stability on the job begins in this phase when the counselor, the client, and BISS staff are in agreement that the client is independent on the job.

Counselor Review of Milestone: The counselor shall confirm that the client has achieved their employment goal and is suitably employed according to the IPE.

Required Documentation: The CRP shall provide the monthly summary report detailing the client's progress on their respective goals and objectives and submit an approved *Job Independence Form* to the counselor.

BISS Milestone 5: The **Successful Closure**

This milestone is defined as when the Division has closed the case, Status 26, Successful Closure; the client has successfully worked at least 90 days within Milestone 4, Employment Placement & Independence. A closure decision must be agreed upon by the counselor, the CRP, the client, and the employer.

Counselor Review of Milestone: The counselor confirms and awards the successful closure, State 26, to the CRP when processed through the case management system (BEAM). Supervisor approval of the status 26 is required prior to the system awarding payment to the CRP.

Required Documentation: Detailed monthly reports at the end of each month during the 90 day count period documenting activities by the CRP to assure a successful job placement.

Eff. 10/1/2015

2-20-13: Supported Employment

Supported Employment (SE) services may be provided to clients classified as MSD who require this service in order to become employed. According to the Workforce Innovation Opportunity Act (WIOA) VR funded SE cannot exceed twenty-four (24) months unless the IPE indicates that more than twenty-four (24) months is necessary to achieve job stability. This period begins when the individual is placed in job-site training and continues without interruption unless there is an interruption in employment. Post-employment services may be provided if such services are needed to maintain employment. Post-employment services should not be used if extensive retraining is required. SE training is not subject to the individual's financial need.

VR will only utilize supported employment vendors who give written commitment that they will provide extended services compliant with Federal regulations.

POLICY DEFINITIONS

COMPETITIVE INTEGRATED EMPLOYMENT:
Work that is performed on a full-time or part-time basis, including self-employment:

A. For which an individual is:

- Compensated at a rate that is at or above the applicable Federal, State, or local minimum wage; **AND**
- Is not less than the customary rate paid by the employer for the same or similar work performed by other employees who are not individuals with disabilities, and who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills; **OR**
- In the case of an individual who is self-employed, yields an income that is comparable to the income received by other individuals who are not

individuals with disabilities, and who are self-employed in similar occupations or on similar tasks and who have similar training, experience, and skills; **AND**

- Is eligible for the level of benefits provided to other employees;

B. That is at a location where the employee interacts with other persons who are not individuals with disabilities (not including supervisory personnel or individuals who are providing services to such employee) to the same extent that individuals who are not individuals with disabilities and who are in comparable positions interact with other persons; **AND**

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

<u>COMPETITIVE INTEGRATED EMPLOYMENT WITH SUPPORTS:</u>
Competitive integrated employment as defined above with ongoing support services for individuals with most significant disabilities (supported employment).

<u>MOST SIGNIFICANTLY DISABLED:</u>
Classification of disability significance level required to receive Supported Employment. Refer to Section 3-9-7.

<u>ON-GOING SUPPORT PROVIDED BY VR:</u>
services that are:

- Needed to support and maintain the individual in SE;
- Based on a determination by the DVR counselor of the individual's needs as specified in an IPE; **AND**
- Furnished from the time of job placement until transition to extended services, except as provided in post-employment status and, following transition, by one or more extended service providers throughout the individual's term of employment.

<u>EXTENDED SERVICES:</u>
Ongoing support and other appropriate services that are:

a. organized singly or in combination in such a way as to support and maintain an individual with a most significant disability in maintaining supported employment

b. based on the needs of an eligible individual as specified in an IPE

c. provided by a state agency, a private nonprofit or for-profit organization, or other appropriate resource after an individual has completed stabilization

d. must include a minimum of twice-monthly monitoring at the work site to assess job stability unless under special circumstances, especially at the request of the individual, the IPE provides for offsite monitoring or

coordination of specific services off site that are needed to maintain employment stability. If off site monitoring is determined to be appropriate, it must, at a minimum, consist of two (2) face to face meetings with the client and one (1) employer contact monthly.

TRADITIONALLY TIME-LIMITED SERVICES:
Ongoing job support services that are:

- Needed to support and maintain an individual in employment based on an assessment and Specified in the IPE;
- Provided by skilled job trainers, co-workers, and other qualified individuals in order to achieve and maintain job stability; and,
- Provided for a period not to exceed twenty-four (24) months unless specified by the IPE and are needed to achieve employment before transition is made to extended services provided under a cooperative agreement.

STABILIZATION PHASE:
The last part of the intensive training phase. The client remains in training until stabilization in employment occurs and is not considered employed until completion of the stabilization phase. Stabilization is confirmed when the client has completed his/her training objectives as indicated on the individualized service delivery plan and the client, employer, and the counselor jointly agree stabilization has been achieved. The completion date of the stabilization phase must be documented in the case record. There is no predetermined length for the stabilization period.

SUPPLEMENTAL EVALUATION:
Although usually provided after the eligibility determination, it can be provided in applicant status, as a part of a trial work experience, in order to determine if the individual meets the presumption of benefit in terms of an employment outcome. When provided during applicant status, it must be community based. Supplemental evaluations are not required, but rather conducted per VR counselor's discretion.

NOTE: See Section 8-2 and 8-3 for information regarding CRP and SE authorization and outcome-based performance payment systems.

Revised: 7/1/2018

2-20-14: Employment Marketing Skills (Job Seeking Skills)

Employment Marketing Skills training helps to prepare a client to find a job. The course is designed to give clients information and practice on locating employment. The course assists clients with learning how to complete a job application, interviewing skills, an appropriate personal appearance, and to develop an employment resume. The course

also deals with a 'legal' interview and the Americans with Disabilities Act. This training is available from Division staff in the Unit Offices/VR Facilities and reasonable accommodations will be provided such as foreign or sign language interpreting services or computer assisted note taking. Such services are not subject to either an individual's financial need or comparable benefits.

[34 CFR 361.42 (a)(16)]

2-20-15: Transition Services from School to Work

Transition services as defined in RSA Federal Regulations means a coordinated set of activities for a student designed within an outcome-oriented process that promotes movement from school to post-school activities, including post secondary education, vocational training, integrated employment (including supported employment), continuing adult education, adult services, independent living, or community participation. The coordinated set of activities must be based upon the individual student's preferences and interests, and must include instruction, community experiences, the development of employment and other post-school adult living objectives and, if appropriate, acquisition of daily living skills and functional vocational evaluation. Transition services must promote or facilitate the achievement of the employment outcome identified in the student's individualized plan for employment.

INDIVIDUALIZED PLAN FOR EMPLOYMENT (IPE)

In order to plan effectively for the transition needs of students with disabilities in collaboration with other agencies and organizations, counselors are expected to be active participants addressing the Individualized Education Plan (IEP) meeting transition issues when possible. Counselors should participate both directly in IEP meetings and indirectly by other means in planning for the needs of VR clients. A copy of the transition portion of the IEP must be in the case record.

Prior to developing the IPE, the counselor will review the Individual Transition Plan (ITP) component for the Individual Education Plan and record any relevant ITP objectives as part of the IPE. The intent of this review is to coordinate educational programming and vocational programming for the benefit of the client.

Development of the IPE with a student must be based on interest, aptitude, capabilities, strengths and informed choice. The job choice on the IPE for a student in transition may be more general reflecting a family of jobs rather than a specific job code. Examples: Health Care Worker, Office Work, Protective Services (Police, Fireman, Security Guard) Career exploration must be provided and documented in order to determine a more specific goal. Amended job choices including amendments at closure, must be accompanied by documentation reflecting the process and services that had an impact on the final job choice (job shadowing, job sampling, guidance and counseling).

The development and approval of an individualized plan for employment must be completed as early as possible during the transition planning process but, at the latest, by the time each student determined to be eligible for vocational rehabilitation services

leaves the school setting. This includes students with disabilities who are eligible for VR services including eligible students served by the school under an IEP.

The Division is required by Federal regulations to ensure that students with disabilities who are not receiving special education services have access to and can receive vocational rehabilitation services, if appropriate, by ensuring outreach to and identification of these students. Outreach to these students should occur as early as possible during the transition planning process and must include, at a minimum, a description of the purpose of the vocational rehabilitation program, eligibility requirements, application procedures, and scope of services that may be provided to eligible individuals. Counselors must contact persons in the schools responsible for coordinating services to students under 504 plans and they should conduct high school surveys (form-DVR-0141) in order to identify eligible students with disabilities. It is important to complete outreach to students through non- traditional means to identify students. This can include contacting other resource personnel within the local schools including social workers, school nurses, occupational, physical and speech therapists for referrals.

The goal of the Division is to work with youth with disabilities who are at risk of dropping out of school or who are age 16. Students who have a definite need for services may be served earlier. There are differences in available staff and in numbers of youth with disabilities in school systems, which impact the attainment of this goal. However, the counselor makes individual eligibility decisions on persons referred to us by schools and serves them in keeping with the above goal. Factors to consider for “potential dropout” referrals include: (a) verbal indications by the student of intent to leave school, (b) students with disabilities failing half of course work, and (c) students in danger of not receiving course credits due to excessive absences.

It is required that the Division send an annual report to school systems with which the Division has a third party cooperatively funded program. This report should not only include data about services and expenditures for students with disabilities provided by the Division, it should also address how VR staff have worked with school staff in transition planning for students with significant and most significant disabilities. It should also address how the Division is partnering with the school system in addressing the work experience requirements of the Occupational Course of Study.

The Supervisor will assign a counselor to serve each high school where no cooperative agreement exists. The designated staff will visit these schools on an itinerant basis and will implement a system for generation and flow of referrals. This should include a mechanism for identifying students with disabilities and at risk for dropping out of school.

The following can be used to accomplish transitional services:

POST SECONDARY TRAINING

Included under transition services, is a wide range of post- secondary training. (See Section 2-20-1 Post Secondary Training)

COMMUNITY REHABILITATION PROGRAMS

Vocational Rehabilitation clients who are enrolled in high school can be considered for admission into community rehabilitation programs, which have contracts with the Division. Admission procedures will follow the same format as that for other rehabilitation clients being sponsored for evaluation and adjustment training services with the following special provisions:

1. Students will be entered part-time or full-time into evaluation and training.
2. Students must be determined "at risk" for dropping out of school and at least 16 years old or students must be in at least the second half of their junior year in high school.

TRANSPORTATION

Transportation needs for students involved in any transition program, i.e. community rehabilitation program services, on-the-job training, supported employment, must be coordinated with the school system. The cost of transportation to and from the rehabilitation program or a job site may be considered when the client has no other means of access to this service after documentation that the school cannot provide the transportation. The Supervisor must give prior approval for sponsorship of this service and the manager must sign all plans and case service authorizations involving transportation.

ON-THE-JOB TRAINING

Vocational Rehabilitation students who are in their final year of high school may be considered for on-the-job training services, with the following provisions and understandings:

- Division staff must fully utilize comparable benefits for which the student may be eligible to offset training costs. Examples: ARC-OJT program; Workforce programs; AND
- Provision of on-the-job training must be individualized in nature, specific to each student.

SUPPORTED EMPLOYMENT

In order to sponsor supported employment for persons enrolled in secondary school programs, students must be determined “at risk” for dropping out of school and at least 16 years old or students must be in at least the second half of the school year prior to the year the student is expected to exit high school. VR counselors should investigate the availability of long- term support prior to sponsorship of students in supported employment. Only Division approved vendors for supported employment services can be utilized when expending funds.

The supplemental evaluation component of Supported Employment may be extended for students who will require supported employment and may need multiple placements to complete career exploration and assessment prior to final placement and intensive training.

COMMUNITY-BASED ASSESSMENT

Community Based Assessment may be provided to students when needed to assess and plan for transition. VR may provide this service directly or utilize Statewide Budget Code 1299 to purchase the service from a vendor. See Community Based Assessment in Section 2-23-3 through 2-23-5.

ASSISTIVE TECHNOLOGY FOR STUDENTS

The purchase of assistive technology in order to meet the educational requirements in a student's IEP as part of IDEA is the legal responsibility of the local education agency; however, Vocational Rehabilitation can consider the assistive technology needs related to the transition/job placement needs of a student with a disability during his/her final year of school. The Division must document that it is not replacing a comparable benefit in transition planning when purchasing assistive technology for a student who has not exited school.

WORK EXPERIENCE/WORK SIMULATION – IN-SCHOOL WORK ADJUSTMENT AGREEMENTS

The Division is receptive to working with schools to jointly develop programs, which will enhance vocational rehabilitation plan development for students with significant and most significant disabilities. One of the options for joint programs includes work experience/work simulation activities for students. Eligible clients of the Division or clients participating in a trial work experience can be considered for token or incentive payment programs if the students are enrolled in special short-term training programs performing work experience or work simulation activities either on campus or in the community. These services can be provided only through signed School Work Adjustment Agreements and must address a number of issues including: certain Department of Labor requirements, insurance or Medicaid coverage of the student, academic credit for student's participation in the program, and written evaluation from the school regarding the student's performance in the program at the end of each grading period. The school must serve as the vendor and submit monthly invoices to the Division for up to eighteen months. The Division can begin work adjustment activities for students with significant and most significant disabilities during the student's sophomore year (age 16) or younger (when there is an immediate need for services). Supervisors must share a draft of a proposed In-School Work Adjustment Agreement with the Program Specialist for Transition Services prior to signing the agreement.

OCCUPATIONAL COURSE OF STUDY

This is one of four courses of study in public schools through which a person may earn

a diploma. It is open only to students with an Individualized Education Plan; however, it is intended for only a small portion of this population, which will be determined on an individualized basis by the parent, student and other IEP team members in each school. Students with disabilities pursuing college training should be enrolled in one of the other courses of study: (1) career prep, (2) college tech prep, and (3) college/university prep.

Vocational Rehabilitation will continue to provide the transition services listed in this section to students in the Occupational Course of Study. Unpaid work experience hours required by the curriculum can also be a part of the transition services provided by VR through In-School work adjustment (school based and/or community based) as well as community-based assessment. Although the paid work experience component of the curriculum is the responsibility of the school system, the Division can provide assistance with job related services to students, i.e. placement, supported employment, on the job training, work adjustment training, and job coaching.

Students who do not complete the required work hours for the Occupational Course of Study may exit school with a certificate and complete the hours after they exit. They can then return to receive a diploma upon completion of the work hours. An individual can be considered to have achieved a successful employment outcome after they have worked at least 90 days and exited school if case closure meets the criteria in subsection 6-1-1. The fact that they choose to continue to utilize hours to complete the work hours for the Occupational Course of Study does not preempt a successful outcome. It is important that the counselor assist the student with documentation of work hours for the school at the time of case closure and encourage the student to maintain contact for assistance with completing the documentation. Follow-up after a successful outcome to assist in following through with the school would be very helpful to the client and is considered best practice.

For additional information, contact the Program Specialist for Transition Services.

SCHOOLS FOR THE DEAF

The Division has entered into a cooperative agreement with the Office of Education Services whereby VR counselors are housed on the campuses of the two schools for the deaf. The following are some of the responsibilities of the VR staff serving students who are deaf at these schools:

1. Interview individuals during their junior year in school.
2. Provide a program of rehabilitation services with emphasis on audio logical services, amplification, vocational evaluation, job-seeking skills, counseling, job placement, job coaching, work adjustment, follow-up and other transitioning services.
3. Provide for mutual participation of appropriate personnel in the development of the transition component of the Individual Education Program/Individual Transition Program and the Individualized Plan for Employment (IPE).
4. Provide continuity in the individual's rehabilitation program during the transition between secondary institutions to adulthood, which include, but are not limited to,

postsecondary institutions, community rehabilitation programs, employment, and community living.

5. Provide an effective means for extending vocational rehabilitation and follow-up services to the individuals by a community based counselor for the deaf until a successful adjustment to employment and community living has been achieved.

The Program Specialist for the Deaf & Communicative Disorders with Vocational Rehabilitation Services is the designated liaison representative between the Office of Education and Vocational Rehabilitation Services for students in residential schools.

[34m CFR 361.47; 361.22; NC Administrative Code, Volume II, Part B, Subchapter 20C, Sections .0206: State Plan Section 6.3 and Section 6.6]

2-20-16: In-School Work Adjustment (ISWA)

In-school work adjustment (ISWA) is a service intended to expose high school students with significant or most significant disabilities to work activities in order to improve the student's work behaviors and attitudes. ISWA is a form of adjustment training and is therefore considered a core service. It is also provided in the context of a guidance and counseling relationship. ISWA is not subject to financial need.

There must be a system agreement with a student's school prior to providing ISWA services. A list of existing ISWA agreements may be found in Volume V. ISWA may be provided to a student under an IPE and according to the ISWA agreement for the student's school. Students must also be receiving services under an Individualized Education Program (IEP). The Division can begin work adjustment activities for students with significant and most significant disabilities during the student's sophomore year or later depending on the individual needs of the student and the structure of school programming. ISWA is not intended for individuals who have exited school or for students participating in paid employment, though exceptions for students who may have obtained part-time work that was not planned on the IPE may be approved by the Chief of Policy.

According to ISWA system agreements, students shall complete work simulation activities either on campus or in the community and must receive school credit for their participation. Students will receive a monetary incentive at the end of each month for participating. The VR Counselor shall adjust the monetary incentive amount based on the student's progress in ISWA as evidenced by the *Monthly In-School Work Adjustment Student Evaluation Form*. Since the ISWA work experience is not competitive employment, the monetary incentive is not an hourly wage and is not adjusted based on the amount of time a student spends in work activities. The monthly monetary incentive shall not exceed the rate published in Volume V. ISWA shall not exceed nine months. (Months do not have to be consecutive nor fall in the same academic year). Exceptions to the length of service may be approved by the Chief of Policy.

Monetary incentive payments issued to the student by the school are considered countable earned income by many public benefit programs. Clients who receive public benefits such as SSI, SSDI, food stamps and subsidized child care should explore the impact of the incentive payments on public benefits including a referral to a benefits counseling specialist or representative from the program administering the benefits.

It is the responsibility of the school to coordinate the student's ISWA site and to assure that the experience meets the federal Department of Labor wage exemptions outlined in Chapter 64c08 of the federal Wage and Hour Division's Field Operations Handbook. The VR Counselor shall request that the school complete a pre-assessment of the student's work behaviors/attitudes prior to initiating ISWA for that student in order to identify target areas that should be addressed. The Division's *Monthly In-School Work Adjustment Student Evaluation Form* shall be used for this pre-assessment. All students will initiate ISWA services at a monetary incentive amount that corresponds to the student's current performance. The student's target areas, along with the ISWA site(s), projected length of ISWA services, and the maximum and starting monetary incentive amount, shall be documented on the *In-School Work Adjustment Student Agreement* form and signed by the student, parent/guardian (if applicable), VR Counselor, and school representative prior to initiating ISWA. For each student, the school shall complete a *Monthly In-School Work Adjustment Student Evaluation Form* at the end of each month to be signed by the student, VR Counselor, and school representative and submitted to the Division along with a *Case Service Invoice* form for processing payment to the school. Student evaluations shall be reviewed with the student monthly and adjustments to the monetary incentive as well as an improvement plan shall be documented on the evaluation form. The student's parent/guardian (if applicable) shall receive a copy of the evaluation form each month. The school shall issue incentive payments to the student. Counselors shall document a student's progress in ISWA as a part of IPE Progress Reviews at least once per semester.

ISWA services shall end when:

- The student has made sufficient progress in the targeted work behaviors/ attitudes (consistently performing at a satisfactory level) and it is determined that the student no longer requires incentivized adjustment services at the ISWA site
- The student has completed nine months of ISWA
- The student or parent/guardian (if applicable) makes a request to terminate ISWA
- The student fails to cooperate with the ISWA as outlined in the school system ISWA agreement, the student's IPE, or the student's *ISWA Student Agreement*.
- School personnel fail to comply with the ISWA agreement for the student's school/school district (e.g., delayed or insufficient documentation, delayed payment processing)
- The school/school district ISWA agreement is terminated by either the school, school district, or VR.

Staff should contact the Program Specialist for Transition Services regarding changes to existing ISWA system agreements or to initiate a new system agreement.

Revised: 7/1/2017

2-20-17: Special Programs for Students with Hearing Loss

Students with hearing loss have the chance to continue their education after high school and earn college diplomas or degrees. Some students with hearing loss have been able to succeed in regular college programs without services such as interpreters, tutors, and note takers. However, if a student requires these services in order to succeed in their educational curriculum, the Division will follow the guidelines listed below:

Comparable Benefits

All postsecondary students must apply for financial aid; including the Pell grant (see subsection 3-10-3 – Comparable Benefits). VR assistance along with comparable benefits cannot exceed the actual cost of tuition and fees. Non-specified aid from postsecondary training programs can be applied toward the client's cost of rehabilitation. For postsecondary training programs, which offer support services (tutoring or note taking) for all their students, the Division will expect the same comparable services to be offered to students with hearing loss.

Students with hearing loss in postsecondary training programs must utilize other personal resources, part time employment, and/or grant assistance to pay the balance of their expenses that is not covered by VR.

Support Services in Postsecondary Institutions

The following procedures will be followed in providing training for deaf and hard of hearing students in postsecondary training programs.

1. Interpreting Services in the Postsecondary Educational Setting
   Authorizations for interpreter services at educational institutions must be issued directly to the appropriate college or technical school. The Division of Vocational Rehabilitation, the Division of Services for the Deaf and Hard of Hearing may provide consultation but the educational institution is responsible for hiring, assigning schedules and paying interpreters. The Division will authorize for interpreter services that benefit the deaf student completing coursework for classroom grade or the degree. The Division will not authorize any additional payments such as mileage, two hour minimum, parking, meals, portal to portal, or time and a half for classes at night and weekends for interpreting services in educational institutions other than the approved hourly fee schedule.

The interpreter costs for deaf or hard of hearing students who are not eligible for VR services are the responsibility of the educational institution. In the event, that there are both VR consumers and deaf or hard of hearing students who are not VR consumers in the same class, the Division will prorate the interpreter costs and make payment only for our consumers. Staff serving the deaf and hard of hearing should obtain an estimate (verbal or written) of the cost of interpreter services for each consumer prior to issuing an authorization for these services.

Counselors must insure that bills for interpreter services from postsecondary training programs contain the following information on each consumer:

- Name of consumer
- Name of each class
- Total number of deaf students in each class
- Name of interpreter for each class
- Cost per student
- Total hours of interpreting for each class
- Total billed VR for each class
- Grand total for semester

The Division can authorize interpreting services that would help the deaf or hard of hearing consumer to complete coursework for his/her degree (see below).

<u>Interpreting services for the following activities may be sponsored by VR</u>

1. Classroom instruction
2. Meeting with academic advisor
3. Lab work or field trips required for class grade
4. Tutoring sessions
5. Meetings with financial aid officer
6. Meeting with professors about class work
7. Job Expo or Career Fair during graduation year

<u>Interpreting services for the following activities shall not be sponsored by VR:</u>

1. Extracurricular activities
2. Sporting events or practice
3. Theater, plays, or outdoor drama unless required for course completion
4. Sorority/Fraternity meetings
5. Chapel (Church)
6. Health Services/Mental Health Counseling
7. Dormitory Meetings/Open House
8. New Student/Parent Orientation
9. Graduation/Commencement Activities
10. Registration
11. Placement tests
12. Remedial classes that are not sponsored by VR

If the deaf consumer is seeking employment interviews during the school year, the Rehabilitation Counselor for the Deaf can authorize for interpreting services by issuing a separate authorization directly to a freelance interpreter or private interpreting agency.

2. Tutoring and Note taker Services
   In the event that such services are not available through the educational institution, the Division will reimburse the institution for the actual costs not to exceed the fees as outlined in Volume V. The Division will expect the same comparable services to be offered to deaf students. (See Volume V – Note takers/Tutorial)

3. Speech to Text (Note taking) Options
   Computer Assisted Note Taking - Computer assisted note taking (CAN) is a technique that can assist individuals who are deaf and hard of hearing to actively participate in meetings and lectures with hearing people. A note taker uses a computer equipped with word processing software to type summary notes of a meeting or a lecture. The notes can be projected onto a screen or wall for large groups or simply displayed on a computer monitor if fewer people are relying on the notes. Computer Assisted Note Taking can be an effective way of providing access for hard of hearing people and for deaf people who are without sign language interpreters. Refer to Volume V for a list of DSDHH contracted providers.

Computer Assisted Real Time Transcription - Computer Assisted Real-Time Transcription, or CART, is the instant translation of the spoken word into text. It is also sometimes called Communication Access Real-time Translation, or simply real-time captioning. It is used primarily for meetings, classroom lectures, and live events. CART is mentioned specifically in the Americans with Disabilities Act as an auxiliary aid or accommodation that can provide effective communication access. CART is often the accommodation preferred by hard of hearing, late deafened, cochlear implant recipients, and oral deaf people who do not know sign language.

A CART captioner uses a stenographic machine, a laptop computer, and specialized software to transcribe spoken words. The resulting text is displayed on the computer monitor (for one or two individuals) or projected onto a wall or screen (for larger groups). The modified steno keyboard and customized software dictionaries allow the CART captioner to transcribe spoken words quickly and accurately. Like sign-language interpreters, good CART reporters have a very high degree of skill, and the best are in high demand. Most are trained as court reporters, and then take additional classes in CART transcription.

C-Print - C-Print is a speech-to-text system developed at the National Technical Institute for the Deaf (NTID), a college of Rochester Institute of Technology (RIT), as a communication access service option for some deaf and hard-of-hearing students in educational environments. It was developed by researchers to improve the classroom experience for students at both the secondary and college levels.

Today, C-Print is successfully being used to provide communication access to individuals who are deaf or hard of hearing in many programs around the country. In addition to educational environments, the system can be used in meetings and workshops and with individuals with other disabilities.

CAN/CART/C-Print for Students in Postsecondary Education Setting - The educational institution is responsible for hiring the note takers and the authorization is made to the college or university. Refer to Volume V for rates. The Division will not authorize any additional payments to note takers in educational institutions other than our approved hourly fee schedule.

Computer Assisted Note Taking for Clients not in an Educational Setting
See Volume V – Note takers/Tutorial

4. Length of Sponsorship in Training
   Division assistance is limited to what is required to achieve the educational credentials for the job choice and is usually restricted to four years. However, the Division does recognize that factors related to the individual's disability or need to work during training may interfere with full-time attendance. In such situations, with appropriate justification by the Rehabilitation Counselor for the Deaf and approval of the Supervisor, part-time attendance may be authorized.

With Supervisor approval, the postsecondary training program may be extended from four to five semesters at a community college and from eight to ten (10) semesters at a college or university. Summer school should not be authorized unless such attendance will decrease the number of full-time semesters or quarters necessary to complete the training program.

5. Summer Training Programs
   Young Scholar's Program - Camp Gallaudet
   This program is intended for non-signing deaf and hard of hearing high school students who want to learn about Deaf culture and the basics of American Sign Language. This program presents the fundamentals of ASL and provides an introduction to Deaf Culture in a fun and highly interactive environment.

   Summer College Transition Academy in Computing (SCTAC) – Gallaudet University
   SCTAC is a four week residential camp program for qualified high school deaf and hearing- impaired students to learn about careers and gain key skills for future success in computer- related pursuits. Participants will gain new mathematics skills, meet computer science professionals working on real-world problems, compose computer programs controlling robots and work as part of a team applying math, mechanical, software, game strategy and electrical skills to develop a working prototype of a smart machine for performing a useful task. Tuition, room and board are paid by a grant from the NSF.

Summer Vestibule Program – NTID

The Summer Vestibule Program at the National Technical Institute for the Deaf can be sponsored as a vocational evaluation for students entering this institution. The student, preferably a senior, must have been accepted as a student and plans to attend NTID in the fall semester. This evaluation period will not be included in the limits for lengths of sponsorship. Authorizations should not exceed Volume V rates for the summer program.

Explore Your Future – NTID

Explore Your Future (EYF) is a week – long transition education program for deaf and hard of hearing high school students entering their senior year. EYF allows the students to (1) Enjoy hands-on experience in a variety of career areas including information technology, computers, engineering, business, science, and art; (2) Make better decisions about their life after high school through personal awareness; and (3) Experience life on a college campus. Authorizations should not exceed $800.00 for the program.

The Division will only sponsor training that leads towards the completion of a degree or job choice. The Division will not sponsor leadership or wilderness training.

Revised: 5/1/2019

[NCAC 20C, Section .0205 (c)]

2-20-18: Work Adjustment Job Coaching for Internships

Work adjustment job coaching for internships is a service that clients can receive in conjunction with a Division-sponsored internship (See *Internships, 2-20-9*). Work adjustment job coaching for internships may be provided to clients that will require on-the-job supports for soft skills in addition to the instructional support that the internship supervisor will provide on internship-specific hard skills. Work adjustment job coaching for internships must be required in order for the client to be successful in the work experience but is not appropriate for individuals who will require a program of supported employment to achieve competitive employment. Work adjustment job coaching for internship services cannot be utilized to develop internship experiences.

The counselor shall include work adjustment job coaching for internships on the IPE and the counselor/VR representative is responsible for providing internship development, counseling, guidance, and internship evaluation in conjunction with the CRP's coaching services. Work adjustment job coaching for internships shall be requested through a referral in the Division's case management system and purchased using a case service authorization. Authorizations shall not exceed the maximum hourly rate established in Volume V. Hours for work adjustment job coaching for internships shall not exceed 50% of the total number of projected internship work hours.

Requests for exception to the max hours shall be submitted to the Chief of Policy. The CRP is responsible for submitting a service plan and coaching notes within five working days of each calendar month for review by the VR Counselor. The service is not contingent on financial need nor comparable benefits.

If a job coach is required for an internship at a CRP the job coach cannot be employed by the CRP hosting the internship.

Revised 9/19/2016

Section 2-21: Transportation

These services include the provision of or arranging for transportation. Transportation may be for the provision of assessment services or services leading to the accomplishment of VR program goals. Public and private transportation services may be provided. Also included is payment for escorts, personal care providers or guides. Transportation services are subject to both financial need and comparable benefits unless transportation is required in conjunction with an assessment service. The mode of transportation should depend upon the circumstances of the individual, the availability and appropriateness of the transportation system, and upon fiscal considerations. The client or client's family should be used to provide transportation whenever possible without cost to the Division. The cost of transportation for a complete vocational rehabilitation program shall not exceed $12,000 *(also see Transportation – Volume V).* Whenever it appears the maximum program rate ($12,000) will be exceeded, an exception should be requested to the Chief of Policy.

[34 CFR 361.42 (a)(6); 34 CFR 364.4; NCAC 20C, Section .0306]

2-21-1: Public Conveyance

Sponsorship of public conveyance may be sponsored at the rate charged by the vendor. This includes tickets for buses, airfare, trains and other means of public transportation. Taxis may also be used.

2-21-2: Private Conveyance

When a client requires the use of a private vehicle for transportation in support of core services as planned on the IPE, Vocational Rehabilitation shall pay the vendor the current Volume V mileage rate. Payment is based on number of miles per trip. The

current Volume V mileage rate must be uniformly applied and is not open to negotiation with the client. *(see Transportation – Volume V).*

2-21-3: Personal Care Assistants and Escorts

Assistant or escort services will usually only be authorized for a client who is significantly disabled. The salary or fee is considered to be a related expense to the transportation of the individual. When assistant or escort services are obtained at no cost to the Division, travel costs and subsistence of the assistant/escort may be sponsored not to exceed State per diem rates. A family member should not be paid for services normally expected of a family member; however, if acting as an assistant or escort causes undue hardship to the family member, reasonable reimbursement may be paid. Authorizations must be issued to the client with the client paying the assistant/escort.

2-21-4: Permanent Relocation and Moving Expenses

Financial assistance for the permanent relocation of a client, or a client and family, may be provided when a move is necessary in order for the client to achieve his vocational goal. Included in this category are expenses for deposits and other relocation expenses. The Counselor should obtain three competitive bids for total moving costs and submit them to the Supervisor for approval. The low bid should be accepted.

2-21-5: Ambulance Services

Ambulance services should be used when the client's medical condition does not permit other methods of transportation. Fees for ambulance service shall not exceed that paid by Medicaid. The Division will not pay for first aid treatment or nursing services while client is in transit.

Section 2-22: Vehicles

2-22-1: Insurance

Vehicle insurance may be provided as part of an eligible individual's rehabilitation plan when the individual is in post secondary training or employed. The vehicle must be titled to the client as confirmed by the vehicle registration. Requests for approval should be directed to the Chief of Policy who is responsible for conducting a DMV review. Authorizations should not be issued until approval is received. Only minimal liability insurance can be authorized for a maximum of six (6) months. Insurance for motorcycles and mopeds will not be sponsored. This service is subject to the

individual's financial need and comparable benefits.

Revised 1/3/2017

2-22-2: Repairs

Vehicle repairs may be authorized in order to assist a client/participant in maintaining employment/independence, attending training, or in seeking employment. At the discretion of the counselor, a request may be made to the policy office to conduct a DMV review before agreeing to sponsorship of repairs. Repairs up to seven hundred fifty dollars ($750.00) require only one quote from a reputable auto service vendor. Repairs exceeding seven hundred fifty dollars ($750.00) will be approved by the Supervisor, and require that three quotes be obtained, with the low quote being accepted. Additionally, review and approval by the Chief of Policy is required for repairs exceeding two thousand five hundred dollars ($2500). When authorizing repairs, Counselors should be cognizant of the estimated value of the vehicle versus the cost of the repairs. General "upkeep" items should not be authorized. Repairs to motorcycles and mopeds will not be sponsored. This service is subject to the individual's financial need and comparable benefits.

[State Plan, Section 6: Scope of State Unit Program; 34 CFR 364.4]

Revised 1/3/2017

Section 2-23: Vocational Evaluation

2-23-1: Community Rehabilitation Programs (See also Chapter 8)

A vocational evaluation may be purchased through a Division approved community rehabilitation program (CRP). A vocational evaluation may be used to clarify or refine the vocational goal at any point in the rehabilitation process. A comprehensive vocational evaluation should not exceed six (6) weeks and should answer referral questions regarding the client’s level of functioning, available resources and appropriate vocational options. A post vocational staffing is required with appropriate team members, including the client. Specific requirements of the evaluation program are noted in the individual CRP agreement.

2-23-2: VR Unit Office

A vocational evaluation may be used to clarify or refine the vocational goal at any point during the rehabilitation process. The vocational evaluation may be appropriate during the preliminary assessment; however, it is usually most advantageous as part of the comprehensive assessment. The length of time a client remains in vocational evaluation is determined by the time necessary to answer referral questions and may include several sessions. The source and type of vocational evaluation will be determined by the client's level of functioning, the Counselor's questions, and available resources. As appropriate, an interdisciplinary approach, via team meetings or staffings, will be used to provide feedback about a client's performance as indicated under "Post Vocational Evaluation Staffing." Vocational evaluations provided by other

than authorized Division personnel shall be purchased only from Division-approved vendors.

Vocational Evaluator Responsibilities: The vocational evaluator must synthesize all vocational evaluation data and develop specific recommendations which address referral questions. The Counselor should receive a written report within seven (7) working days after completion of the assessment. The vocational evaluator trainee will submit reports to the regional evaluation specialist for approval prior to release to the Counselor if required by the regional evaluation specialist. Vocational evaluation personnel shall retain and dispose of vocational evaluation files as indicated in subsection 1-2-4. The files shall include the vocational evaluation report, referral information, raw test data, notes, and any other data/information used to generate the vocational evaluation report.

Rehabilitation Counselor Responsibilities: The reason(s) for referral to vocational evaluation should be explored with the client well before a decision is made to proceed with scheduling a vocational evaluation. Referral questions and rationale should be documented on a referral form. Referrals should state the extent of the vocational evaluation being requested, outcomes desired, and the specific questions to be answered. The Counselor should make available to the Evaluator pertinent medical or psychological assessments and any other information reflecting personal and vocational information, the Counselor's impressions, and client expectations.

Post Vocational Evaluation Staffing: A post vocational evaluation staffing with the client, vocational evaluator, and Counselor is encouraged if the client, Evaluator or Counselor feels it is needed.

[The 1992 Amendments to the Rehabilitation Act of 1973, Section 7 (22)]

2-23-3: Community Based Assessment (CBA)

CROSS REFERENCE: *Subsection 3-3-1: Trial Work Experience*

Community Based Assessment (CBA) is a service which allows for evaluation of an individual's work skills, work tolerance and job related behaviors at a public or private job site. CBAs may also be conducted at volunteer sites if the client's activities are consistent with volunteer opportunities as defined in this section. CBA is intended to answer questions related to a client's interests, capabilities, needed job supports, and other factors related to achieving a successful job match. The provision of specific CBA services shall be catered to the evaluation questions. CBAs may be provided by VR staff (including counselors, vocational evaluators, or business relations representatives) or community rehabilitation programs (CRPs). There are procedural considerations outlined in this section depending on who provides the community based assessment.

CBAs may be performed as a part of the preliminary assessment for purposes of

carrying out a Trial Work Experience (TWE) (status 06), during the comprehensive assessment (status 10), or as a service on the IPE. CBA is not intended to supplant supported employment or work adjustment services for clients who require these supports or to supplant job placement services or actual employment for clients who are placement-ready. When there are questions about the job interests or capabilities of a client who is most significantly disabled (MSD) and for whom supported employment services are being considered, a supplemental evaluation shall be used in lieu of a community based assessment. All CBA activities combined shall not exceed 90 hours per case. CBA is not subject to financial need.

Community Based Assessment (CBA) Categories

Job Exploration: Activities which enable the client to explore and investigate specific job responsibilities without performing or simulating any work. Job exploration activities may be conducted during the comprehensive assessment (status 10) or as a part of the IPE. These activities do not constitute an employee-employer relationship and, therefore, do not require that wages be paid to the client. Job exploration includes:

- Job Shadowing
- Informational Interviewing
- Career Exploration

Job Sampling: Activities in which the client simulates work activities in order to determine one's compatibility with specific work functions. Job sampling may be conducted in public or private job sites or in conjunction with a client's participation in volunteer opportunities. The periods of time spent by the individual at any one site or in any clearly distinguishable job classification are specifically limited by the referral questions asked by the VR counselor.

Job sampling in volunteer sites shall be conducted **without pay** pending the activities fully meet the definition of volunteer opportunities defined later in this section. Job sampling in public or private work sites may be conducted **with or without** pay to the client depending on factors related to the client. Job sampling in public or private sites may occur in the context of short-term evaluations for clients hired and paid by an employer, in public or private job sites established by another entity such as the school system, or in public or private job sites identified and set-up by either VR or CRP staff. Job sampling may be conducted as part of a TWE (status 06), as part of the comprehensive assessment (status 10), or as a part of the IPE (status 12). Individuals are not entitled to employment at the completion of a job sample.

A. Job sampling in conjunction with volunteer opportunities by any client: Volunteer opportunities (1) are conducted within an established

volunteer program (2) are part-time (3) do NOT involve activities also performed by any person paid by the company (4) are those in which the client donates his/her services for public service, religious, or humanitarian objectives (5) do not displace employees AND (6) are without contemplation of pay. If a CBA is to be conducted in conjunction with a client's volunteer opportunities, then the counselor shall obtain a description of the organization's volunteer program and the responsibilities of the client prior to conducting the job sample and maintain this information in the client's case record. Job sampling in conjunction with volunteer opportunities is **conducted without pay**. If the client's activities do not meet this definition of "volunteer opportunities," then the activities are NOT volunteer and policies regarding job sampling in public or private job sites should be applied.

B. **Job sampling in public or private job sites:** The Division has elected to fund wages for individuals completing job sampling at public or private work sites with two exceptions: (1) the Division will not fund wages to individuals who are already employed at a work site, and (2) the Division will not fund wages to secondary students for whom the school has coordinated a job sampling site as a part of the student's Individualized Education Plan (IEP). In all instances of job sampling, the counselor shall determine whether VR staff or CRP staff will conduct the job sample.
If the job sample will be conducted by VR staff and the Division will fund wages, then the client shall be enrolled with WorkSource East (WSE) to receive pay. If the job sample will be conducted by VR staff and the Division will NOT fund wages for the client, the counselor shall follow all CBA procedures with the exception of step 5 in the CBA procedures outlined later in this section (see section 2-23-4, Community Based Assessment (CBA) Procedures).

If a CRP will conduct the job sample and the Division will fund wages for the client, then the client shall be referred to the CRP and the CRP shall bill for a job sampling with wages rate. The CRP is then responsible for issuing pay to the client according to the number of sampling hours completed. If a CRP will conduct the job sample and the Division will NOT fund wages for the client, the client shall be referred to the CRP and the CRP shall bill for a CBA hourly rate. (See section 2-23-4, Community Based Assessment (CBA) Procedures.)

Effective: 5/1/2015

2-23-4: Community Based Assessment (CBA) Procedures

1. The individual and, when appropriate, the parent or guardian must be fully informed about the CBA.

2. The counselor shall document specific referral questions to be answered during the CBA.

3. If applicable, obtain verification of volunteer site.

4. An *Agreement for Community Based Assessment* must be completed and signed by all appropriate individuals including the counselor, client, business/volunteer organization site representative, and, when applicable, the CRP representative. The original is given to client, a copy to the CBA site representative, and a copy retained in the case file.

5. If a job sampling CBA will be conducted by VR staff on a public or private job site and the Division will fund wages to the client, the counselor shall generate an authorization to WSE for the agreed upon hours. The counselor shall enroll the client with WorkSource East by submitting the following to WSE:

    a. *CBA – WSE Enrollment Form.* This Enrollment Form ensures that workers' compensation coverage will be in place prior to the client's first day on the job site.

    b. A copy of the client's W-4, I-9, social security card, and the driver's license or ID must also be submitted.

    These forms may be emailed or faxed. The counselor must make sure that the information has been received and processed by WSE before the community based assessment begins. (See additional procedures below.)

6. If the CBA will be conducted by the CRP, the VR counselor will authorize a specific number of hours to the CRP, based on the projected length of time required to answer the referral questions. Authorizations shall not exceed thirty (30) hours. With justification and identified assessment needs, an additional thirty (30) hours may be approved by the Unit Manager/FD. Hours in excess of sixty (60) require approval by the Chief of Policy. (See additional procedures below.)

7. Once mastery of a job skill has been documented and referral questions answered, the CBA for that particular job must be terminated.

<u>Additional Procedure for Community Based Assessment (CBA) Conducted by a CRP</u>

The counselor shall conduct a monthly staffing with the CRP to discuss the client's CBA activities. The CRP must submit to the counselor the CRP – Progress Report form at least monthly as well as the Agreement for Compensation of Wages form and the CBA Report form at completion of the CBA. The Counselor shall review the CRP's documentation of the CBA to

approve the appropriate rate depending on the category of CBA service and whether or not the client's wages are funded by the Division.

Additional Procedure for Community Based Assessment (CBA) Job Sample With Pay Conducted by VR Staff

Wages will be paid to the client by WSE upon receiving information submitted by the counselor as indicated on the *CBA – WSE Time Verification* form. The *WSE Time Verification* form should be submitted at the conclusion of the CBA.

Effective: 5/1/2015

2-23-5: Community Based Assessment for Transition Services

The Division has established a Statewide Budget Code 1299 that is to be used to purchase community based assessments for those individuals who are transitioning from secondary schools. This budget may be utilized for individuals who are enrolled in any NC Public school system, students enrolled in private or charter schools, or for individuals 21 years or younger who dropped out of secondary school if they require transition services in order to complete an IPE.

Assessments utilizing this budget are not to supplant other services provided by the school, the school's contract providers, or other VR services (e.g., in school work adjustment, work adjustment job coaching, or supported employment).

Revised: 12/12/2014

CHAPTER THREE: PRELIMINARY ASSESSMENT

The PRELIMINARY ASSESSMENT is necessary to determine whether an individual is eligible for services and to assign the priority for services under the VR program's order of selection for services. **Aspects of the IL programs preliminary assessment and determination of eligibility are covered for purposes of concurrent records of services cases.**

Section 3-1: Timelines for Eligibility Determination

A determination regarding eligibility must be made within a reasonable period of time, not to exceed sixty days from the date the individual submitted an application for services unless:

1. Exceptional and unforeseen circumstances beyond the control of the Division prevent a determination within sixty (60) days, and the Division and the individual agree to a specific extension of time. In such cases, an **AGREEMENT TO EXTEND ELIGIBILITY DECISION** must be completed prior to sixty (60) days from the date of application (Effective 1-1-98). The original must be sent to the individual with a copy maintained in the record of service. The exceptional and unforeseen circumstances beyond the control of the Division along with the specific and agreed upon length of the extension not to exceed 60 days must be documented. If a decision regarding eligibility is not made within the agreed upon timeline, then another AGREEMENT must be issued to the individual. If the applicant refuses to agree to extend the eligibility decision and the data is not available to make the eligibility determination, the application process should be discontinued.

OR

2. The Division is exploring through TWE's the individual's abilities, capabilities, and capacity to perform in work situations including experiences in which the individual is provided appropriate supports and training.

[The 1998 Amendments to the Rehabilitation Act of 1973 Sec. 102 (6)(A)(B); 34 CFR 365.30, 365.31; *Eff.8-7-98]*

Revised 7/1/2014

Section 3-2: Use of Existing Information

Existing medical documentation or other specialist data shall be used for determining eligibility and rehabilitation needs. Counselor discretion is required to determine whether existing information is relevant and sufficient to determine eligibility for services.

If the existing data is not sufficient to describe the current functioning of the individual, then additional assessments must be obtained. The information must be sufficient to document the existence of a chronic physical, mental, or emotional impairment(s) for VR or in the case of IL, the information must document a significant impairment. Second opinions may be secured when a question arises regarding a diagnosis or treatment plan. In addition to medical data, counselor observations, school records, information provided by the applicant or the applicant's family, information used by the Social Security Administration, and determinations made by officials of other agencies may be used to identify impediments to employment.

[State Plan-Section 7; 1992 Amendments to the Rehabilitation Act of 1973: Section 7(22)(A)(I)(I) and(ii); Section 102(a)(2) and (3); 34 CFR 361.42(c)(1)(2); IL State Plan, Section 12; 34 CFR 364.4z; Eff. 2-11-97]

Section 3-3: Trial Work Experiences

3-3-1: Trial Work Experience

A Trial Work Experience is defined as an exploration of the individual's abilities, capabilities and capacity to perform in realistic work situations. The trial work experience must be provided in the most integrated setting possible. The counselor must develop a written plan for the assessment using the *VR Trial Work Plan* form. Trial work experiences may include supplemental evaluations, community based assessments (CBA's), and other experiences using realistic work settings. Appropriate supports including assistive technology, job coaching, and personal assistance services necessary to accommodate the rehabilitation needs of the individual must be provided during the trial work experiences. Trial work experiences should encompass a sufficient number of work sites over a sufficient period of time to allow for an appropriate assessment and observation of the individual. If an individual cannot benefit from VR services, this decision must be supported with clear and convincing evidence gathered from the trial work experience.

When a counselor questions an applicant's ability to benefit from VR services, a trial work experience for the individual must be obtained before a determination of eligibility or ineligibility is made. This does not apply to individuals who receive SSI/SSDI and are subject to Presumptive Eligibility. Presumptive eligibility includes the presumption of benefit, the presumption that an individual can benefit from VR services.

The Trial Work Experience is to be carried out as part of the preliminary assessment. The VR Trial Work Plan should document the anticipated completion date of the Trial Work Experience. If the VR trial work plan is documented before the 60-day eligibility period expires and the anticipated completion date of the plan exceeds the 60-day period, an *Extension of Eligibility Decision Letter* is NOT needed. The signed VR trial work plan represents an agreement to delay the eligibility decision. If a VR trial work plan is being pursued but the Counselor and Client have not come to an agreement on the VR trial work plan by the 60th day, then an *Extension of Eligibility Decision Letter* must be completed. The counselor should render an eligibility decision upon completion of the VR Trial Work Plan.

Trial work experiences may be coordinated by VR staff, or may be coordinated through Community Rehabilitation Programs. Supervisors are responsible for assisting their staff in developing resources and options for implementing this preliminary assessment function so that it is available when needed by counselors. Each trial work experience should be individualized for each applicant's unique situation. The individual should be afforded multiple opportunities to succeed.

Existing Volume I policies must be followed regarding the provision of Division services, including applicability of the financial needs criteria and comparable benefits. The fact that a service(s) is being provided in a trial work experience would not alter the requirement for survey of financial needs, when applicable. Diagnostic and Assessment services are not subject to the financial needs criteria.

Revised 10/1/2015

3-3-2: VR Trial Work Plan

The VR Trial Work Plan **form** must be completed, describing services needed to complete the Preliminary Assessment. The individual signs and receives the original copy of the plan and subsequent revisions to the plan. This plan is not a part of the IPE. All of the following information must be completed on the VR Trial Work Plan form.

Objective: The objective should describe the purpose of conducting the trial work

Planned Achievement Date: *The anticipated completion date of the VR Trial Work Plan must be noted.*

Services Required: *Each service required to complete the assessment should be recorded along with an anticipated initiation date of the service. The service vendor chosen should be as specific as possible. If the service vendor is not known at the time of the VR Trial Work Plan completion, it should be noted in the comments section. As soon as the service vendor is ascertained, the VR Trial Work Plan should be updated to include this information. Any funding source that is to be used to pay for the service should be listed along with the vendor.*

Criteria for Evaluation of Progress: *Data that documents the progress and/or outcome of the service.*

Responsibilities: *Information describing the responsibilities of both the Division and the individual in meeting the terms and conditions of the VR Trial Work Plan should be recorded.*

Integrated setting and informed choice: *All services (including job placement) must be provided in the most integrated setting that is appropriate and consistent with the individual's informed choice. If services are not provided in an integrated setting, the reason(s) must be documented in this section.*

Revised 10/1/2015

Section 3-4: VR Case Status Codes and Definitions

For reporting purposes, the following case status codes will be used. The case status code is contingent upon the major service being provided rather than services being contingent upon the case status code.

00 Referral
02 Applicant
04 Pre-service listing (to be used only when the Division has implemented the Order of Selection policy)
06 Trial Work
08 Outcome from case status code 00 or 02
10 Eligible for services – IPE development
12 IPE developed and signed
18 IPE Implemented
20 Ready for Employment
22 Placed in Employment
26 Successful outcome
28 Unsuccessful outcome after services on IPE are initiated
30 Unsuccessful outcome after eligibility determination but prior to service initiation
32 Post employment services
34 Closed from Post Employment
38 Outcome from case status code 04 (to be used only when the Division has implemented the Order of Selection Policy)

[State Plan; Section 4.16 Reports]

Revised 10/1/2015

Section 3-5: Referral and Application Process

CROSS REFERENCE: **Appendix Entry - REFERRAL - SCRIPT**

3-5-1: Availability for Services

In order to become an applicant for services or continue in services, the individual must be available to participate in necessary assessments for purposes of determining eligibility, rehabilitation needs and services. When a criminal records check indicates that the individual is a fugitive from justice (i.e. criminal background check contains instructions to contact law enforcement authorities immediately), the individual will not be considered available for services. Individuals in the following circumstances may not be considered available for participation in services:

1. Have current charges with pending court dates or sentencing that would prevent the individual from participating in a program of vocational rehabilitation services (these situations must be staffed with the Supervisor)
2. Cannot/or are unwilling to attend appointments and evaluations
3. Are unwilling to participate in essential disability related treatment that will enable an individual to benefit from Division services in terms of an employment outcome

As a division of North Carolina state government, Vocational Rehabilitation is required to comply with any orders on file with the NC Department of Criminal Justice for reporting individuals having outstanding warrants to the appropriate authorities.

[The Final Regulations to the 1998 Amendments of the Rehabilitation Act, 34 CFR Part 361, Sec. 361.41 (b) (C) (iii)] [NC General Statutes 14-267 and 14-259]

Revised 09-04-09

3-5-2: Referrals

Referrals may be made by any individual, agency, professional, relative or friend; or individuals may self-refer. Once an individual states an interest in VR services, the individual must be provided with sufficient information to aid the individual's decision on further pursuit of services. This will include informing the individual that the Division conducts criminal background checks on all interested individuals including those who are minors.

A criminal background check must be completed in order for the individual to be scheduled for a group orientation session or referred for VR services. In addition, the Division's confidentiality policy should be explained, including circumstances in which information will be shared with or without the client's consent. Upon completion of the

referral, the individual may be scheduled for an appointment for purposes of taking a VR application. The following information will be documented at the time of the referral:

- Name
- Date of referral
- Address
- Date of birth
- Telephone number
- Stated impediment to employment and requested services
- The date the application intake is scheduled or applicant packet mailed or given to the individual
- If the application is not completed within 21 calendar days, the circumstances for delay must be documented
- At least two efforts to contact the individual must be documented on the referral form if an application is not completed
- Completion of Criminal Background Check

Circumstances that result in a delay in the application process must be documented on a case note. The date of referral must be entered into the database.

Counselors will work closely with referral sources to establish criteria for appropriate referrals. It is also the counselor's responsibility to educate the referral source that the individual must consent to a referral to VR to be considered a referral. Individuals who have been referred as a part of a large list of potential referrals will not be considered an official referral. Once the individual has been contacted by a counselor or other designated staff, and a referral has been completed, the application process must be initiated within 21 days.

Revised 9/1/2015

3-5-3: Timeliness of the Application Process

In order to assure that individuals with disabilities receive services in a timely and equitable manner, the Division shall initiate the application process as soon as possible for each referral. Vocational Rehabilitation must initiate contact immediately and begin the application process within no more than 21 calendar days after receiving a referral. Options for initiating the application process are as follows:

- Scheduling an individual intake and counseling session in the office
- Scheduling an individual intake and counseling session at the individual's residence at the time of referral
- Providing a referral packet to an individual who comes to the office and requests services
- A documented telephone call explaining VR services followed by mailing an application packet for the individual to return
- A letter or email with an application and information packet included

- Receiving parental consent on the VR Application/Agreement of Understanding for a transition-aged student followed by scheduling an intake at the office or the student's school (**NOTE:** The date of receipt of the signed parental consent represents the referral date. Attempts to schedule a subsequent intake appointment with the student or the student and the student's representative satisfy the 21day requirement for initiating the application process.)
- Receiving guardian consent on the VR Application/Agreement of Understanding for an individual with a guardian followed by scheduling an intake at the office or other location. (**NOTE:** The date of receipt of the signed guardian consent represents the referral date. Attempts to schedule a subsequent intake appointment with the individual or the individual and the guardian satisfy the 21-day requirement for initiating the application process.)
- A group orientation in which applications and information packets are distributed

Revised 7/1/2014

3-5-4: Procedures to Enter Applicant Status

The Division must inform each individual of the application requirements and identify the information that must be gathered to process the application. Referral packets mailed or given to the individual to complete must minimally include the following information:

- A cover letter explaining application requirements and advising the individual that their provision of existing information could assist with making a more timely eligibility determination
- An application for services and related intake documents
- Information regarding client rights, appeals process and CAP
- Information Release Forms
- An explanation of the income verification process and required documents
- Requirement for a Social Security number
- Parent consent on the VR Application/Agreement of Understanding if the individual is under 18 Guardian consent on the VR Application/Agreement of Understanding if the individual has a guardian

The preliminary assessment begins at the time of application for Division services and terminates at the time an eligibility decision is made. An individual is officially an applicant once the application form is appropriately completed and signed by the individual and/or, as appropriate, the individual's parent, guardian, advocate, or representative.

Individuals who are under age eighteen and are not legally emancipated minors or who have a guardian cannot apply for services until the counselor has received signed parental/guardian permission on the VR Application/Agreement of Understanding. If the

minor applicant is referred by the school system, then the parent/guardian's signature on the VR Application/Agreement of Understanding gives consent for the student to provide intake information and participate in the initial interview with or without the parent's presence (as indicated on the form). The same is true for a guardian signature. All signatures must also be obtained on the VR Application/Agreement of Understanding in order for the student/ward to enter applicant status, The VR Application/Agreement of Understanding may be signed by the parent/guardian prior to the intake appointment.

The VR Representative should sign the application on the date that the counselor collects the required intake information from the student/ward. The date of the last required signature shall be the date that the client enters applicant status. For VR purposes, the counselor must notify each applicant that an order of selection for services would be implemented if it is determined the Division has insufficient resources to serve all individuals determined eligible for services. If an applicant is not fluent in English, does not understand verbal or written information, or communicates by sign language, the VR representative must arrange for the most appropriate method of communication. Each applicant must be given a copy of the Client Assistance Program brochure. All required signatures must be obtained and maintained on a paper copy of the application in the case record.

Revised 7/1/2014

3-5-5: Procedures to Exit Applicant Status

To exit the applicant process, the individual's record of service must:

1. Be closed for reasons other than ineligibility;
2. Be closed due to ineligibility; or
3. Be determined eligible for rehabilitation services.

Applicant records for VR services cannot be closed because an individual is ineligible due to the severity of the disability/unfavorable medical prognosis (reason code 02) without first exploring the capacity to perform in work situations through trial work periods. *(1998 Amendments to the Rehabilitation Act of 1973; Eff. 8-7-98)*

Section 3-6: Eligibility for Vocational Rehabilitation

3-6-1: Eligibility Requirements

In order to be eligible for vocational rehabilitation services the individual must:
Be an individual with a disability. This is defined to mean:

1. the individual has a physical or mental impairment which for such individual

constitutes or results in a substantial impediment to employment;

2. the individual can benefit from vocational rehabilitation services in terms of an employment outcome; AND
3. requires vocational rehabilitation services to prepare for, secure, retain, advance in or regain employment consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, informed choice and economic self-sufficiency.

Notes:

a) The term "substantial impediments" should be interpreted in its broadest context and will not be limited by the specific vocational goal that is being considered.

b) An extensive employment or educational history cannot be used as factors to determine an individual ineligible for services.

[Section 102 (a) (1) (B) Workforce Innovation and Opportunity Act]

Revised: 9/16/2016

3-6-2: Presumption of Eligibility

CROSS REFERENCE: **Section 4-2 Comprehensive Assessment – General Guidelines**

If an individual has been determined, pursuant to title II or title XVI of the Social Security Act, to be a person with a disability, the individual is presumed to be eligible to receive services if the individual intends to achieve an employment outcome. These individuals are also presumed to benefit from VR services. Presumption of eligibility and presumption of benefit do not imply that the counselor should forego a thorough comprehensive assessment for individuals receiving SSI/SSDI, nor does it imply entitlement to any specific VR service. The counselor and individual presumed eligible must be able to identify an employment outcome and related rehabilitative services which are consistent with the unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual.

Medical records are not required to document presumption of eligibility; however, the counselor must obtain documentation from the Social Security Administration confirming the current benefit status and nature of the award.

[The 1998 Amendments to the Rehabilitation ACT of 1973, Section 102(a)(3); 34 CFR 361.42]

3-6-3: Determination of a Physical Impairment

CROSS REFERENCE: **Section 2-16 Physical Restoration**

Physical impairments must be diagnosed by the appropriate medical specialist and should be chronic in nature. Family Nurse Practitioners (FNP) and Physician's Assistants (PA) may diagnose impairments that are within the purview of the medical specialty that employs them (e.g. a PA in an orthopedic practice may diagnose orthopedic impairments). "Chronic" would refer to those conditions that are of long duration. "Acute" conditions are generally of short duration, of sudden onset, and should not present residual problems following treatment.

If all that an individual requires is payment/sponsorship of a medical service, then the individual is not eligible for VR services. The counselor must always question whether the individual meets VR eligibility in *requiring a program of VR services* (meaning, are the skills, resources, and supportive counseling provided by a qualified VR counselor needed?). This does not apply to individuals who because of the nature of their disabilities require permanent equipment, rehabilitation technology, or ongoing on-the-job supports (examples – hearing aid, wheelchair, home or worksite modifications, etc.).

3-6-4: Temporary Medical Conditions Which are Not Eligible

Temporary conditions which are easily addressed and remedied with acute level treatment do not fall within the definition of impairment for eligibility purposes. Division funds should not be viewed and used strictly to supplant health insurance, or the lack thereof. There are medical conditions and services that many individuals face at some point in their lives that do not result in substantial impediments to employment. Examples of these types of conditions could include but are not limited to:

- Appendicitis
- Fractures
- Recent Onset Knee Injury
- Recent Onset Back Injury
- Recent Onset Hernia
- Recent Onset Gynecological Conditions
- Lipoma
- Cholecystitis (Gall Stones)
- Renal Calculus (Kidney Stone)

3-6-5: Establishing Chronicity for Physical Impairments

One or more of the following three guidelines may apply in making a determination of eligibility for VR services:

1. **Chronic Impairments** – Chronic generally refers to an impairment that has a long or indefinite duration, and is marked by frequent recurrences. There are, however, impairments which have a rapid onset, but by their nature, are chronic from the outset or early stage. These types of rapid onset impairments are covered under #3 below. Other chronic impairments have a gradual or insidious onset such as multiple sclerosis. In these situations, whether an individual has an impairment with substantial impediments to employment and/or whether the individual requires a program of Division services could be determined once the chronic nature of the impairment becomes evident. However, counselors must keep in mind that some chronic diagnoses, in the early stages, do not present substantial impediments or functional loss in the individual, so in these instances eligibility cannot be established. The existence of substantial impediments to employment may not be an issue until later stages of the disease. The medical data and the case history should provide the documentation of the chronic impairment, its current status and resulting substantial impediments.

   Examples of chronic impairments could include:
   A. Multiple Sclerosis
   B. Crohn's Disease
   C. Coronary Artery Disease
   D. Degenerative Joint Disease
   E. Hemophilia
   F. HIV Disease
   G. Cerebral Palsy

   In terms of the age of the medical data for determining VR eligibility, this depends upon the nature of the impairment in question. For example, HIV disease tends to be unstable with exacerbations and remissions – recent medical data would be needed to determine the current status of the diagnosis. However, cerebral palsy tends to be a stable, unchanging condition with a relatively fixed set of impediments, so older medical data may actually suffice for establishing the impairment, impediments and other components of VR eligibility.

2. **Acute or Temporary Medical Conditions/Injuries which Become Chronic** – To a certain degree, depending upon the diagnosis, the timeframe varies for an impairment transitioning from acute to chronic. Although most of the types of diagnoses covered above under temporary/acute conditions would not become chronic, some could progress into chronic impairments and present to VR as such.

   Examples could include:
   A. Back or knee impairments presenting functional loss that have been medically documented for extended periods of time.
   B. Fractured bone resulting in nonunion. (This impairment is defined to have occurred if the fracture site has failed to heal by six to nine months.)

Often, the question of whether an acute or temporary condition has progressed to becoming chronic with substantial impediments cannot be answered until the individual has undergone the initial set of medical interventions and had time to go beyond the acute phase in terms of recovery and healing (keeping in mind that physical therapy and other ancillary services are sometimes a part of the initial/acute interventions following surgery).

However, if a diagnosis of an acute condition is documented by medical data and remains unresolved after 9 months it may be considered chronic. There may or may not have been optimal treatment interventions. The rehabilitation counselor must also establish from the medical data that the chronic impairment is presenting substantial impediments to employment.

In exceptional situations, with counselor discretion, this determination may be made as early as six months from the initiation of medical intervention if the medical data definitively shows the existence of a chronic impairment. If the individual meets the other components of the VR eligibility criteria, then overall eligibility for the program may be considered. The analysis of the medical data by the counselor is of critical importance in making the determination of eligibility based upon a physical impairment.

3. **Injuries or Rapid Onset Impairments which have a High Probability of Becoming Chronic** – Some injuries or impairments, from the early stages, carry a high probability of becoming chronic, notwithstanding the acute level interventions that are initiated. In such cases, the distinctions between stable and unstable, acute and chronic may be unclear or academic. Also, the standards of six or nine months as indicators of chronic impairment (and stated above under number "2") may not be applicable in these cases. There may also be a high probability of substantial impediments to employment resulting from the likelihood of chronic impairment. In these circumstances, though the Division still could not sponsor emergency interventions, counselor judgment is essential in determining on an individual case basis, at what point during the recovery process a chronic impairment with substantial impediments becomes apparent and Vocational Rehabilitation services would be appropriate. Examples could be:

    - amputations (either traumatic or disease connected)
    - strokes with resulting hemi-plegia or other functional loss
    - diabetes
    - seizure disorder
    - reconstructive surgery
    - spinal cord injury
    - traumatic brain injury
    - disfigurement of one or more limbs resulting from trauma or disease
    - second or third degree burns

Staffing with the, Quality Development Specialist and/or Unit Medical Consultant should occur whenever questions arise.

3-6-6: Sponsorship of Medical Diagnostic Services to Determine the Existence of Physical Impairments

Generally, the Division should not sponsor diagnostic medical evaluations of new onset impairments for purposes of determining eligibility for services. The Division will not sponsor emergency hospitalization, diagnostics or treatment needed at the time of referral relating to an acute impairment, injury or suspected impairment. The appropriate point for VR involvement is generally the rehabilitation phase of chronic impairments.

However, the Division may sponsor diagnostic examinations/assessments associated with stable or slowly progressive conditions for use in eligibility determination if available existing data containing a chronic diagnosis is insufficient in establishing a current impairment with impediments, or if an updated evaluation is advisable given the nature of the impairment. Examples could include situations in which the existing data obtained by the counselor is dated and insufficient in providing a current picture of client's condition or impediments; or, in which the condition may be unstable in nature, characterized by exacerbations and remissions, and an updated assessment is advisable to address the individual's current status and to clarify current impediments to employment.

An individual may present at referral with compelling indications of a chronic disabling condition even though there may be a lack of existing data. In this situation, in order to determine the existence of a disabling condition, the Supervisor may approve an exception and authorize a diagnostic specialty evaluation. The Quality Development Specialist and/or Chief of Policy and Casework Operations should be consulted whenever questions exist. The counselor's knowledge base and professional discretion are critical factors in identifying the indicators of chronic versus acute, temporary or remediable conditions.

3-6-7: Determination of a Psychological/Psychiatric Impairment

CROSS REFERENCE: **Appendix Entries - INTELLECTUAL DISABILITY, LEARNING DISABILITY, ATTENTION DEFICIT DISORDER, BORDERLINE INTELLECTUAL FUNCTIONING, AND SUBSTANCE ABUSE**

Evaluation and diagnosis by the appropriate specialist is required to establish the existence of a mental, emotional, or substance abuse impairment.* Family Nurse Practitioners (FNP) and Physician's Assistants (PA) may diagnose impairments that are within the purview of the medical specialty that employs them. Appropriate specialists

include:

Attention Deficit Disorder**

- Psychologist
- Licensed Psychological Associate
- Psychiatrist
- Neuropsychologist
- Neuropsychiatrist
- Neurologist
- Pediatrician

Autism/Pervasive Developmental Disorder

- Psychologist
- Licensed Psychological Associate
- Psychiatrist
- Neuropsychologist
- School Psychologist (w/copy of IEP Team Report)
- Neurologist
- Neuropsychiatrist
- Pediatrician

Borderline Intellectual Functioning**

- Licensed Psychological Associate
- Psychologist

Intellectual Disability, Learning Disability**

- School Psychologist (w/copy of IEP Team Report)
- Psychologist
- Licensed Psychological Associate

Other Mental Health Disorders

- Licensed Professional Counselor
- Licensed Clinical Addictions Specialist
- Licensed Marriage and Family Therapist
- Licensed Clinical Social Worker
- Licensed Psychological Associate
- Psychologist
- Psychiatrist
- Physician associated with Treatment Facility
- ABAM (American Board of Addiction Medicine) Certified Physician

Substance Use Disorder**

- Psychologist
- Psychiatrist

- Physician associated with a treatment facility
- ABAM (American Board of Addiction Medicine) certified physician
- Licensed Clinical Addictions Specialist
- Licensed Psychological Associate
- Certified Clinical Supervisor (CCS)

**Division staff having any of the above credentials are prohibited from diagnosing and providing treatment to individuals served by the Division of Vocational Rehabilitation Services. For questions about secondary employment contact the Human Resources Section of NC DVR.*

***Refer to the corresponding entry in the appendix for further documentation requirements for establishing the impairment and impediments.*

If the individual falls within a target population group for publicly funded mental health services, the Counselor should use these resources for diagnostic and treatment purposes as long as access to and utilization of these services do not present substantial delays in or difficulty with accessing VR services.

Diagnoses noted as being “by history” are not accepted due to lack of current impediments to employment. Diagnoses with the qualifier “in full sustained remission” should be assessed on an individual case basis and may or may not present current impediments to employment.

For those individuals in school, intellectual disabilities, learning disabilities and autism spectrum disorder must be documented by obtaining a copy of the school psychological and a copy of the IEP (Individualized Education Plan) Team report.

Psychological evaluations from the school systems may be used for the identification of learning disability and may be considered along with data specified in the LD policy (*Appendix*).

School psychological evaluations may also be used for the identification of an intellectual disability provided the individual is being served by the school system as intellectually disabled as evidenced on the IEP team documentation.

In situations when the school psychologist and the IEP Team do not concur regarding placement for one of these three conditions, the counselor must use the disabling condition that corresponds to the IEP team placement as evidenced on the IEP team report. Other diagnoses, such as emotional or behavioral disorders, require a valid DSM diagnosis (Diagnostic and Statistical Manual of Mental Disorders).

For individuals with intellectual disabilities, it is important that diagnostic information contain comprehensive adaptive behavior test results in the three domain areas: conceptual, social, and practical. Subdomain scores from each core domain should be reported in addition to intelligence test scores to assure that the diagnosis is not only

meeting DSM 5 standards, but also to assure cross-agency acceptance of VR-funded psychological evaluations for referral purposes. This is critical to prevent disruption of services such as long term support or other supportive services as funded through LME/MCOs that may be critical to the client's success. If the LME/MCO requires updated adaptive behavior testing or other updated partial/full testing in order to access long term supports it is permissible to sponsor such testing.

Evaluations from other sources such as educational institutions, government agencies, or institutions such as prisons, hospitals, or mental health clinics are considered valid sources of data as long as the evaluation is performed by or under the direction of one or more of the specialists listed above.

Revised 5/1/2017

[34 CFR 361.42]

3-6-8: Sponsorship of Medical Diagnostic Services to Determine the Existence of Psychological/Psychiatric Impairments

Generally, the Division should not sponsor diagnostic psychological/psychiatric evaluations of previously undocumented impairments for purposes of determining eligibility for services. When no previous assessments are available, the counselor should conduct a structured interview to determine whether there is a history of or indicators of impediments to employment and whether the individual requires a program of rehabilitation services. Diagnostic testing may be provided based on counselor judgment when there are indicators of a psychological/psychiatric impairment and no previous documentation exists. Psychological/psychiatric conditions must be chronic and current. Some individuals with mental health impairments may require evaluation by more than one specialist depending on the complexity of their impairment (e.g. a person with schizophrenia diagnosed by one of the nonmedical specialists may need referral to a psychiatrist for medical management). Counselor discretion is imperative in determining whether existing assessments are sufficient in describing the nature and severity of the individual's impairment. As always, if existing assessments are not sufficiently comprehensive to describe the individual's impairment and current functioning, additional assessments may be obtained.

3-6-9: Shelf Life

The age validity or "shelf life" of an evaluation is dependent upon the impairment and counselor discretion. For the comprehensive assessment, up to date evaluations may be needed to show the current functioning or status of the individual's impairment; however, if the evaluation is for eligibility purposes in establishing the impairment, then the following guidelines for age validity apply:

1. For individuals currently in treatment there is no age requirement on existing data as long as the treatment has been provided by one or more of the specialists listed under 3-6-7 and has been uninterrupted. This would include individuals in

correctional facilities who have been in treatment for the duration of their incarceration.

2. For individuals not currently in treatment, if a condition is defined by the DSM- 5 as a cognitive disorder, psychotic disorder, or mood disorder, individuals should be reevaluated if the information is more than five years from the date of application for services. Anxiety disorders, personality disorders, and mental and emotional disorders not elsewhere classified, require a reevaluation if the report is older than two years from the date of application for services.

3. For individuals not currently in treatment, if an intellectual disability or another pervasive developmental disorder (i.e. autism) has been previously diagnosed and there has been no dramatic change in the client's environment or physical well-being, then there is no age requirement on existing data.

4. For the diagnosis of Borderline Intellectual Functioning (BIF), a psychological evaluation may be considered as current for up to five years from the date of application for services.

5. For individuals not currently in treatment, reports providing the diagnosis of Attention Deficit/Hyperactivity Disorder have a shelf life of three years from the date of application for services.

6. If a learning disability (LD) has been previously diagnosed in a secondary education setting and the individual has been served under an IEP within the past two years, a school psychological evaluation with the IEP team report may be regarded as current for up to five years from the date of application for services. Other provisions specified in the LD policy (Appendix) apply. For psychological reports providing the DSM diagnosis of learning disability, the five year shelf life also applies.

   For those individuals who fall into Category 1, existing data from previously administered achievement tests may be used if the most recent achievement score(s) were obtained **within two years** of the application for services. Otherwise, current achievement data must be secured from a vocational evaluator or other sources.

   CATEGORY 1: The following criteria will apply to:

   - Students enrolled in the public school system or public charter school with an Individualized Education Program (IEP) for the current year developed to address the individual's learning disability.
   - Individuals who have been out of public school less than two years and were identified as disabled with an IEP during the last year of enrollment developed to address a learning disability.

7. For individuals not currently in treatment, for purposes of the preliminary assessment, reports providing the diagnosis of substance abuse or dependence can be considered as current within one year of the date of application for services.

3-6-10: Special Conditions

The Division has established criteria to assist counselors in making decisions regarding the existence of an impairment that for some individuals may cause substantial impediments to employment. Service delivery staff should be very familiar with these conditions in order to assure that individuals with disabilities are evaluated consistently and fairly. The appendix contains policy entries addressing criteria the Division has established for the following impairments: Attention Deficit Disorder, Blind and Visually Impaired, Borderline Intellectual Functioning, Chronic Fatigue Syndrome, Chronic Pain, Cochlear Implants (Hearing Impairment), Dental Impairment, Hearing Disabilities, Human Immunodeficiency Virus (HIV Disease), Learning Disability, Intellectual Disability, Substance Abuse.

3-6-11: Determination of Impediments

CROSS REFERENCE: **Appendix Entry - Impediments to Employment**

Impediments are defined as the vocational deficits that result from the functional capacity limitations created by the impairment(s). Once the impairment(s) are established, the counselor must determine if and to what extent the diagnosed impairment(s) create substantial impediments in terms of an employment outcome.

[The 1998 Amendments to the Rehabilitation Act of 1973, Section 102(a)(1)]

3-6-12: Functional Capacity Areas and Impediments to Employment

Functional capacity areas are the areas of ability which are impacted by an individual's disability and are used to determine impediments to employment. The counselor must be able to specify and document how the impediments interfere with employment. There must be a direct relationship between the impairment and impediment and the individual's current employment status. While it is understood that all eligible individuals have substantial impediments to employment, there are varying degrees of impact on vocational limitations, ranging from non-serious to seriously limiting. Functional Capacity Areas are defined below along with examples of serious and non-serious impediments to employment. This list is not all-inclusive.

NOTE: An IPE objective generally defines how the plan intends to address the client's rehabilitation needs. Therefore, the objectives on the IPE will be determined by the selection of functional capacity area limitations and impediments to employment. These objectives will automatically transfer from the functional capacity area limitations

selected on the VR Certificate of Eligibility/Ineligibility. Additional objectives may be added. Services must be selected on the IPE that correlate with the objectives stated on the plan.

[THIS SECTION CONTINUES ON THE NEXT PAGE]

Functional Capacity Area	Significance	Impediment to Employment
Mobility	**Serious**	Unable to drive without modifications and or specialized training
		Unable to ambulate without adaptive equipment or personal assistance
		Unable to climb 1 flight of stairs or walk 100 yards without pause on a permanent basis
		Lost driver's license or unable to drive due to physical impairment
		Unable to access available public transportation due to physical impairment
		Other Serious Mobility Limitation
	Non-Serious	Difficulty with climbing 1 flight of stairs or walking 100 yards without pause but likely to be remedied with treatment
		Difficulty with ambulating without adaptive equipment but likely to be remedied with treatment
		Other Non-Serious Mobility Limitation
Work Tolerance	**Serious**	Unable to perform sustained work activity for 2 hours or more without rest on a permanent basis
		Requires a permanently modified work schedule for disability related needs
		Unable to perform job tasks that require repetitive motion
		Cannot work around chemicals, dust or fumes
		Unable to work around environmental extremes, i.e. temperatures, noise or visual stimuli
		Other Serious Work Tolerance Limitation
	Non-Serious	Unable to perform sustained work activity for 2 hours or more without rest but likely to be remedied with treatment
		Requires a temporarily modified work schedule for disability related needs but likely to remedied with treatment
		Unable to perform job tasks that require repetitive motion but likely to be remedied with treatment
		Other Non-Serious Work Tolerance Limitation

Work Skills	**Serious**	Unable to learn new work tasks, learn appropriate work behaviors and skills, and/or organize work functions on the job without direct intervention or specialized training.
		Unable to utilize previous job training and skills because of disability-related impediments and retraining is required.
		Will require rehabilitation technology on a permanent basis in order to perform or resume job skills.
		Will require compensatory strategies, created by a third party, such as visual cues, illustrations, color-coding, numbering in order to complete work tasks.
		Other Serious Work Skills Limitation
	Non-Serious	Difficulty with learning new work tasks, learning appropriate work behaviors and skills, and/or organizing work functions on the job without simple accommodations or short-term interventions.
		Will require rehabilitation technology on a temporary basis in order to perform or resume job skills.
		Will require simple self-initiated compensatory strategies in order to complete work tasks, i.e. to do list, electronic reminder, note on calendar.
		Other Non-Serious Work Skills Limitation
Self-Direction	**Serious**	Unable to adjust to new work conditions, new work routines, or new work expectations without personal assistance or specialized training
		Unable to concentrate on the job for minimal periods of time in order to make appropriate work related decisions, to problem solve effectively on the job, and/or to complete multi-step work tasks without being easily distracted as a result of the disabling condition or medications prescribed to treat the disabling condition.
		Unable to make routine decisions that would affect work tasks and work performance without structured intervention, personal assistance or specialized training.
		Unable to learn from the consequences of poor decision-making on the job which results in repeated job loss or long periods of

		unemployment (serious)
		Other Serious Self-Direction Limitation
	Non-Serious	Difficulty with generalizing work experiences and expectations from one work environment to another.
		Difficulty with concentrating in work situations that may activate triggers associated with the impairment
		Difficulty with intermittent poor decision-making resulting in negative impacts on work performance
		Other Non-Serious Self-Direction Limitation
Self-Care	**Serious**	Unable to live without supervision impacting the ability to obtain or maintain employment.
		Unable to plan activities of daily living without personal assistance or rehabilitation technology as required for employment
		Unable to perform activities of daily living without personal assistance or rehabilitation technology as required for employment
		Other Serious Self-Care Limitation
	Non-Serious	Difficulty with completion of ADL's as required for employment without sporadic/periodic assistance (e.g., during flare ups of disability)
		Difficulty planning tasks relevant to ADL's as required for employment (e.g. medication management, diet, hygiene issues)
		Other Non-Serious Self-Care Limitation
Interpersonal Skills	**Serious**	Unable to establish or maintain appropriate interactions with coworkers and supervisors without specialized training and/or personal assistance.
		Unable to establish or maintain appropriate interactions with coworkers and supervisors without prescribed medication.
		Unable to maintain current or future employment due to documented history of job loss resultant from on the job interpersonal problems.
		Other Serious Interpersonal Skills Limitation

	Non-Serious	Difficulty in successfully interacting with coworkers and supervisors due to interpersonal problems which could be addressed by short-term interventions.
		Other Non-Serious Interpersonal Skills Limitation
Communication	**Serious**	Unable to perform/understand written communications in the workplace without accommodations or interventions
		Unable to perform/understand oral communications in the workplace without accommodations or interventions
		Unable to perform functional communications required for completing job applications and participating in interviews without accommodations or interventions.
		Unable to speak understandably to individuals without accommodations or interventions
		Other Serious Communication Limitation
	Non-Serious	Difficulty performing/understanding written directions or communications
		Difficulty performing/understanding oral directions or communications
		Difficulty performing functional communications required for completing job applications and participating in interviews (complete job applications, interview) without simple accommodations or short-term interventions.
		Difficulty in producing understandable speech on a consistent basis.
		Other Non-Serious Communication Limitation

[The 1998 Amendments to the Rehabilitation Act of 1973, Sec. 101(a)(5)(C); NCAC T10:20A .0102]

3-6-13: Significant Disability/Most Significant Disability Documentation

CROSS REFERENCE: **Section 2-3 Vocational Rehabilitation Core Services**
Subsection 2-20-13 Supported Employment

The determination of SD/MSD/non-SD is derived from the selection and classification of the impediments to employment as either seriously or non-seriously limiting. This decision is an inherent component of the eligibility determination. Counselor judgment is essential in determining the perceived degree of difficulty presented by the individualized nature of the disability.

An individual with a **significant disability** is a person:

1. Who has a significant physical or mental impairment that seriously limits one or more functional capacities (such as communication, interpersonal skills, mobility, self-care, self-direction, work skills, work tolerance) in terms of an employment outcome. "Seriously limits" means that the lack of functional capacity requires ***accommodations and/or interventions that cannot be easily achieved and that will be required permanently in order for the individual to obtain and maintain successful employment.***

   AND

2. Who requires multiple services over an extended period of time in order to complete vocational rehabilitation;

   Definitions

   Multiple Services: Two or more **different CORE** services. All other services are supportive. This in no way limits the services provided to the client in the supportive category, but limits the definition of multiple services to the five (5) vocational rehabilitation core services. Multiple Services refer to the number of different core services that will be required on the IPE.
   Extended period of time: The individual will require at least nine (9) months to complete the services on the IPE. This does not include the standard amount of time required to complete a postsecondary training curriculum, but does include extra time required to complete the curriculum due to disability related reasons,

   OR

3. Will require one of the following services permanently in order to accomplish their job choice and maintain employment:

   Personal assistance services: Personal assistance services may include personal attendant services, interpreting services for individuals with hearing disabilities, and reader services.
   Rehabilitation Technology: Rehabilitation technology may include wheelchairs, prostheses, hearing aids and orthotics prescribed due to seriously limited functional capacity areas.

Extended Services: Extended services are defined as ongoing support services for Supported Employment that may include natural and community support. In locations where there is no provider for Supported Employment, Extended Services may also be used to meet the extended period of time criteria for individuals who have completed Work Adjustment Job Coaching. Refer to the definition of Extended Services and ongoing support services in subsection 2-20-13 Supported Employment.

AND

4. Who has one or more physical or mental impairments resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, intellectual disability, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), paraplegia, quadriplegia and other spinal cord conditions, sickle-cell anemia, specific learning disabilities, end-stage renal disease, or another disability or combination of disabilities determined, on the basis of an assessment for determining eligibility and vocational rehabilitation needs, to cause comparable substantial functional limitations.

   In order to be classified significantly disabled, the individual must have a disability and meet all three requirements stated above. Individuals who are receiving SSI or SSDI (with supporting verification in the case record) are considered to be significantly disabled.

An individual with **the most significant disability** is a person:

1. Who meets all aspects of the definition for significant disability **BUT** whose impairment seriously limits **three or more** functional capacities in terms of an employment outcome,

   AND

2. Who will require at least nine (9) or more months to complete the services on the IPE

   OR

   Will require one of the following services permanently in order to accomplish their job choice and maintain employment:

   - **Personal assistance services**
   - **Rehabilitation Technology**
   - **Extended Services**

[The1998 Amendments to the Rehabilitation Act of 1973, Section 7(21)]

3-6-14: Presumption of Benefit

In making a determination regarding an individual's eligibility, there is a presumption that the individual can benefit from vocational rehabilitation services in terms of an employment outcome. Essentially, this means that the Counselor must interpret assessment data within the context of this presumption, i.e., the applicant has the capability to work as the result of the provision of vocational rehabilitation services. Should the Counselor have reason to question this presumption due to the severity of the disability, it is required that the counselor provide, to the extent necessary, appropriate assessment activities to obtain necessary additional data to demonstrate by clear and convincing evidence that the individual is incapable of benefiting in terms of an employment outcome from vocational rehabilitation services. Under no circumstances should the applicant be determined ineligible for services due to the severity of the disability without first conducting additional assessments including, when appropriate, trial work experiences with appropriate supports provided by the Division. Individuals who are presumed eligible because they receive SSI or SSDI (see subsection 4-2-1: Comprehensive Assessment and Presumption of Eligibility) are also presumed to benefit from VR services regardless of the severity of their disabling condition.

[The 1998 Amendments to the Rehabilitation Act of 1973, Section 102(a)(2); eff. 8-98]

3-6-15: Requires Vocational Rehabilitation Services

The counselor must document why the applicant requires a program of rehabilitation services in order to reach a successful employment outcome. The specific services necessary to reach the employment outcome need not be known or documented. To affirmatively address this part of the eligibility determination, the counselor must have a thorough understanding of the applicant's impairment(s) and substantial impediments to employment. For example, an individual with an easily ameliorated impairment which can be totally resolved without residual impediments to employment would not require a program of rehabilitation services.

[The 1998 Amendments to the Rehabilitation Act of1973, Section 102 (a)(1)]

3-6-16: Certification of Eligibility/Ineligibility

The *Certification of Eligibility* must be completed on all individuals determined eligible for services. Completion of the form documents and substantiates that the applicant meets all eligibility criteria for the VR program and includes information regarding the SD/MSD/non-SD category and client rights. A completed form must be maintained in the case record and a copy of the *Eligibility Letter* must be given to the client.

NOTE: It is not necessary to re-state impediments on the Written Rehabilitation Analysis Page (WRAP) that have been addressed on the *Certification of Eligibility*. However, if additional impediments are determined as a result of the comprehensive assessment, they should be documented on the WRAP.

[The 1998 Amendments to the Rehabilitation Act of 1973, Section 102(a)(1): Eff. Date

Section 3-7: Order of Selection for Services for the VR Program

Successful implementation of the Order of Selection plan and the flexibility to serve the maximum number of individuals possible with existing resources is contingent upon the Counselor's accurate and fair decisions in assigning the categories.

3-7-1: Definitions

The following definitions apply to the Order of Selection process:

1. **Established -** The Order of Selection process is established upon approval by the Rehabilitation Services Administration (RSA) of the State Plan.
2. **Implemented -** The Order of Selection process is implemented when a category or categories are closed (not being served) due to insufficient resources to accept all clients eligible for service.
3. **Acceptance -** The Division is serving the category to which the individual is assigned and the individual will receive services. An individual may be eligible and accepted for services or may be eligible and not accepted for services. Each individual who is eligible and not accepted for services will be placed on a waiting list.
4. **Pre-Service List - (Waiting List) -** List of eligible clients that establishes the order in which individuals will be provided services once resources are available. Clients are placed on the list after eligibility for services has been determined by their priority category and date of application.

3-7-2: Vocational Rehabilitation Order of Selection

The Division Director will make a determination prior to the start of each Federal fiscal year or whenever circumstances change during the year whether to implement an Order of Selection for services. If resources are sufficient to accept all individuals determined eligible for services, the Division will not implement the Order of Selection.

If resources are not sufficient to serve all individuals determined eligible, the Director will implement the Order of Selection. Individuals not accepted for services will be placed in a pre-service listing (case status code 04) by their priority category until resources become available. The counselor will provide written notification to all applicants at the time of application of (1) the existing Order of Selection and (2) that restrictions will be imposed on who may be accepted for services. At the time of eligibility determination, the counselor will assign the appropriate highest Order of Selection Category for each individual and provide written notification of the category to the individual. If due to a change in the client's circumstances it is deemed necessary to change the individual's Order of Selection Category, the counselor will notify the client in writing of the change.

The client may appeal the Order of Selection category.

An Order of Selection has no impact on the Division's obligation for case finding and referrals. The Division has a continuing responsibility to make the public and referral sources aware of the services it has to offer individuals with disabilities, especially those with the most significant disabilities. Furthermore, the Division shall ensure its funding arrangement for providing services, including third party arrangements and establishment grants, is consistent with the Order of Selection.

Each individual who is determined to be eligible is assigned a category based on the significance of the individual's disability. Priority is placed on individuals assigned to the categories that represent the Most Significant Disabilities.

PRIORITY CATEGORIES

Category One
Individuals with the most significant disabilities (MSD) that are seriously limited in four functional capacity areas

Category Two
Individuals with the most significant disabilities (MSD) that are seriously limited in three functional capacity areas

Category Three
Individuals with significant disabilities (SD) that are seriously limited in two functional capacity areas

Category Four
Individuals with a significant disability (SD) that are seriously limited in one functional capacity area

Category Five
Individuals with a non-significant and permanent disability that will need multiple vocational rehabilitation services to attain a suitable employment outcome

When implementing an Order of Selection, the Division shall:

- Implement it on a statewide basis;
- Notify all eligible individuals in writing of the priority categories and their categorical assignment. Notify all eligible individuals in writing of their right to appeal the decision;
- Continue to provide all needed services to individuals who began receiving services under an IPE prior to implementing the Order of Selection;
- Continue to serve individuals who are receiving services under an IPE for post employment; and
- Ensure that eligible individuals who are placed on a pre-service list (case status

code 04) are provided the following information and referral services:

- Accurate Vocational Rehabilitation information and guidance (which may include counseling and referral for job placement) to assist them in preparing for, securing, retaining, or regaining employment;
- Use of appropriate modes of communication to assist them in the referral and guidance process;
- Referral to other appropriate Federal and State programs, including other components of the statewide workforce investment system best suited to address the specific employment needs of an individual with a disability;
- Notice that the referral has been made to the agency carrying out the program;
- Information identifying a specific point of contact within the agency to which the individual is being referred; and
- Information and advice regarding the most suitable services to assist the individual to prepare for, secure, retain, or regain employment.

When a restricted category is opened for services, the Division will notify individuals in that category in writing that they can now be accepted for services or that they will continue to be on the waiting list until further notice.

[The 1998 Amendments to the Rehabilitation Act of 1973 Section 101(a) (5) (A); 34 CFR 361.36 and 361.37; 10 NCAC 20C .0601-.0607: Eff. 1-2-03]

Revised 7/1/2014

Section 3-8: Eligibility for Independent Living

3-8-1: Eligibility Criteria

IL services may be provided to an individual:

A. with a significant disability;

B. whose ability to function independently in the home or community, or whose ability to maintain employment is substantially limited;

C. who shall be an active participant in his/her own IL rehabilitation program involved in making meaningful and informed choices about IL goals and objectives;

D. who shall be a full partner and share joint responsibility for planning and implementing his/her IL rehabilitation program; AND

E. for whom the delivery of IL services will:
   - improve or maintain the ability to maximize their independence in the home or community, OR
   - enable employment, OR
   - enable transition to VR.

3-8-2: Significant Disability

The classification of significant disability is based on the degree to which an individual's impairment results in barriers to independent living. The decision regarding significant disability will be documented in the record using the definitions presented in this subsection. Along with the definitions, counselor judgment is essential in determining the perceived degree of difficulty presented by the individualized nature of the disability relative to the extent of counselor time and involvement which will be required to reach the client's goals. The receipt of disability benefits (SSI/SSDI) implies the presence of a disabling condition that seriously limits one or more functional capacities, but does not automatically imply the significance of one's disability for Independent Living.

An individual with a significant disability is a person who:

A. Has a significant physical or mental impairment that seriously limits one or more functional capacities (Communication, Mobility, Self-Care, and/or Sustained Activity) in terms of an independent living outcome. "Seriously limits" means that the lack of functional capacity requires accommodations and/or interventions that cannot be easily achieved and that will be required permanently in order for the individual to achieve a successful independent living outcome,

AND

B. Requires multiple independent living services, whether provided by the Division or another provider, in order to complete an independent living rehabilitation program OR requires a permanent service(s) in the form of rehabilitation technology or personal assistance.

Definitions of Functional Capacity Areas (In order to demonstrate that an individual is "seriously limited," at least one of the following limitations must apply.)

COMMUNICATION: Communication is the ability to use, give, and/or receive information.

Functional Limitations include:

* Inability to speak intelligibly to people outside of the family
* Inability to communicate in the home or community without accommodations or assistive technology

MOBILITY: Mobility is the ability to move from place to place.

Functional Limitations include:

* Inability to drive without modifications and/or specialized training
* Inability to climb one flight of stairs or walk 100 yards without pause or without adaptive equipment or personal assistance
* Demonstrated loss of driver's license due to physical impairment

SELF-CARE: Self-care is the ability to plan and/or perform daily activities.

Functional Limitations include:

* Inability to perform activities of daily living (ADLs) without

rehabilitation technology or personal assistance
* Inability to plan and prepare meals
* Inability to use the phone or get help in case of an emergency

SUSTAINED ACTIVITY: Sustained activity is the ability to perform activities of daily life over a continuous period.

Functional Limitations include:

* Inability to participate in sustained productive activity in the home, community, or workplace without extended restorative rest.

3-8-3: Functional Improvement

The eligibility decision must include projected functional improvements in specified life areas (IL goals); which include self-care, mobility/transportation, communication, community services, educational, information access/technology, personal resource management, and vocational.

3-8-4: Presumption of Eligibility

Eligibility for IL services is determined individually based on the criteria in Section 3-7-1. There is no presumption of eligibility for Independent Living Services.

3-8-5: Record of Service Documentation

The IL Eligibility form must be completed on all individuals determined eligible for services. The Eligibility Decision letter must be maintained in the case record and a signed copy given to the client.

The counselor must document:

A. The significant impairment(s) that seriously limits one or more functional capacities (Communication, Mobility, Self-Care, and/or Sustained Activity) in terms of an independent living outcome; AND

B. The multiple independent living services, whether provided by the Division or another provider; OR the rehabilitation technology or personal assistance services required permanently; AND

C. The primary objective; AND

D. The goal areas and ways functioning will be improved with the provision of IL services.

Section 3-9: Priority of Services for the IL Program

The categories of service delivery for the IL program in priority order are to:

1. Provide for deinstitutionalization of persons with significant disabilities;
2. Prevent the institutionalization of persons with significant disabilities who are "at risk;"
3. Assist persons with significant disabilities towards community living; AND
4. Assist persons with significant disabilities towards employment transition.

Definitions

Deinstitutionalization: Client is currently living in an institution and needs IL services as part of their discharge plan.

Prevent Institutionalization: Client is currently living outside an institution. Documentation verifies that if IL services are not provided, the individual will be placed in an institution within the next 90 days.

Community Living: Client is currently living outside an institution and requires IL services to maintain and maximize independence. Client is not in immediate danger of being institutionalized.

Employment Transition: Client can benefit from joint IL and VR services to meet goals of independence and employment.

Section 3-10: Financial Need and Client Resources

3-10-1: Financial Needs Survey

The scope of rehabilitation services available to an individual is determined by the services required by that individual in order to reach the VR goal. All services provided must be directly related to the achievement of the goal established in concert between the client and Rehabilitation Counselor.

For VR, financial need must be established prior to the planning and provision of any service subject to the financial need.

Services Not Subject to Financial Need

The determination of financial need is not applicable nor is it necessary to maintain a copy of the *Financial Needs Survey* in the physical case file for the following services (unless otherwise specified, comparable benefits apply but would be addressed on the IPE, not on the Financial Needs Survey):

- Assessment (regardless of case status)*
- Guidance and counseling *(not subject to comparable benefits)*

- Core Services sponsored by IL *(IL Skills Training only when provided by IL program staff)*
- Consultation and technical assistance provided by Rehabilitation Engineers *(not subject to comparable benefits)*
- Recreation Therapy provided by IL staff
- Referral and collaborative efforts with other agencies
- Community Based Assessment
- Job Related Services *(not subject to comparable benefits)*
  - job development,
  - placement,
  - job retention, follow along
- Personal Assistance services sponsored by VR
- in-school work experience/adjustment
- Driver's Evaluation
- Foreign Language Interpreter/Translator
- Interpreter Services *(Sign Language and Oral)*
- Reader Services
- Note takers
- Supported Employment Services
- Work Adjustment Training
- Work Adjustment Job Coaching *(not subject to comparable benefits)* –
- Employment Marketing Skills Training *(not subject to comparable benefits)*
- OJT
- Internships

Assessment includes any diagnostic/evaluative services provided:
  - ***for the purpose of diagnosing or clarifying impairments (including secondary restoration issues) in applicant status (status 02) as part of the VR comprehensive assessment (status 10), and for the purpose of determining rehabilitation needs***
  - ***in the service delivery statuses for either VR (status 12, 18, 20, 22) for the purpose of further diagnosing, clarifying, or establishing treatment/rehabilitation needs for a primary/secondary impairment, or inter-current illness***
  - ***in VR post-employment (status 32)***

In cases in which the IPE consists entirely of services from the above list (not subject to financial need), the counselor only addresses the appropriate financial need category (covered below) on the Financial Needs Survey screen.

<u>Services Subject to Financial Need</u>
Determination of financial need is required and the *Financial Needs Survey* must be completed for the following services. Additionally, comparable benefits apply unless specified otherwise.

- Equipment (including Durable Medical Equipment; Training, Placement, and IL Equipment; Tele-Communicative Devices; and Equipment Repairs)
- Day Care

- Driver's Training
- Residence Modifications
- Purchase of Furniture and Appliances
- Maintenance
- Mental Restoration/Psychotherapy
- Other Goods and Services
- Personal Assistance Services sponsored by IL
- Physical Restoration (hearing aids, orthotics, prosthetics, podiatry, visual services, surgical assistants, work hardening, chiropractic services, intercurrent illness, hospitalization treatment only, drugs and medical supplies, dental services, home health, speech therapy, physical therapy, occupational therapy)
- Recreational and Social Services not provided by IL staff
- Assistive Technology Services (not subject to comparable benefits)
- Vehicle and Worksite Modifications
- Services to Family Members
- Small Business Operations
- Training (except for work adjustment job coaching, supported employment training, employment marketing skills training, and in-school work experience/adjustment)
- Tutors
- Transportation
- Purchase of Vehicle Insurance
- Sponsorship of Vehicle Repairs
- IL Skills Training unless provided by IL program staff members

If services subject to financial need are being provided, the counselor must continuously monitor financial need throughout the rehabilitation process with changes documented appropriately. Check stubs, State and Federal income tax returns and other information must be requested to document income or other financial resources. State and Federal Income tax returns shall be used as a last resort. Counselors are required to request this information routinely when services requiring financial need are being planned or provided. Copies of the documents used for verification must be in the case record.

If the individual does not have tax returns or check stubs, he/she will complete a verification form signed by his/her last employer, the individual who supports him/her, or the agency representative who processes the individual's public support. A letter from the agency, hospital or individual who can verify income status is an acceptable form of verification. The counselor shall document the income of the client and all applicable family members including wages, SSI/SSDI (for other family members), pensions, commodities sold, and other types of income including interest, stock, inheritances, etc. Whenever the financial situation of the individual is unclear, the counselor will consult with the Supervisor who must approve exceptions.

Copies of all existing financial account statements (checking, savings, money

market, debit express cards) for a minimum of 3 months must be obtained from all applicable family members. The financial account statements must be within 6 months of the completion of the FNS and must be consecutive. The amount in the account(s) must be considered as an asset and recorded in Section D – Available Assets. Counselors are expected to exercise due diligence in an effort to verify the existence of bank accounts. In addition to seeking this information via client report, counselors are advised to review documentation submitted in support of the needs determination for evidence of the existence of financial institution accounts.

If all reasonable efforts have been made, and it has been demonstrated that neither the client nor other applicable family members have accounts at a financial institution, the Bank Account Non-Existence Contract (BANC) form shall be completed. This form must be signed by the client and VR representative. The signed copy should be attached to the printed FNS and retained in the file. The contract remains valid for the life of the current FNS as established in Section F of the FNS.

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Revised 11/13/2017

DETERMINATION OF FINANCIAL NEED CATEGORY: Prior to completion of the IPE, one of the following financial need categories must be selected in the electronic case management system. Additionally, the following description of the categories provides instructions regarding:

- the sections to be completed on the *Financial Needs Survey* for each category
- when it is necessary to print the completed *Financial Needs Survey* for signatures and placement in the case file
- when Supervisor approval is necessary

1. Yes - Financial Needs Test Met: Financial need is established to receive services subject to financial need. Sections A - E are completed. The *Financial Needs Survey* must be printed for signatures and placed in the physical case record and maintained in the client's electronic case file.

2. No - Financial Needs Test is Not Met: The client's excess resources exceed the cost of the rehabilitation program. Sections A-G are completed. The Division will not authorize or sponsor any services subject to financial need. The *Financial Needs Survey* must be printed, with appropriate signatures, and placed in the physical case record and maintained in the client's electronic case file.

3. Not Applicable: Services planned are not subject to financial need. It is not necessary to complete any sections on the form, print the form, or obtain any signatures.

4. SSI/SSDI: For Vocational Rehabilitation services, SSI/SSDI recipients are exempt from the financial needs test. Verification of the client's eligibility for disability benefits is required. It is not necessary to complete any sections on the form, print the form, or obtain any signatures. In selecting this category, the counselor certifies

that the SSI/SSDI recipient does not have a comparable benefit to apply to the rehabilitation program; otherwise, Category 6 must be selected.

5. Extenuating Circumstances: This category is used when:

- income/deductions cannot be verified,
- all or part of the excess resource amount is waived

Sections A-I must be completed. In section H, *Extenuating Circumstances-Justification*, the counselor must explain the specific extenuating circumstances and (if applicable) the impact of waiving the client's contributions in terms of how specific services will be funded. The *Financial Needs Survey* must be printed with appropriate signatures and placed in the physical case record and maintained in the electronic case file. Supervisor approval within the Division's electronic case management system is required.

6. SSI/SSDI Recipient with Comparable Benefits: For VR services, the SSI/SSDI recipient has contributions to the cost of the rehabilitation program. Enter the amount of the contribution in Section E. It is not necessary to complete Sections A-D as SSI/SSDI payments are waived. It is also not necessary to enter any information in the *Extenuating Circumstances - Justification* section. In the *Excess Resources/Comparable Benefits* section, enter the amount of the contributions and how they will be utilized. When covered by a comparable benefit, medical coverage amounts (example – Medicaid, Medicare) are not listed as a contribution in Section E and costs of the treatment are not listed in the Section G. The comparable benefits in question for this category will mainly apply to post-secondary training (example – Pell Grant).The *Financial Needs Survey* must be printed with appropriate signatures and placed in the physical case record and maintained in the electronic case file. Supervisor approval within the Division's electronic case management system is required.

7. Excess Income Applied: Complete Sections A – G. It is not necessary to enter any comments in the *Extenuating Circumstances - Justification* section. Enter the amount to be contributed and document details of the contribution on the form. The *Financial Needs Survey* must be printed with appropriate signatures and placed in the physical case record and maintained in the client's electronic case file. Supervisor approval within the Division's electronic case management system is required.

When the client has excess income to contribute to the cost of the rehabilitation program, the counselor should ensure that the client has the funds available before authorizing for the service. The client is responsible for coordinating payment to the vendor. The authorization issued to the vendor should clearly indicate the amount the client is required to pay directly to the vendor. In no situations should the client issue a check or money order payable to the Division. In addition, the Division should not hold client checks or money orders payable to the vendor. To do so would be a violation of the DHHS Cash Management policy.

The only exception to this practice is for clients receiving Personal Assistance Services through the Fiscal Intermediary who are required to pay a portion of their

PAS. In these situations clients send their checks to the Community Integration Section in the state office (refer to Volume VIII 1-11).

Requirements for Updating the Financial Needs Survey

Financial need, once determined, must be continuously monitored throughout the rehabilitation process. A new *Financial Needs Survey* must be completed and signed:

- any time there is a significant change in the individual's financial status;
- any time services subject to financial need are added to the plan in instances of excess income or extenuating circumstances;
  OR
- when the time period established in Section F has expired and services subject to financial need are ongoing.

Any time the Financial Needs Survey is completed, income must be verified.

Revised: 1/1/2019

COMPLETION OF THE FINANCIAL NEEDS SURVEY

MEDICAL INSURANCE COVERAGE:

Medical insurance information can be updated in this section if there have been changes to the client's coverage since the time of application.

Determination of Family Unit and Income:

The family shall be determined and the counselor shall gather financial information for applicable family members to complete sections A-D.

A client is considered a family of one if:

A. Client is twenty-three years of age or older **(unmarried, not a tax dependent of parents, and has no dependents)**; **OR**

B. Client is less than twenty-three **AND** one of the following:
   a. Ward of the court;
   b. Emancipated minor;
   c. Honorably discharged Veteran of the US Armed Forces
   d. Can verify self-supported income and can produce receipts for basic living expenses (to include rent and utilities, medical payments, health insurance premiums, child care expenses, and legally mandated payments) for a minimum of three months.

If the client is married, the client's family shall include:

A. The client's spouse if residing in the same home;
B. The client's children, but not to include step-children; AND
C. Other individuals related to the client by blood, marriage, or adoption **if the other individuals have no income.**

If the client is less than twenty-three years old and is not married, **or** if the client is 23 years of age or older and is being claimed as a dependent by the parents for tax

purposes regardless of place of residence, the client's family shall include:

A. Client's parents, not including step-parents;
B. Siblings or half-siblings of the client, but not step-siblings, if the siblings are unmarried and less than 23 years of age;
C. Siblings or half-siblings of the client, but not step-siblings, if the siblings are 23 years of age or older and have no income; AND
D. Other individuals related to the client by blood, marriage, or adoption if the other individuals have no income.

A. MONTHLY RESOURCES

(A1) NET INCOME OF ALL APPLICABLE FAMILY MEMBERS: The name and income of all members of the family unit must be recorded on the Financial Needs Survey. If an individual in the family unit has no income to report (i.e. minor children) this must be recorded in this section. Net income is typically considered for the thirty-day period prior to the date of the *Financial Needs Survey*. In situations in which income cannot be determined on that basis, the Counselor should calculate a fair representation of net monthly income. Pay that occurs in increments other than monthly is calculated as follows: net monthly = biweekly x 2.17; net monthly = weekly x 4.33. Income includes all cash income received from wages, salaries, or self- employment. Net income is computed by subtracting **mandatory** deductions from gross wages. Income does not include cash that minor children earn from babysitting, lawn mowing, or other miscellaneous tasks or gifts. Also, do not include Work Adjustment training earnings or work study as income. Check stubs must be requested to document income. If the individual does not have check stubs, the counselor will obtain a *Wage Verification Form* signed by the current or last employer or a *Source of Support Form* completed by the person who supports the individual, or the agency representative who processes the individual's public support. In lieu of this form, a letter from the agency, hospital or individual whom can verify income status is an acceptable form of verification. Tax forms are acceptable if other documents are unavailable.

The following information shall be captured for each applicable family member:

1. Net Wages

Name: Record the name of the client or family member.
Relationship to Client: Record the relationship of the family member to the client. Choose "self" if the information pertains to the client.
Income Documentation: Select the type of documentation used to verify the client or family member's income information.
Wage Details: Select "net wages" and record this information. Select one or more elective withholdings if these are applicable on the client or family member's income documentation.
Frequency of Pay: Record how often the wages or elective withholdings occur.
Amount: Record the amount of the wages or elective withholdings.

2. Pensions (SSDI, SSI, VA, etc.): Identify and record the total amount of the benefits received by all applicable family unit members. Included in this category are monetary benefits received from public assistance, retirement, and other

pension benefits. Others may also apply.

3. Compensation Payments (Unemployment, Workers' Compensation, etc.): Identify and record the total amount of the benefits received by all applicable family unit members.

4. Commodities Sold: Commodities are frequently produced and sold seasonally. The profit (income minus production costs) should be computed on a monthly basis.

5. Other: Identify and record all other available financial resources. Examples are income from stocks, bonds, savings accounts, investments, rentals, alimony, child support, GI Bill training benefits, sick pay, inheritances, life insurance payments, payments from trust funds, etc. Identify the source of the income and the amount.

> ***NOTE: Student loans*** *are not recorded as income, assets or contributions on the Financial Needs Survey. The use of loans to cover training expenses is a part of the verification and counseling process to make sure that students have sufficient resources from other resources that are not covered by the Division. (Subsection 2-20-1, Postsecondary Training)*

SUBTOTAL (A1): The total of lines 1 through 5.

(A2) ALLOWED DEDUCTIONS: Identify the recurring deductions and record the amount of monthly payments the family unit is making for any family member for the items or services listed below. If recurring deductions vary in amount from month to month, the average of the past three months will be calculated to determine the monthly allowed deductions. **Deductions must be verified by receipts, bill statements and other information.** Documentation that the expense is actually being paid by a member of the family unit is needed as opposed to a verification of the expense with no evidence of payment. Include <u>only</u> those expenses not covered by a third party payer. Copies of the documents used to verify deductions must be in the physical case record. **If it is not possible to verify deductions, the Supervisor must approve exceptions to this requirement.**

1. Medical Expenses: medical expenses, dental expenses, medical supplies, prescription and non-prescription items. Special diets/foods that are related to the individual's disability may be considered. Also included are medical/health insurance premiums, if not already deducted from gross wages. Vision and Dental insurance premiums are allowed; **however, do not deduct optional health insurance premiums including flexible spending accounts, disability, cancer or long term care.**

2. Equipment Expenses: Examples include disability-related clothing, devices and equipment including necessary maintenance of such devices and equipment.

3. Personal Assistance Services (PAS): Examples include domestic, chore, and other attendant-related services required to assist family unit members with activities of daily living and self-care needs. Note: If the client will require personal assistance services to achieve independent living or employment outcome, an assessment of the individual's resources will occur. For Vocational Rehabilitation, personal assistance is not subject to financial need. For both Vocational Rehabilitation and Independent Living programs, comparable benefits must be utilized.

> *****NOTE FOR IL PERSONAL ASSISTANCE SERVICES (PAS) ONLY:*** *Participants for whom the IL Program is contributing or is considering contributing toward the cost of PAS, the PAS service must not be counted as an allowed deduction/disability-related expense on the part of the participant. See below under Excess Net Monthly Income for further instructions on determining the client's contribution to PAS.*

4. Housing/Vehicle Expenses:
Housing - Payments for additional expenses necessitated by residing in an accessible residence; payments for specialized equipment in the residence. Examples are auditory alarms, specialized ventilation equipment, etc.

Vehicle - Due to the increased costs associated with purchasing and maintaining adapted vehicles, the Division has developed rates for modified automobiles and vans. If the individual owns or is purchasing a modified vehicle, a monthly deduction is granted, based on the information below:

COST OF MODIFICATION	AUTOMOBILE	VAN
≤ $1,000.00	$10.00	$149.00
≥ $1,000.00 but < $6,000	$60.00	$199.00
≥ $6,000.00	$90.00	$229.00

5. Child Care Expenses: Actual costs not to exceed $175.00 per month per child may be deducted for any child fourteen years old or younger, provided parents or other responsible adults are unavailable or unable to care for a child in the family unit.

6. Post-secondary Training Expenses: Actual costs not to exceed Division-allowed maximums for tuition, fees, books, and maintenance expenses may be deducted for applicable family unit members. Note: Prorate the amount of training expenses to get a monthly amount to report as deduction.

7. Legally Mandated Expenses: Alimony, child support or Social Security reimbursements may be deducted if required of any applicable family member. Other legally mandated payments cannot be deducted.

8. Other: Others may also apply.

TOTAL ALLOWED DEDUCTIONS (A2): This figure represents the total of allowed deductions.

TOTAL MONTHLY RESOURCES (A1 - A2) = (A): This figure represents the individual's total monthly resources.

B. ALLOWABLE NET MONTHLY INCOME: The allowable net monthly income amounts for family size one through eight are listed on the form. Add the amount as indicated on the form per family member for each over eight. The appropriate amount should be recorded as **Total (B)** on the form.

C. EXCESS NET MONTHLY INCOME (A) - (B) = (C): This amount represents the monthly income available from the family unit, which can be applied toward the cost of the rehabilitation program. **TOTAL (C)** represents the excess cash that can be applied toward the cost of the rehabilitation program.

> *****NOTE FOR IL PERSONAL SERVICES (PAS) ONLY:*** *Participants for whom the IL Program is contributing or is considering contributing toward the cost of PAS, the PAS service must not be counted as an allowed deduction/disability-related expense on the part of the participant. The Counselor records net income and family unit size to determine excess monthly income. When the counselor indicates on the Financial Needs Survey that the personal assistance is funded by IL, one half of the excess monthly income figure is exempted and the other half shall be applied as the portion to be assumed by the participant in the cost of rehabilitation services. The remaining cost of PAS services are sponsored by the IL Program.*

D. AVAILABLE ASSETS:

1. Cash - Includes cash in checking or savings accounts, which exceeds an amount three times the *Allowable Net Monthly Income (B)* for the appropriate family size. Assets may include stocks, bonds, inheritances, lump sum insurance settlements, life insurance proceeds, gifts, or other resources the individual or the individual's family may have readily available to access.

2. Real Property - Such property is an available asset to the extent it can be converted to cash or used as collateral, in a timely manner, to meet the cost of rehabilitation services. The local county tax office can verify property information. Real property, excluding the individual's home site, will be recorded at the fair market value or purchase price; whichever is less, minus the amount owed for mortgages or liens. Any amount over $25,000.00 will be recorded as excess resources. If the residence is in a rural area, home site is defined as the house and land on which the residence is located up to a maximum of one-acre including all buildings on the acre. If the residence is in the city, home site is defined as the family unit's principle place of residence, including the house and lot plus all buildings on the lot.

Total (D) represents the amount of available assets that can be applied towards the cost of the rehabilitation program.

E. CONTRIBUTIONS: Record the total amount of scholarships educational grants, community funds, or other resources that the individual has available to contribute to the rehabilitation program. Note: scholarships based on at least 50% academic performance are exempt from being counted as an educational contribution. Contributions need to be reviewed when the *Financial Needs Survey* is updated.

Total Contributions: represents the amount of contributions available for the family unit.

F. EXCESS RESOURCES: Complete this section when the amount in **(C), (D), or (E)** is greater than $0.00. The section addressing appropriate time period is the actual length of time for services planned on the rehab program subject to financial need, with three months as the minimum and twelve months as the maximum number of months. For example, restoration services may include the estimated recuperation period, etc., while training services would include the length of the training period.

Total (F) represents the sum of all excess resources that can be applied toward the cost of the rehabilitation program.

> ***NOTE:*** *When the amount (F) is greater than $0.00, the counselor must select "Excess Resources Applied" in section I. The counselor must then identify the services for which the client's resources will be responsible and record the amount the individual is expected to contribute toward the cost of the rehabilitation program. The counselor will record the amount the individual is expected to contribute and an explanation of which service(s) to which the resources will be applied. (See instructions for extenuating circumstances-justification section, below, when part of the client's excess resources will be waived.*

When there are excess resources of any type, Supervisor approval is required on the *Financial Needs Survey*.

G. ESTIMATED COST OF REHABILITATION PROGRAM: If the amount in **(F)** is greater than $0.00, the counselor will estimate the cost of the entire rehabilitation program during the time period identified under *Excess Resources*. All services being planned on the rehab program should be recorded along with an estimated cost.

Total Cost of Rehab (G): Represents the estimated cost of the rehabilitation program. If *Total (G)* is less than *Total (F)*, the individual does not meet the criteria for the financial need. If *Total (G)* is more than *Total (F)*, the individual does meet the criteria for the financial need and the Division may participate in the cost of certain services. *Total (G)* **-** *Total (F)* represents the *Estimated Agency Expenditure.* The counselor must negotiate the actual amount of Division participation, as all of client's resources must be accounted for in the cost of the rehabilitation program.

> ***NOTE:*** *The supervisor can add additional line items to Section G of a previously completed FNS in order to increase the overall Estimated Agency Expenditure,*

increasing the total for which the counselor may authorize. Increasing the Estimated Agency Expenditure is limited to situations where the projected cost of the services included in the rehab program on the FNS is exceeded by actual costs. The circumstances must be explained in the Extenuating Circumstance section. The addition of previously unplanned services is not allowed (See ***Requirements for Updating the Financial needs Survey****). This feature of the electronic case management system renders Policy Directive #02-2014 obsolete.*

Revised 11/9/2015

EXTENUATING CIRCUMSTANCES – JUSTIFICATION: This section is provided to allow the counselor to identify other information related to the individual's financial situation that will affect the individual's ability to participate in the cost of the rehabilitation program. If there are extenuating circumstances that prohibit the individual's application of part or all the excess resources toward the cost of rehabilitation, the Division may waive all or part of these resources. Such circumstances may include: the inability to sell property, the fact that the amount of funds would be so small that it would provide little substantial financial help toward the cost of rehabilitation program, or the fact that the conversion of the excess resources may result in undue delay in proceeding with the rehabilitation program.

NOTE: *If the Division waives* ***only part*** *of the client's excess resources, then this section should be completed as well as the excess resources/comparable benefits section. In this instance, the counselor should select a financial determination category of "Extenuating Circumstances."*

If the individual's monthly resources change during the period of rehabilitation due to an inability to work, this should be recorded in this section. Supervisor approval on the *Financial Needs Survey* is required for the waiver. Verification of the particular circumstances must be provided by the individual and must be maintained in the record.

The client must pay his/her portion, recorded in Section F *Excess Resources*, directly to the service provider(s) according to the arrangements made between the counselor and client. The Division is unable to accept payment from the client. In the case of PAS services, the client receiving PAS will pay their excess amount due to the fiscal intermediary vendor responsible for administering the PAS program.

H. SIGNATURES: The counselor and individual must always sign the form once it is completed. The parent, guardian, or other representative must sign the form when appropriate. The signature indicates that the financial information provided is correct and that the individual and/or the appropriate representative participated in the completion of this *Financial Needs Survey*. The Supervisor is required to electronically sign the form in all cases when there are excess resources, including resources that are due to comparable benefits such as educational grants, and when there are extenuating circumstances. The original *Financial Needs Survey* and subsequent updated *Financial Needs Surveys* require the client or other appropriate signature as specified above.

[34 CFR 361.54; 10 NCAC 20C .0205 and .0206; 34 CFR 364.59]

3-10-2: SSI and SSDI Recipients

Vocational Rehabilitation will not apply a financial needs test or require the financial participation of any individual who receives Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI). Verification of these benefits must be documented in the case record. Services provided by Vocational Rehabilitation for these individuals must be directly related to the completion of the Individualized Plan for Employment or trial work experience. VR counselors must explore Social Security work incentives with these individuals as a part of the planning and development of the IPE. Comparable benefits must be utilized when available. Independent Living will apply a financial needs test for all participants requiring cost services regardless of the source of income. *[34 CFR 361.54(b)(3)(ii)]*

Revised 08-01-01

3-10-3: Comparable Benefits

The Division will provide rehabilitation services only when such services are not available from some other source as a comparable benefit or service. Comparable benefits are to be investigated and used for all rehabilitation services except those noted in Chapter 2 in this manual. The specific comparable benefits available to a client are to be recorded on the BEAM Intake form. Updates to comparable benefits should be documented on the relevant intake form throughout the life of the case. These comparable benefits should then carry over to the IPE with explanation as to how they will be applied to cover costs associated with accomplishing the IPE. Comparable benefits must be recorded on the IPE under the COMPARABLE BENEFITS section. **By marking *"none"*, the rehabilitation counselor signifies that comparable benefits have been investigated but are not available for the stated service as evidenced through supporting documentation contained in the file (financial aid denial, Medicaid or Medicare denial/EOB, private health insurance denial/EOB, Chief of Policy approved waiver of comparable benefits).** Comparable benefits must also be added to the IPE whenever new services are added.

If at any time in the rehabilitation process, a comparable benefit is ruled out or is determined to no longer be available to the client, the case should contain documentation from the comparable benefit of the denial. The counselor should remove the comparable benefit from the BEAM Intake form.

[34 CFR 361.53; State Plan Section6.11; Comparable Benefits: 10 NCAC 20C .0204]

NC Tracks – Verification of Comparable Benefits

Verification of Comparable Benefits through NC Tracks is required when the following occur:

- When services subject to financial need and comparable benefits are being planned. This includes IPE development and when amendments and revisions are completed. See 3-10 for a listing of services subject to financial need and comparable benefits
- At any time in the rehab process when there is reason to believe a client has obtained a comparable benefit for services currently being received. For example – PT sessions have been authorized, and the client obtains a comparable benefit
- Prior to submitting medical related, DME or pharmacy invoices for payment that exceed $10,000

Eff. 6/1/2016

Waiving Comparable Benefits

The counselor may request exception to waive usage of comparable benefits in a client's rehabilitation program if accessing the comparable benefit:

- Interrupts or delays the progress of the individual toward achieving the employment or independent living outcome identified in the IPE/IL Service Plan
- Jeopardizes an immediate job placement, or
- Delays in the provision of a service placing the individual at extreme medical risk. (Extreme medical risk means a probability of substantially increasing functional impairment or death if medical services, including mental health services, are not provided expeditiously. This determination shall be based upon medical evidence provided by an appropriate qualified medical professional. The counselor must continue to seek comparable benefits that might be retroactive and replace Division authorizations.)

These exceptions must have initial review and approval by the Supervisor and final approval by the Chief of Policy. The written rationale with supporting documentation and approval from the Chief of Policy must be filed in the case record.

The Counselor, with no additional approvals, may waive the usage of comparable benefits for diagnostic services if the client is unable to pay the copay or deductible and the service is required for determining eligibility or rehabilitation needs. Justification for this waiver must be documented in the case record. The authorization must indicate that the service is diagnostic and must be signed by the Counselor.

[34 CFR 361.47; NC Administrative Code, Volume II Part B, Subchapter 20C, Sections .0204, .0205, and .0206: State Plan Section 6.3 and Section 6.6] Section 361.53

4/1/2015

The following are examples of comparable benefits; if others are available they should be utilized:

Medicaid

The Division cannot supplant resources available through Medicaid. Therefore, Medicaid eligibility must be verified at the time of application and throughout the rehabilitation process. When appropriate, the counselor should refer the applicant or client to the local DSS for determination of eligibility.

Medicaid may continue for SSI recipients who are disabled and earn over the SSI limits if they cannot afford similar medical care and depend on Medicaid in order to work. A threshold test and Medicaid use test will be applied to the individual situation to determine continuation of Medicaid eligibility (1619B).

The Division, regardless of the individual's financial need, cannot authorize Medicaid deductibles. If the counselor determines the client can meet the deductible, the Division will not contribute toward the cost of the medical services. Individuals who qualify for Medicaid because they are eligible for SSI are not subject to a spend-down.

If the client meets financial need but has a deductible and is unable to meet the deductible thus jeopardizing the ultimate rehabilitation goal, the counselor may request an exception to sponsor the necessary medical services without Medicaid as a comparable benefit. This request must be first reviewed by the Unit manager who, if approves, forwards the request to the Chief of Policy for final review and approval. The written rationale with supporting documentation and approval from the Chief of Policy must be filed in the case record. The counselor should them remove Medicaid as a comparable benefit from the BEAM Intake Form.

Medicare

Medicare is an available comparable benefit for those individuals who meet the eligibility requirements for this program. If a client has Medicare, the Division cannot invoice for medical services, unless the Medicare EOB shows payment was less than the established Division (Medicaid) rate. The Division's authorization for medical services must denote Medicare accordingly. The Division may sponsor the difference between the Medicare amount and the Division (Medicaid) rate, if any. If the client who meets financial need has Medicare but is unable to access it because of inability to pay required co-pays, thus jeopardizing the ultimate rehabilitation goal, the counselor may request **an exception** to sponsor the necessary medical services without Medicare as a comparable benefit. This request must be first reviewed by the Unit manager who, if approves, forwards the request to the Chief of Policy for final review and approval. The written rationale with supporting documentation and approval from the Chief of Policy must be filed in the case record. The counselor should them remove Medicare as a comparable benefit from the BEAM Intake form. If the counselor determines the client can pay the Medicare copays, the Division will not contribute toward the cost of the medical services.

Health Insurance
Medical and related health insurance should always be used for any service applicable to the benefit. The counselor must assure that the vendor or the client pursues this benefit prior to payment for a rehabilitation service. The Division cannot process invoices for medical services when a client has health insurance that pays directly to the provider unless the EOB shows that the health insurance did not pay up to the Division's (Medicaid) rate. In such case, the counselor may authorize and invoice for the difference between the health insurance payment and the Division's rate.

Health insurance that is specifically set up to pay directly to the individual must be used to offset Division payments, and the counselor must complete a SUBROGATION RIGHTS-ASSIGNMENT OF REIMBURSEMENT FORM. If a client who meets financial need has private health insurance but is unable to access it because of inability to pay required deductibles or copays (thus jeopardizing the ultimate rehabilitation goal), the counselor may request an exception to sponsor the needed medical services without consideration of private health insurance as a comparable benefit**.**

This request must be reviewed first by the Unit manager who, if approves, forwards the request to the Chief of Policy for final review and approval. The written rationale with supporting documentation and approval from the Chief of Policy must be filed in the case record. If the exception is approved, the counselor should them remove Health Insurance as a comparable benefit from the BEAM Intake form.

Workers' Compensation
If Workers' Compensation benefits are available, such benefits must be used prior to the expenditure of Division funds. If Workers' Compensation eligibility is pending or if there is an undue delay in service provision necessary for rehabilitation, the counselor may authorize services if Subrogation Rights: Assignment of Reimbursement form has been completed. (See section 1-18)

Veterans Affairs
Veterans Affairs is an available comparable benefit for veterans and their spouses who meet the eligibility requirements for this program. Individuals 65 years of age or older who served 90 days of continuous service with one day of service during a war may be eligible for Aid and Attendant Benefits. For more information contact the local Veteran Integrated Service Network at: http://www.visn6.va.gov

Children's Special Health Services
Individuals 21 years old or younger who require medical and related support services, including equipment needed for medical reasons, should apply for services from this resource. More information can be obtained at http://www.dhhs.state.nc.us [See section for children and youth]

Social Security Work Incentives
Social Security work incentive options, Impairment Related Work Expense plans (IRWE) and Plans to Achieve Self-Support (PASS), must be explored and used when applicable. Social Security's PASS Cadre Specialist approves and monitors PASSes.

Educational Grants

No training services in postsecondary institutions will be sponsored by Division funds unless maximum efforts have been made to secure grant assistance, in whole or in part, from other sources to pay for such training. Awards and scholarships based on merit are excluded as a comparable benefit. (Merit awards or scholarships are defined as awards or scholarships in which at least 50% of the qualifying criteria are based on excellence in academic performance.)

Written evidence (i.e. copy of the application, award/denial letter, etc.) that a client has applied for federal student aid must be included in a client's record of service to document application for comparable benefits prior to the Division's authorization for services. If the client has not provided the Division an award/denial letter from the educational institution prior to the end of the first semester, Vocational Rehabilitation will discontinue financial support until such time this information is provided by the individual. If the client was not eligible for a Pell Grant the first year, the Division will not require the person to reapply unless there has been a significant change in the financial resources of the client or his/her family. The counselor must determine and document if financial resources have changed. If resources have changed, the Division must adjust support if the client receives federal student aid. Pell Grant and/or other federal/state aid (excluding merit awards) must be used for the purchase of tuition and fees, books, supplies, computers, software, assistive technology, room, board, and related training materials in order to demonstrate maximum effort in utilization of comparable benefits prior to using Division funds. The Division cannot designate that financial aid funds be used for in-home maintenance and use Division funds for the above educational expenses.

If a person in a postsecondary institution receives sufficient financial aid to cover the above listed educational expenses, the Division would not authorize training services until the client's entire financial aid is accounted for toward payments for educationally related needs/costs. The counselor must document in the record the type(s) and costs of services for which financial aid is being used.

[CFR 361.48 (f)]

A student can apply on the Internet for a Free Application for Federal Student Aid at http://www.fafsa.ed.gov instead of using a paper form. For more information see the above website or call 1-800-4FED-AID (1-800-433-3243). The on-line process is faster.

If a client is in default of a Title IV loan and denied a PELL Grant, they are not able to access a comparable benefit. Clients who are in default should be advised to clear their default status by making arrangements to repay the loan. The client is required to provide the documentation of at least three months payments to the lender at a rate approved by the institution.

A determination to provide VR assistance can be made on an individual basis only after careful examination of all of the circumstances involving the default status, including the individual's financial situation, consistent with the intent that VR is the last financial resource for training in institutions of higher education. Default status can be cleared if the holder of the loan certifies for the purpose of reinstating Title IV eligibility that the

borrower has made satisfactory arrangements to repay the defaulted loan or the loan is discharged in bankruptcy.

[34 CFR 668.35]

The counselor may request exception to waive usage of comparable benefits in a client's rehabilitation program if accessing the comparable benefit:

- Interrupts or delays the progress of the individual toward achieving the employment or independent living outcome identified in the IPE/IPIL
- Jeopardizes an immediate job placement, or
- Delays in the provision of a service placing the individual at extreme medical risk. (Extreme medical risk means a probability of substantially increasing functional impairment or death if medical services, including mental health services, are not provided expeditiously. This determination shall be based upon medical evidence provided by an appropriate qualified medical professional. The counselor must continue to seek comparable benefits that might be retroactive and replace Division authorizations.)

These exceptions must have initial review and approval by the Unit Manager/Facility Director, and final approval by the Chief of Policy. The written rational with supporting documentation and approval from the Chief of Policy must be filed in the case record.

[34 CFR 361.47; NC Administrative Code, Volume II Part B, Subchapter 20C, Sections .0204, .0205, and .0206: State Plan Section 6.3 and Section 6.6]

Revised 7/1/2014

CHAPTER FOUR: VR COMPREHENSIVE ASSESSMENT

***CROSS REFERENCE: S*ection 6-4 Outcome Prior to Implementation of the IPE-Case Status Code 30; Section 2-23 Vocational Evaluation; Subsection 2-23-3 Community Based Assessment; Section 8-2 Supported Employment Programs; Section 2-20 Training**

The comprehensive assessment is conducted either simultaneously with the preliminary assessment or after an individual has been determined eligible for vocational rehabilitation services in case status 10. To the extent possible, the job choice and the nature and scope of rehabilitation services must be determined and the IPE developed based on the data used to complete the preliminary assessment.

Section 4-1: Timeliness of the Comprehensive Assessment

If the comprehensive assessment is completed after eligibility determination in case status 10, it must be carried out in a period of time not to exceed 90 days. The Counselor may extend the comprehensive assessment beyond 90 days only when there are unforeseen circumstances beyond the control of the Division that preclude the development of the IPE within that timeframe, and when the Division and the client agree to a specific extension of time. The circumstances for the extension may include (but are not limited to):

- Client illness or disability related reasons
- Inability of or delay in the client being able to participate in a timely manner
- Unforeseen delay in obtaining needed comprehensive assessment information
- Additional comprehensive assessment issues needing to be addressed that are crucial to development of the original IPE

If an IPE cannot be developed within the required time frame, the DVRS **Extension of IPE Implementation Agreement** form must be completed prior to 90 days from the date of eligibility. The original must be sent to the client with a copy maintained in the hard copy record of service. The exceptional and unforeseen circumstances beyond the control of the Division along with the specific and agreed upon length of the extension not to exceed 90 days must be documented. If the IPE cannot be developed within the agreed upon timeframe, another AGREEMENT must be issued to the client.

If the client refuses to agree to extend the timeframe, the counselor should complete the **Refusal to Extend IPE Development Timeframe** form. The exceptional circumstances explaining why the IPE cannot be developed must be documented. The client should be encouraged to contact the Client Assistance Program (CAP) for help in resolving the disagreement. A copy of CAP's Consent for Release of Confidential Information (located on the Intranet Forms page) should also be sent to the client in order to help expedite this process. Feedback from CAP must be given to the VR

counselor within 45 days or the case will be closed. In addition, the client must also be notified about their appeal and administrative review rights.

Counselors are encouraged to develop the IPE and begin services as soon as possible. Additional required services to satisfy rehabilitation needs may be added at a later date through an amendment. Such is also the case when certain services are known to be needed although their exact initiation date may be uncertain or may come at some future date. In such cases, the counselor should use best judgment in projecting an initiation date. For example:

1. Transition students needing VR vocational counseling/career exploration as an immediate planned service on the IPE. In such cases the initial vocational goal would likely be stated in broad general terms. Later, when the job goal is more focused and supported with data, the addition of services to help the client reach the goal, such as training, may be added via an IPE amendment.

2. A specific service is needed (i.e. training), but the service is delayed due to scheduling, lack of available vendor(s), a waiting list, or client's need or request to delay the service. The counselor may proceed in developing and initiating the overall plan although the initiation date of the specific service in question is delayed due to any of the circumstances noted above. Again, the counselor would use best judgment in projecting an initiation date.

Revised: 9/11/2017

Section 4-2: Comprehensive Assessment – General Guidelines

A comprehensive assessment may be conducted for individuals if **additional data** are necessary to develop the IPE when impediment information has already been obtained to determine eligibility.

A comprehensive assessment of the individual's primary employment factors (strengths, resources, priorities, concerns, abilities, and capabilities) must be conducted in the most integrated setting possible, consistent with the individual's informed choice. The goal of the comprehensive assessment is to identify a vocational goal as well as to identify services which will support an individual towards achieving a successful employment outcome.

4-2-1: Comprehensive Assessment and Presumption of Eligibility

A comprehensive assessment must be conducted for individuals who receive SSI/SSDI benefits. Presumption of eligibility does not entitle an individual who receives SSI/SSDI to any specific VR service. Data must be obtained to identify impediments to employment and rehabilitation needs in order to develop the IPE.

As part of the comprehensive assessment benefits planning information and work

incentive information provided through the Social Security Administration (SSA) must be given to individuals receiving SSI/SSDI. This documentation should be retained in the case file. The counselor and individual presumed eligible must be able to identify an employment goal and related rehabilitative services which are consistent with the unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual. If the counselor and consumer cannot identify and agree to a vocational goal consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, and informed choice OR if the counselor and consumer cannot identify services which will reasonably allow the individual to achieve the identified employment goal, then the IPE cannot be developed, and the case may be closed case status code 30, Outcome Prior to Implementation of the IPE.

Revised: 9/16/2016

4-2-2: Types of Assessment Information and Methods for Determining Rehabilitation Needs

The assessment must be limited to a survey of information that is necessary to identify the rehabilitation needs of an eligible individual and to develop the IPE such as:

1. Existing information, including information that is provided by the individual, the family of the individual, and educational agencies;
2. Personality, interests, interpersonal skills, intelligence and related functional capacities, educational achievements, work experience and behaviors, vocational aptitudes, personal and social adjustment and employment opportunities of the individual;
3. Medical, psychiatric, psychological, and environmental factors that affect the employment and rehabilitation needs of the individual;
4. The need for supported employment services; OR
5. The individual's ability to perform work activity through situational assessments in real work settings.

The comprehensive assessment may be conducted via one or more of the following methods:

1. Review of records;
2. Interview or consultation with individuals or agencies/organizations that are directly involved with the consumer's rehabilitation or in support of the consumer's goal of achieving employment;
3. Vocational evaluations (psychometrics, situational assessments, or facility-based assessments);
4. Community Based Assessments (must be conducted under an Individualized Education Plan, under a Trial Work Plan, or as part of the ongoing comprehensive assessment under an Individualized Plan for Employment);
5. Supplemental Evaluation (limited to individuals who are classified as most significantly disabled and for whom the counselor is questioning or clarifying his/her need for supported employment);
6. Training (to the extent that the service is necessary to achieve the purpose of the assessment); AND/OR
7. Other rehabilitation services used for the purposes described below

Any rehabilitation service may be provided during the comprehensive assessment to the extent that the service is necessary to achieve the purpose of the assessment, i.e., to identify the rehabilitation needs of the individual and to develop an IPE that addresses those needs. Such services, when appropriate, should include equipment, services and rehabilitation technology. Financial need and comparable benefits must be considered relative to the service being provided. If the service being provided is a diagnostic service, the financial needs test is not required during the comprehensive assessment. Comparable benefits must be utilized for services when available.

[The 1998 Amendments to the Rehabilitation Act of 1973 Sec. 7 (22) (B)(i)(ii) (I)(II) and (iii)(iv), (C)(i)(II); 34 CFR 361.42 and 361.45(c)(2)(ii)(D): Eff. 8-98]

Revised 10-09-08

4-2-3: Record of Service Documentation

Documentation in the case record must include appraisal and analysis of the types of information and methods discussed above in 4-2-2. **All data used to complete the comprehensive assessment must be maintained in the record of service.** An analysis of the individual's rehabilitation needs is required and must be completed on the ***Written Rehabilitation Analysis Page (WRAP)***. The documentation of the Written Rehabilitation Analysis may be completed as a part of the combined preliminary and comprehensive assessment during applicant status (02) or as a part of the comprehensive assessment after eligibility has been determined in case status 10. The WRAP should not be completed until all comprehensive assessment data has been received.

This analysis must include:

- Identification of Impairment(s)
- **Impediments:** *[It is not necessary to re-state impediments identified on the Eligibility Decision Form. However, if presumptive eligibility (#2) was used, the impediments will need to be stated. Additionally, describe any impediments determined since completion of the Eligibility Decision Form or as a result of the comprehensive assessment if status 10 was utilized]*
- **Rehabilitation Needs:** *The impediments to employment populate from the eligibility decision screen. The counselor should individually address the rehab needs that are required to address the impediments*
- Selection of Service(s) to meet a rehabilitation need
- Rationale for the job choice
- **Rationale for post-secondary training to include documentation to support career advancement or advanced training**
- **For cases in which it is not apparent that a service selected meets a rehab need directly related to a stated impediment, including a secondary restoration issue, provide a more detailed analysis *(if applicable)***

Counselors must document the provision of rehabilitation services, including the individual's informed choice, necessary to complete this assessment. The IPE

represents the culmination of the comprehensive assessment by documenting the job choice and the nature and scope of services. The analysis on the WRAP must form the basis for the job choice and services (both *Core* and support services).

Revised: 9/16/2016

CHAPTER FIVE: REHABILITATION PROGRAM

Section 5-1: IPE General Information

[***Chapter Revised 5-1-99; For VR program reference—1998 Amendments to the Rehabilitation Act of 1973, Section 102 (b) and (c).***] ***Workforce Innovation and Opportunity Act of 2014.***

This chapter contains development and content requirements for the Individualized Plan for Employment (IPE) for the VR program.

5-1-1: Options

Prior to completing the IPE, the client or the client's representative must be given a copy of the IPE HANDBOOK and the INSTRUCTIONS FOR COMPLETING YOUR INDIVIDUALIZED PLAN FOR EMPLOYMENT (IPE). This information explains the client's options in developing an IPE. The counselor must assure that the client understands the information in the Handbook/Instructions and is aware of local advocacy organizations that may be available to help with the development of the IPE.

Revised: 9/16/2016

5-1-2: Signatures

The IPE shall be agreed to and signed by the eligible client, or as appropriate, the client's parent, guardian, other representative, or advocate. The IPE must also be approved and signed by the counselor. Appropriate signatures in the IPE HANDBOOK will allow the initiation of services, but this does not relieve the client from the responsibility of signing the IPE at the earliest opportunity. The IPE must be prepared using the Division's approved format. Should the client choose to prepare the plan, the client's version should be maintained in the case file, and the plan must be entered into the caseload management system. Once all the required signatures have been secured, a copy shall be given the client and the plan can be implemented. (See Section 1-13).

5-1-3: IPE Implementation

Once all required signatures have been acquired on either the IPE Handbook or the IPE and a service planned on the IPE has been initiated, the plan is considered to be *implemented.* Implementation is defined as the initiation of either a core or support service that is planned on the IPE whether initiated through direct provision by a staff member, direct provision by an outside agency/individual authorized by the Division, or direct provision by an outside agency/individual not authorized by the Division (e.g., a

service planned, but provided by a comparable benefit). Service initiation is defined as carrying out those actions required to provide the service. Services which were provided prior to plan development as part of the preliminary or comprehensive assessment do not qualify as implementation of the IPE. Service initiation may be reflected in the record by progress reviews, annual reviews, IPE Amendments, authorizations for services, case notes, and case referrals. The record shall sufficiently document when and how services have been initiated. When the first service is initiated the case status must be changed to 18.

5-1-4: Progress Review

This is a review conducted on a periodic basis to assess and document the individual's progress towards completing the services required to achieve the long-range employment goal of the plan. This review may occur at any time during the service delivery process as deemed necessary by either the counselor or client. Such reviews should be documented as part of the IPE. Clients are not required to sign the review but should be given an opportunity to participate in the review and are to receive a typed copy of the review.

5-1-5: Annual Reviews

These reviews are required at least annually from the date of the original plan or subsequent annual review. Clients must be given the opportunity to participate in this review and will receive a typed copy. If the client chooses not to participate, and the annual review is conducted in the absence of the individual, there must be documented evidence in the case record that the client was informed of and offered the opportunity to participate.

5-1-6: Amendments

Any time there are changes to the IPE, an amendment to the IPE is required. Substantive changes require the amendment to be signed by the client or the client's representative, the counselor and supervisor (if required). The following changes are considered substantive and require a client's signature:

- Changes in the type of Employment Plan (see 5-2-1)
- Changes to the job choice outside of the job family
- The deletion of an Objective
- Any changes to a core service, including adding, changing or deleting a core service
- Any changes to a vendor providing a core service, including adding, changing or deleting a vendor providing a core service
- The deletion of a support service
- The deletion of a vendor providing a support service
- The addition or deletion of VR as a funding source for a core service
- The addition or deletion of VR as a funding source for a support service

These changes shall not take effect until the amendment is agreed to and signed by the

eligible individual or the individual's representative and the counselor. Copies of all amendments, once appropriately signed, will be given to the individual.

5-1-7: Revisions

Revisions are defined as non-substantive changes to the IPE. Clients are not required to sign revisions, but must be given the opportunity to participate in the changes. The following changes are considered non-substantive

- Changes to the job choice within the job family
- The addition or change of an Objective
- The addition or change of a support service
- The addition or change of a vendor providing a support service
- The addition or deletion of an external funding source

These changes shall not take effect until the revision is completed. Copies of all revisions will be given to the client.

Revised 7/1/2014

Section 5-2: Development of the IPE

5-2-1: Program For

This section identifies the type of employment plan. Select the type of employment plan that is appropriate based on the individual needs of the client. Plan types include:

- Job retention
- Supported Employment – adds additional criteria required for SE
- Self –Employment - adds additional criteria required for self-employment
- General VR
- Transitional Jobs
- Students for Transition – adds additional criteria required for transition cases

Revised 10/1/2015

5-2-2: Specific Employment Outcome

This section identifies the specific employment outcome agreed upon by the client and the counselor.

5-2-3: Projected Date of Achievement of Employment Outcome

An expected date to achieve the job choice should be noted in this section.

5-2-4: Objectives

The objectives populate from the eligibility decision. If new objectives are needed based on information gathered during the comprehensive assessment they should be added to the IPE.

5-2-5: Services

Each service required to reach the job choice should be recorded along with an anticipated initiation date of the service and the vendor and funding source. If the service provider is not known at the time of IPE completion, it should be so noted. As soon as the service provider is ascertained, the IPE should be updated to include this information. Any comparable benefit that is to be used to pay for the service should be listed along with the provider.

Each service should identify the specific objective that the service will address.

5-2-6: Anticipated Services Following Successful Outcome

Any anticipated post employment services should be included in this section. If none are anticipated, then record as such.

5-2-7: Evaluation of Progress towards Employment Outcome

The section should indicate the specific ways in which progress towards employment will be measured.

5-2-8: Responsibilities

Information describing the responsibilities of the Division, client and comparable benefits in meeting the terms and conditions of the IPE should be recorded.

5-2-9: Integrated Setting and Informed Choice

All services, including job placement, must be provided in the most integrated setting appropriate consistent with the individual's informed choice. IF not, the rationale must be documented in this section.

5-2-10: Development

Indicate whether the client completed the IPE with or without assistance of a rehabilitation counselor.

5-2-11: IEP/ITP Coordination

If “Students for Transition” is selected as the IPE type (Section 5-2-1) the counselor should identify any relevant information from the IEP in this section of the IPE.

5-2-12: Supported Employment

If “Supported Employment VR” is selected as the IPE type (Section 5-2-1) the counselor should describe the extended service required, the source of the extended services and information regarding the expectation that extended services will be provided.

Note – if Supported Employment is added to an IPE as an amendment, the IPE type must also be changed to Supported Employment.

5-2-13: Self-Employment

If “Self-Employment VR” is selected as the IPE type (Section 2-5-1) the counselor indicates the date the business plan was approved.

Revised 7/1/2014

CHAPTER SIX: RECORD OF SERVICE OUTCOMES

Section 6-1: Successful Employment Outcome After IPE Completion- Case Status Code 26

6-1-1: Closure Standards

Individuals whose records are closed in this status must meet all of the following criteria as documented in the case record:

A. The individual was appropriately determined eligible for services;
B. The provision of substantial services under the individual's IPE has contributed to the achievement of the employment outcome;
C. The employment outcome is consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice;
D. The employment outcome is in a competitive integrated setting, consistent with the individual's informed choice;
E. The individual has maintained the employment outcome for a period of at least ninety days; **AND**
F. The individual and the counselor consider the employment outcome to be satisfactory and agree that the individual is performing well on the job.

In addition to the above, individuals whose records are closed successfully rehabilitated in supported employment must meet the following criteria:

1) Must be classified as individuals with the most severe disabilities;
2) Must have received at least one supported employment service;
3) Must have completed the stabilization phase;
4) Must be receiving extended services based on the needs of the client as identified on the IPE.

Revised: 7/1/2018

DEFINITIONS

COMPETITIVE INTEGRATED EMPLOYMENT means work that is performed on a full-time or part-time basis, including self-employment:

A. For which an individual is:
   - Compensated at a rate that is at or above the applicable Federal, State, or local minimum wage; **AND**

- Is not less than the customary rate paid by the employer for the same or similar work performed by other employees who are not individuals with disabilities, and who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills; **OR**
- In the case of an individual who is self-employed, yields an income that is comparable to the income received by other individuals who are not individuals with disabilities, and who are self-employed in similar occupations or on similar tasks and who have similar training, experience, and skills; **AND**
- Is eligible for the level of benefits provided to other employees;

B. That is at a location where the employee interacts with other persons who are not individuals with disabilities (not including supervisory personnel or individuals who are providing services to such employee) to the same extent that individuals who are not individuals with disabilities and who are in comparable positions interact with other persons; **AND**

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

COMPETITIVE INTEGRATED EMPLOYMENT WITH SUPPORTS refers to competitive integrated employment as defined above with ongoing support services for individuals with most significant disabilities (supported employment).

NOTE: All employment outcomes achieved through the VR program must be in competitive integrated employment or supported employment.

Rev. 11/15/2016

SUBSTANTIAL SERVICE means any CORE vocational rehabilitation service that is provided within a supportive guidance and counseling relationship and that contributes materially to the individual's successful employment outcome. Substantial services are further defined as those services that are required by the individual in order to begin work, to return to work, or to retain employment and that contribute to the successful outcome such that the outcome could not have been achieved without the services. Required services are identified during the analysis of the information that precedes the development of the rehabilitation plan. The services are provided to meet a specific rehabilitation need identified by the client and the counselor. Both the omission of services that are required to achieve the rehabilitation goal and the provision of services that are not required to achieve the job choice do not meet the requirements of Federal regulations.

Records cannot be closed with a successful outcome:

- more than once in the same Federal fiscal year (October 1 – September 30),
- while the individual is enrolled in secondary school,
- if the client is earning less than minimum wage, OR
- in a non-integrated setting.

Revised: 9/16/2016

6-1-2: Client Notification

The client must be involved in the decision to close the record. Each client must be made aware of the availability of post employment services and how to apply. A copy of the closure document will be given to the client.

6-1-3: Record of Service Documentation

Using *Form DVR-0503C, IPE Successful Employment Outcome*, the following information shall be documented:

A. The date the client was determined eligible for VR services. This date should be the same as the date on *Form DVR-0502, Eligibility Decision*.
B. List or narratively describe the services provided by or coordinated by the Division. Services may be identified in broad categories such as restoration or specifically such as medication, hospitalization, etc., whichever is more easily understood by the client. This documentation should reflect the impact that the VR services have had on the employment outcome.
C. Identify the closure job title. In rare instances, it is permissible to amend the IPE at the time of closure utilizing the amendment format. If amended at closure the rationale for the suitability of employment must be addressed in the counselor comments section. The client's signature is required.
D. The name of the employer must be recorded. If the individual is self-employed, the name under which the client is conducting the business must be recorded.
E. Enter the date the client first reported to work with the closure employer. The date must be at least ninety days prior to closure.
F. Post employment services must be reassessed prior to record of service closure. Potential services must be recorded or none indicated.
G. The address and telephone number of the appropriate office should be recorded.

The client is to receive a copy of the *DVR-0503C*.

[*34 CFR 361.34, 361.47, 361.56; Eff. 7/1/98]*

Section 6-2: Outcomes in Case Status Codes 08, 28, 30, and 38

Case record closures in these statuses may occur for reasons of ineligibility or for reasons other than ineligibility. Closures for reasons of ineligibility include:

A. no disabling condition,
B. no impediments to employment,
C. disability too significant for VR services, AND
D. does not require VR services.

Regardless of where the client is in the rehabilitation process at closure or from which case status code the client is closed, there are common requirements regarding these records of service closures. These include:

A. If the client is determined ineligible, a *Form DVR-0501, Ineligibility Decision* is always required.
B. If an individual's record is closed because the client is subsequently determined to be ineligible, an amendment to the IPE must be completed and signed by the client.
C. If an individual's record is closed because the client is subsequently determined to be ineligible, an annual review of this decision is required. The individual is given the opportunity for full consultation in the reconsideration of the decision unless the individual refuses the review, is no longer present in the State, has unknown whereabouts, or has a medical condition that is rapidly progressive or terminal. The Division is responsible for initiating the first review while any subsequent reviews are undertaken at the request of the individual. (See subsection 1-2-5)
D. If an individual's record is closed for reasons other than ineligibility, an amendment to the IPE is not required. However, the client must be given an opportunity to be involved in the decision and receive a copy of the closure document.
E. If *Form DVR-0502, Eligibility Decision* has been issued and there is not yet an IPE developed (case status code 04 or 10), and the client is subsequently determined ineligible, then an *Ineligibility Decision* is required.
F. When an individual's record is closed due to ineligibility, the individual must be provided with a thorough explanation of the Client Assistance Program (CAP) along with other rights and potential remedies regarding the decision including the opportunity for a review of the determination through an administrative review and/or an appeals hearing.
G. When an individual's record is closed due to significance of the disability, a referral to the IL program for possible services should be considered, when appropriate.

Section 6-3: Outcome During Preliminary Assessment-Case Status Code 08 from Case Status Code 02

6-3-1: Closure Standards

An individual's record cannot be closed from applicant status as ineligible due to the significance of the disability without first participating in a trial work experience (See section 3-3). Other applicable ineligibility reasons are: no disabling condition, no vocational impediments, and does not require VR services. Other closure reasons not representing ineligibility can be used, as appropriate.

6-3-2: Client Notification

The individual must be given the opportunity to participate in the closure decision unless the individual is no longer in the state or whereabouts are unknown.

6-3-3: Record of Service Documentation

The record must contain documentation of the reason for closure. This documentation should be on the *Form DVR-0202, 08/30 Outcome Decision* with a copy to the individual stating the reason(s) for closure. The record must also contain evidence of repeated efforts to contact the individual to encourage the individual's participation. If the record is closed due to an individual's ineligibility, *Form DVR-0501, Ineligibility Decision* must be issued indicating the reason for the ineligibility determination along with the counselor's rationale for the decision. A copy of the *Ineligibility Decision* will be given to the individual. The reason for the ineligibility decision will be recorded on the form.

[The 1992 Amendments to the Rehabilitation Act of 1973 Section (a); 34 CFR 361.43, 34 CFR 361.44 and 361.47]

Section 6-4: Outcome Prior to Implementation of the IPE-Case Status Code 30

6-4-1: Closure Standards

Clients whose records are closed in this status will have been declared eligible for services and may or may not have an IPE developed, but the IPE has not been implemented. Once all required signatures are recorded on the IPE and at least one service planned on the IPE has been provided, then the IPE is considered implemented, and case status code 30 is not appropriate. Services provided prior to plan development as part of the preliminary or comprehensive assessment do not represent plan implementation. Closure may occur due to ineligibility resulting from a change in the severity of the individual's disability or due to reasons other than ineligibility.

6-4-2: Client Notification

The individual must be given the opportunity to participate in the closure decision unless the individual is no longer in the State or whereabouts are unknown or if the medical condition is rapidly progressive or terminal. Additionally, the counselor must provide information regarding appeal rights and the means to seek remedy for any dissatisfaction, including the procedures related to the review of the ineligibility decision. A detailed explanation of the CAP should also be provided along with a referral to the IL program, when appropriate. The client shall receive a copy of the closure summary document.

6-4-3: Record of Service Documentation

The case record must contain documentation indicating the reason(s) the case is being closed. Since the IPE has not been implemented, documentation shall be on *Form DVR-0202, 08/30 Outcome Decision* indicating why the record is being closed with a copy given to the client.

If the record is closed due to ineligibility, then *Form DVR-0501, Ineligibility Decision* is prepared and given to the client with the rationale for the ineligibility decision documented on the *Ineligibility Decision*.

Section 6-5: Closure After Implementation of the IPE-Case Status Code 28

6-5-1: Closure Standards

Individuals whose cases are closed in this status will have been determined eligible for services and have an IPE implemented. Closure may occur due to ineligibility resulting from a change in the significance of the individual's disability or due to reasons other than ineligibility.

6-5-2: Client Notification

The individual must be given the opportunity to participate in the closure decision unless the individual is no longer in the state or whereabouts are unknown or if the medical condition is rapidly progressive or terminal. Additionally, the counselor must provide information regarding appeal rights and the means to seek remedy for any dissatisfaction, including the procedures related to the review of the ineligibility decision. A detailed explanation of the CAP should also be provided along with a referral to the IL program, when appropriate. The client will receive a copy of the outcome document.

6-5-3: Record of Service Documentation

Since the IPE has been implemented, regardless of the reason for the closure, documentation indicating why the record is being closed will be recorded on *Form DVR-0503D , IPE Statement of Closure* with a copy given to the client. This documentation should also include a list of other agencies to which the client has been referred including, when appropriate, the IL program. If the record is closed due to ineligibility, *Form DVR-0503, Amendment to the IPE*, to delete planned services which have not been provided is required and must be signed by the client. *Form DVR-0501, Ineligibility Decision* addressing the rationale for the decision is also prepared and given to the client.

Section 6-6: Outcomes from Pre-Service Listing-Case Status Code 38

6-6-1: Closure Standards

Individuals closed in this status will have been determined eligible for services but not accepted for services due to ineligibility or reasons other than ineligibility after implementation of the order of selection for services.

6-6-2: Client Notification

The individual must be given the opportunity to participate in the closure decision unless the individual is no longer in the state or whereabouts are unknown or if the medical condition is rapidly progressive or terminal. Additionally, the counselor must provide information regarding appeal rights and the means to seek remedy for any dissatisfaction, including the procedures related to the review of the ineligibility decision. A detailed explanation of the CAP should also be provided along with a referral to the IL program, when appropriate. The client will receive a copy of the closure summary document.

6-6-3: Record of Service Documentation

The case record must contain documentation indicating the reason(s) the case is being closed. Such documentation will be in the form of a letter to the client. If closed due to ineligibility, then *Form DVR-0501, Ineligibility Decision* is also prepared and given to the client. The rationale for the ineligibility decision is to be documented on the form.

Section 6-7: Closure Retrievals

6-7-1: Retrieval of Status 26 Closures

If a case is closed status 26 and upon additional audit or review is determined not to have met closure standards outlined in 6-1-1 the UM must email a request for the status change to the BEAM system administrator who will change the status from status 26 to the requested status and document the request on the Client Case Note for the status change.

6-7-2: Retrieval of All Other Closures

If after closure to status 08, 28 or 30 a determination is made to change the case status back to an active status or to a different closure status, the UM must email a request for the status change to the BEAM system administrator who will complete the action and document the request on the Client Case Note for the status change.

CHAPTER SEVEN: POST EMPLOYMENT SERVICES

Section 7-1: Post Employment Services – Case Status Code 32

Post employment services may be provided to those individuals who meet the following criteria:

1. The individual successfully completed a rehabilitation program and the case record was closed in case status code 26; and
2. The individual is in need of rehabilitation services to maintain, regain, obtain, or advance in employment.

Services provided to individuals in this phase of the rehabilitation process are not designed to resolve a vast array of complex objectives and are subject to the same financial need requirements and comparable benefits as noted in Section 3-11. Services which are designed to support other services such as transportation, maintenance, and personal care can only be provided in support of and in conjunction with other services. Such services cannot be provided to support employment since employment is the goal and not a service. The need for post closure services is assessed at the time the IPE is developed and reassessed at the time the case is closed when the client has achieved a successful employment outcome.

Although time and expenditure limitations are not permitted, counselors should be aware of and consider the extent of services needed and whether such services are part of the original or amended IPE. Circumstances which are new or different enough to warrant a new eligibility determination and IPE should not be resolved through post employment services. If the record has been purged and destroyed, then a new eligibility determination and IPE is required.

7-1-1: Procedure to Enter Post Employment Services

At the time it is determined that post employment services are required, the Counselor should complete an amendment to the IPE listing the services required in post employment. Once all the required signatures have been secured services may be implemented. The client should be placed in status 32, Post-Employment Services.

7-1-2: IPE for Post Employment Services

Using the appropriate IPE format, the IPE for post employment services is developed, reviewed and documented in the same manner as described in Chapter 5. The counselor and client should jointly develop a time frame when the goal of job stability is expected to be achieved. The record of service should be maintained as any other active record.

7-1-3: Procedure to Exit Post Employment Services

When the IPE post employment goal has been achieved, the IPE will be closed using the appropriate IPE format. This closure does not result in a successful employment outcome and the record of service cannot be closed unsuccessfully. The closure information should be entered into the automated case management system.

[34 CFR 361.39, 361.41, 361.42, 361.43, and 361.47; 10 NCAC 20C.0313]

CHAPTER EIGHT: COMMUNITY REHABILITATION PROGRAMS

Section 8-1: Absences

Absences exceeding three (3) days during a monthly period must be reported at the time of occurrence by the Community Rehabilitation Program (CRP) and should be reviewed by the counselor to determine if continued sponsorship is appropriate. Also, if at any time, absences in excess of 30 days are projected, the counselor should complete an online authorization terminating the client. A new authorization should be entered on-line upon reentry. Counselors should encourage clients to attend on a regular basis and to keep absences at a minimum

Section 8-2: Supported Employment Programs

Supported Employment (SE) services may be provided to clients classified as Most Significantly Disabled who require this service in order to become employed. According to the Workforce Innovation Opportunity Act (WIOA) VR funded SE cannot exceed twenty-four (24) months unless the IPE indicates that more than twenty-four (24) months is necessary to achieve job stability. This period begins when the individual is placed in job-site training and continues without interruption unless there is an interruption in employment. Post-employment services may be provided if such services are needed to maintain competitive integrated employment. See Section 2-20-13.

8-2-1: Supported Employment (SE) Milestone Program

Effective November 1, 2013, all former authorization programs will be paid under a results driven, milestone based system. Each milestone is paid at completion and counselor approval. The supported employment milestone program is a payment system for supported employment services whereby the CRP vendor is reimbursed at a set rate for the client's achievement/completion of a pre-defined supported employment milestone. It is not necessary for a client to progress through all milestones. However, all clients are initiated into a milestone supported employment program at the intake milestone. Even though a client is not required to complete all milestones under the milestone program, the ultimate goal of supported employment services is to assist clients in achieving a competitive integrated employment outcome (successful closure, status 26).

Supported Employment Milestones

SE Milestone 1: The **Intake** milestone is defined as an initial meeting coordinated by the CRP with the client, client representative (if applicable), VR staff, CRP staff, and other persons essential to rehabilitation planning at the request of the client.
Counselor Review of Milestone: The counselor shall confirm that the intake meeting was held and that the CRP has submitted all required documentation.

Required Documentation: The CRP shall provide a vocational profile and initial CRP Service Plan to the Division as evidence for completion of milestone 1.

SE Milestone 2: The **Supplemental Evaluation** milestone is defined as an assessment conducted in the community to determine whether an individual can benefit from a supported employment program in terms of a competitive integrated employment outcome or to determine specific supported employment interventions that are required for the individual to be successful within a supported employment program. Although not required for every client, this evaluation is conducted when additional information specific to the success of supported employment services is needed. A situational assessment at a competitive job site and job sampling are examples of supplemental evaluation techniques. The following are examples of concerns that may indicate the need for a supplemental evaluation:

- Need to clarify the most suitable SE placement
- Need to assess whether rehabilitation technology is required
- Need to reassess the suitability of a job placement or a change in the individual's medical condition

Counselor Review of Milestone: The counselor shall confirm that the evaluation report has addressed the referral questions supplied to the CRP at the time that the supplemental evaluation was requested.
Required Documentation: The CRP shall provide a narrative Supported Employment Evaluation Report. If the evaluation exceeds four weeks, a monthly summary shall also be submitted. Finally, the CRP Service Plan must be updated with the job development plan, if the CRP is requesting to continue with further SE services.

SE Milestone 3A: The **Job Development and Retention** milestone is defined by time spent developing job sites, contacting potential employers, securing a position that matches the client's skills, abilities, motivation, interests, needs, and goals, or assisting clients during the interview process.
Counselor Review of Milestone: Completion and payment of this milestone Requires a minimum of three days of documented training support. The Job Development and Retention milestone requires supervisor approval for RCIs.
Required Documentation: The CRP shall provide progress notes of job development activities on at least a monthly basis. The Work History form must be completed with information about the client's placement. Additionally, the CRP shall provide a Task Analysis and shall update the CRP Service Plan with the intensive training plan information.

SE Milestone 3B: The **Job Retention** milestone is defined as time spent assisting clients with establishing and orienting themselves in an SE placement. This milestone is only applicable to instances where the client has been referred to the CRP with a job. In these instances, the CRP is eligible for SE Milestone 1 (Intake) as well as SE Milestone 3B (Job Retention).
Counselor Review of Milestone: Completion and payment of this milestone requires a minimum of 3 days of documented retention support.
Required Documentation: The CRP shall provide a task analysis as well as an updated CRP Service Plan with intensive training plan information.

SE Milestone 4: The **Training and Stabilization** milestone may include preparation at the job site, client program development, on-the-job training, employment advocacy time, non-employment advocacy time, and community resource training. The result of the interventions should be that the client is performing the job with the level of support that can be offered according to the client's Extended Services Plan.
Counselor Review of Milestone: The counselor shall confirm that the client has achieved his/her supported employment training goals and is suitably employed concordant with the client's IPE.
Required Documentation: The CRP shall provide notes of the client's progress in training including descriptions of the impact of the SE interventions on at least a monthly basis. Additionally, the CRP shall provide an updated CRP Service Plan with intensive training plan information, a Task Analysis, and an Extended Services Plan.

SE Milestone 5: The **Closure** milestone is defined by the successful employment of a client 90 days after the end of the stabilization period AND successful closure of the client's VR case (status 26).
Counselor Review of Milestone: There is no separate counselor review of SE Milestone 5 (Closure)**.** The CRP is automatically awarded this milestone when the counselor processes the client through to successful closure in the automated case management system (BEAM). Supervisor approval of the status 26 is required for RCIs prior to the system awarding payment to the CRP. In situations where the VR counselor is not able to close a client's VR case in status 26 at the 90 day count due to an unresolved service, the counselor and/or CRP may contact the Regional CRP Specialist who may consult with the Chief of Employment Services & Program Development or Program Specialist for CRPs for guidance
Required Documentation: The CRP shall provide a 30/60/90 Day Consumer and Employer form.

Revised 7/1/2018

8-2-2: Supported Employment (SE) Performance-Based Funded Program

The supported employment performance-based funded (PBF) program is a payment system for supported employment services whereby the CRP vendor is reimbursed at a set rate for the client's achievement/completion of a package of supported employment services. Unlike the milestone program, the CRP is not reimbursed for every successful intervention, but for a package of successful interventions. The VR Counselor directs the CRP in which services should be provided to the client using the Referral – Supported Employment Services form and subsequent CRP – Progress Report form. Even though a client is not required to complete all services offered under the performance-based program, the ultimate goal of supported employment services is to assist clients in achieving a competitive integrated employment outcome (successful closure, status 26). Requested services are contingent on the needs of the client. These services may include: Supplemental Evaluation, Job Development & Job Placement, and Intensive Training. The client may transition between services at the direction of the VR Counselor and may terminate from the SE PBF program out of any service. Not all transitions and terminations will be paid to the CRP. A payment may be issued to the CRP in the following instances:

- **SE Major Benefit Outcomes** are issued after a client that has been placed in employment that meets SE criteria has completed intensive training, including the stabilization phase, and the employment is expected to continue with the appropriate extended services being provided. Required documentation prior to outcome approval includes updated CRP Service Plan, job development and intensive training notes, new hire form, task analysis, and Extended Services Plan Supervisor approval is required for a major benefit outcome for RCIs. **Successful Supported Employment Outcomes** (status closure code 26) will only be issued when the client has completed services identified on the IPE, to the extent possible, and the client has been employed for a minimum of ninety (90) days. The CRP will receive a payment for successful outcome if the client is terminated with a payable major benefit outcome and the employment outcome is achieved within 365 days after the major benefit outcome occurred. Supervisor approval of the status 26 is required for RCIs prior to the system awarding payment to the CRP.

- If necessary, SE PBF services may be repeated prior to a payable outcome being awarded or after a payable outcome has been awarded. A CRP can be awarded more than one major benefit outcome for a single client.

- Only one successful supported employment outcome (status closure code 26) can be achieved on any client during the same fiscal year.

Revised 7/1/2018

Section 8-3: Work Adjustment Services

8-3-1: Work Adjustment (WA) Milestone Program

The work adjustment milestone program is a payment system for work adjustment services whereby the CRP vendor is reimbursed at a set rate for the client's achievement/completion of a pre-defined work adjustment milestone. It is not necessary for a client to progress through all milestones. All clients are initiated into a milestone Work Adjustment program at the intake milestone. Even though a client is not required to complete all milestones under the milestone program, every client must complete WA milestone 3 (completion of training goals) to receive the WA milestone 4 (closure). The ultimate goal of work adjustment services is to prepare clients for a competitive integrated employment outcome (successful closure, status 26).
Work Adjustment Milestones

WA Milestone 1: The **Intake** milestone is defined as an initial meeting coordinated by the CRP with the client, client representative (if applicable), VR staff, CRP staff, and other persons essential to rehabilitation planning at the request of the client.
Counselor Review of Milestone: The counselor shall confirm that the intake meeting was held and that the CRP has submitted all required documentation.
Required Documentation: The CRP shall provide a vocational profile and initial CRP Service Plan to the Division as evidence for completion of milestone 1.

WA Milestone 2A: The **Job Development and Retention** milestone is defined by time spent developing job sites, contacting potential employers, securing a position that matches the client's skills, abilities, motivation, interests, needs, and goals, or assisting clients during the interview process.
Counselor Review of Milestone: Completion and payment of this milestone Requires a minimum of three days of documented training support. The Job Development and Retention milestone requires supervisor approval for RCIs.
Required Documentation: The CRP shall provide progress notes of job development activities on at least a monthly basis. The Work History form must be completed with information about the client's placement. Additionally, the CRP shall provide a new hire form with counselor approval, task Analysis and shall update the CRP Service Plan with the training plan information.

WA Milestone 2B: The **Job Retention** milestone is defined as time spent assisting clients with establishing and orienting themselves in job. This milestone is only applicable to instances where the client has been referred to the CRP with a job. In these instances, the CRP is eligible for WA Milestone 1 (Intake) as well as WA Milestone 2B (Job Retention).
Counselor Review of Milestone: Completion and payment of this milestone requires a minimum of 3 days of documented retention support.
Required Documentation: The CRP shall provide a task analysis as well as an updated CRP Service Plan with training plan information.

WA Milestone 3: The **Completion of Training Goals** milestone may include on-the-job training, soft skill training, employment advocacy time, non-employment advocacy time, and community resource training. The result of the interventions should be that the client is performing the job independently or with natural supports.
Counselor Review of Milestone: The counselor shall confirm that the client has achieved his/her training goals and is suitably employed in accordance with the client's IPE.
Required Documentation: The CRP shall provide notes of the client's progress in training including descriptions of the impact of the WA interventions on at least a monthly basis. Additionally, the CRP shall provide an updated CRP Service Plan with job training plan information, and Task Analysis.

WA Milestone 4: The **Closure** milestone is defined by the successful employment of a client 90 days after the completion of training goals AND successful closure of the client's VR case (status 26).
Counselor Review of Milestone: There is no separate counselor review of WA Milestone 4 (Closure)**.** The CRP is automatically awarded this milestone when the counselor processes the client through to successful closure in the automated case management system (BEAM). Supervisor approval of the status 26 is required for RCIs prior to the system awarding payment to the CRP. In situations where the VR counselor is not able to close a client's VR case in status 26 at the 90 day count due to an unresolved service, the counselor and/or CRP may contact the Regional CRP Specialist who may consult with the Chief of Employment Services & Program Development or Program Specialist for CRPs for guidance.

Required Documentation: The CRP shall provide a 30/60/90 Day Consumer and Employer form.

Revised 7/1/2018

8-3-2: Work Adjustment (WA) Performance-Based Funded Program

The work adjustment performance-based funded (PBF) program is a payment system for work adjustment services whereby the CRP vendor is reimbursed at a set rate for the client's achievement/completion of a package of work adjustment services. Unlike the milestone program, the CRP is not reimbursed for every successful intervention, but for a package of successful interventions. The VR Counselor directs the CRP in which services should be provided to the client using the Referral – Work Adjustment Services form and subsequent CRP – Progress Report form. Even though a client is not required to complete all services offered under the performance-based program, the ultimate goal of work adjustment services is to assist clients in preparing for a competitive employment outcome. In many cases, the CRP program is expected to assist the client all the way to successful closure (status 26). Requested services are contingent on the needs of the client. These services may include: Vocational Evaluation, Work Adjustment Training, Job Development & Job Placement, and Job Coaching. The client may transition between services at the direction of the VR Counselor and may terminate from the WA PBF program out of any service. Not all transitions and terminations will be paid to the CRP. A payment may be issued to the CRP in the following instances:

- **Vocational Evaluation:** Effective May 1, 2015, all Vocational Evaluations performed by Performance Based Funded CRPs will be paid through an authorization for services. The major benefit rate will not be impacted. The counselor may refer a client for psychometric testing only (the payment for this service will be $250.00) or situational assessment only (the payment for this service will be $750.00). If referring for both services, both line items will be on the authorization totaling $1,000.00. The payment is issued when the client's vocational evaluation has been completed and a Vocational Evaluation Report has been provided to the agency that addresses the referral questions issued by the counselor. This service falls under work adjustment services.

Effective: 5/1/2015

- **WA Major Benefit Outcomes** are issued in any of the following situations:

  1) when a client who has obtained employment has completed job coaching and the employment is expected to continue with the client's natural supports;
  2) when a client has received WA PBF interventions that prepared the client to exit the program ready to begin On-the-Job Training (OJT);
  3) when a client has received WA PBF interventions that prepared the client to begin academic or vocational training (other than secondary education or another work adjustment or supported employment program), **OR**

4) when a client has received WA PBF interventions that prepared the client to obtain and initiate employment without the CRP's support.

Supervisor approval is required for a major benefit outcome for RCIs.

- **Successful Employment Outcomes** (status closure code 26) will only be issued when the client has completed services identified on the IPE, to the extent possible, and the client has been employed for a minimum of ninety (90) days. The CRP will receive a payment for successful outcome if the client is terminated with a payable major benefit outcome and the employment outcome is achieved within 365 days after the major benefit outcome occurred. Supervisor approval of the status 26 is required for RCIs prior to the system awarding payment to the CRP.

- If necessary, WA PBF services may be repeated prior to a payable outcome being awarded or after a payable outcome has been awarded. A CRP can be awarded more than one major benefit outcome for a single client.

- Only one successful employment outcome (status closure code 26) can be achieved on any client during the same fiscal year.

Revised 7/1/2014

Section 8-4: CRP Fee-for-Service Services

8-4-1: Community Based Assessment Services

CROSS REFERENCE: **Subsection 2-23-3, Community Based Assessment**
Subsection 2-23-5, Community Based Assessment for Transition Services

Community Based Assessment services can be provided by CRPs according to the service definitions elsewhere in this manual. The CRP shall document CBA interventions and request payment when the assessment is determined to either be complete or terminated for some other reason. The CRP shall provide a Community Based Assessment Evaluation report that addresses the questions issued by the counselor at the time of referral. These services are billed in quarter-hour increments at the Volume V rate.

8-4-2: Work Adjustment Daily Rate Programs

Some CRPs provide work adjustment services under a fee-for-service arrangement. The services provided by these programs include vocational evaluation and work adjustment training. These programs bill for services at either a half-day or full-day rate The rates and list of vendors that provide work adjustment daily rate programs can be found in Volume V.

8-4-3: Group Supported Employment Program

Some CRPs offer group supported employment programs that consist of a small group of workers moving about the community performing a specific service. Workers generally have a ratio of one supervisor to approximately five employees with disabilities. Typically the workers perform service jobs for organizations, businesses, and individual community members. These services are billed in quarter-hour increments at the Volume V rate.

Revised 7/1/2014

Section 8-5: Liaison Counselor Responsibilities

1. Ensuring that there is VR participation in the CRP service delivery process. In order to be in compliance with Division standards, a counselor must be present at all regularly scheduled client staffings. Although, the CRP has the responsibility for scheduling such staffings, the liaison counselor is responsible for ensuring that staffings are being held, and/or participating in staffings if the counselor of record cannot attend. The liaison counselor may assist in scheduling convenient staffings.

2. Ensuring that the CRP follow required reporting procedures within specified time frames.

3. Coordinating services for counselors who are stationed in another county or region. Liaison counselors should attend staffings and forward appropriate reports to the respective counselor of record.

4. Maintaining a good working knowledge of Division forms, the various payment systems (milestone, PBF, authorization), and policy and procedure relevant to utilizing CRPs. In conjunction with the regional CRP specialist, the liaison counselor should be available to provide consultation to CRP and VR personnel, as needed.

5. Reporting problems as necessary to the Supervisor. The Supervisor should, in turn, report such problems to the regional CRP specialist.

6. Participating in program reviews with the CRP and VR staff, as scheduled by the regional CRP specialist.

Section 8-6: CRP Documentation in BEAM Case Management System

The BEAM case management system allows an interactive process with Community Rehabilitation Programs (CRP)to in order to record client activity and process payments to CRPs. The counselor will authorize and refer clients for CRP services with one action. All referrals will be received by a designated CRP supervisor who acts as a gatekeeper for information sent to and from VR. After accepting a referral, the CRP staff is granted 'read-only' access to necessary documents within the BEAM system, such as the *Demographic Form, Referral Specifics, Work History, Education History, Medical History, VR Intake, Certification of Eligibility, WRAP*, the *IPE* and amendments.

8-6-1: Submitting CRP Referrals

There are separate referral forms for each type of CRP service (e.g., *Referral – Supported Employment Services*). Most commonly, CRP services are initiated through the IPE when the service and vendor are identified and agreed to by the client. Once a client is in status 12, the CRP referral forms are only available if CRP services have been approved on the plan. When there is an approved plan that includes CRP services, the appropriate CRP referral form becomes available to the counselor. The referral form will automatically load the vendor and CRP service. However, a client can be referred for CRP services in Status 10. Without the plan, a counselor must identify the vendor and service on the appropriate CRP referral form by adding this form to the client's electronic record. All subsequent services are rendered in the same manner as under a plan.

8-6-2: CRP Review of Referrals

Once a case is referred to a CRP, it is expected that the receiving CRP supervisor will accept, reject, or waitlist the referral in a timely manner and, if accepted, begin provision of the requested service. The CRP supervisor who acts as gatekeeper will assign cases to appropriate CRP staff to provide the services.

8-6-3: CRP Service Documentation and Approval

The progression of a consumer to the next level of service must be approved by the counselor before the CRP begins the delivery of service at that next level. Service details are documented in the *CRP- Progress Report* according to the documentation requirements described earlier in this chapter. The *CRP-Progress Report* can be viewed by anyone with access to the electronic record at any time. However, in order to fully approve a milestone, outcome, or individual units of service (for fee-for-service services) and to allow the client to continue progressing through the CRP program, CRP and VR users must complete the following approval steps:

	Role	Approval Status
1	CRP Worker	Ready for Supervisor Review
2	CRP Supervisor	Supervisor Accepted
3	VR Counselor	Counselor Approved
***4**	*VR Counselor (if applicable)*	Ready for Agency Supervisor Approval
***5**	**VR Supervisor (if applicable)*	Counselor Approved

**These steps are only applicable for milestones, outcomes, or units of service that require VR supervisor approval*

Status 10

Though CRP service documentation and process is carried out through the BEAM system, this does not remove the expectation and requirement for VR and CRP staff to schedule and participate in admission staffings, monthly staffings, or exit staffings. This cooperation and collaboration are necessary to update progress (or lack of progress) toward the client's vocational goal. Regular communication between the counselor and CRP staff is essential to the success of the client and smooth provision of community rehabilitation services that meet the needs of the client.

It is recommended as best practice that counselors review CRP services on a weekly basis to see if progress notes have been submitted for approval and payment. A delay in review and approval of progress notes will impede the continuity of service provision and planning for the consumer and payment to the CRP for services rendered.

CHAPTER NINE: PRE-EMPLOYMENT TRANSITION SERVICES (Pre-ETS)

3/9/2018

Section 9-1: Introduction

The Rehabilitation Act, as amended by the Workforce Innovation and Opportunity Act of 2014 (WIOA) defined a new category of vocational rehabilitation services which are specific to students with disabilities. These services are referred to as pre-employment transition services. North Carolina VR has chosen to use the acronym (Pre-ETS) when referring to pre-employment transition services. The Act prioritizes the Division's funding towards Pre-ETS (PL 113-128).

Under WIOA, the Division must reserve at least fifteen percent of its Federal allotment, under the State Vocational Rehabilitation Services (VR) grant (CFDA 84.126A), for the provision of pre-employment transition services under section 113 of the Rehabilitation Act.

In addition, the Act emphasizes services to students and youth by defining new performance indicators specific to youth (individuals aged 14-24). These youth performance measures are shared by all state workforce partners.

Lastly, the Act emphasizes high quality, competitive, integrated employment outcomes for students and youth, including those with the most significant disabilities, by exposing them to career options and experiences as they prepare to leave high school. The Division's objective is to provide Pre-ETS services to students with disabilities within the context of our mission of helping individuals with disabilities achieve employment outcomes.

Section 9-2: Target Population and Definitions

Target Population: Pre-employment transition services are provided to "students with disabilities" who need them and are eligible for VR services or potentially eligible for VR services.

Individual with a disability means an individual:

- Who has a physical or mental impairment that substantially limits one or more major life activities;
- Who has a record of such an impairment; or
- Who is regarded as having such an impairment

Major life activities include, but are not limited to caring for oneself, performing manual tasks, seeing, hearing, walking, speaking, standing, lifting, bending, learning, reading, concentrating, and working. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, digestive,

respiratory, circulatory, brain and endocrine functions. (PL 113-128, Title V, Section 3 (25))

Student with a disability is an individual age 14-21 participating in a secondary, postsecondary, or other recognized educational program, including homeschool and non-traditional secondary educational programs, and is:

- Eligible for and receiving special education or related services under an IEP in accordance with the Individuals with Disabilities Education Act (IDEA);

OR

- A student who meets the definition of an individual with a disability for purposes of Section 504 of the Rehabilitation Act, as amended by WIOA

A student with a disability may be eligible or potentially eligible for VR services. A student with a disability remains in this category until the individual exits school or reaches age 21, whichever is sooner. Postsecondary students with disabilities are those individuals who meet the criteria above and are currently enrolled in a postsecondary program which results in a degree (e.g., Associates, Bachelors, Masters) or an industry-recognized credential (e.g., Certified Nursing Assistant (CNA), Basic Law Enforcement Training (BLET), Cisco Certified Entry Networking Technician (CCENT)), a certificate of completion of an apprenticeship, or a license recognized by the State of North Carolina or Federal government. (34 CFR 361.5(c)(51))

Youth with a disability is an individual with a disability between the age of 14 and 24. This includes individuals in secondary school, high school graduates, high school dropouts, and students in post-secondary training. Youth with Disabilities means more than one Youth with a Disability. (34 CFR 361.5(c)(58))

Potentially Eligible means a *student with a disability* regardless of whether the student has applied for or has been determined eligible for VR services. This term is unique to implementing pre-employment transition services and is not applicable to any other Vocational Rehabilitation service. A student who has been determined ineligible for VR services is not potentially eligible. (PL 113-128, Section 113)

VR Transition Services are Vocational Rehabilitation services available to students and youth with disabilities. They are outcome-oriented and promote movement from school to post-school activities, including postsecondary education, vocational training, and competitive integrated employment. Transition services may include job-related services, such as job search and placement assistance, job retention services, follow-up services, and follow-along services, based on the needs of the individual. Transition services must be provided to students and youth with disabilities who have been determined eligible for VR services in accordance with an approved Individualized Plan for Employment. Transition services may also be provided in group settings to students and youth with disabilities. (34 CFR 361.5(c)(55))

Section 9-3: Assessing Local Needs for Pre-Employment Transition Services

VR managers and staff who serve students with disabilities shall develop and convene transition teams annually to conduct a Pre-Employment Transition Services (Pre-ETS) Needs Assessment using tools provided by the Division found on the DVRS Intranet forms page. In addition to VR staff, team members may include any or all of the following partners:

- Secondary schools
- Workforce board youth service providers
- Community rehabilitation programs
- Parents
- Students with disabilities
- Community College/University representation
- Other team members involved in the provision of Pre-ETS

The objective of the Pre-ETS Needs Assessment is to work collectively with the local transition team to identify populations of students with disabilities, identify strategies for sharing information about Pre-ETS with these students, and to determine, from the options outlined in these policies, how pre-employment transition services will be delivered statewide.

The local Pre-ETS Needs Assessment information will be compiled by the Division's Planning and Evaluation section to incorporate into the Division's triennial Comprehensive Statewide Needs Assessment and the fiscal forecast for projecting the portion of Pre-ETS reserve funds required for Pre-ETS Required Activities and Coordination versus reserve funds remaining for Pre-ETS Authorized Activities.

Section 9-4: Requesting and Arranging for Pre-Employment Transition Services

9-4-1: Obtaining a Pre-Employment Transition Services Referral and Consent to Participate in Pre-Employment Transition Services

Prior to participation in Pre-ETS Required Activities, a student must be (1) verified to be a *student with a disability* and (2) adequately informed of the Pre-ETS service(s) in order that the student and parent or guardian, if applicable, can consent to the service(s). The *Pre-ETS Referral and Consent to Participate* form is used to (1) solicit broad consent to be considered for Pre-ETS Required Activities in the student's local area and (2) collect information that is required for contacting the student and for federal reporting.

As a distinct set of VR services, a student with a disability may request Pre-ETS Required Activities through the IPE process, if the student is eligible, or through the Pre-

ETS referral process. For students who are already being served under an IPE, the *Pre-ETS Referral and Consent to Participate* form is not required to participate in Pre-ETS. However, the counselor must review existing VR data to assure that the individual meets the definition of a student with a disability and because Pre-ETS Required Activities are considered core services, the IPE shall be amended and approved by the student and parent or guardian, if applicable, prior to initiating Pre-ETS Required Activities. IPE Pre-ETS services are defined in the *BEAM Pre-ETS Service Dictionary* located on the DVR intranet forms page.

VR Case Status	Disability Information	Age Information	Student Information
00, 02, 10	Collected on Pre-ETS Referral and Consent to Participate Form; must be verified by school representative signature	Collected on Pre-ETS Referral and Consent to Participate Form	Collected on Pre-ETS Referral and Consent to Participate Form; must be verified by school representative signature
12, 18, 20, 22	Collected from VR Eligibility Documentation	Collected from Demographic Form	Collected from Education History Form

9-4-2: Verifying a Student with a Disability

When a student has been referred and consented to Pre-ETS, a case record must be added to the Division's case management system (if the student does not already have a case record in an open case status). To open a new case record for Pre-ETS services only, the BEAM *Demographic* and *Referral Specifics* form must be completed. The program type for the Referral Specifics form is: Vocational Rehabilitation. The target group for the Referral Specifics form is: DVRS-Pre-ETS.

In addition, the *Pre-ETS Case Information Form* must be completed in BEAM for each student, regardless of VR eligibility or plan status. The begin date on the *Pre-ETS Case Information Form* is the date in which an individual is verified as a student with a disability whom is permitted to receive Pre-ETS services being funded from the Pre-ETS account. Pre-ETS services cannot be provided or included on the IPE until the individual is verified as a student with a disability in the *Pre-ETS Case Information Form*.

9-4-3: Arranging for Pre-Employment Transition Services

Once the *Pre-ETS Referral and Consent to Participate* form is completed or the IPE is amended and the individual's *student with a disability* status has been verified by completing the *Pre-ETS Case Information Form* in BEAM, VR staff may proceed with identifying and informing the student and the student's parent or guardian, if applicable, of available Pre-ETS Required Activities, including any details needed to participate (e.g., when, where, what the student can expect to do, and how the student will be

expected to benefit). The following factors are relevant to arranging Pre-ETS Required Activities:

- The Division shall make available, across the state, some pre-employment transition services in each of the Required Activity areas.
- There are no specific requirements as to which of the Pre-ETS Required Activities a single student with a disability should receive. Additionally, there is not a requirement that a student with a disability receive all five (5) of the Pre-ETS activities.
- The determination of which and how many of the five Pre-ETS Required Activities a student with a disability will receive should be discussed and agreed upon by NCDVR and the student with a disability and will be based on informed choice of the student, and parent/guardian, as applicable, and the student's need for each of the services.
- Pre-ETS may be provided prior to a student with a disability's application for VR and may also be provided once a student applies for VR, during the eligibility determination period, and as a part of the student's IPE. As such, Pre-ETS Required Activities may be provided on a continuum ranging from introductory, single-instance interactions to long-term programs or experiences, such as internships. Those Pre-ETS Required Activities which require a more frequent or complex level of engagement and more specific rehabilitation knowledge of the student may be provided as a part of the student's IPE while more introductory Pre-ETS Required Activities shall be made widely accessible to students with disabilities.
- The determination as to whether the student requires Pre-ETS, individualized VR services, or both can be made according to the following factors:

Student Factor	**Type of Service Program Referral**
The student with a disability is interested in the available Pre-ETS services.	Pre-ETS referral
The student requires other rehabilitation services to participate in Pre-ETS and wishes to pursue a specific employment outcome.	VR referral
The student is ready to participate in more complex services in order to move closer to a specific employment outcome.	VR referral
The student requires individualized (planned) services that require specific knowledge of the individual's disability and functional limitations.	VR referral

- Students with disabilities may:
    A. Receive Pre-ETS Required Activities only

B. Receive Pre-ETS Required Activities and then elect to proceed with an application for the VR Program. Additional Pre-ETS services may continue under an IPE while the individual is still a student with a disability and the student may also receive VR transition or other rehabilitation services.
C. Apply for the VR program and then receive Pre-ETS Required Activities as a part of an IPE. Additional Pre-ETS services may continue under an IPE while the individual is still a student with a disability and the student may also receive VR transition or other rehabilitation services.

- Pre-ETS Required Activities are not contingent on a student's financial need.
- Pre-ETS Required Activities are considered core services when provided as a part of a student's IPE.
- According to the local school requirements identified through the Pre-ETS Needs Assessment and other factors such as the age of the student and the type of activity, additional consent may be required prior to the student's participation in a specific Pre-ETS Required Activity, regardless of VR eligibility or plan status. For example, the school may require that an additional school permission form be signed if the specific Pre-ETS activity requires the student to leave the school campus during the school day or a consent form may be required to release referral information to a third party who will provide Pre-ETS to a student with an IPE.

9-4-4: Record of Service for Individuals Referred for Pre-Employment Transition Services

A hard copy vocational rehabilitation record of service should be created and maintained for each student with a disability who is referred for Pre-ETS services as the student's record will be in VR status 00. The *Pre-ETS Referral and Consent to Participate Form* and any documentation related to the provision of Pre-ETS services shall be maintained in this hard copy case record. This status 00 record of Pre-ETS services may be consolidated to a VR case record file if the individual is later referred for VR services. At this time, a second *Referral Specifics Form* must be added to the case record. The target group for the *Referral Specifics Form* is: DVRS-Vocational Rehabilitation. The Division's record retention policies shall apply (Volume I, Section 1-2-4).

9-4-5: Individuals Who Are No Longer Potentially Eligible

Individuals who have been closed from the VR program due to reasons of ineligibility in any status can no longer be considered eligible or potentially eligible and do not meet the definition of a student with a disability (see Section 6-2 for reasons of ineligibility). If an individual with a disability who was closed from the VR program for reasons of ineligibility experiences changes in the circumstances which led to the ineligibility decision, that individual may be re-referred for Pre-ETS and must provide documentation evidencing the change in circumstances.

9-4-6: Ending Pre-Employment Transition Services

Pre-ETS services are reserved for students with disabilities. When a student ages-out of the age range for a student with a disability (older than 21) OR when an individual within the age range can no longer be considered a student, the VR Counselor must manually end the individual's *student with a disability* designation by placing an end date on the *Pre-ETS Case Information Form* in BEAM. This prevents the student from accessing any services in BEAM with a Pre-ETS designation. This does not prevent individuals from continuing to receive other transition or rehabilitation services if the individual is otherwise eligible for these services and the services have been appropriately planned.

9-4-7: Closure of Case Record for Student Who Received Pre-Employment Transition Services

A student who receives Pre-ETS as a potentially eligible individual will remain in status 00 until the case is closed status 08. Case records must be closed if an individual no longer meets the definition of a student with a disability (e.g., ages out or exits an educational program). It is recommended that cases be closed for a potentially eligible student with a disability if the student has not required, requested, or received Pre-ETS for two or more consecutive quarters. If a student later returns and requests additional Pre-ETS services, the student may be re-referred by adding a new Referral Specifics form.

If a student with a disability no longer wishes to receive individualized VR services but wishes to receive or continue Pre-ETS services, the individual's VR case may be closed and re-opened in status 00. This only applies to individuals whose cases are closed for reasons other than ineligibility.

Section 9-5: Scope of Pre-Employment Transition Services

Pre-employment transition services are designed to be an early start at job exploration for Students with Disabilities to assist students with identifying career interests, and to learn skills in preparation for transition to employment and/or post-secondary education, to be further explored through additional VR services, including VR transition services. These activities must not be used as preliminary assessment services for the purpose of determining whether a student with a disability is eligible for VR services, whether additional vocational rehabilitation services are needed or whether the individual will be successful in employment.

Pre-employment transition services are:

- Required Activities (34 CFR 361.48(a)(2))
- Authorized Activities (34 CFR 361.48(a)(3))
- Pre-Employment Transition Coordination activities (34 CFR 361.48(a)(4))

9-5-1: Pre-Employment Transition Services Required Activities

The following five required activities may be provided individually or in group settings. Not all students with disabilities will request pre-employment transition services. Students with disabilities who do request pre-employment transition services may not require all five activities. Pre-ETS Required Activities are made available statewide to students who need them.

1. **Work-based Learning Experiences** may include coordinating a school-based program of job training and informational interviews to research employers, worksite tours to learn about necessary job skills, job shadowing, or mentoring opportunities in the community. Work-based learning experiences on an individual basis could include work experiences to explore the student's area of interest through paid and unpaid internships, apprenticeships (not including pre-apprenticeships and Registered Apprenticeships), short-term employment, fellowships, or on-the-job trainings located in the community. These services are those that would be most beneficial to an individual in the early stages of employment exploration during the transition process from school to post-school activities, including employment. Work-based learning experiences may include opportunities that are available in school, after school, or outside the traditional school setting; however, they must be provided in an integrated setting to the maximum extent possible. NCDVR and partners should seek every opportunity to provide work-based learning experiences in integrated settings before providing these services in non-integrated settings.

   Should a student need more individualized services (e.g., job coaching, travel expenses, uniforms or assistive technology), he or she would need to apply and be determined eligible for vocational rehabilitation services and develop and have an approved individualized plan for employment.

2. **Job Exploration** may be provided in a classroom or community setting and includes information regarding in-demand industry sectors and occupations, as well as non-traditional employment, labor market information, administration of vocational interest inventories, and identification of career pathways of interest to the students. Job exploration counseling provided on an individual basis might be provided in school or the community and include discussion of the student's vocational interest inventory results, in-demand occupations, career pathways, and local labor market information that applies to the student's particular interests.

3. **Workplace Readiness Training** may include programming to develop social skills and independent living necessary for employment, such as communication and interpersonal skills, financial literacy, including benefits planning services, orientation and mobility skills to access workplace readiness training or to learn to travel independently, job-seeking skills, understanding employer expectations for punctuality and performance, as well as other "soft" skills necessary for employment, and on-site soft skills training to support a student's participation in a work-based learning experience. These services may include instruction, as well as opportunities to acquire and apply knowledge. These services may be

provided in a generalized manner in a classroom setting or be tailored to an individual's needs in a training program provided in an educational or community setting.

4. **Instruction in Self-advocacy** may include, but is not limited to, generalized classroom lessons in which students learn about their rights, responsibilities, and how to request accommodations or services and supports needed during the transition from secondary to postsecondary education and employment. During these lessons, students may share their thoughts, concerns, and needs, in order to prepare them for peer mentoring opportunities with individuals working in their area(s) of interest. Further individual opportunities may be arranged for students to conduct informational interviews or mentor with educational staff such as principals, nurses, teachers, or office staff; or they may mentor with individuals employed by or volunteering for employers, boards, associations, or organizations in integrated community settings. Students may also participate in youth leadership activities offered in educational or community settings.

5. **Counseling on Opportunities for Enrollment in Comprehensive Transition or Post-Secondary Education Programs**
may include, but is not limited to, information on course offerings, career options, exploring the types of academic and occupational training needed to succeed in the workplace, and postsecondary opportunities associated with career fields or pathways. This information may also be provided on an individual basis and may include advising students and parents or representatives on academic curricula, college application and admissions processes, completing the Free Application for Federal Student Aid (FAFSA), and resources that may be used to support individual student success in education and training, which could include disability support services.

9-5-2: Provision of Pre-Employment Transition Services Required Activities

1. **Pre-ETS Purchased Services:** Pre-ETS Purchased Services are individual Pre-ETS Required Activities which are purchased from a Division vendor for a fee using a case service authorization (pre-plan or planned).

   Example: Pre-ETS – Internship is a Pre-ETS Purchased Service where an internship is coordinated according to casework policies (See Volume I, Section 2-20-9) for a student with a disability for the purposes of providing a work-based learning experience. A *Pre-ETS – Community Based Assessment* is another Pre-ETS Purchased Service where a job sampling, job shadowing, or informational interview is purchased by the Division from a community rehabilitation agency for the purpose of providing a work-based learning experience for a student with a disability (Volume I, Section 2-23-3).

   How to implement: For students with disabilities who have IPEs, the service must first be added and approved on the IPE. A *Planned Authorization* then must be generated for the Pre-ETS Service. For students with disabilities who do not yet have an IPE, a *Pre-Planned Authorization* must be generated for the Pre-ETS

service. Pre-ETS Purchased Services are coded with a Pre-ETS Service Type by the BEAM Service Administrator and the Division's case management system automatically allocates the service expense to the Pre-ETS account once a payment is made for the service. No additional tracking is required in the *Pre-ETS Case Information Form*. See the *BEAM Service Dictionary* for a list of Pre-ETS Purchased Services.

The Division's Program Policy, Planning, and Evaluation section along with the Program Specialist for Transition services continue to review the Division's services to determine how Pre-ETS Purchased Services can be made available across the state in order to provide one of the five Pre-ETS Required Activities. In addition, staff serving students with disabilities are encouraged to contact the Chief of Policy with requests for policy exceptions that might accomplish the provision of Pre-ETS for individual students.

2. **Pre-ETS Required Activities Provided by NCDVR Employees.** Pre-ETS Required Activities may be delivered directly to students with disabilities by VR counselors, business relations representatives, vocational evaluators, and other Division staff for the purpose of providing one or more of the five Pre-ETS Required Activities. Materials and supplies needed to carry out Pre-ETS services provided by NCDVR employees may be procured via either case service or administrative purchase. Consult with the Division's Program Specialist for Transition Services on curriculum or supply needs for Pre-ETS. Pre-ETS Required Activities provided directly by VR staff may be provided to individual students or groups of approximately 20 or fewer students with disabilities. If a VR specialist (e.g., vocational evaluator or BRR) will be delivering the Pre-ETS Required Activity, then the VR Counselor assigned to the student with a disability shall generate a referral to the specialist for the Pre-ETS Required Activity prior to Pre-ETS service delivery. The specialist will track service provision using the specialist's *Progress Report Form* in addition to tracking the specialist's own services in the *Pre-ETS Case Information Form*.

   Example 1: BRR and transition counselor coordinate and provide a weeklong, half-day self-advocacy training to a group of ten students with disabilities over the summer using a disability awareness curriculum catered to teens.

   Example 2: VR transition counselor and vocational evaluator coordinate and provide a group career interest assessment to 15 students with disabilities and follow-up with one-on-one job exploration counseling with each student at the school.

   How to implement: VR transition counselors and other VR Staff providing services and supports to students with disabilities may provide one or more of the Pre-ETS Required Activities by generating a curriculum or agenda for the service delivery. The VR Counselor shall add the Pre-ETS Required Activity service to the IPE of any student with a disability who has an IPE prior to providing the Pre-ETS service.

   Once the activity has been approved and provided to students with disabilities, the *Progress Report* section of the *Pre-ETS Case Information Form* shall be completed by the VR staff person who is primarily responsible for delivering the service for each student participant with the following information:

- select the Pre-ETS Service
- select *in-house staff* in the *Service provided by* field
- enter the date of service
- enter the hours of service
- select the name of the VR staff person delivering the service
- enter the number of participants
- add a note about the student's participation

Only one staff person may be selected. <u>If more than one VR staff was involved in delivering the service, then this should be indicated in the "hours" field by multiplying the number of hours by the number of staff people present</u> (e.g., if three VR staff persons delivered a workshop to a group of 20 students with disabilities for 1 hour, then 3 should be entered into the *hours* field to indicate that 3 staff hours of service was provided. The number 20 should be entered into the # *of Participants* field to indicate that the 3 total staff hours should be divided by 20 participants). Once completed, the cost of the Pre-ETS Required Activity for the individual student is automatically calculated and allocated to the Pre-ETS account. Services may be backdated in the *Pre-ETS Case Information Form* within the current fiscal quarter.

3. **Pre-ETS Vendor Projects:** Pre-ETS Vendor Projects are those projects which have been procured via a request for applications (RFA) posted by the Division. Through the RFA, the Division awards contracts to community rehabilitation programs, community agencies, and local public agencies to provide pre-employment transition services to a specific population of students with disabilities (e.g., students on the Occupational Course of Study in two local high schools). Contractors will provide a minimum of two Pre-ETS Required Activities. Services may be provided in a variety of settings and may be provided to individuals or groups of students with disabilities. The Division will continue to evaluate applications and award contracts based on a specific need for Pre-ETS Required Activities for the population identified by the applicant. Pre-ETS contracts are reimbursed based on the completion of student-level milestones outlined in each contract.

   Example: A community rehabilitation program will provide a six-week summer Pre-ETS curriculum that involves two weeks of workplace readiness training and a four-week integrated work-based learning experience. Students with disabilities will be recruited from the area high school via contact with the VR Counselor assigned to the school, IEP case managers, OCS teachers, and the Career and Technical Education Special Populations Coordinator.

   How to implement: Local VR staff will be involved in contract negotiations and notified once Pre-ETS contracts are executed. Local staff are responsible for generating referrals for students with disabilities to the contracted agencies. Local VR staff are also responsible for reviewing the program's service delivery documentation to determine whether milestone deliverables have been reached in order to issue payment for services. This process is completed, in part, using the Division's case management system (see table below). All approved milestone payments are automatically allocated to the Pre-ETS account. Any questions regarding a contractor's obligation to provide Pre-ETS services may be directed to the Division's Contract Administrator for the specific contract.

Pre-ETS Vendor Project Referral and Documentation Process		
STEP	**PROCESS**	**NOTES**
1	Identify student referrals.	Vendor may assist with identifying vendor referrals.
2	VR and vendor to provide program information and Pre-ETS referral packets to potential referrals.	Provide *Pre-ETS Referral and Consent to Participate Forms* to any individuals without an IPE (status 12 or higher). Include release of information form to collect disability documentation.
3	VR to verify student with a disability (SWD) status and add case to BEAM.	a. Collect completed *Pre-ETS Referral and Consent to Participate Form* and disability documentation for individuals prior to status 12, including potentially eligible SWDs. b. Review information for completeness. c. Complete Demographic form, Referral Specifics form, and *Pre-ETS Case Information Form* in BEAM OR amend IPE and complete *Pre-ETS Case Information Form* (status 12 or higher).
4	VR to complete and submit *Pre-ETS Vendor Project: Referral Form* to contracted provider.	Send via fax or encrypted email.
5	Vendor to submit accepted Referral Form back to VR referring staff.	Send via fax or encrypted email. VR uploads scan to BEAM using naming convention indicated on referral form.
6	Vendor to maintain documentation of services rendered according to contract performance standards.	See Scope of Work for Performance Standards for each contracted milestone.
7	Vendor to submit *Pre-ETS Vendor Project: Milestone Approval Form* following each completed milestone for each student.	Required documentation should be attached. Send via fax or encrypted email.
8	VR to **PROMPTLY** review milestone approval request.	Compare submitted milestone documentation to contract Scope of Work: Performance Standards to verify that required deliverables were met. Scan completed *Milestone Approval Form* into BEAM using naming convention indicated on milestone approval form.
9	VR to notify DVR Fiscal Services that milestone approval ready for payment approval in BEAM.	Request via email to dvr.m.financialanalyst@dhhs.nc.gov with copy to contract administrator.

9-5-3: Pre-Employment Transition Services (Pre-ETS) Authorized Activities

Pre-ETS Authorized Activities are activities which may be carried out using funds remaining from those reserved for pre-employment transition services after Pre-ETS Required Activities have been made available statewide for the students with disabilities who need them. The availability of funds is contingent on the Division's annual fiscal forecast which assesses the number of students with disabilities in the state and the average cost for providing the Pre-Employment Transition Services Required Activities to determine if funds remain from the 15% reserve.

Pre-ETS Authorized Activities may be provided at the state or local level but must be approved by the Regional Director or designee using the *Pre-ETS Authorized Activity Approval Form* prior to providing the activity. In the event that reserve funds are not available per the annual fiscal forecast, the Division's Chief Financial Officer may elect to use general case service funds for Pre-Employment Transition Services Authorized Activities. The RD or designee will notify staff in the region if at any point funds are not available.

Pre-ETS Authorized Activities include the following:

1. Implementing effective strategies to increase the likelihood of independent living and inclusion in communities and competitive integrated workplaces.

2. Developing and improving strategies for individuals with intellectual disabilities and individuals with significant disabilities to live independently, participate in postsecondary education experiences, and obtain and retain competitive integrated employment.

3. Providing instruction to vocational rehabilitation counselors, school transition personnel, and other persons supporting students with disabilities

4. Disseminating information about innovative, effective, and efficient approaches to achieve the goals of this section

5. Coordinating activities with transition services provided by local education agencies under the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.)

6. Applying evidence-based findings to improve policy, procedure, practice, and the preparation of personnel, in order to better achieve the goals of pre-employment transition services

7. Developing model transition demonstration projects

8. Establishing or supporting multistate or regional partnerships involving States, local education agencies, designated State units, developmental disability agencies, private businesses, or other participants to achieve the goals of pre-employment transition services, and

9. Disseminating information and strategies to improve the transition to postsecondary activities of individuals who are members of traditionally unserved populations

Revised 7/15/2019

9-5-4: Provision of Pre-Employment Transition Services Authorized Activities

The Division's Employment Services and Program Development and Program Policy, Planning, and Evaluation sections take primary responsibility for implementing Pre-ETS Authorized Activities. Through the Comprehensive Statewide Needs Assessment and other methods, program administrators in these sections consider opportunities for building capacity, preparing staff and partners, sharing information, and developing programs that benefit students with disabilities in terms of improving the transition from school to postsecondary education or employment outcomes. Information about the Division's Pre-ETS Fiscal Forecast, the Comprehensive Statewide Needs Assessment, summaries of existing Pre-ETS Authorized Activities, and links to DHHS Open Window and other public communication about Pre-ETS Authorized Activities can be found on the forms page of the VR intranet.

Local VR staff, through community resource mapping and local transition team planning, may identify additional opportunities to achieve one or more of the Pre-ETS Authorized Activities. Some Authorized Activities may be accomplished through local transition, career, or college fairs. VR staff who are interested in providing a Pre-ETS Authorized Activity through an event should review and submit the *Pre-ETS Authorized Activity Approval Form and Guidelines* along with the Division's *Conference Authorization* form. Staff should develop a budget and agenda for the event and must be able to demonstrate how the event achieves one or more of the Pre-ETS Authorized Activities. Permissible expenses include those direct and indirect costs to a vendor which are required to provide or coordinate the specific Pre-ETS Authorized Activity.

Because Pre-ETS Authorized Activities are intended to benefit the larger population of students with disabilities, student-level reporting is not required, however it will be necessary to track participation by students with disabilities, their family members, and/or community agency representatives or other impacts of the activity to students with disabilities. Approved expenses for Pre-ETS Authorized Activities will be procured using administrative purchase procedures and allocated to the Pre-ETS Authorized Activity account. Instructions for tracking staff time spent in planning or implementing Pre-ETS Authorized Activities will be provided in the approval section of the *Pre-ETS Authorized Activity Approval Form*.

9-5-5: Pre-Employment Transition Coordination Activities

Pre-Employment Transition Coordination Activities include the following responsibilities assigned to each Unit office of the Division:

1. Attending individualized education program meetings for students with disabilities, when invited;
2. Working with the local workforce development boards, one-stop centers, and employers to develop work opportunities for students with disabilities
3. Working with schools, including those carrying out activities under section 614(d) of the IDEA, to coordinate and ensure the provision of pre-employment transition services
4. When invited, attending person-center planning meetings for individuals receiving services under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)

9-5-6: Provision of Pre-Employment Transition Coordination Activities

Pre-Employment Transition Coordination Activities are arranged at the Unit Office level by the Unit Manager or VR staff designated to serve students with disabilities. The following Pre-Employment Transition Activities will be tracked in BEAM for the individual student benefitting:

- Attending individualized education program meetings for students with disabilities, when invited;
- When invited, attending person-center planning meetings for individuals receiving services under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)

The VR staff providing the Coordination Activity shall complete the *Progress Report* section of the *Pre-ETS Case Information Form* for the student impacted by the Pre-Employment Transition Coordination Activity with the following information:

- select the appropriate Pre-Employment Transition Coordination Activity in the Pre-ETS Service field
- select *in-house staff* in the *Service provided by* field
- enter the date of service
- enter the hours of service (include staff travel time)
- select the name of the VR staff person delivering the service
- enter the number of participants (should be one student)
- add a note about the Coordination Activity

Only one staff person may be selected. If more than one VR staff was involved in the Coordination Activity, then this should be indicated in the “hours” field by multiplying the number of hours by the number of staff people present (e.g., if a Unit Manager and a VR Counselor travel 15 minutes to attend an IEP for a student with a disability for 1 hour and then travel 15 minutes back to the office, then 3 hours should be entered into the *hours* field to indicate that 1.5 staff hours of service was provided by two staff people). Once completed, the cost of the Pre-ETS Coordination Activity for the individual student is automatically calculated and allocated to the Pre-ETS account.

The following Pre-Employment Transition Coordination Activities will be tracked using the quarterly *Pre-Employment Transition Coordination Activities Report* and completed by the Unit Manager:

- Working with the local workforce development boards, one-stop centers, and employers to develop work opportunities for students with disabilities
- Working with schools, including those carrying out activities under section 614(d) of the IDEA, to coordinate and ensure the provision of pre-employment transition services

Section 9-6: Auxiliary Services for Recipients of Pre-Employment Transition Services

Services such as interpreting and assistive technology are not included in the definitions of pre-employment transition services (Pre-ETS) but are considered auxiliary and other accommodations which can be provided if required for participation in Pre-ETS regardless of VR case status or financial need.

NCDVR will ensure that no qualified student with a disability is denied the benefit of pre-employment transition services on the basis of the individual's disability. Therefore, if a student with a disability requires reasonable accommodations/auxiliary aids or services to access or participate in any of the Pre-ETS Required Activities, NCDVR may pay for such costs when no other public entity is required to provide such aid or service. The auxiliary services listed below may be selected in BEAM. If a student requires a service not currently activated in BEAM, contact our BEAM Service Manager. BEAM will code the service to the Pre-ETS Required Activity with which it was being provided.

9-6-1: Reasonable Accommodation/Auxiliary Aids and Services

A. Accommodations, aids and services for deaf and hard-of-hearing students, including:
    - Qualified interpreters
    - Note takers
    - Real-time computer-aided transcription services
    - Written materials
    - Exchange of written notes
    - Telephone handset amplifiers
    - Assistive listening devices
    - Assistive listening systems
    - Telephones compatible with hearing aids
    - Closed caption decoders
    - Open and closed captioning, including real-time captioning
    - Voice, text, and video-based telecommunications products and systems, including text telephones (TTYs, videophones, and captioned telephones, or equally effective telecommunications devices
    - Videotext displays
    - Accessible electronic and information technology
    - Other effective methods of making aurally delivered information available to individuals who are deaf or hard of hearing

B. Accommodations, aids and services for blind, visually impaired and deaf-blind students, including:
    - Support Services Provider (SSP) for the deaf-blind
    - Qualified readers
    - taped texts
    - audio recordings
    - Brailled materials and displays
    - screen reader software
    - magnification software
    - optical readers
    - secondary auditory programs (SAP)
    - large print materials
    - accessible electronic and information technology
    - other effective methods of making visually delivered materials available to individuals who are blind or have low vision

C. Assistive technology assessments to determine whether modified equipment or devices are needed for a student to participate in pre-employment transition services.

D. Non-adapted or adapted equipment or devices, when needed for a student during participation in Pre-ETS Required Activities. NCDVR will retain ownership of the equipment or device and require its return at the conclusion of the pre-employment transition service for which it was provided, so that it may be available for use by other students during pre-employment transition services.

NOTE: Pre-ETS funds may not be used to modify a student's personal equipment or devices, or to provide personal equipment or devices of which students would retain ownership.

Auxiliary aids and services do not include:

- Personal devices (e.g., computers, laptops, tablets, etc.)
- Prescribed devices (e.g., eyeglasses, hearing aids, wheelchairs)
- Readers for personal use or study
- Attendant Care or other services of a personal nature
- Home or vehicle modifications

9-6-2: Provision of Other Necessary Support Services

Funding of services needed shall be determined in collaboration with the local school system and other resources according to local third party cooperative agreements, if such an agreement exists. School officials continue to be responsible for providing a free and appropriate public education to include transition services required under IDEA. When a potentially eligible student with a disability requires a personal device to participate in pre-employment transition services, NCDVR may refer the student to other resources.

When a student with a disability who has an IPE requires a personal device or other goods and services (e.g. uniforms, maintenance and transportation, or bus pass) to participate in any of the five Pre-ETS Required Activities, the student's needs shall be addressed through the IPE planning or amendment process.

(Workforce Innovation and Opportunity Act (P.L. 113-128); Individual with Disabilities Education Act (P.L. 108-446); 34 CFR 361.48(a); 34 CFR 361.5(c)(51))

APPENDIX

Appendix entries are alphabetized by topic heading.

AgrAbility

Rev. 11/1/2017

In an effort to consistently serve farmers and farm workers throughout our state, we have established guidelines and procedures for serving these clients through the AgrAbility Program.

AgrAbility is an initiative sponsored by the U.S. Department of Agriculture and is intended to assist farmers and their family members who have a disability and other health related concerns. The focus is helping farmers who are at risk of losing their farm due to their disability and/or helping farmers who want to enter into a career as a farmer.

NCATP contracted with NC A&T to provide Assistive Technology and farm assessments. AgrAbility, as it pertains to assisting eligible farmers/farm workers, is a collaboration between DVRS and the North Carolina Assistive Technology Program (NCATP). NCATP can provide an evaluation on the farm to identify many of the disability-related assistive technology needs of the farmer/farmworker.

There are three categories of farmers for DVRS Policy consideration:

1. Existing Farmers
2. Farming as a Self-Employment Venture
3. Employment as an Agricultural Worker

Process for DVRS and AgrAbility (NCATP) to work together:

1. Farmer/Farm worker referred to VR for Intake **(See Supplemental Information below this entry).** NCATP may make this referral to VR, but the referral does not have to come from NCATP.
2. Contact the Planner/Evaluator assigned to AgrAbility Cases in the Policy Office (dvr.m.policyoffice@dhhs.nc.gov) - The Planner/Evaluator serves as case tracker/troubleshooter point person for AgrAbility cases, which admittedly can be challenging.
3. If not already working with AgrAbility through NCATP, we recommend referring for resources and assessment services at the appropriate point, ideally in coordination with rehabilitation engineering for joint site visit.

    - The nature of the case (Job Accommodation versus Self-Employment Venture) will direct assessment flow.
    - Self-Employment Ventures will involve the Self-Employment Specialist to help guide through the SEEDS process.

- Job Accommodation cases (existing farmers/farmworkers) will require appropriate equipment or vehicle modification packet to be submitted to the Policy Office.

The Planner/Evaluator will consult with the Policy Office staff and the Rehabilitation Technology Specialist when cases involve equipment or modifications. The Rehabilitation Technology Specialist will work with rehabilitation engineer, counselor, and AgrAbility evaluator to address and help with equipment/modification procurement process. See *Client Data Packet Checklist: AgrAbility Requests* - for documentation requirements. Located on the DVRS Intranet Forms Page:

https://hrdvr03.dvr.dhhs.state.nc.us/division/forms/dvr/forms_templates.htm

Since the financial needs survey can be challenging for such cases, you are strongly encouraged to consult with the Planner/Evaluator and the Policy team prior to making your determination.

Supplemental Information:

Below are some **suggested** points of conversation in talking with consumers who express interest in farming as a vocational goal. These questions may help us determine the viability of farming as a vocational goal, and help the consumer to take a realistic look at this job choice.

Please contact the Planner/Evaluator assigned to AgrAbility cases for guidance/direction early in the process so that these cases can be tracked and shared with the Policy Office.

1. What is your previous farming experience?
2. How long have you worked on this farm?
3. Who owns the farm?
4. What is the nature of your farm? i.e. crops, cattle, etc.
5. How many acres is the farm?
6. Approximately how many hours per week do you farm?
7. What are your anticipated earnings for the farm?
8. What specific tasks do you perform independently on the farm? Or Describe a typical day on the farm for you.
9. What difficulties/hardships are you currently facing on the farm due to your disability?
10. What assistance do you think you need to alleviate these hardships due to your disability?

11. What supports do you have in maintaining this vocational goal? In other words, is there personnel available to assist with tasks that you are unable to complete independently?
12. Have you had an assessment through NCATP and/or the AgrAbility program?

Attention-Deficit/Hyperactivity Disorder (ADD/ADHD)

ADD/ADHD is a developmental disability with a history of childhood onset that typically results in a chronic and pervasive pattern of impairments in school, social and/or work domains and often in daily adaptive functioning as defined in the DSM-IV. Evaluation and diagnosis by the appropriate specialist is required to establish the existence of a mental, emotional, or substance abuse impairment.

Appropriate specialists include:

- Psychologist
- Licensed Psychological Associate
- Psychiatrist
- Neuropsychologist
- Neuropsychiatrist
- Neurologist
- Pediatrician

IMPAIRMENT
Documentation of ADD/ADHD as an impairment must include the following components:

History
- Onset
- Pervasiveness
- Severity
- Previous/current treatment and response to treatment

Educational/Psychological Assessment
- Aptitudes
- Achievement
- Information Processing

Rule Out Presence of Co-morbid Conditions
While information from the school and medical sources should be included as a component of the assessment, this diagnosis must be based on DSM-IV criteria. Evaluation and diagnosis by a licensed psychologist or psychiatrist is required to establish the existence of mental, emotional or substance abuse impairments. (See Subsection 3-6-5)

SUBSTANTIAL IMPEDIMENT
Emphasis should be on the identification of the impediments to employment caused or created by the impairment. Severity of symptoms is such that ongoing treatment is recommended and, as a result of the impairment, at least one of the following is present:
- Accommodations required to maintain suitable employment

- Inability to maintain suitable employment
- Poor school attendance, tardiness or inability to follow a schedule and meet deadlines
- School discipline issues due to poor problem solving
- Inability to anticipate consequence of behavior and actions
- Poor interpersonal skills due to lack of social judgment

For students in transition either of the additional indicators that ADD/ADHD is an impediment to employment is required as follows:

- The student's academic performance is below the expected level for the individual based on individual intelligence and achievement scores;

- The student has a history of academic performance being below the expected level prior to treatment and/or accommodations

TREATMENT

Prescription and nonprescription drugs and medical supplies may be provided for those individuals who meet the criteria for the financial needs test when comparable benefits are not available. (See Volume I, subsection 2-16-9) Twenty-four sessions of private psychotherapy may be authorized based on counselor discretion. Additional sessions can be authorized with the approval of the Supervisor and the Chief of Policy. (See Volume I, subsection 2-13-1)

Revised 10/1/2011

Auxiliary Aids & Services

A public accommodation is required to provide auxiliary aids and services necessary to ensure equal access to the goods, services, facilities, privileges, or accommodations that it offers, unless an undue burden or fundamental alteration would result. A fundamental alteration is a modification that is so significant that it alters the essential nature of the goods, services, facilities, privileges, advantages, or accommodations offered.

This obligation extends only to individuals with disabilities who have physical or mental (impairments) disabilities, such as vision, hearing, or speech (impairments), that substantially limit the ability to communicate. Measures taken to accommodate individuals with other types of disabilities are covered by other title III requirements such as “reasonable modifications” and “alternatives to barrier removal”.

Auxiliary aids and services include a wide range of services and devices that promote effective communication. According to the Americans with Disabilities Act of 1990, Titles I and V, auxiliary aids and services includes:

- Qualified interpreters or other effective methods of making aurally delivered materials available to individuals with hearing (impairments) disabilities
- Note takers
- Computer-aided transcription services
- Telephone handset amplifiers
- Assistive listening devices and systems
- Telephones compatible with hearing aids
- Closed caption decoders
- Open and closed captioning
- Telecommunication devices for deaf persons (TDD);
- Videotext displays
- Exchange of written notes
- Qualified readers, taped texts, or other effective methods of making visually delivered materials available to individuals with visual (impairments) disabilities;
- Brailled materials
- Large print materials
- Computer terminals, speech synthesizers, and communication boards available to individuals with speech (impairments) disabilities
- Acquisition or modification of equipment or devices
- Other similar services and actions

Blind & Visually Impaired

NC DVRS will refer to the Division of Services for the Blind (DSB) the following individuals:

- All persons having 20/200 or worse vision in the better eye with best correction.
- All persons having between 20/100 and 20/200 in the better eye with best correction if the person has been unable to adjust to the loss of vision or if it is felt the individual needs the specialized services of DSB.
- All persons having night blindness, limited field of vision, or a rapidly progressive condition which in the opinion of a qualified eye specialist will reduce vision to 20/200 or less.

NC DVRS may accept individuals noted below as having an impairment:

- Persons having between 20/100 and 20/200 in the better eye with best correction if the individual has adjusted to the loss of vision and functions as a sighted person.
- Persons having between 20/60 and 20/100 in the better eye with best correction.
- Persons who have no vision in one eye with better than 20/100 with best correction in the other eye.
- Persons with a loss of vision with best correction of 25 % or more. Individuals with vision in one eye only are automatically classified as having a 25% loss of vision. Individuals without binocular vision or depth perception are classified as having useful vision in one eye only.

Borderline Intellectual Functioning

This impairment is diagnosed when there are deficits in adaptive behavior associated with an FSIQ measured in the range of 71-84. The adaptive behavior deficits must be identified by the psychologist, teacher, or the individual's family and must be stated or referenced in the psychological report. The psychologist may require such preliminary information about suspected or known behaviors prior to testing in order to establish the diagnosis. It is extremely unlikely that this impairment will ever be coded as SD.

Caramore Community, INC.

Caramore Community is a 24 hour coordinated program of residential, prevocational, and work adjustment services for adults 18 and over who have severe and persistent mental illness. Treatment is provided through the local mental health center, UNC-Hospitals or private providers as participants choose.

Applicants for this program are required to participate in a 5-day, 4-night on-site visit. Neither the Division nor the client will be mailed for this assessment; however, there is a $28.00 cost to the client to cover food and bus pass expenses during the visit. Applications are available from:

Admissions Coordinator
Caramore Community, Inc.
550 Smith Level Road
Carrboro, N.C. 27510
(919) 967-3402

Individuals considering applying for Caramore must have a baseline of skills and experiences as indicated below. Exceptions to these will be considered in terms of the overall functional level of the applicant:

- Must have a diagnosis of mental illness but be currently free of acutely psychotic symptoms.
- Must demonstrate compliance with taking prescribed medications.
- Must have a minimum of six months clean time if there is a history of substance abuse/addiction.
- Must have demonstrated ability to control use of drugs/alcohol when medicated.
- Must demonstrate potential and motivation for competitive employment and community living.
- Must demonstrate desire to participate in Caramore program on a voluntary basis.
- Must be free of significant, repeated history of violence.
- Must be able to participate in work adjustment activities for 30 hours a week.
- Must be able to tell time and count money.
- Must be able to process verbal and written instructions.
- Must be able to ride a municipal bus without supervision after training.
- Must be able to perform basic household chores with supervision.
- Must be able to conceptualize plans and goals, including vocational goals.
- Must demonstrate tolerance and ability to recognize others needs as will be required to function in a group living environment.

PROCEDURE

Any individuals requesting application for Vocational Rehabilitation services for support of Caramore program should be given an application for Caramore and directed to apply.

Applications for Vocational Rehabilitation for individuals applying to Caramore will be handled by the Chapel Hill Unit at the time of the admission visit. Individuals already being served by Vocational Rehabilitation who desire to apply should be given an application for Caramore to do so. If accepted, cases will be transferred to the designated counselor in the Chapel Hill Unit. **Individualized Plans for Employment or Amendments to cover services at Caramore will be written by the designated counselor when the case is received at the time of admission.** Any questions should be directed to the designated counselor in the Chapel Hill Unit. The case will remain in Chapel Hill as long as the participant is a resident of Orange County. Should the participant leave Orange County, the case will be transferred to an appropriate counselor according to standard procedure.

Revised 4/1/2015

Chronic Fatigue Syndrome (CFS)

As a chronic condition, CFS represents an impairment which, on an individual basis, may result in substantial impediments to employment. An individual whose fatigue symptoms are not diagnosed as CFS may be determined to have an impairment of a different origin.

Interventions, other than those listed below, are considered experimental and should not be sponsored by the Division.

- An accurate explanation of the condition
- Supportive counseling
- Psychological assistance, including medication as prescribed
- Appropriate nutrition and rest
- Anti-inflammatory agents when joint and muscle pain persist
- An incremental program of increased activity with the aim of maximum increase in function

Chronic Pain

Important in an individual's approach to addressing chronic pain are both realizing that chronic pain may not be able to be totally eliminated and taking responsibility for the best management of any residual pain. In addition, utilizing surgical and other strongly overt approaches to symptom relief may often be avoided through first utilizing more conservative approaches.

Pain is a response of special sensory nerve endings to irritation, pressure, heat, cold, injury, stress, and disease. Emotional and attitudinal factors, previous experiences, other health conditions as well as social cultural and ethnic differences, however, can cause individuals to react differently to pain. Assisting the individuals we serve to assume responsibility not only for complying with specific treatment, but also encouraging the person's adapting an approach which takes a "holistic" or total mind and body approach will greatly enhance the likelihood of a return to a level of significant functioning.

CHRONIC PAIN INTERVENTIONS

Medical and Surgical

A physician experienced in the treatment of chronic pain and who seeks to understand the individualized and personal effect that pain of long duration may have had on the patient is most likely to utilize a comprehensive approach. While involving the psychologist and other team members, the potential influence of the physician in facilitating the consumer's assuming the responsibility for improvement is great. Surgery and other more overt interventions may be reasonable within the context of utilizing appropriate more conservative approaches initially.

Physical Exercise

A physician directed program of exercise to tolerance should be a part of nearly all treatment approaches. Improvement in metabolism and general physical conditioning helps to improve tolerance of residual pain in a variety of ways including reducing depression and subsequently improving sleep patterns. Walking, water exercises, and other personalized interventions have proven to often have a positive impact upon the individual's functional capacity even when residual pain persists.

Psychological

Through a psychological evaluation by a licensed practitioner experienced in assisting chronic pain patients, the individual and the treatment team can more fully learn about and address the role of depression, rewards and secondary gain that may come from having the condition, previous physically and emotionally traumatic experiences, and other factors that may be preventing optimal functioning. The psychologist may recommend specific stress reduction interventions that assist in demonstrating the linkage between emotions and physical comfort. Problems with alcohol may also be identified and treatment

addressed.

The psychologist's involvement with family members may be necessary to explore and surmount features in interpersonal relations that may contribute negatively to effective pain management and functional capacity.

Dietary

Good eating habits contribute to good general conditioning as well as to healing connective tissues damaged by inflammation. The individual may need to utilize a nutritionist for instruction in eating to maximize recovery.

Smoking Cessation

Assisting the individual to stop smoking through physician recommended smoking cessation services is another potential component in the comprehensive approach to pain management.

Alternative Medical Approaches

Alternative medical approaches have been gained increasing acceptance by the medical community during recent years. As with other interventions, the individual is best served when he or she views the treatment as a component in an overall approach to pain reduction and tolerance as opposed to a "cure all."

Recognizing the value of chiropractic treatment, the Agency has allowed the sponsorship of spinal manipulation for many years. When prescribed by a physician and performed by a licensed practitioner, acupuncture may be effective as a component in a comprehensive approach. Biofeedback, again when medically approved and performed by a qualified practitioner, can be effective in pain control and has been sponsored by the Agency for stress reduction. Massage therapy, under the prescription of a physician, when in compliance with any local ordinances that pertain (there is no state licensing), and when performed by a therapist certified by the National Certification Board for Therapeutic Massage and Bodywork is potentially of functional benefit. Since a series of the above listed treatments may need to be repeated should symptoms recur, individualized rehabilitation plans should assist in the client's assuming work activities that will both minimize the chances of pain exacerbation as well as provide the financial means for funding subsequent treatments that may be needed.

While some alternative medical therapies are consistent with physiological principles of western medicine, others are far outside the realm of accepted medical practice. The above mentioned interventions are among those that have had significant acceptance by the medical community in the United States.

The National Institute of Health's Office of Alternative Medicine suggests that, in seeking a provider, one should select someone who is appropriately licensed and accredited who has significant experience in the specific application of the treatment for individual's particular pain treatment need. The provider should be able to offer references of other care providers who have recognized the benefit of the intervention with their patients. The client and practitioner alike need to

realize that our sponsorship is for a finite number of treatment sessions and that subsequent treatment sponsorship will depend upon client cooperation, benefit having been realized with additional improvement expected, and progress toward the planned goal of the client's progressing toward being responsible for treatment costs.

The Division acknowledges the reduction of chronic pain that may be associated with many of these treatment modalities and supports short-term sponsorship as part of a total treatment approach under the direction and referral of a medical specialist. In view of the guarded prognosis when organic disease may be absent or insufficient to explain the pain condition, sponsorship of interventions requires diagnosis of the precipitating condition. Vendors must be certified and licensed as appropriate.

(See Volume VIII, Vendor Review and Certification.)

Cochlear Implants

Effective September 1, 1998, Medicaid approved the sponsorship of Cochlear Implants (CI) for children (ages 2-21) but not adults. At this time, Medicaid pays for the physician cost, the implant and hospitalization based on their fee schedule. Medicaid does pay for the speech processor.

The Division of Vocational Rehabilitation is not sponsoring the cochlear implant surgery. However, the counselor can sponsor external replacement parts for the CI such as the speech processor, microphone, coils, etc. for eligible clients with a CI through an approved vendor. The IPE must document this service as a core service under physical restoration that is provided within a supported guidance and counseling relationship. Please refer to Volume V for rates. Any questions regarding CI issues, please contact the Statewide Coordinator for Deafness and Communicative Disorders.

The external replacement parts may only be replaced or repaired by a licensed audiologist who has established a written plan of care that substantiates the need for the replacement or repair of external parts. These parts and rates are listed in Volume V. Upgrades to existing, functioning, replaceable speech processors to achieve aesthetic improvements are not medically necessary and will not be covered.

Although the Division does not sponsor the cochlear implant surgery; the following information is intended to provide Counselors with a general background of knowledge on the procedure. Listed below is a short description of the surgical procedure and process that a client may follow for maximum benefit from the CI. The use of cochlear implantation is still relatively new. The small, snail-shaped electrical devices are surgically implanted in the cochlea, the inner-ear organ that contains nerve endings needed for hearing (under the skin behind the ear). Sound waves enter the microphones, which are then sent via a thin cable to a speech processor that may be worn on a belt or a behind-the-ear model.

The speech processor is a powerful miniature computer that translates incoming sounds into distinct electrical codes. The speech signal is sent back up the same cable, to the headpiece and transmitted across the skin via radio waves to the implanted device. This signal then travels down to the electrode array, which has been positioned within the inner ear and stimulates the auditory nerve. While the implants do not restore normal hearing, they bypass defective parts of the ear and send auditory signals to the brain.

Possible Pre-Operative Required Testing for Consumers:

A. Hearing Evaluation
B. Speech Discrimination Testing
C. Tympanometry

D. Acoustic Reflex Testing
E. Auditory Brainstem Response Testing (ABR)
F. Promontory Stimulation Test
G. Consultative Pre Cochlear Implant
H. Other tests and/or services as required

Implant Procedure:

A. Hospitalization
B. Anesthesiology
C. Radiology
D. Cochlear Implant Devices/System

Post-Operative Activities:

A. Audiological (Aural) Rehabilitation–Post Surgery
B. Speech Processor Programming & Therapy
C. Final Testing
D. Other tests and/or services as required

College Learning Support Programs

02/01/2018

Many colleges offer learning support services above and beyond accommodations requirements under the ADA. These programs usually target students with specific impairments such as specific learning disabilities, autism spectrum disorders, or neurological conditions. Specific services offered may include academic coaching, tutoring, time management, and guidance on communication with instructors and disability support services. Program costs are generally charged separate from tuition and fees.

The costs associated with these programs may be sponsored by the Division when required for disability related reasons. Established rates are listed in Volume V and may not be exceeded without prior approval from the Chief of Policy. College Learning Support Program costs are not subject to financial need, but comparable benefits must be applied.

Dental Impairments

Dental impairments create certain difficulties for service delivery staff in determining whether such conditions are severe enough to cause vocationally-related difficulties. Consequently, the Division has developed the following contingencies related to this impairment:

- COSMETIC APPEARANCE - An impairment may be present if the individual encounters rejection in social and employment-related situations due to the severity of the cosmetic appearance.

- CHRONIC DENTAL CARIES or other Severe Dental Problems - An impairment may exist if the condition is so severe that pain and discomfort interferes with normal functioning. Likewise, the impairment may prevent the individual from maintaining control or treatment of another medical condition.

The dentist or other physician must document that either or both of the above conditions are present.

Driver Evaluation & Training Services: Procedures for Obtaining Driving Evaluation When Adaptive Driving Equipment Is Involved

{This appendix entry replaces Policy Directive 04-2004 dated 09/14/2004}

Since September 14, 2004, counselors were directed to utilize one or two specific rehabilitation engineers per region who were to serve as point persons assisting counselors with matching the various driving evaluation providers and their capabilities with the specific needs of the consumer. Additionally, these "designated engineers" also reviewed the driving evaluations for purposes of verifying their compliance with the Division's requirements prior to payment for services rendered. Over the course of that period, we have been able to improve the quality of the driving evaluations purchased and were able to strengthen all staff rehabilitation engineer's ability to provide these services.

Effective April 20, 2007, we are requesting for all counselors who wish to obtain driving evaluations or training for clients involving adaptive equipment to contact the rehabilitation engineer from which they normally obtain all rehabilitation engineering services. They will guide the counselor through the resources, forms and procedures for obtaining these services.

One of the benefits of this new approach is that the rehabilitation engineer with whom the counselor normally partners can remain an integral part of the process from the very moment that a counselor determines that a driving evaluation should be pursued for a given client. It also should be less confusing for counselors to work with the rehabilitation engineer that they normally partner with on all rehabilitation engineering-related matters.
As a reminder, the following types of driver evaluation/training services are NOT included in this process:

- Clinical evaluations for purposes unrelated to adaptive equipment purchases, e.g., cognitive-perceptual types of evaluations often purchased through outpatient rehab centers.

- Driver's training where no adaptive equipment is involved.

Furthermore, when authorizing, utilize the following codes as applicable:

- Driver Training (No Adaptive Equipment): D,T 68
- Driver Evaluation /Training (With/For Adaptive Equipment): D,T 69

Once the services are provided, the vendor is instructed (via DVR-0229-B) to submit their report, which will consist of a completed DVR-0229-D "Standardized Driving Evaluation /Training Report" and any additional information provided by

the evaluator. In order to maintain the level of quality of the information within the reports, the counselor is to immediately send a legible copy of the report, signed case service and vendor invoices to your rehabilitation engineer, who will review and approve for payment via signature, date and title. Alternatively, your engineer may request corrections to the report from the vendor prior to payment.

The engineer will send the final report (if corrections were required) and the signed invoices to the counselor, who will submit the invoices to the controller's office for payment. PROCEDURES FOR OBTAINING DRIVING EVALUATION & TRAINING SERVICES WHEN ADAPTIVE DRIVING EQUIPMENT IS INVOLVED

For future reference, the forms will be available via the following:

- VR Intranet site link: https://hrdvr03.dvr.dhhs.state.nc.us/division/forms/dvr/forms_templates.htm

DSM-5

Rev. 5/1/2017

Highlights of Changes from DSM-IV-TR to DSM-5

- Changes were made based on research and clinical studies.

- The multi-axial system of diagnoses is eliminated.

- The chapters are restructured based on the disorders' relatedness to each other and align DSM-5 with ICD-11. The World Health Organization's classification system lists "disorders" in the ICD and bases all "disabilities" on the International Classification of Functioning, Disability, and Health (ICF).

- When using DSM-5 diagnoses, clinicians should note the name of the disorder next to the code listing since some codes are used for multiple disorders. No distinct code yet exists for DSM-5 diagnoses; therefore, dual coding may be provided to account for the lag between DSM-5's publication and official implementation of matching ICD-10-CM codes on October 1, 2014 and ICD-11 to be released in 2015 (currently using ICD-9-CM coding).

- Diagnostic criteria for Intellectual Disability (Intellectual Developmental Disorder) emphasize the need for an assessment of both cognitive capacity (IQ) and adaptive functioning with severity (mild, moderate, severe, profound) being determined by adaptive functioning rather than IQ test scores alone. Adaptive behavioral functioning refers to how well a person meets community standards of personal independence and social responsibility in comparison to others of similar age and sociocultural background. The term intellectual developmental disorder is placed in parentheses to reflect the bridge term for the future link to the ICD system.

- Not Otherwise Specified (NOS) has been eliminated and replaced with "unspecified" and "other specified" to maintain greater concordance with the official International Classification of Diseases (ICD) coding system. In terms of VR policy, a diagnosis of unspecified would be unlikely to have impediments to employment. A thorough analysis of data will be needed to determine whether "other specified" has impediments to employment.

- Substance use disorders are no longer separated into the diagnoses of substance abuse and dependence as in DSM-IV and the DSM-IV diagnosis of polysubstance dependence has been eliminated. The DSM-5 substance use disorder criteria are nearly identical to the DSM-IV

substance abuse and dependence criteria combined into a single list, with two exceptions:
    - recurrent legal problems criterion for substance abuse has been deleted from DSM-5; and
    - craving or a strong desire or urge to use a substance criterion has been added in the DSM-5.

- Severity of the DSM-5 substance use disorders is based on the number of criteria endorsed:
    - 2 - 3 criteria indicate a mild disorder;
    - 4 - 5 criteria, a moderate disorder; and
    - 6 or more, a severe disorder.

- Substance use disorders in the mild range may not present impediments to employment. Analysis of the data will be critical to accurately determine eligibility for VR services.

- Some specific disorders have been combined, eliminating 28 disorders previously listed in the DSM-IV-TR. Examples include language disorder (combines DSM-IV expressive and mixed receptive-expressive language disorders); specific learning disorder (combines DSM-IV diagnoses of reading disorder, mathematics disorder, disorder of written expression, and learning disorder not otherwise specified); and panic disorder (the former DSM-IV diagnoses of panic disorder with agoraphobia, panic disorder without agoraphobia, and agoraphobia without history of panic disorder are now replaced by two diagnoses, panic disorder and agoraphobia, each with separate criteria).

- Several disorders are now classified on a spectrum including autism and schizophrenia.

- Autism spectrum disorder encompasses the previous DSM-IV autistic disorder (autism), Asperger's disorder, and pervasive developmental disorder not otherwise specified. Levels of symptom severity (mild, moderate, severe) are differentiated in two core domains and both components are required for diagnosis of ASD:

    1. deficits in social communication and social interaction
    2. restricted repetitive behaviors, interests, and activities (RRBs)

- In DSM-5 the schizophrenia spectrum refers to a dimensional approach to rating severity for the core symptoms of schizophrenia. As a result, the DSM-IV subtypes of schizophrenia are eliminated (e.g., paranoid, disorganized, undifferentiated).

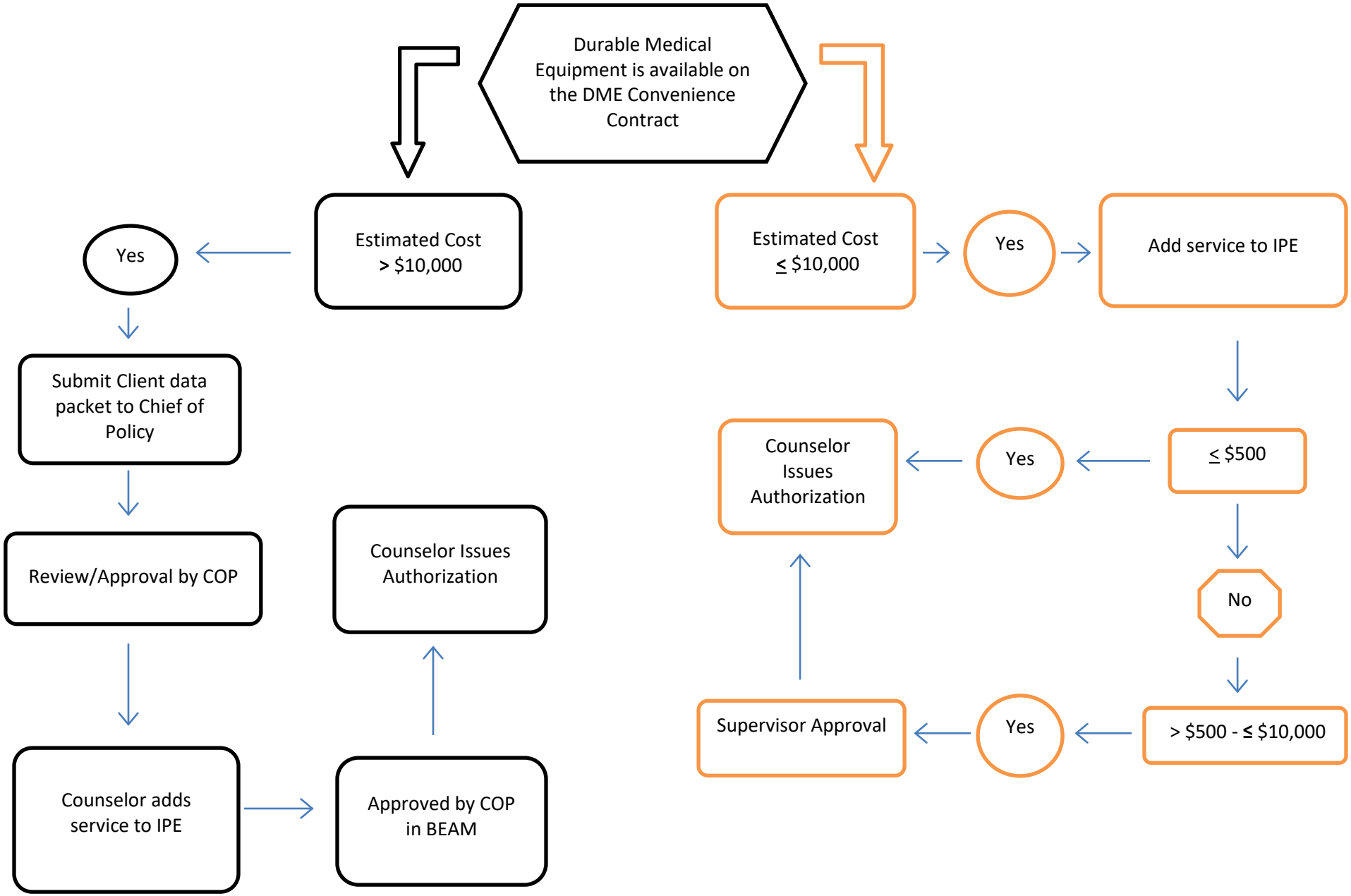
- The DSM-IV diagnosis of dementia is incorporated under neurocognitive disorders in the DSM-5 along with diagnostic criteria to distinguish the difference in severity between major and mild cognitive impairment. Criteria for distinct etiologies elevate previous subtypes in the DSM-IV to separate, independent disorders (e.g., NCD due to Alzheimer's disease; NCD due to traumatic brain injury; NCD due to Parkinson's disease; NCD due to a substance use disorder).

The following link provides additional information regarding changes from DSM-IV to DSM-5:

http://www.dsm5.org/Documents/changes%20from%20dsm-iv-tr%20to%20dsm-5.pdf

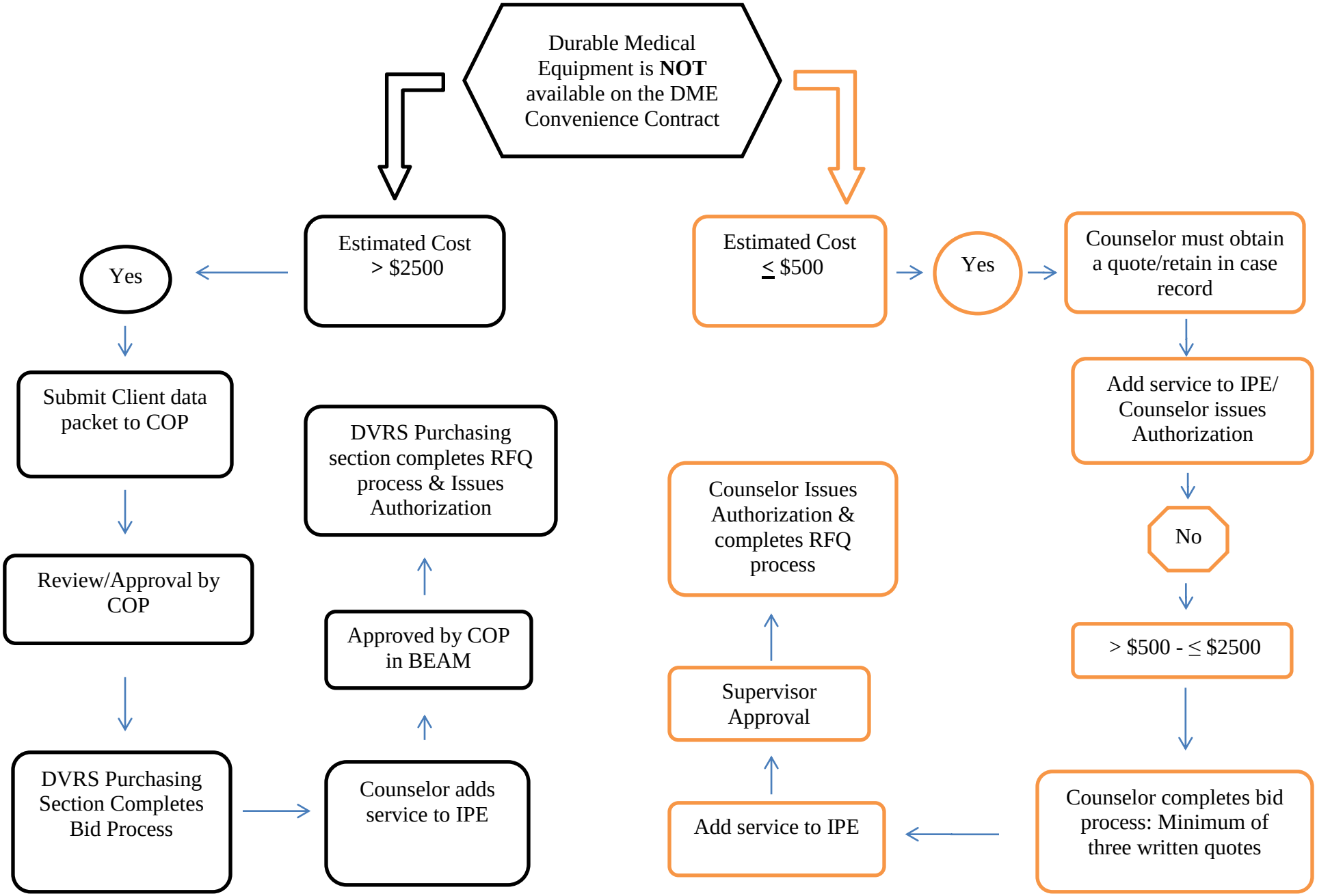
Durable Medical Equipment: Purchase Procedures - Chart A

Rev. 3/1/2016



Durable Medical Equipment: Purchase Procedures - Chart B

Rev. 3/1/2016



Hearing Disabilities

Revised 8/1/2018

Since hearing impairments present in varying degrees, the Division has developed specific criteria for the determination of an impairment based on a hearing loss. These criteria are designed to assist the service delivery staff in working with those individuals whose impairment is to such a degree that substantial impediments to employment may exist.

All VR clients with hearing disabilities, regardless of type and degree of hearing loss, must be served by the Rehabilitation Counselor for the Deaf unless it delays services. If clients with hearing disabilities are served by other counselors, the case must be staffed with the Rehabilitation Counselor for the Deaf or the Program Specialist on Deafness and Communicative Disorders using the Hearing Loss Consultation Form (DVR-0901). The Rehabilitation Counselor for the Deaf must always be consulted in the eligibility decision, the assessment of comparable benefits, and in the development of the IPE to ensure proper services are provided. The Hearing Loss Consultation Form must be kept in the case record as verification that the hearing loss criteria is met/not met but the decision regarding eligibility for VR services resides with the counselor of record. If the Rehabilitation Counselor for the Deaf has not obtained Rehabilitation Counselor proficiency status, the form must have supervisor approval. Regular staffings should be documented in the case record. Bone Anchored Hearing Aids must be staffed with the Program Specialist on Deafness and Communicative Disorders.

Establishing a Hearing Related Impairment

A hearing evaluation (audiogram) must be used to determine if a person has a hearing related impairment regardless of shelf life. For individuals who are deaf or are long-term users of hearing aids, an audiogram is sufficient for the establishment of an impairment and eligibility. However, depending on the discretion of the counselor, a new hearing evaluation can be authorized if a person has a progressive hearing loss or the counselor feels that a new hearing evaluation is needed.

Audiological Data and Purchases for VR and IL:

The Counselor **MUST NOT** purchase a hearing aid without updated audiological data that is less than one year old. (See 2-16-2: Hearing Aids for VR or 2-12-2: Hearing Aids for IL) To be considered as valid audiological data, the medical information must include the type of hearing loss - sensorineural, conductive, mixed, or central; and the prognosis as to future development of the condition. Audiological data must include:

1. A statement from the otologist identifying the type of hearing loss or the identification of a progressive loss.
2. Medical clearance for fitting of an aid must be obtained from a physician skilled in diseases of the ear (ENT exam).
3. An audiogram with three-frequency pure tone average (PTA), speech discrimination (SD) scores, and the speech reception threshold (SRT) listed.
4. A narrative that provides a general description of the amplification device recommended and indicates the individual's preference regarding the device.

VR Policy for Hearing Related Impairment

A client is considered to have a hearing related impairment if **one** of the following criteria is met:

1. A **chronic** ear disease requiring medical treatment or surgery (not contingent upon decibel loss in either ear.); or
2. Average pure tone loss of 40 dB (ANSI) or more in the better ear in the speech range (500, 1,000, and 2,000 cycles per second) (UNAIDED); or
3. Average pure tone hearing loss of 20 dB (ANSI) or more in the better ear in the speech range when the pure tone average loss in the other ear exceeds 80 dB (ANSI)(UNAIDED); or
4. Regardless of the pure tone average loss, speech discrimination of less than 75% at 50-60 dB (average conversational intensity level) in the better ear in a quiet environment **(UNAIDED)**; or
5. A borderline chronic condition, which has been otologically and audiologically diagnosed as **rapidly progressive** and documented by a physician skilled in the diseases of the ear.

   "Rapidly progressive" is defined as having additional 10dB or more hearing loss in the better ear in the last year **EITHER** with the pure tone average in the speech range (500, 1000, and 2000Hz) (UNAIDED) **OR** the other three frequencies (2000, 4000, and 6000Hz) (UNAIDED).

6. A **Cochlear implant (CI)** has been implanted in one ear; the client must also have one of the above 5 criteria listed above occurring with the second ear.

   An individual with a CI does meet the criteria for VR services if they already have an implant **and they meet the above criteria for hearing loss in the opposite ear**. If they have a CI and they meet the criteria for a hearing disability, the counselor must show documentation of **substantial impediments** to employment due to adjustment, residual perceptual problems or other impediments/problems related to the cochlear implant in order for the individual to be eligible for services. If they have an implant in one ear and normal hearing in the 2nd ear, they are not eligible. Any questions regarding eligibility, contact the Statewide Coordinator for Deafness and Communicative Disorders.

Independent Living Policy for Hearing Related Impairment

A client is considered to have a significant hearing disability if **ONE** of the following three criteria is met:

1. Speech Reception Threshold (SRT) of 55dB loss or more in the better ear in the speech range (500 Hz, 1000 Hz, and 2,000 Hz) (UNAIDED). SRT is the softest level of sound at which a participant can correctly respond to at least 50% of a list of spondee (bi-syllabic) words.

2. Average pure tone loss of 55dB (ANSI) or more in the better ear in the speech range (500 Hz, 1000 Hz, and 2000 Hz) (UNAIDED).

For example, if the thresholds are 60dB at 500 Hz, 80dB at 1000 Hz, and 90dB at 2000 Hz. The pure tone average would be:

$$\frac{60 + 80 + 90}{3} = \frac{230}{3} = 77\text{dB (right ear)}$$

$$\frac{50 + 40 + 30}{3} = \frac{120}{3} = 40\text{dB (left ear)}$$

The most useful ear is the left and the person would not be eligible for IL services.

3. The Speech Reception Threshold (SRT) or the Pure Tone Average (PTA) is between 30-54 dB in the better ear plus one of the following:

   a. Speech discrimination (SD) of less than 50% at 50-60 dB (average conversational intensity level) in the better ear in a quiet environment (UNAIDED).

   OR

   b. A statement from a physician skilled in diseases of the ear indicating a **rapidly progressive loss**.

      "Rapidly progressive" is defined as having additional 10dB or more hearing loss in the better ear in the last year **EITHER** with the pure tone average in the speech range (500, 1000, and 2000Hz) (UNAIDED) **OR** the other three frequencies (2000, 4000, and 6000Hz) (UNAIDED).

The above criteria must be considered in terms of the individual's ability to understand speech and communication in everyday situations, understanding of and adjustment to the hearing disability at home and work, and job safety considerations

Hepatitis C Virus (HCV):
Eligibility and Antiviral Medication Treatment

7/1/2017

Background

Historically treatment of hepatitis C virus has been lengthy, associated with many side effects, and with low cure rates. In some cases, the best one could hope for was to hold the disease at bay. The new antivirals are indeed a true breakthrough in the treatment of HCV and offer the very real possibility of a cure. Side effects are much less and the treatment is 12 weeks, not very long compared to previous treatment durations of many months or longer.

There are at least six HCV genotypes, or strains, which are genetically distinct groups of the virus. Approximately 75 percent of Americans with HCV have genotype 1; 20-25 percent have genotypes 2 or 3; and a small number of patients are infected with genotypes 4, 5 or 6. Different genotypes respond differently to different antiviral medications. Knowing the genotype helps inform treatment recommendations and the duration of treatment. Serotype 3 is the one that is the hardest to cure. Epclusa is the first HCV antiviral to treat all six major forms including serotype 3.

Epclusa is a fixed-dose combination tablet containing two antiviral medications, sofosbuvir and velpatasvir. Total treatment is for 12 weeks (3 bottles of 28 pills each). (Similar new treatments are currently in the pipeline.) Current acceptable medical treatment requires re-testing for viral load twelve weeks after the end of treatment to see if the virus was cleared. The treatment is about 95% successful which means some treated individuals still have detectable virus at the end of 12 weeks. Sometimes a decision is made to retreat with a different regimen, or for additional time with the same regimen.

Medical data clearly supports the benefit of this new treatment. Health insurance companies, Medicaid and Medicare have struggled with how prohibitively expensive it currently is. Depending on the particular antiviral regimen, costs range between $75,000 and $95,000 per 12-week treatment. In North Carolina, Medicaid does cover treatment. However, sometimes the Medicaid rate is less than the cost of the medication to the pharmacy that would dispense it. There are patient assistance programs run by pharmaceutical companies, some states, various nonprofit groups, and drug discount cards that may be available to help cover the costs of treatment.

Individuals with HCV infections may go for many years with no symptoms, or symptoms are so mild there are no limitations great enough to pose an impediment to employment. Although these new antiviral medications are approved medical treatments with clearly documented long term benefit, for VR the issue is whether treatment is needed to remove or reduce any impediments to employment.

There may be situations where HCV positivity is incidentally noted in medical records, or incidentally discovered through testing not requested by VR. If the client is not claiming HCV is causing any problems, has not requested HCV treatment, and medical

records do not mention any limitations that the medical provider feels are related to HCV, there is nothing that VR needs to pursue. It would be appropriate to advise the client to follow up with his or her primary care provider for any questions and further follow up. The circumstances should be noted on the WRAP or in a progress review.

Chief of Policy Approval Required

Due to the above noted complexities, approval from the Unit Manager and Chief of Policy after consultation from the Medical Consultant is required in the following situations:

- HCV is being considered as an impairment for establishing eligibility
- VR sponsorship for HCV treatment is requested at any time in the rehab process.

Sponsorship of HCV treatment will not be approved as a secondary restoration or intercurrent illness situation. If during the rehabilitation process HCV status presents impediments to employment or sponsorship of treatment is requested, the case should be submitted for review to determine whether HCV meets eligibility criteria.

All approval requests must include a summary of the case and a copy of all the client's medical records and test results. Those records must have sufficient detail to determine whether:

- the individual has a diagnosis of HCV and has symptoms directly attributable to HCV disease
- symptoms are severe enough to cause loss of function so great that it results in specific impediments to employment
- the degree of expected improvement in function after treatment is enough to result in vocationally significant lessening of impediments

In addition, the request must include the following:

- Justification explaining why treatment for HCV is required for the individual to reach a successful employment outcome.
- Documentation that comparable benefits such as Medicaid and patient assistance programs have been applied for and ruled out as potential funding sources

If approval is granted for sponsorship of medical treatment, under no circumstances will the Medicaid rate be exceeded.

HIV/AIDS

Individuals with HIV as a primary impairment or secondary restoration issue must be diagnosed by a physician specializing in the assessment and medical management of this disease (i.e., infectious disease doctor). Counselors must use existing medical information when such is available or refer the individual to a physician as described above when the individual is without proper medical care. For individuals presumed eligible as a result of HIV or AIDS, as always, the counselor should try to obtain impairment-related data from the infectious disease professional that is providing treatment. The counselor may elect to staff the case with the unit medical consultant if it is deemed that the consultant can offer medical opinion or interpretation not otherwise available through the treating physician, however consultation with the unit medical consultant is not required.

IMPAIRMENT

The primary modes of transmission of HIV or Human Immunodeficiency Virus are unprotected sexual contact, intravenous drug use, exposure before and during birth and through breastfeeding, and the transfusion of blood and blood products[1]. Once an individual is exposed, the individual will either be HIV-positive, asymptomatic or HIV-positive, symptomatic. A person is diagnosed as having AIDS (Autoimmune Deficiency Syndrome) when the individual either (1) demonstrates the presence of an AIDS-defining disease (one of 24 opportunistic infections) and/or (2) demonstrates a CD4 cell count of less than 200[2]. Counselors should obtain current medical information which describes the viral load and CD4 count as well as symptoms in order to determine whether impediments to employment exist for an individual with HIV or AIDS.

HIV-Positive, Asymptomatic

The individual may demonstrate few to no symptoms. Symptoms during this phase may be similar to those found in other common communicable diseases and may include fatigue, unexplained weight loss, skin problems, bacterial pneumonia, and oral/vaginal thrush. Despite few symptoms, the virus is actively destroying the individual's immune system and can be transmitted to others as described above[2]. Since symptoms are transient, it is unlikely that an individual with asymptomatic HIV will present substantial impediments to employment as a result of the condition itself.

HIV-Positive, Symptomatic

During this phase, the individual's viral load increases and CD4 count (the amount of virus-fighting white blood cells) decreases. Therefore, the individual is less able to fight off communicable disease and opportunistic infections. Physical symptoms which may be present include: prolonged fever, night sweats, severe headache, persistent diarrhea, respiratory problems, problems with swallowing, vision problems, difficulty with sleeping and eating patterns, and pain[2]. In addition, the individual may experience cognitive and psychological symptoms including difficulty with concentration and short-term memory as well as comorbid depression[2]. Individuals may live as HIV-Positive, Symptomatic for decades before progressing to a diagnosis of AIDS. Individuals with

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[1] Department of Health and Human Services, Center for Disease Control and Prevention: HIV/AIDS Topics. (2008, September 3). *How HIV Is and Is Not Transmitted.* Retrieved April 7, 2009 from http://www.cdc.gov/hiv/topics/basic/index.htm#transmission

[2] Berry, J. D., & Hunt, B. (2005). HIV/AIDS 101: A primer for vocational rehabilitation counselors. Journal of Vocational Rehabilitation, 22, 75-83.

symptomatic HIV can be considered for eligibility based on the individual's impediments to employment and ability to benefit from and need for a program of VR services.

AIDS

During this phase, an individual has very little resistance to communicable disease and is likely to have one or more serious opportunistic diseases including, but not limited to: cancer, tuberculosis, recurrent pneumonia, non-Hodgkin's lymphoma, Kaposi's sarcoma, AIDS dementia complex, and HIV wasting syndrome. It is often the complications of these opportunistic diseases which cause fatalities for individuals with AIDS. Individuals survive an average of two to four years following a diagnosis of AIDS; however some individuals have survived for more than 15 years following an AIDS diagnosis[2]. Individuals with AIDS may be considered for eligibility based on the individual's impediments to employment as well as their ability to benefit from and their need for a program of VR services.

IMPEDIMENT

HIV and AIDS are no longer considered terminal illnesses, but are viewed instead as chronic illnesses. Individuals with HIV or AIDS can experience periods of symptom exacerbations and remissions like other chronic illnesses. Therefore, careful consideration must be given to determine how an individual's illness presents impediments to employment. The following *may* represent impediments associated with HIV or AIDS:

- Difficulty with maintaining work schedule
- Difficulty with maintaining treatment regimen with required work demands
- Difficulty storing or administering medications in the workplace (need to have regular meals or snacks, need refrigeration, need private space to administer medications, etc.)
- Difficulty concentrating on the job
- Difficulty remembering job tasks or job functions
- Limited self-advocacy skills (related to disclosure issues and return-to-work fears)
- Difficulty maintaining motivation due to change in life values and inconsistencies with physical symptoms and response to treatment
- Comorbid disabling conditions and associated impediments to employment

Impediments to employment may vary widely from one individual to the next depending on the stage of the illness, the individual's assets, priorities, and concerns, and any comorbid conditions such as depression, substance abuse, or opportunistic diseases.

OTHER CONSIDERATIONS

Treatment

Currently, most individuals with HIV/AIDS are treated using HAART (highly active antiretroviral therapy). This is also called "combination therapy." Treatment results in various side effects including: nausea, headaches, dizziness, cognitive effects, rash, redistribution of body fat (increase in abdomen and decrease in face, buttocks, and extremities), diarrhea, peripheral neuropathy, and abdominal discomfort[2]. Individuals' responses to treatment vary. HAART involves a very strict treatment regimen where an individual takes many pills/injections a day with very specific indications. HAART

requires extreme treatment adherence or the individual may develop a resistance to a class of medications, or, in the least, the effectiveness is minimized. Counselors should consider the vocational impacts of side effects from treatment as well as treatment adherence issues in determining eligibility and developing rehabilitation plans.

Disclosure

Whether to disclose an individual's diagnosis of HIV-positive or AIDS is a significant issue for individuals with these conditions because of the stigma which can be associated. Issues of disclosure should be taken into consideration with individuals with HIV/AIDS in terms of completing job applications and interviewing, requesting reasonable accommodation under ADA, requesting leave under FMLA, completing drug screenings, completing employer health questionnaires, and making decisions about health benefits. Only a few occupations require full disclosure, such as surgeons who perform invasive procedures, due to the risk for transmission. Otherwise, Counselors should assist clients with HIV/AIDS in identifying their functional limitations as well as training individuals to carefully consider job goals and to limit disclosure, including the request for workplace accommodations, to functional terms (i.e., Mr. Smith has a chronic illness which requires that he have access to a private place to administer his treatment regimen and that he have a modified schedule which begins no earlier than 10:00 AM.). For individuals whose employers require them to complete health questionnaires due to the nature of the work performed, one strategy is to request that the treating physician write a summary of the individual's functional needs and/or limitations or a statement summarizing the lack of impact of the illness on the items addressed in the health questionnaire as a substitute for completing a health questionnaire which has items that may subject the individual to disclosing his/her HIV/AIDS diagnosis[3].

Further, some forms of combination therapy will result in a positive drug screen for marijuana. The likelihood for testing a false-positive does not require that a person with HIV/AIDS disclose his/her condition to an employer. Typically, a Medical Review Officer with the drug testing company will request legal proof of prescription. This information is not shared with the employer. If the Medical Review Officer verifies that the medication is the cause of the positive test result, the result is reported to the employer as negative [3,4].

Resources

For more information on HIV/AIDS, resources, and treatment locations, visit the websites below:

The NC Department of Health and Human Services Epidemiology Section link to HIV/STD Prevention and Care:
http://www.epi.state.nc.us/epi/hiv/index.html

Project Inform link to NC HIV/AIDS resource list:
http://www.projectinform.org/info/state/NC.shtml

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[3] Breuer, N. L. (2005). Teaching the HIV-positive client how to manage the workplace. Journal of Vocational Rehabilitation, 22, 163-169.

[4] Pietrandoni, G. (2000, September/October). Back to Work Drug Screenings. *Positively Aware.* Retrieved April 7, 2009, from http://www.tpan.com/publications/positively_aware/sept_oct_00/back_to_work_drug_screen.html

The Body: The Complete HIV/AIDS Resource:
http://www.thebody.com/index.html

US Department of Health and Human Services AIDSinfo:
http://aidsinfo.nih.gov/

US Department of Health and Human Services AIDS.gov:
http://www.aids.gov/

Centers' for Disease Control National Prevention Information Network Organization Search Engine:
http://www.cdcnpin.org/scripts/search/orgSearch.aspx

HOME BASED EMPLOYMENT - NTI

Excerpt from email sent 2/27/2013 by Kenneth W. Gibbs, M.S.,CRC, Chief of Employment Services and Program Development

The NC division of Vocational Rehabilitation has determined that NTI's job placement and training practices are no longer consistent with the best practice modalities of our agency due to their lack of involvement in direct training on the job. Although NTI has met the employment needs of some individuals, the majority of those served has been met with little or short term employment success at a significant cost to the agency. Be advised that **effective March 1, 2013, we will no longer authorize services to NTI.** If you have consumers currently receiving authorized services through NTI, please continue as planned.

We recognize the need for home based employment and have developed positive relationships with JLodge and Convergys, both of whom we have determined to be a viable option and proactive in securing employment opportunities for individuals with disabilities. Your Business Relations Representatives are familiar with JLodge and Convergys and you can find more information here:
http://www.jlodge.com

http://careers.convergysworkathome.com/requirements.php?tab=requirements

Please note that NTI is an Employment Network (EN) for Social Security and may continue to send information to your consumers about their services. NTI has received notice from the agency related to this decision.

IMPEDIMENTS TO EMPLOYMENT

In order to determine an individual's eligibility for VR services, the counselor must determine the presence of substantial impediments to employment. For an eligible individual, the impediments to employment should be recorded on the Eligibility Decision Form. **It is not necessary to re-state impediments on the WRAP that have been addressed on the Eligibility Decision. However, if additional impediments are determined as a result of the comprehensive assessment, they should be documented on the Written Rehabilitation Analysis Page (WRAP).**

Impediments to employment are unique to the specific impairment and the individual consumer. The Handbook of Disabilities, available on the VR intranet (staff development section), is an excellent resource in identifying the common impediments/limitations of disabling conditions. However, keep in mind that the Handbook of Disabilities has compiled exhaustive lists of impediments that can result from impairments. The impediments covered in the Handbook of Disabilities may or may not apply to the specific client being considered. The impediments documented on the Eligibility Decision Form and WRAP must have a basis in the diagnostic data and other supporting information in the case, including discussions with the client.

When documenting impediments to employment on the Eligibility Decision Form or WRAP, it is important to document work related impediments, as opposed to symptoms. Impediments should be stated functionally in terms of how the disabling condition limits the individual in the performance of job related tasks. The following are examples of diagnoses, symptoms and impediments:

- Degenerative Disc Disease,
  - Symptoms - back and leg pain, limited range of motion, stiffness.
  - Impediments - must be able to alternate sitting or standing in the performance of job duties, inability to lift greater than 10 lbs. on a frequent basis, work must be performed on a single level floor with no requirement to climb stairs or ladders.
- Schizophrenia
  - Symptoms - hyperactivity, restlessness, confusion, and poor concentration.
  - Impediments - requires prompts or cues to stay on task and complete work assignments; requires a varied training approach that includes repetition of oral instructions as needed and accompanied by visual demonstrations of tasks to be performed
- Reading Disorder
  - Symptoms – reading level at 3.2 grade equivalent
  - Impediments – requires job tasks that do not rely on reading; requires job training that incorporates visual demonstrations; requires visual cueing and verbal instructions on the job

Remember, it is extremely important that the listed impediments on the Eligibility Decision Form and WRAP are individualized to the client's situation, not generalized from the diagnosis.

Intellectual Disability

rev. 5/1/2017

Diagnostic criteria for Intellectual Disability (Intellectual Developmental Disorder) emphasizes the need for an assessment of both cognitive capacity (IQ) and adaptive functioning, with severity (mild, moderate, severe, profound) being determined by adaptive functioning rather than IQ test scores alone. Adaptive behavioral functioning refers to how well a person meets community standards of personal independence and social responsibility in comparison to others of similar age and sociocultural background.

Regardless of IQ scores, adaptive behavior deficits are critical elements in determining eligibility on the basis of intellectual disability. For VR eligibility purposes, documentation of an intellectual impairment must include both the IQ test scores and the significant deficits in adaptive behavior functioning in at least the three core domains: conceptual, social, and practical. The clinician's interpretive report will include all subdomain scores within the core domains and relate the adaptive functioning scores directly to the intellectual impairment.

Learning Disability

Learning Disabilities (defined as “learning disorder” in the DSM-IV) are diagnosed when the individual's achievement on individually administered, standardized tests in reading, mathematics, or written expression is substantially below that expected for age, schooling, and the level of intelligence. The learning problems must significantly interfere with academic achievement or activities of daily living that require reading, mathematical, or writing skills.

Learning Disabilities vary in severity, as do all disabilities. In both categories I and II below, it is the counselor’s responsibility to review all available information regarding the individual’s work history, extra-curricular activities, overall skills, aptitudes, interests, and achievement in secondary school. This information should be considered to determine if the individual’s learning disability represents an impediment to employment and to assist the individual in planning for a job choice that is appropriate to his or her capabilities. Under no circumstances will the Division sponsor remedial services while the individual is enrolled in secondary school.

CATEGORY 1: The following criteria will apply to:

- Students enrolled in the public school system or public charter school with an Individualized Education Program (IEP) for the current year developed to address the individual’s learning disability.
- Individuals who have been out of public school less than two years and were identified as disabled with an IEP during the last year of enrollment developed to address a learning disability.

Impairment
The learning disability as an impairment must be documented by obtaining a copy of the Learning Disabilities Eligibility Report, which includes the psychological and educational evaluation and a copy of the IEP Team Report recommending the individual’s identification as having a learning disability and in need of special education services.

If a learning disability (LD) has been previously diagnosed in a secondary education setting and the individual has been served under an IEP within the past two years, a school psychological evaluation with the IEP team report may be regarded as current for up to five years from the date of application for services. For psychological reports providing the DSM diagnosis of learning disability, the five year shelf life also applies. When the Woodcock-Johnson Tests for Achievement is used as a part of the eligibility decision, counselors should use the Broad Reading, Broad Math and Broad Written Language Scores, rather than the individual subtests.

Determination of Substantial Impediment(s)
Emphasis should be on the identification of the impediments to employment caused or created by the impairment. The following criteria apply and must be documented:

Scores on an individually administered achievement test in reading, mathematics, or written expression indicate that the applicant's achievement score is below grade level. Achievement scores must be at least three grade levels below current grade placement with a maximum achievement level of 8.0 grade level in the 11th grade, the 12th grade and the two years after exiting school. The following criteria apply and must be documented:

- Ninth grade level (9.0-9.9) students must score 6.0-6.9 respectively or below on achievement tests.
- Tenth grade level (10.0-10.9) students must score 7.0-7.9 respectively or below on achievement tests.
- Eleventh grade level students must score below 8.0 on achievement tests.
- Twelfth grade level students must score below 8.0 on the achievement tests.
- Students who are referred within two years of exiting school must score below 8.0 on achievement tests.

Utilization of achievement data is a required component of all referrals for Vocational Rehabilitation Services. In order to avoid unnecessary testing, existing data from previously administered achievement tests may be used if the most recent achievement score(s) were obtained within two years of the application for services. Otherwise, current achievement data must be secured from a vocational evaluator or other sources. Achievement scores from the Wide Range Achievement Test (WRAT) will <u>not</u> be accepted for purposes of eligibility.

AND

The student is currently receiving at least three supplemental aides during this academic year (or received them during the last year of school) as stated on the IEP and/or through verification from the individual, parent or school system personnel. A copy of the IEP should be included in the case record. The following list is not intended to be an exhaustive list of possible <u>supplemental aides or services:</u>

- Note taker services
- Oral testing
- Additional support from a teacher assistant
- Job coach
- Enrollment in exceptional children curriculum support class
- Tutorial services
- Enrollment in exceptional children resource room
- Extended test time
- Abbreviated assignments
- Equipment
- Requires the use of audiotapes for instruction

CATEGORY 2:

For those individuals who do not meet Category I criteria, a psychologist using the current Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria, must document the learning disability, which establishes the existence of impairment. Also, the psychologist must provide scores on an individually administered achievement test in reading, mathematics, or written expression. When the Woodcock-Johnson Tests for Achievement is used as a part of the eligibility decision, counselors should use the Broad Reading, Broad Math and Broad Written Language Scores, rather than the individual subtests. Achievement test scores from the Wide Range Achievement Test (WRAT) will not be accepted for purposes of eligibility. The shelf life for psychological reports providing the DSM diagnosis of learning disability is five years.

Determination of Substantial Impediment(s)

As in all cases, emphasis should be on identification of the functional limitations which are imposed by the impairment and which establish the impediment to employment. Scores on an individually administered achievement test must be at or below the 8.0 grade level in reading, math, or written expression. The analysis by the counselor must demonstrate that the diagnosis of LD results in substantial impediments to employment, examples of which could include:

- The learning disability has resulted in the individual being impeded in obtaining job skills and experiences commensurate with his/her abilities.
- The individual has lost employment or experienced difficulty on jobs or in post-secondary training programs because of an inability to access written training materials or perform written or computational job requirements, etc.

In instances where the diagnosis is indicated as Learning Disabled, Not Otherwise Specified (LD-NOS), these cases must be reviewed on an individual case-by-case basis in determining the existence of substantial impediments to employment.

Morbid Obesity/Clinically Severe Obesity – Determination of Impairment and Impediments for Eligibility

Obesity is defined as an increase in body weight beyond the limitation of skeletal and physical requirements, as the result of an excessive accumulation of fat in the body. People with obesity are employed in most occupations and businesses. Being overweight or obese may cause little or no inconvenience to a person's career. However, when this condition reaches the extreme it may be diagnosed as morbid obesity or clinically severe obesity (used interchangeably) and may result in substantial impediments or even physical incapacitation.

Determination of Impairment

The diagnosis of morbid obesity should be provided, at a minimum, by a physician specializing in family practice, internal medicine, endocrinology or gastroenterology. The body mass index (BMI) is the standard in defining overweight, obesity, and morbid obesity. The BMI is calculated based on a person's height and weight – weight in kilograms (2.2 pounds per kilogram) divided by the square of height in meters (39.37 inches per meter). A BMI of 25 or more is considered overweight; 30 or more obese; and 40 or more, morbidly obese or clinically severe obesity. Generally, an individual having a diagnosis of morbid obesity with a BMI of 40 or more, and two or more co-morbid conditions would be considered as having a disabling condition for VR eligibility purposes. The most prevalent morbid obesity-related diseases include:

- Hypertension
- Diabetes
- Heart Disease
- Stroke
- Gastrointestinal Complications
- Osteoarthritis
- Sleep Apnea and Respiratory Problems
- Some Cancers

Determination of Impediments

The counselor must document how the morbid obesity is resulting in substantial impediments to employment. This documentation is accomplished through an analysis of the medical records along with other case data, such as the work history, educational/training history, and consultation with other specialists. Additionally, the medical data must evidence two or more of the following complications associated with morbid obesity:

- The presence of a primary diseases such as arteriosclerosis, diabetes, heart disease, hypertension, pseudo-tumor, etc., which is significantly complicated by morbid obesity. The individual would have restrictions normally associated with these types of medical conditions and made worse by the morbid obesity; i.e., fatigue, significantly diminished stamina and work tolerance, need for modified work schedule or frequent breaks, tendency to have shortness of breath.

- The obesity causes substantial orthopedic or physical limitations as documented by the medical history records including x-ray findings and other diagnostic test results. The ability to ambulate or carry-out physical tasks may be substantially

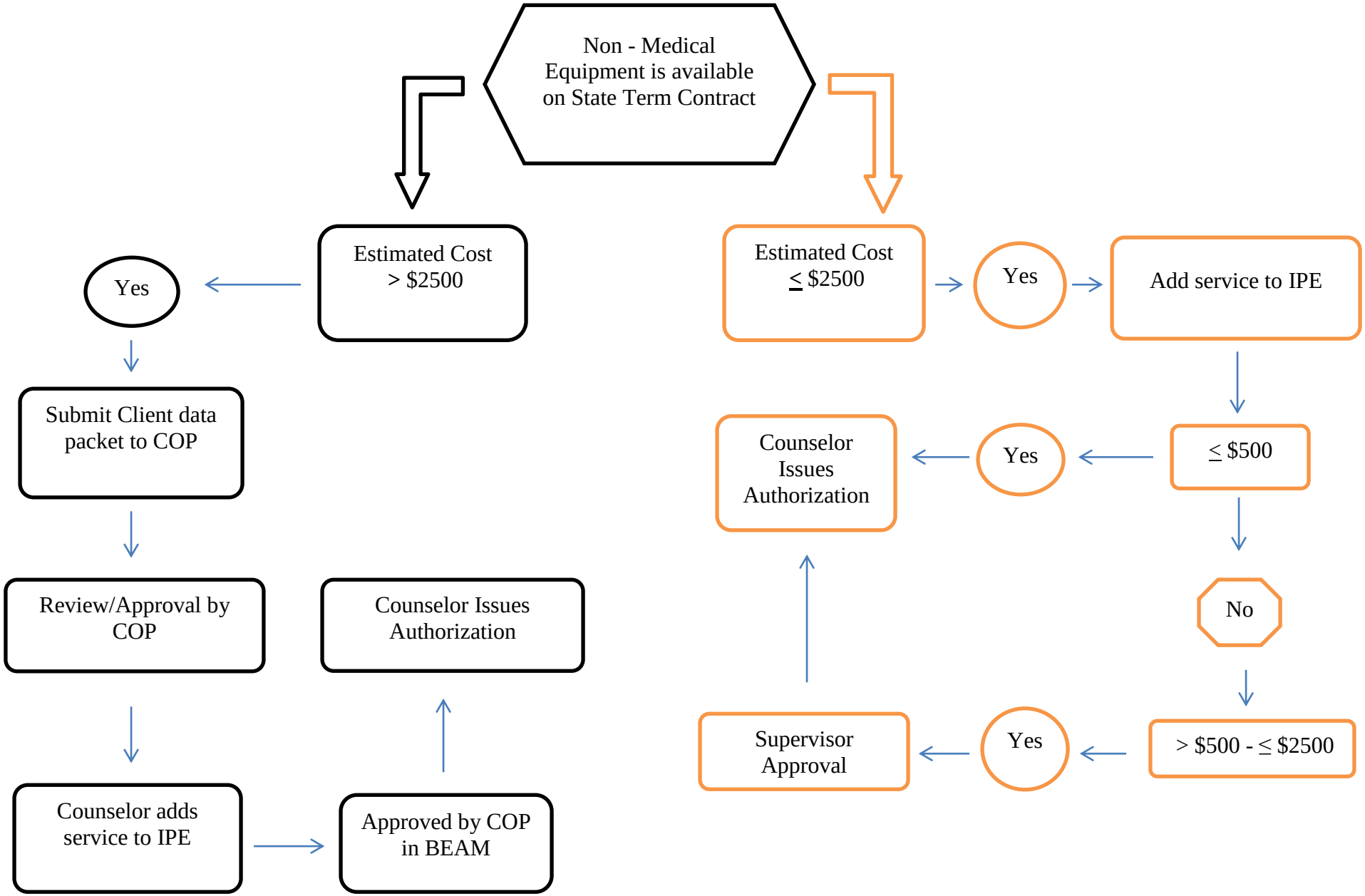
impaired. Other limitations could include inability to utilize public transportation or utilize toilet facilities outside of the home.

- There is significant respiratory insufficiency or sleep apnea documented by respiratory function studies, blood gases, sleep studies, etc. Resulting impediments could include excessive daytime drowsiness and impaired alertness on the job, fatigability, tendency to have shortness of breath upon exertion.

- There is significant circulatory insufficiency documented by objective measurements. Resulting limitations could include impaired functioning of one or more extremities due to circulatory insufficiency.

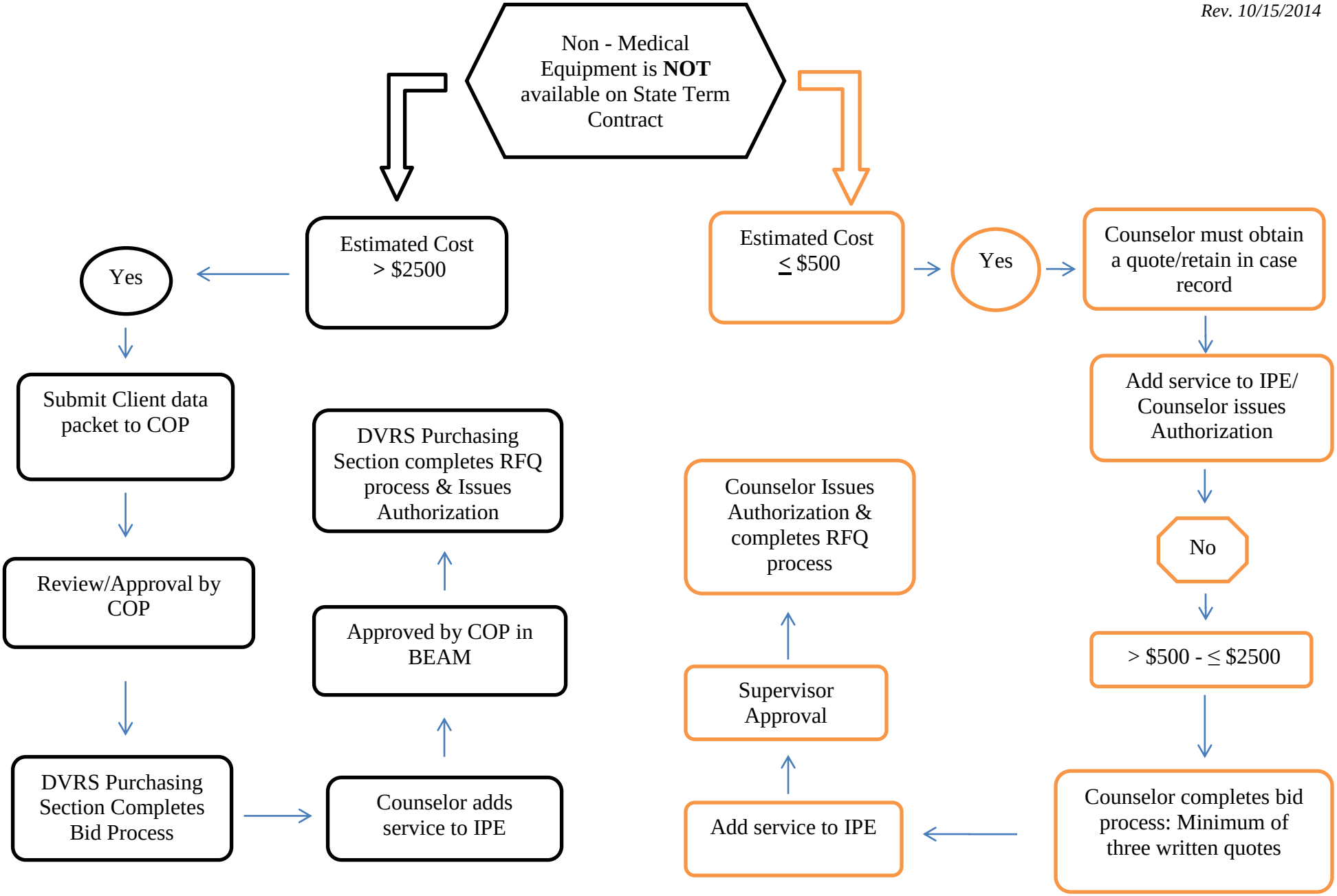
- Skin disorders resulting in severe medical complications, pain and discomfort.

Non-Medical Equipment: Purchase Procedures – Chart A



Non-Medical Equipment: Purchase Procedures - Chart B

Rev. 10/15/2014



North Carolina Achieving a Better Life Experience (NC ABLE)

1/1/2019

The North Carolina Achieving a Better Life Experience (ABLE) Act, signed into law in 2015 allows individuals with disabilities the opportunity to save money in a tax-advantaged NC ABLE account. These accounts are designed to improve the quality of life for individuals with disabilities and pay for any expenses that are incurred as a result of the disabling condition. Individuals with disabilities (acquired prior to age 26) or their parent/guardian may open a NC ABLE account.

Savings up to $100,000 are not counted towards an individual's eligibility for SSI, and Medicaid eligibility is maintained with savings up to $450,000. Contributions to an individual's NC ABLE account generally may not exceed $15,000 per year. Qualified expenses for ABLE accounts funds include, but are not limited to:

- Education
- Health and wellness
- Housing
- Transportation
- Legal fees
- Financial management
- Employment training and support
- Assistive technology
- Personal support services
- Oversight and monitoring
- Funeral and burial expenses

Both the Federal and State ABLE statutes specify that ABLE accounts are excluded from financial needs testing for government programs. As such, ABLE account funds are excluded from the assessment of financial need for both VR and IL.

The Department of the State Treasurer administers NC ABLE for North Carolina citizens. Additional information is available at www.nctreasurer.com

North Carolina Division of Vocational Rehabilitation Prescription Narcotic Pain Medication Contract

Revised 7/1/2014

1. The purpose for my using the medications is to make my pain more tolerable during the recovery process from physical impairments. Additionally, these medicines are used to help me be more functional in being able to participate in my vocational rehabilitation program and secure suitable employment. VR authorization of these medications will be for the quantity indicated on the prescription and not to exceed three prescriptions.

2. I understand that these medications have very strong addictive potentials. There is potential for being overdosed if not taken as instructed by my physician. I am to take these medications exactly as prescribed by my physician.

3. I understand that if my tolerance for these medications becomes too great that my physician may put me on a drug holiday (that is, taken off these medications) so that my body can readjust to function at a much lower level or no drug level.

4. I will obtain these medications only from the treating physician identified in my rehabilitation plan (IPE). I will not seek these medicines from any other physicians. I will make other treating physicians aware of my Prescription Narcotic Pain Medication Contract with NC DVR.

5. I must notify my rehabilitation counselor in advance of needing authorization of a refill.

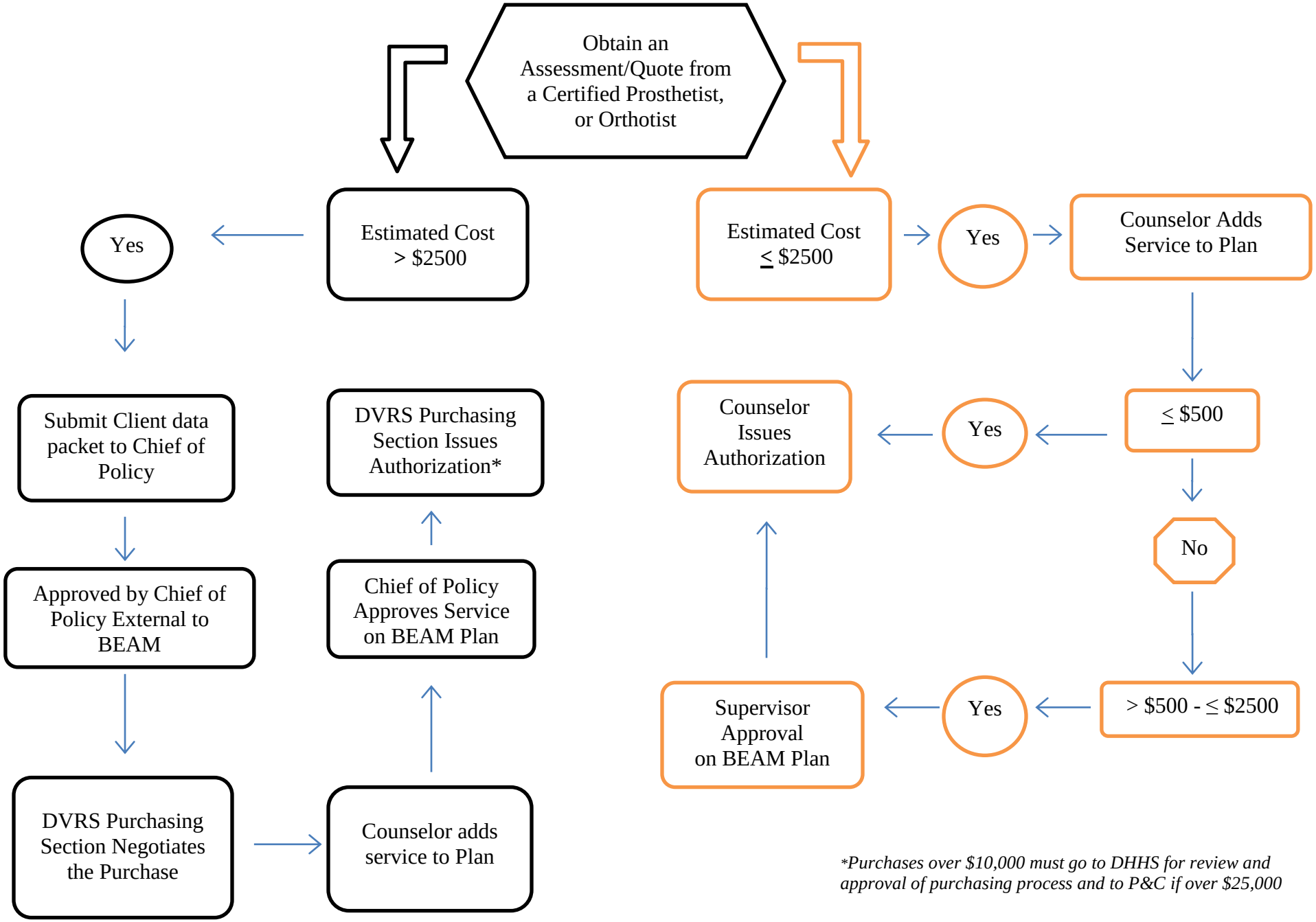
6. There will not be replacement of medications that are lost, stolen, damaged, destroyed, thrown away, etc. I will store these medicines in a safe place away from children.

7. I will tell my treating physician and rehabilitation counselor if I am getting these medicines from any other physicians.

8. If I do not follow the guidelines in this contract, I will no longer receive assistance from NC DVR in the purchase of medications.

_____	_____	_____
Client Signature	Date	Witness

Prosthetics and Orthotics: Purchase Procedures



**Purchases over $10,000 must go to DHHS for review and approval of purchasing process and to P&C if over $25,000*

Referral - Script

The following script shall be used when introducing any potential applicants to the VR/IL process. Office staff responsible for providing phone coverage should become familiar with and use the script when potential applicants call or present in person. This language needs to be used in any written materials that are made available to the public in explaining our referral process, including letters to parents of students.

In order to become an applicant for services with the NC Division of Vocational Rehabilitation, you must be available to participate in assessments for purposes of determining your eligibility, rehabilitation needs and services. Individuals in the following circumstances are <u>not</u> considered available for participation in services:

1. *Have outstanding warrants for arrest and/or pending charges that would prevent the individual from participating in a program of vocational rehabilitation services.*
2. *Cannot/or are unwilling to attend appointments and evaluations.*
3. *Are unwilling to participate in essential disability related treatment that will enable an individual to benefit from Division services in terms of an employment outcome.*

As a division of North Carolina state government, Vocational Rehabilitation is required to comply with any orders on file from the NC Department of Justice for reporting individuals having outstanding warrants to the appropriate authorities. A criminal check is done on all referrals before they come to a VR office. Please take this into account when you make a decision to come to our office.

In order to maintain a safe and supportive environment for our staff and consumers, we ask that you comply with the Division's Code of Conduct which is posted in all unit offices and printed in your application materials.

Rehabilitation Counselor II (RCII) Process

Revised 05/15/2011

POLICY:

In recognition and support of Rehabilitation Counseling as a profession and the Counselor as a professional, the Division encourages and expects Rehabilitation Counselors to develop the capacity to function with considerable independence in the areas of casework, service delivery and decision making. The role of the Counselor is of utmost importance in assuring that individuals with disabilities receive the services necessary to achieve independence and/or vocational outcomes. Other staff provides consultation and support for the Counselor in achieving these goals. The Division delegates the responsibility for caseload management and service delivery from the Director to the Regional Director and from the Regional Director to the Supervisor. Further delegation is based on performance-based criteria. The Agency has adopted a Rehabilitation Counselor II classification for qualified personnel who successfully complete the processes described in this policy. Reallocation to Rehabilitation Counselor II is based upon the outcome of a comprehensive casework review.

PREREQUISITES

Individuals being considered for reallocation to Rehabilitation Counselor II will have demonstrated proficiency in the areas of service delivery; productivity; caseload management; timely decision making; client advocacy; community, vendor, and staff relations; time and budget management. The Supervisor and Quality Development Specialist are responsible for assuring the Agency that the individual meets these expectations through regularly conducted case record reviews and performance evaluations.

1. Counselors must have completed the following external education requirements and be classified as a Rehabilitation Counselor I.

   (a) Master's Degree in Rehabilitation Counseling or Counseling; or
   (b) Master's Degree in a closely related Human Services Field; or
   (c) Current certification as a Certified Rehabilitation Counselor (CRC) by The Commission on Rehabilitation Counselor Certification

2. In addition to the external educational requirements counselors will have:

   (a) Successfully completed the agency's Casework Orientation and

Skills Training (COAST) with an average score of 80% as certified by the Quality Development Specialist; and

(b) Twelve months Rehabilitation Counseling experience with the agency. *(Note: Trainee experience is creditable as Rehabilitation Counseling, however; a promotion directly from Rehabilitation Counselor Trainee to Rehabilitation Counselor II is not permissible).*

(c) An overall performance rating of GOOD or better on his/her work plan under the agency's Performance Management Program**; and**

(d) A favorable recommendation of the Supervisor.

3. When a Rehabilitation Counselor II leaves the agency for twelve months or longer and is reinstated, reinstatement will occur as a Rehabilitation Counselor I. After a minimum of 6 months, the Supervisor will determine the Counselor's readiness for the Rehabilitation Counselor II process. The individual, at the discretion of the Regional Director, may have to complete COAST training before applying. Factors to be considered will be the length of time since COAST training was last completed and the length of time the individual has been out of the agency. Any exception must be approved by the Human Resources Director (example – an employee who has been on extended military leave).

PROCESS FOR REHABILITATION COUNSELOR II

Application for Rehabilitation Counselor II shall not be initiated until all prerequisites are met.

1. The Supervisor will assess the overall readiness of the Rehabilitation Counselor I for the RC II Process and will recommend when the RC I should apply for the RC II Process. The Supervisor will assure that the Counselor has participated in at least one developmental case review prior to requesting the RC II process to begin. The Quality Development Specialist will prepare a written report of his/her findings for the Supervisor and Regional Director to consider in making their decision.

2. The Supervisor will conduct an overall performance evaluation using a Special PMP. The narrative will include: The employee's understanding of the Rehabilitation Counselor role and the Division's mission, the disability served, and work responsibilities (use of policy and procedures, communication, relationships with consumers and community resources, use of comparable benefits, job

development/placement, budget management, and others).

3. The Supervisor will provide a copy of the Special PMP to the Regional Director.

4. The Regional Director will approve or deny the application within 30 days of receipt.

If approved, the Counselor will be granted temporary independent status. Temporary independent status allows the Counselor to function independently during the Rehabilitation Counselor II process. (If the Counselor fails the Rehabilitation Counselor II Process, the Regional Director will withdraw independent status, and the Supervisor will change the Counselor's role in the Division's case management database.

Upon granting temporary independent status, the Regional Director will then appoint a minimum of two Quality Development Specialists to conduct the Rehabilitation Counselor II review.

REHABILITATION COUNSELOR II PROCESS

The Rehabilitation Counselor II Process consists of a casework review that evaluates the Counselor's application of casework policy and procedure, service delivery, and decision making. The entire process, which begins with the Regional Director's letter granting temporary independent status, must be completed within eighteen (18) months. Should the Counselor fail the casework review, the Supervisor, with input from the Quality Development Specialist, will prepare a written plan outlining objectives, timeframes, and evaluation criteria designed to improve the Counselor's proficiency. The Supervisor will also complete a special PMP review to document deficit areas from the casework review and will incorporate the deficit areas into an improvement plan.

CASEWORK REVIEW

This is a review of a minimum of 20 records of service from the Rehabilitation Counselor's caseload. The purpose of this review is to evaluate the Counselor's application of agency policy and procedure, the Counselor's decision-making ability, caseload management skills, service delivery, and service delivery documentation. The casework review may occur anytime after 90 days of

temporary independent status, provided that the Supervisor has determined that sufficient casework activity for the Quality Development Specialist to evaluate has been carried out by the Counselor during the temporary independent status.

The Quality Development Specialists conduct the casework review utilizing the standard case review form. This form assesses cases in terms of compliance to key casework policy and procedural items, and quality of service delivery as reflected in the client record. The only errors that will count are those made during the temporary independent status period. In scoring the casework review, the review items are structured in a weighted scoring system so that the most critical items, such as eligibility, carry the greatest weight. This system contains three levels of errors which are defined in the attached document to this policy. The Counselor will be deemed to have failed the casework review if any of the following is found:

- **LEVEL ONE**: **Two or more errors on eligibility result in failure**.
- **LEVEL TWO:** Three or more errors in the same item or a total of nine or more errors in different items results in failure.
- **LEVEL THREE:** Six or more errors in the same item results in failure. ***NOTE: IN THE OVERALL SCORING OF THE CASEWORK REVIEW, TWO (2) LEVEL THREE ERRORS EQUATE TO ONE (1) LEVEL TWO ERROR.***
- A combination of errors from level two and level three constituting a total of nine or more errors in different items

If the Counselor fails the casework review, the process stops.

A second casework review may be conducted (see below).

SECOND CASEWORK REVIEW

After assuring the deficiencies have been corrected, the Supervisor will assess the readiness of the RC I to return to the RC II Process. The Regional Director grants temporary independent status via a letter to the Counselor with copies to the Unit Manager and Quality Development Specialist. Anytime after 60 days of reinstatement, the Quality Development Specialist conducts a second casework review of a minimum 20 cases. The Quality Development Specialist examines the Counselor's Master List to ensure that the casework selected for the RC II review is generated during the period of temporary independent status. Any errors reported are those made during the period of temporary independent status. The system of scoring for the second review remains the same as that of the initial case review.

DECISION AND NOTIFICATION OF PASS/FAIL

The Quality Development Specialist reports the results of the casework review to the Supervisor who submits the final recommendation of pass/fail, along with supporting documentation, to the Regional Director. Upon receipt of this information, the Regional Director has 30 days to review the recommendation, make a final decision of pass/fail and provide the counselor written notification of the decision. In the event of any question or discrepancy in the decision or supporting documentation, the Regional Director will make a final decision in consultation with the Chief of Policy and Casework Operations.

Revised 05/15/2011

Residence Modification General Guidelines

Revised: 6/1/2018

The intended purpose of these guidelines is to provide clear direction for staff to help them uniformly apply these standards in the planning and provision of residence modification services, thereby allowing funds to be most appropriately used to benefit the greatest number of clients. An engineer's evaluation and specifications are required before proceeding with any residence modification. Residence modifications shall be directed only at the issues of accessibility and must directly address those disability-related needs. They shall be the most technically appropriate and safe modifications that are within the Agency's spending limits that will meet a client's independent living needs and, as applicable, support their vocational goals. Any requests for exceptions to these guidelines and/or exceptions to the applicable spending limitations must be approved be the Chief of Policy before proceeding.

1. RAMPS & EXTERIOR ACCESS

a) Only one accessible entrance shall be addressed per residence. If there is an existing accessible entrance, an additional one shall not be provided.
b) Ramps, platform lifts, or low-rise steps shall all be considered dependent upon mobility equipment use and site limitations that are present.
c) Aluminum/steel (modular ramps) can be considered based on site limitations or permitting restrictions.
d) Entrance access structures shall not be roofed nor have protective coatings (stains or paints) applied.
e) If a new entry landing is being provided to replace an existing roofed landing, then a similar roofed section that matches the existing in style/type/size may be provided as part of the modification.
f) If an existing deck or landing area is removed as part of providing an access ramp, the new doorway entry landing shall be sized appropriately for wheelchair accessibility only. The new landing may not necessarily replace the original deck's entire area.
g) Railings shall normally be the horizontal type. Exceptions shall be based on local design codes or restrictions.
h) Synthetic or composite material decking shall not be used.
i) Paved vehicle parking pads and/or paved paths may be provided, but driveways shall not be paved. New or existing parking pads shall not be roofed, and carports shall not be provided.

2. BATHROOMS & INTERIOR ACCESS

a) Only doorways that provide access to those residential areas integral to daily life shall be considered for widening. Hallways shall not be widened and load bearing walls shall not be moved.
b) Only one bathroom per residence shall be addressed for accessibility.
c) For maximum clear bathroom access, vanity/cabinet sinks are not recommended – Pedestal, wall hung, or roll-under type sinks often provide better accessibility.

d) ADA height compliant taller toilets may not be the best solution, depending on the individual's environment, stature, or abilities. Market available DME may be considered the most appropriate recommendation.
e) Roll-in showers may not be required for individuals whose disability is stable and who have the ability to transfer to DME or can negotiate over low-threshold shower pans.
f) Walk-in/spa tubs with doors are typically not provided. Exceptions may be granted only if medically necessary, disability-related, and structurally/technically feasible.

3. GENERAL CONSTRUCTION & REPAIRS

a) Appropriate local permits must be provided for all Agency-funded work.
b) If technically and structurally feasible, the Division may support converting part of an existing room or space within the home into a bathroom. No additional square footage shall be added to a residence, but if the utilities are present/on location, it may be possible to help complete an added bathroom by installing the necessary accessible fixtures within the space provided.
c) Only repairs integral with a modification shall be done, and the scope of work shall be limited to that area. This includes any unforeseen repair issues discovered upon demolition that may require the customer and/or the homeowner to contribute to the repair cost(s). Utility repairs are the responsibility of the property owner.
d) Every attempt shall be made to match existing finish materials (i.e. colors of paint and vinyl) within the appropriate budget. If not possible, the customer shall be consulted concerning an acceptable cost-equivalent alternative.

4. MOBILE HOMES

a) Ceramic tile shall not be used in showers due to potential for leaks and water damage.
b) Shear walls may be modified, but should not be moved or removed.

Substance Abuse

When obtaining an evaluation for alcohol or drug abuse in the determination of eligibility for services and rehab needs, Counselors should utilize Psychologists, Licensed Psychological Associates, Psychiatrists, or Physicians who are certified in the area of substance abuse or affiliated with a licensed alcohol and/or drug treatment program, or Licensed Clinical Addictions Specialists (LCAS).* Evaluations from public or private treatment programs may be utilized if the evaluations are carried out or supervised by one or more of these specialties. Counselors should assure the evaluative data is current enough to establish the existence of an impairment that results in impediments to employment. The evaluation should include:

- A history of the disorder including a detailed description of the nature and severity of the addiction; response to previous treatment efforts if attempted or completed: evidence that the individual has accepted the reality of the addiction and is willing to take responsibility for ongoing treatment and/or support programs as recommended.
- Recommendations as to treatment (inpatient or outpatient) and/or community support systems necessary to ensure continued recovery.

***Note:** Staff of the Division having any of the above credentials are prohibited from diagnosing and providing treatment to individuals served by the Division of Vocational Rehabilitation Services. For questions about secondary employment contact the Human Resources Section of NC DVR.

Supported Employment Definitions

Entrepreneurial Model - This model takes advantage of local commercial opportunities to establish businesses employing a small number of individuals with the most severe disabilities as well as individuals without disabilities.

Job Coach Model - This model establishes employment opportunities for individuals on a one-person/one-job basis generally at or above the minimum wage level. The job coach may assist with job development/job matching along with the VR counselor. Training on-site is provided until industry criteria are met and then extended support services continue as long as such services are required.

PsychoSocial Rehabilitation Program Clubhouse is a day/night facility, which provides skill development activities, educational services, and pre-vocational training to individuals with chronic mental illness. Each facility is preferably organized around a separate and distinct community-based facility. Services are designed primarily to serve individuals who have impaired role functioning that adversely affects at least two of the following: employment, management of financial affairs, ability to procure needed public support services, appropriateness of social behavior, or activities of daily living. Assistance is also provided to members in organizing and developing their strengths and in establishing peer groups and community relationships.

The following services are included under the intensive training phase category:

Client Program Development: Time spent developing appropriate instructional plans (task analyses, behavioral intervention programs, vocational goals, etc.).

CRT Training: Community resource training (CRT) involves time spent training clients to use community resources, teaching independent living skills, and instructing family members in appropriate areas.

Employment Advocacy Time: Time spent advocating for the client, only with persons at the employment site and only for purposes directly related to employment. These persons would include employers, co-workers, and customers. Activities reported here could include talking with an employer while the client is not at work.

Nonemployment Advocacy Time: Time spent advocating with persons NOT directly affiliated with the employment site. These persons would include parents, bus drivers, school personnel, landlords, case managers, bank personnel, etc.

On-Job-Site Training: Time spent training the client at the job site (includes anything that is done at the job site to help the client).

Preparation at Job Site: Time spent by the program staff to learn the job prior to the client's reporting to work.

Ticket To Work (TTW)

- TTW is a voluntary employment program. It offers beneficiaries with disabilities receiving Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) increased choices in obtaining services and supports to engage in work and achieve their employment goals. The ultimate goal is to reduce reliance on Social Security disability benefits, increase self-sufficiency, and improve the quality of life for beneficiaries. North Carolina became a "ticket" state beginning November 1, 2003. The Social Security Administration issued new regulations for the Ticket to Work Program effective July 1, 2008 that provide significant improvements. These changes expand the choices available to Social Security beneficiaries with disabilities who want to enter or re-enter the workforce, and facilitate a wider array and better coordination of the services and supports available to beneficiaries. With increased support, a better payment plan, and incentives for partnering with State Vocational Rehabilitation (VR) agencies, the new regulations provide service providers and employers with increased opportunities to become Employment Networks (ENs) and start incorporating the Ticket into their business practices. Eligibility for the Ticket has been expanded to all adult beneficiaries ages 18 through 64. Prior to this, certain beneficiaries were not eligible to receive a Ticket prior to completion of their first Continuing Disability Review (CDR) because medical improvement was expected to occur. Consumers who are ticket holders can assign their ticket to any SSA approved Employment Network (EN) to receive services necessary to maintain or enter employment. In order for the consumer to make an informed choice on employment, discussions regarding the ticket and the impact of work on benefits should begin early in the process. If there is a benefits counselor available, a referral should be made as early as possible.

- Due to changes to the Federal Ticket to Work Legislation (effective July 1, 2008) the ticket assignment process is no longer necessary for DVRS. For VR, a copy of the current ticket to work is an appropriate method of verification for presumption of eligibility and for exempting the individual from the financial needs test.

VR Closure Process Guide

Status			
From	To	Form	Procedure
00	08	Case Note: VR – Status Change	1. Add VR – Status Change case note to ECF 2. Open “Status” pick list and select 08 3. In “Note” field type an explanation for the closure 4. Close case note; case moves to 08
02	08	VR Certification of Eligibility/Ineligibility	1. Add VR Certification of Eligibility/Ineligibility to ECF 2. For most closure reasons user needs only to select the reason from the pick list found near the end of the form in the Eligibility Guidelines section. No other information is required on the form 3. For reasons 8, 9 and 11 on the table below the appropriate field must be changed in the Eligibility Guidelines section (i.e. change “does” to “does not”, “can” to “cannot”) 4. For reason 15 a Trial Work plan must be completed prior to closure. 5. Upon completion of the above action(s) and signing of the form the case will move to 08. 1 Unable to locate or contact 4 Death 5 Individual in institution other than prison ... 6 Transferred to another agency 7 Failure to cooperate 8 No disabling condition 9 No impediment to employment 10 Transportation not feasible or available 11 Does not require V R services 12 Extended services not available 13 All other reasons 15 Disability too severe for V R services 17 Refused Further Services 18 Workplace Violence
06	08	VR Certification of Eligibility/Ineligibility	1. On the VR Certification of Eligibility/Ineligibility, upon completion of the TWE/EE, under the Eligibility Guidelines section (located near the bottom of the form) edit the appropriate field to read: “Individual cannot benefit in terms of an employment outcome….”. 2. Upon completion of the above action and signing of the form the case will move to 08.
10	30	VR Case and Closure Information	1. From the pick list located near the end of the form select the reason for closure. 2. Sign/date the form; case will move to 30
12	30	VR Case and Closure Information	1. Close out all services on the IPE with an outcome of “Withdrawn”

			2. **<u>DO NOT</u>** enter a date in the following field on the IPE:[1] All the planned services have been closed as of: [ ] 3. Open the VR Case and Closure Information form (add to the ECF if necessary) 4. From the pick list located near the end of the form select the reason for closure. 5. Sign/date the form; case will move to 30 [1] If a date is entered in this field the case will move to Status 20 eliminating the possibility of closing the case in Status 30. Only a Status 28 closure will be possible at this point.
12	28	VR Case and Closure Information	1. Close out all services on the IPE with an outcome of "Withdrawn", "Completed" or "Non-successful as appropriate 2. Enter a date in the following field on the IPE: All the planned services have been closed as of: [ ] 3. The ECF will update and the case will move to Status 20 4. Open the VR Case and Closure Information form (add to the ECF if necessary) 5. From the pick list located near the end of the form select the reason for closure. 6. Sign/date the form; case will move to 28
22	26	VR Case and Closure Information	1. Complete the VR Placement Information form 2. For services that were not provided the service should be deleted from the IPE resulting in an amended IPE in accordance with policy. 3. Close out all services on the IPE with the appropriate outcome type if the services were Completed or were Non-Successful. 4. Open the VR Case and Closure Information form (add to the ECF if necessary) 5. From the pick list located near the end of the form select the reason for closure: Achieved Employment Outcome 6. Sign/date the form; case will move to 26
32[2]	34	Case Note: VR – Status Change	1. Add VR – Status Change case note to ECF 2. Open "Status" pick list and select 34 3. In "Note" field type an explanation for the closure 4. Close case note; case moves to 34 [2] The same procedure as indicated above is used to move a case to status 32 from status 26. The user will select 32 from the pick list as opposed to 34.

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