

Title 32: Rehabilitation and Disabilities

Part 22: Office of Vocational Rehabilitation for the Blind, Resource Guide

Source: Mississippi Code § 37-33-54

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1.0 AGENCY EQUIPMENT

1.01. Inventory

MDRS equipment is assigned by location codes to counselors, supervisors, district managers, etc. This equipment is the responsibility of those individuals, and inventories should be periodically checked for accuracy. The Office of Administrative Services may make periodic inspections, including annual inspections with the State Auditor's Office. When equipment is purchased, the Office of Administrative Services will record the new item on the MDRS master inventory and send the inventory tag(s) to the responsible individual.

When an employee has terminated with the Agency, it is the responsibility of the supervisor to verify that employee's inventory. A copy of the inventory signed by the supervisor will be filed in the Office of Administrative Services and listed as "vacant" until the position is filled.

1.02 Repair of Telecommunication Equipment

Telecommunication equipment in need of repair must be reported to the Office of Administrative Services. Some telephone systems are on maintenance contracts and do not require a purchase order; others may be repaired and billed by Bellsouth, CDE, SIMOD, Lucent, Connections Plus, etc.

Be sure to include a copy of the work order with the invoice for verification and payment.

1.03 Transfer

A Notice of Equipment Transfer (MDRS-42) form will be completed when any item of equipment is transferred from one location to another. This form will be prepared by the transferring office and submitted to the MDRS Property Office, P. O. Box 1698, Jackson, MS 39215-1698. Before forwarding the form to the Property Officer, it must be signed and dated by the transferor, the transferee, and the supervisor of each.

1.04 Disposal

Do not dispose of the equipment until the MDRS Property Officer Has Given Approval in

Writing. Equipment that is being replaced will be evaluated at the local level. If the equipment has no value, it will be deleted from the Agency inventory and disposed of according to Agency policy.

Agency policy is to submit a written request to the immediate supervisor indicating the reason for disposal. If the District Manager, and/or other appropriate staff approve the request, the request will be forwarded to the Office of Administrative Services, Attention: MDRS Property Officer, P. O. Box 1698, Jackson, MS 39215-1698. An Equipment Deleted and Salvaged form will be sent to the requestor approving the deletion. This form will then be signed and returned to the MDRS Property Officer after equipment is destroyed or salvaged.

1.0.5 Computer Equipment

Definitions:

Accessible Automated Case Environment (AACE) – customized software used for VR/VRB case management.

Hardware – equipment that includes a keyboard, monitor, printer, the computer itself, and other devices.

MIS – Management Information Systems (the computer department)

Software – computer programs /applications.

Software Suite – a group of applications such as Microsoft Office

Maintenance:

It is important that all offices are equipped with standard hardware and software. Such standardization allows Management Information Systems (MIS) staff to resolve issues quickly and efficiently. Computer equipment and/or programs not specifically approved for use by MIS will not be used with Agency computers (see Software section).

Hardware and/or software problems for all offices including AbilityWorks should be reported to the MIS Help Desk at 601.853.5763. Critical issues such as AbilityWorks not being able to run payroll should be reported to the MIS Help Desk by telephone. MIS staff will assess the problem and resolve it or, if necessary, place a maintenance call to a third-party contractor.

Please be aware of these guidelines when reporting problems to the Help Desk:

- Whether reporting by telephone or e-mail, describe the problem in detail including any screen messages.
- If applicable, provide the equipment brand name, serial number(s), and any recent maintenance history.
- Network users must be logged on to the network in order to use network printers. The

user should ascertain that he/she is logged in properly before reporting that he/she is unable to print.

- AACE issues that are related to a specific client should include the client's name, social security number, and specific detail(s).

Do not make decisions concerning computer repair or initiate contact with third-party contractors without the approval of MIS. Most computer equipment is covered by an annual maintenance contract with a specific vendor.

If MIS arranges a maintenance call by a third-party contractor, please submit a copy of the service order to the MIS Help Desk following the repair. If the maintenance vendor replaces a component, the inventory and serial numbers of the old item plus the brand name and serial number of the new equipment must be submitted to the MDRS Property Officer. The inventory number tag should be removed from the old item and affixed to the new item. This action applies to replacement without purchase only.

Do not move any computer hardware including printers without first obtaining permission from MIS. Each system contains identifiers specific to the individual user at a specific location. Movement of computer hardware without MIS knowledge can have severe network consequences for which MIS will assume no responsibility.

Software:

Computer software is licensed via a license fee to each individual computer. As such, it is illegal to copy software from one machine to another. Additionally, it is illegal to load software onto a machine without having paid the license fee. Requests for adjustments to software should be forwarded to the MIS Help Desk.

1.1 AGENCY CORRESPONDENCE & RECORDS

1.1.1 Mail. All incoming mail must be stamped in the date it is received and processed as appropriate. Only the person whose name appears on the envelope should open mail marked personal or confidential.

The Agency has provided electronic mail (e-mail) capacity to all staff. E-mail correspondence is considered just as official as postal mail. Each employee should check his e-mail regularly to ensure timely receipt of and response to critical information.

1.1.2 Transmittals

The Office of Vocational Rehabilitation Director uses transmittals to disseminate changes in the OVR/OVRB Policy and Procedures Manual, Fee Schedule, and OVR/OVRB Resource Guide. The following is an explanation of each:

- I. OVR/OVRB Policy and Procedures Manual Transmittal - This is a numbered transmittal and contains changes to be made in the Policy and Procedures Manual. The immediate

supervisor or designee will check the Policy and Procedures Manual two times each fiscal year to see that all revisions have been made. Once the changes have been made, the appropriate information should be recorded on the Revision Log (at the front of the Manual). The transmittals may be deleted after being checked.

- II. OVR/OVRB Resource Guide Transmittal - This is a numbered transmittal that contains changes to be made to the Resource Guide. The immediate supervisor must designate one staff member in each office to be responsible for keeping the Resource Guide(s) in that office updated. (An example of each office is a counselor/counselor assistant.) Once the changes have been made, the appropriate information should be recorded on the Revision Log (at the front of the Resource Guide). The transmittal itself should be filed behind the Resource Guide for future reference if needed. The immediate supervisor or designee will check the Resource Guide two times each fiscal year to see that all revisions have been made. The transmittals may be deleted after being checked.
- III. Fee Schedule Transmittal - This is a numbered transmittal containing changes to be made to the Fee Schedule. The immediate supervisor or designee will check the Fee Schedule two times each fiscal year to see that all revisions have been made. Once the changes have been made, the appropriate information should be recorded on the Revision Log (at the front of the Fee Schedule). The transmittals may be deleted after being checked.

1.1.3 General Filing

Files should be set up for various documents relating to correspondence originating in the office and relating to regulations, responses, inquiries, and all other official acts of the office. Examples include, but are not limited to, interoffice memos, general correspondence, letters, official minutes of meetings, case review documentation, activity reports, case service funds, and travel itineraries. New files are started each State Fiscal Year (July 1 – June 30). Exceptions are OVR/OVRB Policy and Procedures Manual, OVR/OVRB Resource Guide, and Fee Schedule Transmittals which are filed by Federal Fiscal Year (October 1 – September 30).

1.1.4 Retention/Disposal

The retention requirements for Agency correspondence and records are the same as those outlined in the OVR/OVB Policy and Procedures Manual for client records. Any documents containing confidential information must be destroyed in the same manner as client records.

1.2 PAYMENT OF ADMINISTRATIVE BILLS

1.2.1 Office Janitorial Services

Payment of janitorial services is made monthly per contract and will be submitted on a vendor invoice, after services are rendered. The statement will be made payable to the vendor. Mail the original and two copies to the Finance Office.

1.2.2 Office Rent

Payment of office rent is made monthly and will be submitted on lessor's invoice with the original and two copies mailed to the Finance Office. The statement will be made payable to the vendor.

1.2.3 Postage and Post Office Box Rent

Post office box rental is paid annually. Postage should be requested for a three-month period. The amount should be itemized and totaled.

Example: 3 Rolls @ .xx = xx.xx
 2 Rolls @ .xx = xx.xx
 Total = xxx.xx

A statement of account made payable to the postmaster with the requestor's name and address is required. Sign your full name along with your program and organization codes. The original statement and two copies are sent to the finance office for payment at least four weeks before postage is needed or box rent is due. A copy will be kept in the district office for your records.

1.2.4 Telephone Bills

The local MDRS office and the telephone company must correct all billing discrepancies before the bill is submitted to the finance office for payment. To avoid delay in payment, sign your full name along with your organization code and program code, to the front page of the original invoice. The original invoice and two copies are sent directly to the finance office. Each copy will be stapled separately and all three invoices will be paper-clipped together. A copy will be kept in the district office for your records documented with the date the invoice was mailed to finance. Do not send the return envelope and/or advertisements to the finance office.

1.2.5 Utility Bills

Correct organization code, program code and signature should be included on the original invoice and all copies submitted. The bill should be received by the finance office no later than 10 (ten) days after the billing date. A signed and dated copy of all utility bills should be filed and retained in the district office for future reference.

If the total amount due on the bill includes a previous balance, attach a signed and dated copy of the original invoice submitted for that previous balance. (The word "COPY" should be conspicuously written across the front of the copy.)

1.3 PURCHASING

1.3.1 Purchase Requisitions

A MDRS Request for Purchase (MDRS-FIN-1) form should be completed for all goods and services requested except for those available through the MDRS supply warehouse. The following are required fields of information to be supplied by the requesting office:

- Treasury Fund
- Organization Code
- Program Code
- Quantity
- Ship to... (THIS CANNOT BE A POST OFFICE BOX)
- Contact person (Contact person and “ship to” person may be different names.)
- Phone number of contact person
- Name of requestor and supervisory approval (must be signatures-not typed)
- Description--be as specific as possible to prevent delay in processing
- Vendor name – IF KNOWN, BUT NOT REQUIRED

You may order supplies from more than one fund or organization on one MDRS-FIN-1 by using separate lines on the form, with a limit of four per requisition.

After completing the MDRS FIN-1, it should be forwarded to the proper "approving level". Remove the back copy and keep for your records. The Purchasing Office is to receive two copies of the requisition.

The purchasing office provides purchase order numbers by phone for routine service calls for repairs to copiers, typewriters, etc. However, a MDRS FIN-1 must be completed with the purchase order number given by the purchasing office and placed in the PO# box located on the FIN-1. Forward the FIN-1 to the purchasing office after all signatures has been obtained.

The requestor will receive a copy of the purchase order. This is the receiving report. Receiving information is printed on the bottom of the purchase order form and is a vital part of the process of paying for the goods ordered. When goods are received, the information is to be completed and the receiving report sent back to Finance with the packing slip and invoice if sent with the merchandise. In the event of partial shipments, make a copy of the form and forward to Finance noting dates and amounts received. The copy should be retained until the order is complete and then forwarded to Finance.

Some of the receiving reports are being sent out by email as an attachment. Print a copy of the email receiving report, sign and return to the purchasing office once merchandise is received. If the “ship to” name and person to receive the receiving report names are different then put the name of the person who should be sent the email at the top of the FIN-1.

Please note that if the shipping personnel and/or address are different from the requestor -- it is the responsibility of these two parties to coordinate and send the proper information to the MDRS Finance Office.

The Finance Office then matches the purchase order, receiving report, and original invoice. These three items begin the process for payment to the vendor.

Please contact the MDRS Finance Office if you have not received a copy of the purchase order issued on behalf of your requisition within three weeks from the

time you forwarded the documentation to the office.

For state and federal auditing purposes, the Finance Office requires that a "receiving report" be completed for all purchase orders issued with the exception of monthly payments such as rent, janitorial contracts, maintenance agreements, etc. **DO NOT COMPLETE A RECEIVING DOCUMENT FOR ITEMS ISSUED FROM THE MDRS WAREHOUSE.** It is your responsibility to notify the Finance Office if you have not received your goods or services within 45 calendar days.

All invoices will be mailed **DIRECTLY** to the Finance Office after they are verified and signed. **DO NOT HOLD INVOICES IN YOUR OFFICE!** Send the original and two copies of the invoice from the vendor to the Finance Office.

1.3.2 Copy and Computer Paper

Copy and computer paper (8 1/2 x 11, 8 1/2 x 14, 1 part and 4 part) must be requested on form MDRS FIN-1 by each individual office on an as-needed basis. The MDRS FIN-1 will be completed and forwarded to the Finance Office following procedures outlined above.

1.3.2 Forms and Supplies

All routine office supplies and forms shall be requisitioned from the MDRS Supply Warehouse. Orders should be placed using Office Supply Warehouse Order Form (DRS-4). This form should be completed in triplicate with the last copy being retained by the requestor. Do not complete a receiving report for items requisitioned on a DRS-4. The supervisor should carefully review these forms to justify quantities and accuracy of order. Orders should be made using the MDRS Supply Catalog.

1.3.4 PROGRAM CODES FOR EXPENDITURES

Program Code	Title
1000	VR Admin, Counseling & Placement
1001	VR Deaf
1002	VR MS State Hospital
1003	VR East MS State Hospital
1100	VRB Counseling & Placement
1200	VRB Admin
1300	VR AbilityWorks Overall
1301	VR AbilityWorks Monroe Co.
1302	VR AbilityWorks Brookhaven
1304	VR AbilityWorks Columbus
1305	VR AbilityWorks Corinth
1306	VR AbilityWorks Washington Co.
1307	VR AbilityWorks Greenwood

1309	VR	AbilityWorks Harrison Co.
1310	VR	AbilityWorks Jackson
1311	VR	AbilityWorks Kosciusko
1314	VR	AbilityWorks Meridian
1315	VR	AbilityWorks Oxford
1316	VR	AbilityWorks Olive Branch
1317	VR	AbilityWorks Philadelphia
1318	VR	AbilityWorks Starkville
1319	VR	AbilityWorks Tupelo
1321	VR	Reach Center for the Blind
1325	VR	AbilityWorks Hattiesburg
1331	VR	AbilityWorks Laurel
1500	VR	In Service Training
1510	VR/VRB	Section 110 Training
1700		Independent Living
1705	VRB	IL Older Blind
1730	VR/VRB	IL Client Services
1750	VR	IL Attendant Care
1800		START
2500	VR	PCA Waiver
3000	VR	Supported Employment Section 110 Funds
3050	VR/VRB	Supported Employment Title VI Funds
3332		SCI/TBI Trust Fund
6500	VRB	BEP Equipment
6501	VRB	BEP Replacement Equipment
6502	VRB	BEP Refurbishing Facilities
6503	VRB	BEP Mgmt Services
6504	VRB	BEP Initial Stock
6505	VRB	BEP MTCE
6701	VRB	Addie McBryde Center
8000	VR	Deaf and Hard of Hearing Office

1.4 REAL PROPERTY LEASES

The Office of Administrative Security and Support is responsible for administering all real property leases including negotiations and required official notifications. The Director of the Office of Administrative Security and Support may delegate various tasks in assembling the required documentation for new leases and renewals to the appropriate District Manager depending on the location or to other MDRS personnel in consultation with the District Manager.

The Director of the Office of Administrative Security and Support shall be notified as soon as possible if a lease is not to be renewed or if a lease should be terminated prior to the expiration

date. The Director of the Office of Administrative Security and Support will make required official notifications. Questions regarding real property leases should be directed to the Office of Administrative Security and Support.

1.5 TRAVEL

1.5.1 Guidelines for Travel

Voucher for Reimbursement of Expenses - Incident to Official Travel (13.20.10) form must be completed, signed, and sent for approval through your supervisor before being submitted to the finance office for reimbursement. The voucher must indicate your program code in the space labeled "Program" and your organization code should be written in the space indicated as "Org".

The actual dates of travel must be completed and the purpose and points of travel must be filled out for each day. All excessive mileage should include specific points of travel or an attached detailed itinerary. All literature pertaining to the trip(s), such as original itemized hotel receipts, literature indicating conference/meeting hotel rates, flight itineraries, etc., should be attached as well. The original travel voucher will be signed in any color ink except black.

The supervisor approving travel should sign on line reading "Approved for Payment"; the line reading "Verified By" is for finance use only.

The original and one copy will be sent to finance. The original and the copy should be stapled. The original receipts will be stapled to the back of the original voucher in the top left-hand corner and the copy should be an exact duplicate.

See the *Travel Policy* Section, of the *MDRS Administrative Policy Manual* for travel guidelines and policy.

1.5.2 Use of Agency Vehicles

Oversight responsibility for the legal, efficient and most cost effective operation of the agency's fleet of vehicles resides with the agency vehicle manager and the AbilityWorks Facility Managers.

Unsafe, careless, reckless or drunken driving will not be tolerated. All persons in supervisory roles are to investigate all instances of observed or reported unsafe driving and determine appropriate disciplinary action.

The use of seat belts by drivers and front seat passengers of all state-owned vehicles is mandated by Section XI of the *MDRS Motor Vehicle Use Policy*.

Vehicle use will be documented by means of a travel log form. Information contained in that log will include odometer reading (beginning and ending), dates and destinations, purpose of each trip, fuel/oil purchases and driver's name.

All vehicle accidents should be investigated by the appropriate supervisor and documented on

MDRS Accident Report (AI-1) form within 5 days of the accident. Copies of the report should be sent to the immediate supervisor and the agency vehicle manager.

2.0 CASE MANAGEMENT

It is the Agency's belief that efficient case management leads to the provision of more appropriate, quality, and timely services for the individuals it serves. Guidelines and additional resource information are provided in this section to assist the counselor in managing his/her caseload and meeting the needs of the Agency and its clients.

Case File Folder: A label is affixed to the tab of each client's printed case file folder. The label will include the client's name, address, county, and district number. The following will be stamped on the outside of the file folder and the appropriate information recorded beside the headings:

- Client's Social Security Number
- Client's Telephone Number
- SSI/SSDI Status
- Disability Priority
- Case Status Dates (update as status changes are made)

Statistics: The statistical system of the Agency is computerized. Information is correlated in many different ways for use on local, state, and federal levels. When efforts are made to get funds to operate the Agency, this data is presented to the state and federal officials.

The counselor, District Manager, and administrative staff have access to various reports in AACE that they may generate and use as management tools. (See AACE User's Manual for details.)

Cases will display in the Activity Due List when they meet the notification parameters set by the Agency. They will remain on this list until action is taken. Below is a listing of timelines for the various statuses.

Application Status	60 days
Eligible Status	75 days
Service Status	
Employed Status	90 days
PES Status	90 days

Time Lines/Frames for Service Initiation/Provision:

The Agency is committed to the initiation and delivery of planned services in a timely manner without undue delays or interruptions to its clients. The Agency has established the following standards for time lines/frames for service initiation/provision:

Service Initiation/Provision	Timelines/Frames
Referral to Application	Contact as soon as possible, not to exceed 14 days – Application is to be taken as soon as possible, not to exceed 30 days from referral
Application to Eligibility	No more than 60 days w/o extension
Eligibility to IPE development	90 days (general standard), if exceeds 90 days, rationale for exception is to be documented in the case record. If exceeds 6 months, District Manager is to review case and approve any extension
Client Contact	Maximum of 90 days, more often if warranted by client’s disability or services being provided
Services	Provided as appropriate & indicated on IPE
Annual Plan Review	From date of last plan/amendment, not to exceed 1 year
Employment to Closure “Rehabilitated”	Must remain in Employed Status a minimum of 90 days from date of employment
Annual Review (cases closed: due to severity of disability and cases closed with an employment outcome of extended employment)	No more than 12 months from closure date and in keeping with the policies in the Closure section of the OVR/OVRB Policy & Procedure Manual

2.1 FILE DOCUMENTATION

The following documents, as appropriate to each case, are to be included in the client's printed case file folder (Details regarding related policy are in the OVR/OVRB Policy and Procedure Manual.):

- Application for Vocational Rehabilitation Services & Explanation of Client’s Rights (MDRS-VR-01) form or a letter from applicant requesting services

Requires applicant's (or applicant's parent/guardian) signature.

- Information and Referral (MDRS-VR-02) form, if referral is made to an outside agency/organization for assisting the individual in preparing for, securing, retaining, or regaining employment.

Requires MDRS representative’s signature

- AACE Personal Information, Application Documentation reports. Participant Initial Interview (MDRS-VR-04) form may be used as the working copy, particularly when the counselor is on itinerary, but the information must be entered into the electronic file.

Requires MDRS representative's signature

- Medical/Psychological Reports documenting the disability

Disability must be substantiated by a person qualified to diagnose the specific disability.

- Eligibility Extension

Requires counselor's signature

- Certificate of Eligibility/Ineligibility

Requires counselor's signature - If the client is determined to be ineligible after IPE has been developed; the client (or client's parent/guardian) must also sign the Certificate of Ineligibility/IPE Closing Amendment.

- All Trial Work Experience Plans, Individualized Plans for Employment (IPE), PES Plans, Revisions, and Amendments

All, except revisions, require client (or client's parent/guardian) and counselor's signatures. Revisions for minor changes should be attached to the original plan.*

- Participant Initial Interview Form (MDRS-VR-04) - must be completed on all applicants. The VR Counselor or other staff member that completes this form is responsible for its accuracy since this information will be entered into AACE creating the official case file. This information is also used for program planning, evaluation and reporting.

The purpose of this form is to accumulate data for the completion of the RSA-911 Case Service Report which is an annual report of demographic and caseload information such as social security number, disability characteristics, services, training, health insurance, and financial information related to all individuals exiting the VR program during each fiscal year. Information for the completion of the Participant Initial Interview Form is usually obtained during the initial interview with the consumer. This form is also designed to provide prompts to assist in considering all information and resources systematically according to AACE. Any additional information that is obtained during the initial interview that is not specifically listed should be detailed in the additional information section of this form. It is important to be thorough when completing this form because much of the information is required to place an individual into Application Status.

Requires MDRS representative's signature

- Financial Needs Analysis (FNA-01) form

Requires client (or client's parent/guardian) and counselor's signatures.

- Case Notes – are to be entered in the electronic file.

The author of an electronic case note is recorded by AACE as the individual who is logged in the system. When a counselor assistant enters a case note in AACE for a counselor, the case note should begin with this statement: This case note is being entered for (counselor's name). The counselor assistant should print the completed case note for the counselor's signature. The counselor is to sign the case note (first initial and last name). Then the case note should be placed in the client's file.

- Authorizations

Requires counselor's signature to issue and approve for payment. Vendor must sign indicating service provision. The client is only required to sign those authorizations issued directly to the client as a vendor.

- IPE Reviews

Requires counselor's signature

- AACE Employment Reports on each job the client obtains
- AACE Closure Report
- Notification of Closure Letter

Requires counselor's signature - If the client is determined to be ineligible after IPE has been developed; the client (or client's parent/guardian) must also sign the certificate of ineligibility/IPE closing amendment.*

- AACE Case Summary Report at case closure
- AACE Federal Follow-up Reports (6 month and 12 month)
- All Formal Correspondence

Requires counselor's signature - If the applicant/client is under the age of 18, or is not otherwise legally adjudicated, the parent/guardian's signature is required.

2.2 DISABILITY CODES

From the disabling conditions, it will be possible to obtain data on multiple impairments such as the amputee who is hard of hearing and how these conditions contributed to the individual's employment impediment.

All disabling condition information should be taken from the most recent document(s) prepared by physicians based upon the examination of the individual and/or medical records of a hospital or clinic where the individual was examined. The disabilities described and coded will be based upon the complete and final diagnostic information used in determining eligibility for vocational rehabilitation services.

The diagnosis for visual and aural cases should always be recorded to include the degree of functional loss, stated in terms of Snellen's notations for the visual cases and in terms of decibels for the aural cases. Visual disabilities will always be described in terms of best correction. The description for mentally retarded individuals will include the Intelligence Quotient and the tests or scales used.

Primary Disability

Enter the four-digit code that best describes the individual's primary physical or mental impairment that causes or results in a substantial impediment to employment. The number reported is a combination of the impairment code and cause/source code. The first two digits designate the impairment (sensory, physical or mental), and the last two digits indicate the cause or source of the impairment.

If the person is found not to have a disability, this item should be coded 0000. Use Code **** if the information is not available for Closure Code 1.

Secondary Disability

Enter the four-digit code that best describes the secondary disability. This is the physical or mental impairment that contributes to, but is not the primary basis of, the impediment to employment. The number reported is a combination of the impairment code and cause/source code. Enter Code 0000 to indicate that the individual does not have a secondary disability. Use Code **** if the information is not available for Closure Code 1.

RSA Codes for Impairments

0 No impairment

Sensory/Communicative Impairments:

- 1 Blindness
- 2 Other Visual Impairments
- 3 Deafness, Primary Communication Visual
- 4 Deafness, Primary Communication Auditory
- 5 Hearing Loss, Primary Communication Visual
- 6 Hearing Loss, Primary Communication Auditory
- 7 Other Hearing Impairments (Tinnitus, Meniere's disease, hyperacusis, etc.)

- 8 Deaf-Blindness
- 9 Communicative Impairments (expressive/receptive)

Physical Impairments:

- 10 Mobility Orthopedic/Neurological Impairments
- 11 Manipulation/ Dexterity Orthopedic/ Neurological Impairments
- 12 Both mobility and Manipulation/ Dexterity Orthopedic/ Neurological Impairments
- 13 Other Orthopedic Impairments (e.g., limited range of motion)
- 14 Respiratory Impairments
- 15 General Physical Debilitation (fatigue, weakness, pain, etc.)
- 16 Other Physical Impairments (not listed above)

Mental Impairments:

- 17 Cognitive Impairments (impairments involving learning, thinking, processing information and concentration)
- 18 Psychosocial Impairments (interpersonal and behavioral impairments, difficulty coping)
- 19 Other Mental Impairments

RSA Codes For Causes/Sources Of Impairments

- 00 Cause unknown
- 01 Accident/Injury (other than TBI or SCI)
- 02 Alcohol Abuse or Dependence
- 03 Amputations
- 04 Anxiety Disorders
- 05 Arthritis and Rheumatism
- 06 Asthma and other Allergies
- 07 Attention-Deficit Hyperactivity Disorder (ADHD)
- 08 Autism
- 09 Blood Disorders
- 10 Cancer
- 11 Cardiac and other Conditions of the Circulatory System
- 12 Cerebral Palsy
- 13 Congenital Condition or Birth Injury
- 14 Cystic Fibrosis
- 15 Depressive and other Mood Disorders
- 16 Diabetes Mellitus
- 17 Digestive

- 18 Drug Abuse or Dependence (other than alcohol)
- 19 Eating Disorders (e.g., anorexia, bulimia, or compulsive overeating)
- 20 End-Stage Renal Disease and other Genitourinary System Disorders
- 21 Epilepsy
- 22 HIV and AIDS
- 23 Immune Deficiencies excluding HIV/AIDS
- 24 Mental Illness (not listed elsewhere)
- 25 Mental Retardation
- 26 Multiple Sclerosis
- 27 Muscular Dystrophy
- 28 Parkinson's Disease and other Neurological Disorders
- 29 Personality Disorders
- 30 Physical Disorders/Conditions (not listed elsewhere)
- 31 Polio
- 32 Respiratory Disorders other than Cystic Fibrosis or Asthma
- 33 Schizophrenia and other Psychotic Disorders
- 34 Specific Learning Disabilities
- 35 Spinal Cord Injury (SCI)
- 36 Stroke
- 37 Traumatic Brain Injury (TBI)

2.3 Case Statuses

A referral is defined as any individual who has applied or been referred to VR by letter, telephone, direct contact, or any other means, and for whom the following minimum information has been provided:

- Social Security Number
- Name and Address
- Disability (as reported, medical/psychological documentation substantiating is not required until the point of eligibility)
- Age and Sex
- Date of Referral
- Source of Referral

The case status system in VR is designed to facilitate the tracking of individuals as they progress through the service system. There are 5 active statuses and 2 closed statuses.

Active Case Statuses:

- Application Status (old statuses 00, 02, and 06)

As soon as the referred individual signs a document requesting vocational rehabilitation services, he/she is designated an "applicant". Generally, the document will be an Agency

form, but a letter signed by an individual that includes the minimum basic referral information and requests services will be considered sufficient for placing the individual in Applicant Status. This is important since the applicant must be notified in writing if the request for VR services has been denied and the only certain basis for determining that the individual has knowledge of having been referred is by the existence of a document signed by the individual.

While the individual is in Applicant Status sufficient information is gathered to make a determination of eligibility or ineligibility for vocational rehabilitation services or a decision is made to provide the individual with a period of Trial Work Experiences prior to making such a determination.

- **Eligible Status (old status 10)**

An individual who has been certified as meeting the basic eligibility requirements is accepted for vocational rehabilitation services, designated as an active case, and placed into Eligible Status.

While a client is in this status case study and diagnosis are completed to provide a basis for the formulation of the Individualized Plan for Employment (IPE). A comprehensive case study is basic to determining the nature and scope of services necessary to achieve the employment objective of the individual. The individual remains in this status until the IPE is written and approved.

Priority Category Closed (old status 04) - There is a separate caseload (PCC_ _) set up in each district to track these individuals and record information and referral services they are provided. This caseload will be used only when an Order of Selection has been implemented. A client will be placed in this status when the counselor has certified him/her eligible but he/she does not meet Order of Selection criteria. No services can be authorized while the client is in this priority category.

- Service Status (old statuses 14, 16, 18, and 20) A client enters Service Status when the IPE has been developed and signed by the counselor and client (client's parent or guardian, if appropriate).

Plan Type - Counseling and Guidance Only (old status 14) - It is intended that this plan type be used only for those individuals having an approved IPE which outlines counseling, guidance and placement as the only services required to prepare the client for employment. It is not to be used to reflect the counseling and guidance which takes place during the course of program development or is provided by the counselor during the provision of training or physical/mental restoration. Ancillary services (e.g.: diagnostic medical services, medication, transportation) can be authorized that facilitates/allows client's participation in this status.

When there is a breakdown in the progress of the case after other services have been provided, the counselor may determine that substantial counseling and guidance are essential to the successful placement and rehabilitation of the individual. The client may

then be entered in this plan type if an IPE amendment has been written and approved after consultation with the client, and this is the only additional service required to prepare the client for employment.

Plan Type - Physical and Mental Restoration (old status 16) - A client is placed in this plan type if he/she is receiving any physical or mental restoration service such as medical, surgical, psychiatric or therapeutic treatment, or is being fitted with an appliance. A case remains in this plan type until physical and mental restoration services are completed or terminated.

Plan Type – Training (old status 18) - A client is placed in this plan type if he/she is actually receiving academic, business, vocational, or personal and vocational adjustment training from any source, such as a public or private school, a commercial or individual establishment, a rehabilitation or other facility, an individual teacher or instructor, or correspondence course. Clients remain in this plan type until the training is either completed or terminated.

Job Ready (old status 20) - This data page is completed when a client has completed preparation for employment (counseling, guidance, treatment, fitting of an appliance, training, etc.) and is ready to accept a job but has not yet begun employment.

- Employed Status (old status 22) A client is placed in this status when he/she has been prepared for, been placed in and begun employment. The client must be observed in this employment for a minimum of 90 days before being closed rehabilitated to ensure adequacy of employment in accordance with the needs and limitations of the individual. Homemakers and unpaid family workers should be included in this status and the observation criteria will be applied to them.
- Post-Employment Service Status (old status 32) client is placed in this status if he/she has previously been closed rehabilitated and requires additional services to maintain or regain other suitable employment and prevent the recurrence of the disabling condition. The purpose of this status is, to avoid the necessity of reopening a case in order to provide a relatively minor service.

Post-employment services must be planned and may include any service or combination of services necessary to assist the individual in maintaining employment so long as the service(s) are related to the original IPE.

Closure Statuses

See the OVR/OVRB Policy and Procedure Manual for details regarding the case closure process. There are two types of closure statuses:

- Closed Rehabilitated Status (old statuses 26 and 36)
- Closed Other Than Rehabilitated (old statuses 08, 28, 30, 34, 38, and 40)

RSA Closure Codes and Reasons:

Code	Reason
1	<p><u>Unable to locate, contact, or moved</u>: This code is used when the individual has moved without leaving a forwarding address or has otherwise disappeared. It is also used when the individual leaves the state and gives little evidence of returning in the foreseeable future. A reasonable effort to contact the consumer must be made and documented in the case file before closing a case as unable to locate. Reasonable efforts include a minimum of 2 letters and 2 telephone call attempts. If a letter has been returned after it was sent by mail, check the envelope to ascertain whether it identifies a forwarding address; verify that the letter was correctly addressed; and attempt to reach the consumer by telephone. (A telephone call with no answer would not be counted as an attempt to locate.) An answering machine message would count as an attempt to contact if the counselor recognizes this as the consumer's residence and leaves an appropriate message. If these efforts are unsuccessful, efforts should be made to reach the consumer through contact with family members or friends. If these efforts are unsuccessful, the case may be closed as unable to locate.</p>
2	<p><u>Disability too significant to benefit from VR Services</u>: This code is used to identify an individual whose mental or physical disability is so significant that the individual cannot benefit from VR services in terms of employment. Also, include individuals with disorders that are expected to progress to such a severely limiting degree in a short period of time that rehabilitation services will be of little or no help. Prior to closure for this reason, the case file should contain clear and convincing evidence of this through a period of Trial Work Experiences (TWE) or medical documentation that the client is unable to participate in TWE.</p>
3	<p><u>Refused services or further services</u>: This code is used when the individual declines to accept, participate in, or use vocational rehabilitation services. Prior to case closure for this reason, the case file should indicate that the client (or client's parent/guardian) has communicated verbally, or in writing, that he/she does not want services. Does not require a closure letter.</p>
4	<p><u>Death</u>: This code requires case file documentation. Documentation may include a copy of the obituary, case note indicating notification by a family member, etc. Does not require a closure letter.</p>

- 5 Institutionalized: This code is used when an individual has entered an institution and will be unavailable to receive rehabilitation services for an indefinite or considerable length of time and continuance of an open case would not be beneficial to the person. For this item, an institution can include hospitals, nursing homes, prisons and jails, treatment centers, etc. Documentation may include a case note indicating notification by client, a family member, etc. Does not require a closure letter.
- 6 Transferred to another agency: This code is used when services needed by the individual are more appropriately provided elsewhere. Transfer to the other agency should be accompanied by referral information that can assist the other agency to accept the individual. Does not require a closure letter.
- 7 Failure to Cooperate: This code is used when the individual's actions (or non-actions) convince the counselor that it is not possible to begin or continue appropriate rehabilitation services. Non-cooperation would include promises not kept by the individual such as not showing up for counseling, interviews, school attendance or medical/psychological appointments made for diagnosis/treatment or other services. Efforts by the counselor to overcome these actions or non-actions are required and should be documented in the case file. The case file should indicate that a minimum of 3 legitimate (by letter and/or telephone call) attempts were made prior to closure for this reason. A telephone call with no answer is not considered an attempt. Does not require a closure letter.
- 8 No disabling condition: This code applies only to individuals not accepted for rehabilitation services (closures from Application Status). The use of this code means that no physical or mental impairment exists. Use this code when only an acute (as opposed to chronic) condition is observed (i.e. a broken bone that heals). This code may also be used in instances when a chronic condition appears to have no or very inconsequential effects in a medical sense.
- 9 No Impediment to Employment: This code applies only to individuals not accepted for rehabilitation services (closures from Application Status). The use of this code means that a physical or mental impairment is present but does not constitute a substantial impediment to employment.
- 10 Transportation not feasible or available: This code is used to indicate that acceptance of employment was either not feasible because transportation is too costly or not available. Does not require a closure letter.

- 11 Does not require VR services: Use this code for applicants who do not require VR services to prepare for, enter into, engage in, or retain gainful employment consistent with their strengths, resources, priorities, concerns, abilities capabilities, and informed choice.
- 12 Extended services not available: Use this code for individuals who would have benefited from the provision of supported employment services but for whom no source of extended services was available.
- 13 Extended employment: Use this code for individuals who received services and were placed in a non-integrated setting for a public or non-profit organization. This does require an employment record.
- 14 All Other Reasons: This code is used to cover reasons not encompassed by Codes 1 through 13. Does not require a closure letter.

CASE RECORD REQUIREMENTS BASED ON CLOSURE REASONS

Status	Closure Reason	Case Record Requirements
Closed Rehabilitated - incl. Post Employment Service (PES) cases - Old Statuses 26, 36	Successfully Rehabilitated	Closing Statement and Notification of Closure letter. Case note recording closure details. PES cases do not require reassessment of the need for post-employment services.
Closed Other From Applicant Status - Old Status 08	No impairment; no impediment to employment; cannot benefit from VR services; disability too severe or unfavorable medical prognosis; and reasons not related to eligibility	Certificate of Ineligibility - Notification of Closure letter. Case note recording consultation with client regarding determination. Case note recording closure details.
Closed Other From Eligible Status - Old Statuses 30, 38	Cannot benefit from VR services; disability too severe or unfavorable medical prognosis. Old Statuses 30, 38 (incl. PCC cases)	Certificate of Ineligibility and Notification of Closure letter. Case note recording consultation with client regarding determination. Case note recording closure details

Closed Other From Service Status - Old Status 28	Can no longer benefit from VR services – Disability too severe or unfavorable medical prognosis; Reasons not related to eligibility - including transfer to other agency (e.g., extended employment providers)	Certificate of Ineligibility/IPE Closing Amendment and Notification of Closure letter. Case note recording consultation with client regarding determination. Case note recording closure details
Closed Other From PES Status - Old Status 34, 40	Can no longer benefit from VR services – Disability too severe or unfavorable medical prognosis. Reasons not related to eligibility VR case reopened	Certificate of Ineligibility/IPE Closing Amendment and Notification of Closure letter. Case note recording consultation with client regarding determination. Case note recording closure details

2.4 CASE TRANSFER

The counselor transferring an open case is to notify the receiving counselor of this intent (by mail or e-mail; with copy to the District Manager) prior to the transfer. A transfer summary will be completed in AACE case notes. This summary will include the following: brief summary of plans and the intent of case services.

The transferring counselor will mail the printed case file folder to the receiving counselor. The transferring counselor's District Manager/District Administrative Assistant will complete the electronic case transfer process in AACE. If the receiving counselor has not received either the electronic or printed case file within 5 working days from notification, he/she should contact the transferring counselor.

Printed case file folders will not be transferred for closed cases. The electronic file may be transferred at the receiving counselor's request. Copies of closed case file material will be forwarded if requested.

2.5 CASE REVIEW

The following information must be recorded when the Program Evaluation Unit pulls a case for review:

- Date
- Client Name and Number
- Receiver/Reviewer

(User will insert current copy of the Program Evaluation Case Review Manual/Instrument; available through the District Manager.)

2.6 FEDERAL REPORTS

Our federal funding source and reporting agency, the U. S. Department of Education, Office of Special Education and Rehabilitative Services, Rehabilitation Services Administration (RSA) requires the Agency to provide information regarding client service provision, expenditures, and outcome of services through the reports listed below. *(The federal reports are based on regular casework information input by the field staff in AACE on a day-to-day basis. All RSA reporting and other casework requirements are identified in the AACE User's Manual. These reports will be generated at the State Office through the AACE system.)*

Cumulative Caseload Report (RSA - 113) - Due to RSA 30 days after the end of the quarter

This quarterly report compiles aggregate information on all persons with disabilities in their rehabilitation process. This data is used to track trends of persons applying for VR services, determinations of eligibility by VR agencies, identification of persons with severe disabilities, employment planning, service implementation, employment outcomes. These trends provide a general assessment of the State-Federal VR program and its accomplishments. It is further used to identify technical assistance needs of the State agencies and develop RSA's budget requests. It is an integral part of RSA's Annual Report to the President and to the Congress on Federal Activities Related to the Rehabilitation Act of 1973, as Amended.

Case Service Report (RSA - 911) - Due November 30

This cumulative annual report collects data on an individual client basis for all cases closed from State agency caseloads in a given fiscal year. Examples of data elements collected in this report includes client demographic information (disability, gender, date of birth, etc.); work status and earnings at application and closure; amount of public support client received, dates of application, eligibility, and closure; services provided; costs of services; etc.

Vocational Rehabilitation Program Cost Report (RSA - 2) - Due January 30

This cumulative annual report must reflect all federal and state expenditures recorded for the 12-month federal fiscal year ending September 30. It must include those expenditures made this fiscal year but charged to either the Section 110 or Title VI-B federal funds that were carried over from the previous fiscal year. It also details the funds expended for specific services provided, certified public funds expended as a result of a cooperative agreement with another state or public agency, actual vocational rehabilitation jobs (staff) filled during the period, and any other expenditures not reported elsewhere.

Supported Employment Caseload Report (RSA - 636) - Due October 30

This annual report provides broad-based monitoring information on the flow of supported employment cases into and out of the caseloads of state vocational rehabilitation agencies. The Agency is required to separate data collected by the titles which these cases may be served (Title I and VI-B). Client information has been established in the RSA - 911. However, the RSA - 911

system is a closed case system and does not provide current caseload information. The RSA - 636 is designed to fill this gap and permit the tabulation of data on supported employment efforts in state agencies more quickly.

2.7 INFORMED CHOICE RESPONSIBILITIES

The Rehabilitation Act requires that MDRS ensure that applicants and clients, or their representatives, are provided information and support services to assist them in exercising informed choice throughout the VR process. Counseling and guidance services provided by MDRS staff include information and support services to assist an individual in exercising informed choice, reinforcing the facilitative and supportive role of the VR counselor in assisting individuals with disabilities to exercise informed choice.

Minimum information that must be provided by MDRS staff to applicants and client during the development of the IPE include: the cost, accessibility, and duration of services; the types of services; the degree to which service settings are integrated; the qualifications of service providers; and, to the extent possible, information about consumer satisfaction with these services.

The opportunity for the individual to exercise informed choice requires special emphasis during the development of the IPE. Individuals are provided a choice of options for developing the IPE, including: (a) the individual developing all or part of the IPE; or (b) the individual using technical assistance in developing all or part of the IPE, including the assistance of the MDRS VR counselor. Areas of informed choice include selection of an employment outcome, VR services, service providers, and methods for procuring services.

The employment outcome must be chosen by the individual and must be consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual. The respective responsibilities of the individual and MDRS in working towards achievement of the employment outcome must be described in an IPE.

The cost, duration, or extent of vocational rehabilitation services that a client may need to achieve a particular employment goal will not be considered in identifying the goal.

2.7.1 MDRS

The role of MDRS is to administer the VR program in a manner that supports the joint efforts of the individual and the VR counselor. MDRS provides such support by implementing policies and procedures that provide the maximum opportunity for individuals to exercise informed choice, for the VR counselor to support individuals in that effort, and for the development of employment and service options that meet a wide range of individual needs. Commitment to informed choice by the leadership of MDRS is critical to these efforts.

MDRS is responsible for facilitating the development of information resources, tools, and support services needed by individuals and counselors to fully implement informed choice. MDRS provides information in accessible formats or modes of communications that individuals

can understand. MDRS also makes available a variety of resources to assist individuals in planning, problem solving, and building decision-making skills.

Working with State procurement staff and other relevant agencies, MDRS seeks maximum flexibility in procurement procedures for both the VR program and its participants. MDRS assures that its policies and procedures support an individual's ability to exercise informed choice so that MDRS' policies and procedures do not result in the pre-selection of employment outcomes, services, and service providers for MDRS applicants and clients.

Beyond fulfilling program requirements, MDRS uses its resources and influence to promote and improve the implementation of informed choice. The capacity for resource development is used to increase the employment and training options that are available for clients and to support the development of service providers willing to negotiate with VR clients about individualized services. Providing training about implementation of informed choice to VR counselors and other service providers who interact with participants helps to assure consistent practices and to disseminate information about innovations. MDRS fosters the development of creative approaches for implementing informed choice by identifying, supporting, and replication promising practices.

2.7.2 Vocational Rehabilitation Counselor

The Vocational Rehabilitation Counselor facilitates the informed choice process with knowledge of rehabilitation and the VR process, an understanding of informed choice, information regarding rehabilitation resources and current labor market trends, and the experience of assisting other individuals through the VR process.

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

The VR counselor also assists the individual in exercising informed choice, informs the individual of services that support the individual in exercising informed choice, and helps the individual link with any necessary support services. The counselor facilitates the development of the individual's ability to gather information and supports the individual in making decisions to the best of the individual's ability. The counselor works with the individual to build relationships and to align resources that will enable the individual to exercise informed choice and to work toward the employment outcome.

2.7.3 Applicant or Client

The individual must make decisions about the options for developing the IPE, the extent of technical assistance needed for exercising the various options, and the extent to which family members and others are to be involved in the IPE planning process.

Exercising informed choice and taking more responsibility in the VR process makes demands on individuals with disabilities, and may also make demands on other people in their lives. To be fully engaged in the VR process, including development of the IPE, the individual must gather and use information to the extent possible, participate in planning and problem solving, make and implement decisions, and seek or identify needed resources. The individual engages in these activities to make decisions about the selection of the employment outcome, VR services, service providers, service and employment settings, and methods for procuring services. Once the IPE has been signed both by the individual and the VR counselor employed by the State VR agency, the individual assumes the responsibilities identified in the IPE for implementing the decisions and achieving the employment outcome.

(Sections 2(c)(1), 100(a)(3)(C), 101(a)(6)(C), (8)(A), (9)(B), and (19); 102(b)(1)(A), (2)(B) and (C), (3)(A) and (3)(E)(i) and (ii); 102(d); and 103(a) and (a)(2) of the Rehabilitation Act of 1973, as amended.)

3.0 Special Services & Programs

Any question a counselor may have regarding a particular service or program area should be submitted in writing to the District Manager. If the District Manager is unable to answer the question, it should be forwarded to the State Office staff person assigned as coordinator for that area. The District Manager should forward all complaints regarding client services being provided by a particular vendor/service provider to the State Coordinator for that area. The list below identifies the Agency staff responsible for various services and programs.

Alcohol and Drug Services	Joyce White
Assistive Technology Program	Vacant
Business & Agricultural Projects	Joyce White
CARF/ Vocational Evaluation/Adjustment Services	Mike Ward
Community Rehabilitation Programs	Joyce White
Comparable Services and Benefits	Joyce White
CRP Training Issues/DOL Issues/AbilityWorks Manual	Anna Thornton
Deaf Services Program	Denee Smith
Dental Services	Dwight Gregory
Durable Medical Equipment	Vacant
Grant Development	Dr. Michael Gandy
Hospital Rehabilitation Centers	Dwight Gregory
Independent Living Services for the Blind	Linda Hall
Independent Living Services	Shella Head
Job Development/Placement Program	Bob McDonald
Out-of-State Services	Dwight Gregory
Post-Secondary Education Services	Joyce White
Program Evaluation System	Chris Shackelford
Project START	Dorothy Young

Psychometric/Psychological Services Program	Dr. J. Rowzee/D. Gregory
Secondary Education/Transition Services Program	Patty Horton/Donny Fraizer
Selected Social Security Services/M-PIC	Vicki Thornton
Supported Employment Program	Patty Horton
Traumatic Brain & Spinal Cord Injury Trust Fund	Allison Lowther
Visual Impairment – Special Services	Dr. Michael Gandy
Weight Management Services	Dwight Gregory
WIA Youth Employment Skills Training (EST) Program	Bob McDonald
Workers' Compensation Referral Program	Joyce White
Workforce Development - WIN Job Centers	Bob McDonald

3.1 ALCOHOL AND DRUG SERVICES

Diagnosis for alcohol and/or drug addiction is to be provided by a medical doctor skilled in the diagnosis and treatment of such disorders (i.e., addictionologist or medical doctor employed by a state licensed/certified substance abuse treatment program), psychiatrist, licensed psychologist, or psychologist in the employ of a local, state, or federal governmental agency. Documentation of the disability must be current (within the 12 months prior to the date of application).

The counselor must determine if the individual's functional limitations are severe enough to constitute a substantial impediment to employment. The counselor must determine how alcohol and/or drug abuse impedes the individual's occupational performance by assessing how the individual is prevented from securing, retaining, or regaining employment in accordance with their abilities. The counselor must describe the specific impact these functional limitations have had on the individual's vocational functioning within the last 12 months.

In general, the diagnosis of substance abuse/dependence does not constitute a substantial impediment to employment if the individual has been "in remission" according to the American Psychiatric Association's *Diagnostic and Statistical Manual, Fourth Edition* (DSM-IV) criteria for one year or longer. If employment problems are still evident, it is suggested that other disabilities be explored. According to DSM-IV, individuals cannot be considered "in remission" while on prescribed medication for substance abuse (e.g., anabuse, methadone) or in a controlled environment (e.g., treatment facility, halfway house, prison).

Substance abuse/dependence can be a major disabling condition according to RSA disability codes. However, it is not automatically considered a severe disability. The counselor is to use the *OVR/OVRB Policy and Procedures Manual* and *Resource Guide* as reference when determining severity of disability.

The Agency does not provide assistance for primary alcohol and/or drug abuse treatment. These services are available through private treatment centers; public mental health-affiliated centers, and the two state hospitals. The public mental health-affiliated programs are mandated by law to serve all individuals who live within their region and need services regardless of ability to pay. There is no charge for the treatment at the two state hospitals.

On a case-by-case basis, clients who are eligible for vocational rehabilitation (VR) services may be assisted with the cost of residential secondary (three-quarter way) alcohol and/or drug treatment provided by those centers that have a written agreement on file with the Agency. The Agency contracts with both private and public, mental health affiliated programs. The counselor may only authorize for treatment to programs that are listed in the Agency Fee Schedule.

The Agency recognizes that for some individuals, detoxification* is the first step in the treatment process toward recovery from drug(s) of dependence. However, individuals who do not continue with primary treatment do not receive the benefit of education in the disease process; no teaching on the psycho/social affects of addiction; nor has the individual dealt with emotional and behavioral obstacles associated with life free from alcohol and/or drug abuse. Therefore, the Agency will not sponsor any client in three-quarter way treatment until that person has successfully completed a minimum of 28 days in a primary treatment program. Referral for residential secondary (three-quarter way) treatment should be made while the individual is in the latter stage of primary treatment. The client's file must contain a report from the treatment center that primary treatment has been successfully completed and three-quarter way treatment is recommended.

Individuals who are participating in primary alcohol/drug treatment and are being considered for VR sponsorship in secondary treatment need to be staffed by the counselor taking the application with the counselor to whom they plan to transfer the case. This should occur prior to the counselor accepting the case to ensure adequate funds are available in the district to which the case is being transferred.

It should not be the responsibility of the treatment center or individual to call the secondary treatment liaison counselor about this. It should be an internal VR process.

The Agency may pay for three-quarter way treatment a maximum of three times. After the third time the Agency has served (in an active status) an individual who has the disability of alcohol and/or drug dependence, service provision will be limited to counseling, guidance, placement, and follow-up ("no cost" services). ~~To help track these clients there is a printout, which includes both alcohol, and drug cases served and closed from October 1987 through August 1995. Counselors may access this information through the appropriate District Manager's office. The counselor may access information from October 1993 through the present in the automated case management system.~~ Any exception to these guidelines requires the approval of the District Manager.

For referrals received on individuals who have only completed detoxification and are already in secondary treatment, the Agency will not pay for secondary treatment. However, the Agency will provide other services, if the individual completes a minimum of 30 days of secondary treatment.

If an individual has completed primary treatment and declines the recommended secondary treatment, the counselor will decide whether to provide additional services. The counselor is to consider the individuals reason for not attending secondary treatment, the individual's plan for

ongoing treatment, and the individual's past history of treatment (history of relapse indicates extended treatment is needed).

If an individual requests services for another disabling condition, the counselor may request the individual take a drug test under the following conditions:

- Medical evidence or other objective and factual evidence shows that the individual is using drugs or
- The individual's behavior suggests drug use

If the results of the drug test are positive, the individual will be given the option of submitting to primary treatment at his/her own expense. If the individual refuses treatment, the individual will not be served.

The Agency provides counseling, guidance, vocational evaluation, vocational adjustment, job placement, referral to Alcoholics or Narcotics Anonymous, and other VR services, as appropriate for the individual client. Alcoholics Anonymous and Narcotics Anonymous are recognized as valuable programs contributing to an individual's lifelong maintenance of sobriety and abstinence. The counselor should strongly encourage the client to participate in programs offered by these organizations.

*The Agency used the Department of Mental Health's definition of detoxification, which states that detoxification is the process through which a person who is physically and/or psychologically dependent on alcohol, illegal drugs, prescription medications, or a combination of these drugs is withdrawn from the drug(s) of dependence. Methods of detoxification include medical detoxification (detoxification in a hospital setting) and social detoxification (detoxification in a non-hospital supportive environment.)

Role of the VR Alcohol & Drug Treatment Center liaison counselor:

There is an Agency liaison counselor designated for secondary alcohol and drug treatment programs throughout the state. A list of these counselors may be found in the Agency Fee Schedule. Although the Agency does not sponsor individuals in primary treatment programs, a good working relationship must be maintained with these programs, as they will be making referrals to the Agency for other services. Each District Manager should assign a liaison counselor for each primary treatment program located in his/her district.

Examples of the liaison counselor's responsibilities include, but are not limited to, the following:

VR Liaison Counselor to the Primary Treatment Center

- Serve as the initial contact point for the treatment center on issues such as the Agency policies, services, funding matters, referrals, criteria for eligibility, paperwork required, etc.
- Contact the counselor who serves the three-quarter way facility where the referred individual will be entering.

- Develop, with the referral, the IPE so that all parties involved (client, primary treatment staff, and three-quarter way administration) will know for sure before admission that VR will be sponsoring and authorizing the per diem.
- Transfer the case file to the counselor who serves the three-quarter way facility so that he/she can authorize prior to admission.

VR Liaison Counselor to the Secondary Treatment Center

- Be an active participant in the client's treatment program.
- Authorize for three-quarter way treatment prior to admission into the center.
- Serve as an intermediary between the treatment center and the local counselor for any client who is from another area of the state.
- Attend regularly scheduled staff meetings at the treatment center to share information, help plan, and coordinate appropriate client services.
- If the client has a job to go to directly upon completion of three-quarter way services, the counselor should retain the case file for closure regardless of where the client is working. If the client does not have a job upon completion of three-quarter way services, and will need additional planned services, the case file should be transferred to the counselor serving his/her place of residence. The counselor who can best meet the VR needs of the client at the time should manage the case of any client whose circumstances fall outside those described above.

3.2 ASSISTIVE TECHNOLOGY

3.2.1 General

Assistive Technology (AT) is defined as the application of technology to alleviate barriers that interfere with the lives of individuals with disabilities and is intended to help the individual maintain or enhance his or her ability to function personally, socially, and/or vocationally.

Agency rehabilitation engineers and rehabilitation technologists are available to provide consultation on all AT referrals as well as perform initial evaluations and assessments, and set-up AT equipment, provide follow-up evaluations, design and fabricate original items, and provide specifications and final inspections for AT services. When necessary, referrals will be made to outside sources. Some AT services are provided by the counselor without assistance from the AT program.

Definitions:

Agriculture Accommodation – This service refers to those services provided for MDRS clients that would like to be able to work or to continue to work in the agriculture field that also includes turf, forestry, logging, row crop production, timber processing, and custom machinery and lawn care services, also anyone working in a support industry such as processing facility, machinery dealership, farm supply business, pest management business, agricultural consulting services, etc.

Auditory Accommodation – This service assists with the enhancement of communication through AT in the environment and relationships of a person who is hearing impaired.

Augmentative/Alternative Communication – This service refers to the provision of a device to supplement or to replace natural speech and/or writing.

Computer Access – This service refers to the provision of computer hardware and/or software.

Durable Medical Equipment (Activities of Daily Living Devices) – This service refers to devices that help a client perform daily living activities.

Environmental Control Unit – This service refers to the provision of a specific kind of assistive technology that gives a client control over items in their environment.

Home Modification – This service refers to modifications to a client's home.

Job Site Accommodation – This service refers to the process of modifying or rearranging job tasks (parts of a job) to allow a person with a disability to continue to work.

Seating and Mobility – This service refers to devices that assist a client with personal mobility such as a wheelchair, scooter, or wheelchair seating components.

Vehicle Accommodation – Vehicle Accommodations are broken into three specific services to assist a client with driving a vehicle:

Driver Evaluation - This service refers to determining whether a client is able to safely drive a vehicle.

Vehicle Consultation – This service refers to recommendations as to what type of vehicle would meet the client's needs. This service would be provided for a client who does not currently own a vehicle.

Vehicle Assessment – This service refers to determining if a client's vehicle meets the MDRS policy for modifications and determining what modifications a client would need for a vehicle that he/she currently owns.

Vision Aids (Non-Computer Related) – This service refers to the provision of devices used by an individual who is blind or has low vision that does not include a computer. For additional information on this service see the OVR/OVRB Resource Guide -Section 3.21.1.

The counselor should evaluate the client's need for AT services throughout the rehabilitation process. Examples of MDRS cases which may benefit from AT services include persons with mobility impairments, spinal cord injuries, traumatic brain injuries, visual impairments, speech impairments, respiratory impairments, cardiac impairments, learning disabilities, hearing impairments, and other limitations which result in a severe disability.

3.2.2 Referrals For At Services

VR/VRB, OSDP, and ILB field staff will refer their clients to the Agency's Assistive Technology program by creating a Service Authorization in AACE.

NOTE: It is imperative that the counselor verify that the information in the referral is accurate and up-to-date.

The referral will be assigned to the appropriate AT professional. The counselor will be advised via e-mail the name of his/her contact. Complete medical packets should be forwarded (mailed/eCopied/faxed) to the appropriate professional handling the case.

The following information must be included in the referral packet:

- a) Medical reports, as indicated by the client's disability(ies).
- b) Specialist reports, as appropriate to the individual's disability(ies) for the services being requested (i.e., psychological evaluation, educational diagnostic testing, orthopedic reports, ophthalmology reports, occupational therapy reports, physical therapy reports, and pertinent reports from rehabilitation centers)
- c) An in-depth description of the client's limitations and how they impact him/her.

Once the service authorization and medical packet have been reviewed by the AT professional, he/she will notify the client and the referring counselor of the date and time of the initial evaluation. The counselor must identify the client's vendor of choice prior to any vendor accompanying an AT professional or counselor during an evaluation for durable medical equipment. Additionally, having vendors present during an evaluation should be limited and only with approval of the district manager. The counselor is encouraged to maintain contact with the client and notify the AT professional of any changes in the client's status or condition. After performing an initial evaluation for the requested AT service, the AT professional will send a report with all recommendations and cost estimates to the counselor. The counselor will request, in writing, the specifications, drawings, and/or other information necessary for the provision of the AT service.

NOTE: AT recommendations are valid for one year from date of evaluation, with the exception of computer access evaluations which are valid for six months. If action is taken on a report that is over this limit, the AT program should be consulted to determine if any changes should be made to the recommendation. Also, should there be any significant changes in the client's physical and/or cognitive abilities, the AT program should be consulted to determine if any changes should be made to the original recommendation.

3.2.3 Purchasing Assistive Technology Services/Devices

It is necessary to follow the Mississippi Public Purchasing Law when purchasing items not covered by contract, medical exemption, or comparable benefits. All items covered by any State contract must be authorized according to the State contract price (quotes/bids are not required).

For additional criteria for customized services, please see specific sections relating to:

- Computer Purchases – refer to Section 3.2.5.1
- Vehicle Accommodations – refer to Section 3.2.5.5
- Durable Medical Equipment (DME) – refer to Section 3.2.6

Purchases of \$5,000 or under:

Purchases of \$5,000 or under (exclusive of freight and/or shipping charges) do not require quotes or additional supervisory approval. These items should be purchased from a vendor chosen by the client. To be an eligible DME vendor, the vendor must give MDRS a minimum discount of 20% off manufacturer's suggested retail price (MSRP). (For Computer purchases, refer to Section 3.2.5)

Purchases over \$5,000 but not over \$25,000:

Purchases over \$5,000 but not in excess of \$25,000 (exclusive of freight and/or shipping charges) require at least two written quotes or certification that the vendor is a single source. (Single source means that no comparative or competitive quotations can be obtained and no other item would be suitable or acceptable to meet the need; consequently, very rarely will there ever be a single source.)

Once the counselor receives the AT recommendation, (except for items covered by contract, medical exemption, or comparable benefits) the client should be given the choice of eligible vendors from which to receive the AT services/device(s). The counselor will solicit quotes from at least two of these chosen vendors. Each quote must discount the MSRP by a minimum of 20% to be considered. The lowest and best competitive quote shall be selected. If the lowest quote is not selected, a justification must be written stating why the lowest quote was not chosen. NOTE: This does not include DME exemptions, home modifications, computers, or vehicle modifications.

Quotes (or if the vendor is certified as a single source, the single source certification) must be sent to the district manager for approval if the amount is over \$15,000. After approval by the district manager, an authorization may be issued.

Purchases Over \$25,000:

For purchases over \$25,000 (exclusive of freight and/or shipping charges) the counselor must send the specifications for the items to the district manager for approval. Once approved, the district manager will then forward the material to the finance office. The finance office will arrange for advertising in the newspaper, and provide guidance in obtaining bids. Purchases over \$25,000 require approval by the district manager. Furthermore, purchases over \$45,000 require approval by the district manager and the director of client/field services. If the lowest bid price is not selected, a justification must be written stating why the lowest bid price was not chosen.

When purchasing AT equipment (including computers, telecommunication equipment, computer

software, etc.), the appropriate AT professional should be contacted for any required assistance.

NOTE: For computer based equipment refer to Section 3.2.5.1

For vehicle accommodations, you must refer to Section 3.2.5.5

Third Party Responsibility

In the event the client has Medicare, Medicaid, or private insurance, the counselor should verify the benefits available to the client before authorizing to the client-chosen vendor. If the client has Medicare, the vendor chosen by the client must be willing to accept assignment of the Medicare benefits/payment. The vendor shall not require the client to sign any forms obligating the client or MDRS for amounts over and above the Medicare approved rate.

3.2.4 Maintenance and Repair Costs

An AT professional will assist the client in securing satisfactory adjustments when problems occur that are under warranty or are reasonably expected to be remedied by a vendor at no cost to MDRS. It is the client's responsibility to provide ongoing upkeep and maintenance cost. The Agency is not responsible for upkeep, repairs, or replacement of vehicle modifications, wheelchairs/scooters, computers, or other AT equipment.

3.2.5 Customized Services

3.2.5.1 Computer Based AT Equipment/Computer Access

This area of computer access is very broad and encompasses any accommodations related to computer hardware or software that a client may need to accomplish his/her goal. It is imperative that the client and the counselor have a clearly defined goal, and this goal should be noted in the service authorization.

Computer Literacy

A client must possess basic computer literacy to be eligible for an AT evaluation. MDRS AT Program does not provide computer literacy training for clients. Basic computer literacy may be obtained through community colleges, the Addie McBryde Center, the REACH Center, or other sources outside of MDRS. In addition, the AT program only provides limited training (approximately four hours) on computer technology that is purchased for a client. If the AT professional determines that a client needs additional training, that information will be included in the AT report.

When additional computer training and/or technical support is needed for the client to achieve a vocational or independent living goal, the counselor should contact the assigned AT professional, Addie McBryde, REACH, TK Martin, client's employer and/or the vendor to determine whether they can provide the training. If these providers are not able to provide the training, the counselor may purchase the service from a vendor chosen by the client and approved by the AT department. Requests for purchase of computer training and/or technical support exceeding 10

hours must be approved by the OVR district manager/OVRB regional manager.

Purchasing Computer Based AT Equipment

The need for computer equipment and related software should be carefully evaluated by an AT professional prior to preparation of equipment specifications to be certain of equipment compatibility. Companion equipment/software should be thoroughly tested to make this determination.

After securing the recommendation for computer systems from the AT professional, counselors should send a copy of the recommendation to the district manager for approval. Once the district manager approves the request, the counselor should send the recommendation to Management Information Systems (MIS). MIS staff will obtain a list of approved vendors and price quotes and send it to the counselor. The counselor should not write the Individualized Plan for Employment (IPE) or the Independent Living Plan (ILP) until this information is returned to the counselor. The counselor should secure the signature of the client on the MDRS-AT-02 before the authorization is issued. A signed copy should be given to the client and the original must be retained in the case file.

The counselor should request that the vendor ship the computer equipment to the AT professional handling the case. The counselor should send a copy of the authorization to the AT professional and MIS. When delivering the computer or computer systems to the client, the AT professional shall secure the signature of the client on the MDRS-AT-03. A signed copy should be given to the client and the original must be retained in the case file.

Computers for College Students - It is up to the counselor and the client to determine when and/or if it is necessary for MDRS to purchase a computer for college training. If a client is a college student and a referral is made for computer access, the AT program will assume that the counselor has made the decision to provide a personal computer for the client. The AT program cannot make a determination if a client should be provided a computer for college training. The AT program can only make recommendations as to what hardware and/or software would allow a client to reach his/her vocational goal.

Computer Repair - MDRS does not provide routine maintenance or computer repair. Referrals for AT service should not be made for routine maintenance or repair. The client should contact a local computer service provider or the manufacturer directly.

3.2.5.2 Home Modification

Home modification is the application of assistive technology to the residence of a client to remove barriers that prevent the client from reaching his/her specified goal. The desired goal(s) should be clearly stated on the referral for AT evaluation and consistent with the client's vocational or independence goal.

MDRS will not provide home modifications to a residence that is structurally unsound or in such

disrepair that to not have repairs prior to providing the modification would compromise the safety and effectiveness of the modification.

Title to Property - Prior to referring an individual to the AT program for a home modification evaluation, the counselor must determine property ownership of the residence to be modified. Rental or mortgaged property and/or property owned by someone other than the client may be considered for modification by MDRS for non-permanent modifications that can be moved to another location should the client move. It is necessary to secure written permission from the titleholder prior to modifying any property. This includes property:

- Owned by other parties
- Mortgaged
- Rented
- Otherwise encumbered that could impede client's use
- Owned by the client or the client and others

NOTE: Counselors should make a determination that the cost of any home modification is commensurate with the value of the home.

Home Additions - At no time will MDRS pay for modifications that add to the total square footage of the home. Total square footage refers to that area that is originally heated and cooled. MDRS may, however, pay for accessibility modifications to home additions that have been paid for by the client that are a component part of the original roofline.

MDRS DOES NOT PARTICIPATE IN THE CONSTRUCTION OF NEW HOMES OTHER THAN IN AN ADVISORY CAPACITY.

Home Repair/Maintenance - MDRS does not pay for home repairs or general maintenance of homes.

Changes to Specifications - If it is necessary to make changes to the specifications, these changes must be made in writing with the approval of the AT professional who formulated the specifications. The AT professional, the client, the counselor, and the contractor must then sign these changes before they will be accepted. The counselor is not responsible for payment of additions to the specifications unless this procedure has been followed. The counselor should notify the client and the contractor that MDRS is not responsible for payment of additions to the specifications unless this procedure has been followed.

3.2.5.3 Job Site Accommodation

Job site accommodation is the process of modifying or rearranging job tasks (parts of a job) to allow a person with a disability to continue to work. Often a person with a disability can complete most of the job tasks required for a job, however, there may be specific job tasks that the client cannot complete without modification due to the limitations imposed by the disability.

The service authorization should identify the specific functional limitation that needs to be addressed. It is essential that the counselor work with the employer to achieve the required services. Counselors are reminded of ADA and 504 responsibilities; however, the success of the client's rehabilitation takes precedence.

For in-house job site accommodations – refer to Chapter 1.02 of the MDRS Policy Manual.

3.2.5.4 Seating and Mobility

Evaluation of the client in his/her home or other appropriate setting will be conducted in order to evaluate the client for a proper seating and/or mobility system. The AT professional will determine if there are any physical deformities and/or limitations such as pelvic obliquities, scoliosis, contractures, fixations, etc. that need to be addressed by an occupational therapist or physical therapist. NOTE: Medicare and some private insurance companies require seating and mobility systems to be evaluated/recommended by a licensed occupational or physical therapist.

The counselor should secure the signature of the client on the Client/Owner Agreement of Understanding (MDRS-AT-02) before the authorization is issued. A signed copy should be given to the client and the original retained in the case file. During the delivery of the seating and mobility system, the Agency AT professional should secure the signature of the client on the Assistive Technology Equipment Delivery Receipt (MDRS-AT-03). A signed copy should be given to the client and the original must be retained in the case file.

Repairs. MDRS does not provide routine maintenance or repair. Referrals for AT service should not be made for routine maintenance or repair. The client should contact a local vendor for repair service or the manufacturer directly.

3.2.5.5 Vehicle Accommodation

Motor vehicle modifications may be provided, when necessary, to enable clients to prepare for, secure, retain, or regain employment or achieve independent living goals. Motor vehicle modification services can be provided when a specific employment goal has been identified on the IPE and subsequent rehabilitation services are required and will result in gainful employment or when identified as an approved/appropriate goal as part of an individual's ILP. MDRS will only participate financially in the purchase of AT devices, adaptive equipment, and vehicle modifications. MDRS will not purchase or lease a vehicle.

Driver Evaluation

If a client will be driving a vehicle modified by MDRS, and MDRS will be providing adaptive driving equipment, that client must have a driving evaluation performed to determine if the client has acceptable physical and cognitive abilities to drive.

NOTE: If the client has been a consistent driver for an extended period of time and is updating his vehicle with comparable adaptations to those used previously, an evaluation may not be required.

If the client has had a driving assessment in the last five years, an exception can be made. In order for the client to forego a driving assessment, the counselor must have:

- a copy of the previous driving assessment, and
- a letter from the client's doctor stating there have been no changes in the last five years that would negatively affect this client's ability to drive a vehicle

A copy of these documents should be included with the medical information sent with the AT referral.

NOTE: The client must hold a valid driver's license or a valid learner's permit to receive a driving assessment.

Vehicle Consultation - When a client is considering purchasing a new or used vehicle, it is beneficial for the client and MDRS if they are referred to AT prior to that purchase. The consultation will assist the client in acquiring a vehicle that meets his or her needs.

Vehicle Assessment

Vehicle Standards for Agency Approval - MDRS has established policies for the age and mileage of a vehicle that the Agency will modify. The requirements are different depending on the type of modifications that the client will need. The age/mileage requirements are necessary because adaptive equipment is often expensive. Older vehicles are subject to more frequent malfunctions and have a shorter operating life than newer vehicles.

It is recognized there are some vehicles that, because of excellent care and condition, may warrant consideration even though they exceed the age and mileage restriction and/or there may be hardship situations. So, even if the client's vehicle does not explicitly meet the above requirements, a referral can be made for vehicle modifications.

All vehicles must be in good working order. Used vehicles must have a vehicle inspection and mechanic's inspection in addition to meeting these requirements.

Modification Level	Vehicle Age / Mileage Requirements	
Level I	None	Mechanical gas/break (hand controls), unoccupied wheelchair/scooter loader/carrier, trailer hitch, steering devices, portable ramps, power and manual wheelchair tie-downs, simple non-driver devices, left foot accelerator, pedal extensions, secondary driving aids (non electrical), upgraded suspension.
Level II	< 7 years old or have < 140,000 miles	Occupied wheelchair/scooter lift, power transfer seat, manual transfer seat, automatic door openers, low and zero effort steering systems, low and zero effort breaking systems, power seat bases, electronic secondary controls.

Level III	< 3 years old or have < 60,000 miles	Modifications to the structure of the vehicle (raised doors, raised roof), power pan, electronic driving equipment, electronic secondary controls, lowered floor for a full size van.
Level IV	< 30,000 miles	Lowered floor minivan conversions.

NOTE: This listing is not exclusive. Any item that is not on this list should be approved by an AT professional to determine what level of modification that item would fall into.

Vehicle modifications are provided under State contract rates. The client will be informed of vendors who are under contract to provide modifications, repairs, and installation of adaptive equipment to vehicles (See Vehicle Modification Fee Schedule).

MDRS will not provide vehicle modifications without proof of ownership and insurance coverage for both the vehicle and the installed equipment. The intended driver must possess a valid driver's license.

Repairs and Maintenance - The Agency will neither repair nor replace motor vehicle modifications damaged by accident, vandalism, or fire.

The client should sign the new MDRS-AT-02 before the authorization is issued and the MDRS-AT-03 when the vehicle is delivered and before the statement of account is paid. Agency AT professionals are available for assistance with all aspects of this process.

The vehicle modifications will be inspected for quality assurance. For all vehicle modifications, the counselor should notify the AT professional upon completion of the modifications so the AT professional can make arrangements for final inspection before acceptance. The AT professional should secure the signature of the client on the MDRS-AT-03. A signed copy should be given to the client and the original must be retained in the case file.

If a modified vehicle is sold, the client is responsible for seeing that the adaptive equipment is transferred to the replacement vehicle, if practical. The Agency's AT professionals are available to assure that the transfer and refitting of the adaptive equipment is performed correctly and is deemed safe for normal operation.

3.2.6 Durable Medical Equipment (DME)

Federal regulations implementing the 1992 Amendments to the Rehabilitation Act were issued by the Rehabilitation Services Administration in March 1997. One of the most significant changes involved the increase of informed choice in client selection of service providers. Examples of durable medical equipment would be prosthetic and orthotic devices, wheelchairs and accessories, motorized scooters, patient lifts, and other medically prescribed items.

Effective October 1, 1997, DME that is medically prescribed has been placed on the exempt from quote or bid list in order to accommodate the federal mandates on informed choice for clients.

The OVR/OVRB counselor will buy DME and associated supplies, as exemptions, only when medically prescribed by a physician as medically necessary. Counselors must continue to ensure the Agency does not pay excessive prices or prices that exceed the lowest manufacturer's suggested retail price customary within the locality involved, less 20 percent. For non-medically prescribed DME, see non-exempt medical purchases in this section.

Federal regulations and State purchasing laws require a fee schedule be established for all purchases. For further guidance, please refer to the OVR/OVRB Fee Schedule.

Procedure for DME purchase

Medically Prescribed DME Purchase (Exempt)

- Obtain prescription from medical professional
- Discuss vendor choice with client, ensuring informed choice
- Pursue and verify available comparable benefits
- Contact DME vendor to obtain price (To be an eligible DME vendor, they must provide a copy of the lowest manufacturer's suggested retail price, less a 20 percent discount to the Agency.)
- Purchase should be planned on the IPE
- Authorization for DME should be issued

Non-Exempt Durable Medical Equipment Purchase

Should the need arise to acquire an item of DME that is not medically prescribed, OVR must purchase according to the Agency purchasing rules and State purchasing laws. Please refer to purchasing guidelines in OVR/OVRB Resource Guide Section 3.2.3. DME and AT purchases/modifications, while similar are different. It is important to clarify which category the item for purchase belongs.

3.2.6.1 Orthotic/Prosthetic Services & Appliances

The VR counselor should provide the VR client with sufficient information for the client to make informed choice regarding the provision of the orthotic / prosthetic (O & P) service.

- **Prescriptions:** The provision of all orthotic or prosthetic devices, or the modification of such items, must be prescribed by an orthopedist, surgeon or M.D., licensed in the State to prescribe it.
- **Authorizations:** Authorizations for orthotic or prosthetic device/services must be issued only to a facility/location where the fitting, fabrication, modification or repair of same is performed by or under the direction of a certified prosthetist and orthotist, a certified orthotist in the case of an orthotic device, or a certified prosthetist in the case of a prosthesis. Please see the fee schedule for detailed information for authorizations.
- **Physical Therapy:** When a new prosthetic device is prescribed for a person with an

amputation, he or she should receive an initial physical therapy (PT) treatment/ training in a rehabilitation hospital, community hospital, or medical clinic setting if possible. The amount of time, care and services provided in the home by a home health physical therapist may not be uniform, and the length of physical therapy (prosthetic/gait training, etc.) time spent during the home visit may not be as comprehensive as conducted in a hospital or clinic setting.

- Checkout Sessions: Clients receiving upper and lower extremity prostheses should participate in the following checkout (office visit) sessions with at least the physical therapist and the orthotic & prosthetic company representative. When feasible, the team approach in the checkout sessions, which would include the client, the orthopedist, the physical therapist, the O & P company representative, and the VR counselor, is better for everyone.

These checkout sessions are to discuss and review the client's physical condition, and to review how the orthotic/prosthetic device is fitting and/or functioning, and like factors. In addition, these sessions allow upper and lower extremity wearers to demonstrate the individual is receiving maximum utilization of the preparatory (temporary) or the definitive (permanent) device.

At the completion of the initial physical therapy evaluation/training, the counselor should initially authorize, as needed, a minimum of ten physical therapy sessions and prosthetic/gait training sessions to insure maximum utilization of the prosthetic device. At the end of two months (60 days), the check-out session will be held to demonstrate the definitive (permanent) limb, how it fits, to check for shrinkage, swelling, skin irritation, etc.

3.2.7 Project START (Success through Assistive/Rehabilitative Technology)

Project START is made possible through a federal grant under the Technology-Related Assistance for Individuals with Disabilities Act of 1988 (P.L. 100-407), as amended in 1994 (continued funding made available by the Assistive Technology Act of 1998) to improve the awareness of and access to assistive technology. Project START is the State Assistive Technology Act program that works to improve the provision of assistive technology to individuals with disabilities of all ages through a comprehensive statewide program of technology-related assistance. Additionally, the program supports activities designed to maximize the ability of individuals with disabilities and their family members, guardians, and advocates to access and obtain assistive technology devices and services.

Project START'S Mission: Empowering Mississippians with disabilities through awareness, education, and access to assistive technology

Key Activities of Project START

- Device Loan Program
- Device Reutilization
- Device Demonstration Program

- Training and Technical Assistance
- Public Awareness
- Coordination and Collaboration
- Transition Services

Without awareness and access to available assistive technology, Mississippians are unable to lead productive, rewarding and independent lives that are possible with assistive technology. Project START offers an on-line catalog www.msprojectstart.org that covers a broad range of devices and equipment.

The following categories are included in the on-line catalog:

- Adapted Toys for Children
- Adaptive Computer Equipment
- Augmentative & Alternative Communication
- Capability Switches
- Communication
- Computer
- Durable Medical
- Hearing Impairment
- Low Vision
- Mobility

Project START's services are provided on a statewide basis and are available to individuals of all ages and disabilities as well as to service providers. Services are available at no cost to consumers in Mississippi. To access these services through MDRS an AT referral in AACE is completed. A consumer may call Project START or the consumer may fill out the request for services on-line at www.msprojectstart.org

Device Loan Program

Project START's device loan program, *Try AT before You Buy AT*, enables people with disabilities to borrow and try out different types of AT devices for a limited time period (30 days for professional organizations and 90 days for consumers). Project START has developed an extensive device loan program containing state-of-the-art devices that cover a variety of needs. Equipment is used for demonstration, training, evaluation, and loan purposes. Equipment can be borrowed for the purpose of evaluation, for trial to determine its effectiveness and appropriateness, for use while a device is being repaired, or until a device is received from the manufacturer. The on-line catalog contains all the available equipment for loan or to be given away at no charge to consumers. Project START continually upgrades and adds to the device loan program to ensure appropriate devices are available.

Device Reutilization Program

Project START operates and/or supports device reuse through device exchange, repairing and recycling activities. Device exchange involves connecting an individual with a used device and an individual who needs a device. They often take the form of "want ads" or are similar to "e-

bay" ads. In a device exchange, the current owner of the device and the prospective recipient of the device negotiate the terms of exchanging the device directly. For this service, consumers can access Project START Equipment Exchange Program at www.msprojectstart.org, click on the Equipment Exchange Link.

Project START's recycling program involves the intake of used devices (usually through donation) by consumers or different organizations in Mississippi. Project START is responsible for device storage and redistribution. The recycling program differs from refurbishment in that devices are generally redistributed "as is" or with only minor work such as cleaning. This program takes donations of all available assistive technology, cleans it, and gives it away to Mississippians who can't afford and have no other access to the assistive technology.

Examples of donations are:

- Walkers
- Shower Chairs
- Manual Wheelchairs
- Hoyer Lifts
- CCTV
- Low Vision Aids
- FM Systems
- Voice Amplification
- Hospital Beds

Device Refurbishment: Computer and Mobility

Project START's device refurbishment program involves the intake and repair or customization of used devices for computers and mobility equipment. Project START is responsible for device storage, repair, and redistribution of computers and wheelchairs to consumers in the state who can't afford or who have no other access to the assistive technology.

Device Demonstration

Project START provides consumers and others the opportunity to see the latest technology, get information, and learn what might be the most appropriate device for them through demonstrating all types of devices and equipment on a daily basis.

Training and Technical Assistance

Staff of Project START develop and disseminate training materials, conduct training, and provide technical assistance on a numerous topics statewide, including state and local educational agencies, other state and local agencies, early intervention programs, adult service programs, hospitals and other health care facilities, institutions of higher education, and businesses.

Public Awareness

The staff of Project START conduct public awareness activities, including statewide information and referral systems, designed to provide information that relates to the availability, benefits, appropriateness, and costs of AT. Project START provides exhibits and displays supplying information about assistive devices and services that relate to a cross-section of disabilities. Project START maintains a video and book library of assistive technology materials and information.

Consumers can request information from Project START. The request will be sent by mail within five working days of receiving the request or can be faxed or given over the phone when necessary. Typical information provided by Project START includes the following:

- Information concerning availability of assistive devices to meet specific needs
- Where and how to obtain evaluations for assistive devices
- Names of companies that manufacture the device
- Referral to assistive technology services providers
- Training opportunities for service providers, consumers, and other support groups

Coordination and Collaboration

Project START works to improve access to assistive technology, by partnering with many public and private entities responsible for policies, procedures, or funding for the provision of assistive technology devices and services to individuals with disabilities, service providers, and others.

Transition Services

Project START develops and disseminates training materials, conducts trainings, facilitates access to AT, and provides technical assistance to assist eligible secondary school students with disabilities transitioning from secondary to post-secondary school training or work and adults with disabilities who are maintaining or transitioning to community living.

Information and Referral Services

Project START maintains a clearinghouse for assistive technology information which includes articles, newsletters, catalogs, and data from various manufacturers and retailers for assistive devices from numerous resources. In addition, Project START has access to the Internet which allows Project START to maintain the latest and most up-to-date information about assistive technology issues and devices from the national level.

Training

Project START sponsors conferences and monthly trainings with consumer groups and other service provider systems to increase awareness of and access to assistive technology on a comprehensive basis. Partnerships include but not limited to: T.K. Martin Center, Magnolia Speech School, Hudspeth Mental Health Center, Technology Assistive Device (TAD) Center, Technology Learning Center, and Jackson State University.

Project START can arrange for consultants and experts to provide training in areas such as:

- Application of assistive technology in specific areas (i.e. Special education, with specific disabilities, in specific environments, etc.)
- Use of specific assistive devices
- Evaluation procedures for assistive technology
- Assistance in accessing various service provider systems in the state
- Information on funding options
- Advocacy issues

3.3 BUSINESS PROJECTS

Self-employment, telecommuting, and establishing a small business are employment outcomes available in assisting individuals with disabilities to obtain employment opportunities consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. To achieve a self-employment goal the counselor must determine if the client is capable of performing the duties required. A vocational assessment to measure intellectual functioning, as well as basic math and reading skill levels may be necessary. Additionally, the counselor should document that the client understands that he/she will be required to contribute to the costs of starting self-employment or a small business enterprise. For the client this will mean using his/her savings, resources, or income.

The Rehabilitation Act of 1973, as amended in 1998, allows for the provision of the following business project-related services to eligible individuals who are pursuing self-employment, telecommuting, or establishment of a small business operation as an employment outcome:

- Occupational licenses, tools, equipment, and initial stock.
- Technical assistance and other consultation services to conduct market analyses, develop business plans, and otherwise provide resources; to the extent such resources are provided through the statewide workforce investment system.

The following guidelines will assist the counselor and the client in the provision of these services and in exploring the feasibility of a business venture.

Agency Participation:

Upon determination that the client is eligible for services and self-employment has been selected as an employment goal, the counselor shall accompany the client on a visit to an appropriate professional setting such as a small business development center, the office of a business consultant/planner, or a Certified Public Accountant's office. The purpose of this visit shall be to obtain guidance and assistance to be used in the development of a viable business proposal.

The counselor should ascertain the client is knowledgeable of the business venture guidelines ([Entrepreneur's Tool Kit](#)) compiled by the Mississippi Development Authority.

The client is to submit a completed Form VR-007 or a formal business plan so that the counselor

will have sufficient information to analyze the probability of success of any business project for which Agency financial participation is being sought. The counselor should consider the following factors and document in a case note prior to obligating Agency funds:

- Client's ability to perform the duties of the particular business
- Previous work experience and/or training

- Knowledge of operating requirements of the particular business
- Age, physical ability and psychological stability, medical information, and psychological reports should be obtained relating to the client's ability, physically, emotionally, and intellectually to handle the demands of a business.

Additional related Agency policies and guidelines (e.g., purchasing, comparable benefits, informed choice, and assistive technology services/devices) must be adhered to prior to obligating Agency funds.

After completion of the initial proposal for a self-employment business project (Form VR-007), the counselor shall assemble a self-employment team consisting of the counselor, client, district manager, state office business projects coordinator, Small Business Administration representative and/or small business consultant associated with chosen field of operation, or other professional such as certified public accountant to review the business proposal. (If the Small Business Administration representative assisted in writing the business proposal or any other individual who assisted in the development of the business proposal, this individual shall not serve on the team.) The duty of the team is to provide a recommendation for approval or disapproval of the business proposal. If the business proposal is disapproved, a written recommendation and suggestion for the conditions of approval should be given to the client. The client then has the option to re-submit the business proposal to the team, fund self-employment through means other than VR, abandon the business proposal, or appeals the decision (fair hearing process).

After approval of the business proposal by the self-employment team, the counselor may approve business projects that do not exceed five thousand dollars (\$5,000). The District Manager may approve all business projects between five thousand dollars (\$5,000) and ten thousand dollars, (\$10,000). All business projects exceeding ten thousand dollars (\$10,000) must be reviewed by the District Manager and forwarded to the state office for staffing/review. No definite commitment will be given to the client until the proposal is approved by the District Manager and/or, if appropriate, the Executive Director or designee.

Limitations of Agency Participation

Agency expenditures are allowed only for initial costs of starting the business project, and may include the following business related expenses:

- Initial stock, merchandise, and operating supplies that may not exceed an amount equal to a two-month inventory.
- Rent, utilities, business telephone, etc., and necessary deposits can be paid only for a period

to cover the first two months of the operation.

- Insurance payments (e.g., Workers' Compensation, liability, premises, equipment, etc.) may cover only the first two months of the business operation.
- Advertisement (e.g., classified, telephone directory, portable business signs, etc.) may be purchased to cover a period not exceeding two months for the opening of the business.
- VR may financially assist the client, as necessary, in securing the required business licenses permitting the sale of soft drinks, tobacco, foods, etc.

For any of the above business related expenses, which require a twelve-month payment, lease, and/or deposit, VR will only be responsible for a pro-rata share (two months or 1/6th) of the expenses.

VR will fund no more than 90% on amounts up to \$5,000.00; 70% on amounts above \$5,000.00 up to \$10,000.00; and 50% on amounts above \$10,000.

VR funds cannot be utilized for the purchase of: land, permanent building(s), or motorized vehicles including motorized farm equipment used for transportation. VR funds cannot be utilized for the rental of motorized vehicle(s) or motorized farm equipment. VR funds cannot be utilized for insurance coverage for motorized vehicle(s) or motorized farm equipment, purchased or rented.

Shelter (Portable):

Portable shelter for agricultural enterprises, road-side stands and other types of agricultural objectives will be covered by this policy which, in general, requires that the shelter be one which is portable and can be easily dismantled, moved along public roads by truck and reassembled, when necessary, at a new location. In order for shelter of this type to be considered as placement equipment, it must be different from shelter customarily furnished by a landlord as a part of a lease agreement. Portable shelter provided a client will be considered as any other equipment purchase.

Wells and Water Systems:

Of particular significance in rural or agricultural projects is the provision of sinking and curbing water wells as "Other Services." The provision of an adequate water supply may be necessary services in connection with establishing a client in a business or for the maintenance of livestock, for the maintenance, protection, and sanitary operation of a dairy or other related farm projects, or for the irrigation of crops, which are the sources of income from the farm. In providing this service, the counselor must take into consideration the following factors:

- The amount to be invested in the well should be reasonably related to the financial return anticipated from the agricultural project for which the well is necessary.
- No expenditure may be made for the general maintenance of such a well since this would normally be considered an operating expense rather than an expense involved in the initiation of the enterprise.

- The provision of well pumps and distribution systems is considered as “equipment” and should be planned as such.

Business project expenses that are not herein discussed should be discussed with and reviewed by the District Manager before being planned for the business project.

ANY BUSINESS PROJECT TOTAL EXPENDITURE IN EXCESS OF TEN THOUSAND DOLLARS, (\$10,000), MUST BE REVIEWED BY THE EXECUTIVE DIRECTOR OR DESIGNEE.

Client Cooperation: The client will be required to cooperate in all aspects of the business project by maintaining daily records of the business. The records shall be available for review, including daily sales, purchase invoices, business bank transaction documents validating all expenses such as pest control, machine repair, wages, etc., as well as records of any merchandise removed from the business for personal use. Any other records determined by the counselor to be necessary shall also be maintained.

Follow-Up: Close follow-up to ensure immediate problem identification and possible resolution is essential to the success of a client in a business project. The counselor should meet with the client at least every thirty days to ascertain any problem(s), which have been identified, are being adequately resolved.

Requirements for Case Closure (Rehabilitated):

The following, in addition to the requirements for successful closure listed in the OVR/OVRB Policy and Procedures Manual, apply to the business/agriculture project and is required prior to the successful case closure as rehabilitated:

A pre-closure conference must be held with the client, the counselor, and the District Manager. If other business professionals were consulted during the planning of the business project, they should be included in the conference, when feasible. This conference should determine if the business is profitable, if the client has additional needs now, or will need post-employment services in the future. If profits are determined to be adequate and if no immediate problems are foreseen, the case may be closed as rehabilitated.

3.4 COMMUNITY REHABILITATION PROGRAMS

Community Rehabilitation Programs (CRP) are programs that provide or facilitate the provision of vocational rehabilitation services to individuals with disabilities. These programs are used to provide services that promote integration into competitive employment.

3.4.1 Public

Through the Office of Vocational Rehabilitation for the Blind, MDRS owns and operates two (2) public Community Rehabilitation Programs. They are:

- Addie McBryde Rehabilitation Center for the Blind (AMRC) – Jackson
- REACH (Realizing that Empowerment through Accomplishment and Confidence) – Tupelo

MDRS leads the nation by offering two techniques of instruction for individuals with blind and visual impairments at Addie McBryde and REACH.

Through the Office of Vocational Rehabilitation, MDRS owns and operates seventeen (17) public community rehabilitation programs known as AbilityWorks. They are located in the following areas:

- Region I – AbilityWorks of Corinth, Olive Branch, Oxford and Tupelo
- Region II – AbilityWorks of Columbus, Greenwood, Monroe County, Starkville, and Washington County
- Region III – AbilityWorks of Jackson, Kosciusko, Meridian, and Philadelphia
- Region IV – AbilityWorks of Brookhaven, Hattiesburg, Laurel, and Harrison County

3.4.1.1 Addie McBryde Rehabilitation Center for the Blind

The Addie McBryde Rehabilitation Center for the Blind (AMRC), located in Jackson, provides comprehensive rehabilitation services to adults who are blind or have severe visual impairments. The Addie McBryde Center focuses on the Traditional Method of instruction which utilizes remaining sight as a key tool in instruction. Services include:

- Evaluation
- Training in low vision
- Center-based and itinerant orientation
- Mobility Training
- Communication Skills
- Personal Management
- Techniques of daily living
- Recreation and Physical Conditioning
- Psychological Evaluation
- Vocational Evaluation
- Personal Adjustment Counseling

3.4.1.2 REACH Center for the Blind

The REACH Center, located in Tupelo, is a residential personal adjustment facility for individuals with blind or visual impairments living in Mississippi.

The REACH Center operates as an immersion center following the Structured Discovery Method of instruction, a non-visual technique of instruction that helps build self-confidence and teaches important life skills and problem solving.

Using blindfolds, referred to as “sleep shades”, REACH students are taught to believe in and rely on their other senses for information. They learn to do simple, everyday tasks as a blind person in a highly supportive environment.

The majority of classes are in two-hour blocks. This allows the student plenty of time to problem-solve. Classes offered initially include:

GED Preparation

- Health Education
- Leisure Activities/Community Involvement
- Vocational Evaluation

The REACH Center services consist of a mandatory six to nine month core curriculum that include:

- Cane Travel
- Home Economics
- Industrial Arts
- Braille
- Computer/Technology
- Techniques of Daily Living

As students near the completion of the core curriculum, they have the opportunity to participate in a variety of additional classes. These classes include, but are not limited to:

- Career exploration/job seeking skills
- Resume preparation and practice interviews

Students who complete the six to nine month program at REACH receive a certificate of completion and leave the center as more confident, independent individuals.

Referral Process for Addie McBryde and REACH

When the counselor determines that the client is in need of services offered by AMRC or REACH, the referring counselor will complete a service authorization in AACE listing the service/s they are requesting. The counselor must plan all anticipated services. The medical records and other referral material are to be sent by mail as soon as possible. Once all referral materials are received, the Addie McBryde Center staff will approve the authorization and issue it in AACE. If additional services are needed, the counselor will modify the original service request and add the additional services needed. Once services are completed, the authorization will be closed in AACE by the Addie McBryde or REACH Center staff. Any information regarding the client can be accessed through AACE.

3.4.1.3 AbilityWorks, Inc.

The Agency operates AbilityWorks, Inc., a statewide system of 17 transitional, community rehabilitation programs through the Office of Vocational Rehabilitation. Each AbilityWorks contracts with local businesses and industries to create a realistic work setting which provide

rehabilitation services to VR clients. All services are individualized to meet the needs of the client and prepare him/her for employment in the community. Some of the services offered through AbilityWorks are:

- Comprehensive Vocational Evaluation Services
 - Vocational Evaluation
 - Community Based Vocational Evaluation (LINCS)
- Job Readiness Services (Employee Development Services)
 - Community Based Job Readiness Services (LINCS)
 - Work Experience
 - Job Readiness Classes
 - Community Based Job Tryout (LINCS)
 - Interviewing Skills
 - Resume Development

There are also a variety of other available opportunities at some AbilityWorks location such as:

- Forklift Training
- GED Preparatory Training
- Driver's License Preparatory Training
- Specialized Skills Training
- Counseling and Guidance

Many other individualized classes are available that are designed to give clients needed skills to obtain gainful employment.

3.4.1.3.1 AbilityWorks Referral Process

The VR counselor will make a referral to an AbilityWorks branch by creating a service authorization and selecting the specific services requested of the AbilityWorks staff. If the VR Counselor chooses to do so, he/she may authorize for vocational assessment and job readiness services at the same time on one service authorization. The VR counselor should add specific client issues to be addressed such as concentration, work tolerance, ability to accept supervision, etc.

An AbilityWorks designee will check for new service authorizations in AACE on a daily basis. The draft authorization (referral form) is printed and the case manager is assigned in AACE. Following the initial set up of the electronic case file and client file, the case manager reviews the referral information from the counselor. The records that cannot be printed from AACE must be forwarded as a hard copy to AbilityWorks. This includes the following:

- Relevant medical history, medical reports, psychiatric, and/or psychological reports
- Legible copies of documents suitable for employment identification (Government issued photo identification and Social Security card)
- School records for all Transition Students
- Copy of the client's application for VR Services

- Other available information such as relevant social information or information on previous direct services and supports

If all pertinent records are present, the case manager notifies the counselor within seven (7) calendar days by generating a referral receipt letter. If all pertinent information is not provided, the case manager uses the referral receipt letter to notify the counselor of the missing information. When all required information is received from the referring counselor, it is reviewed for adequacy and the admission date is scheduled for the participant. The counselor should be provided a copy of the admission letter.

Under most conditions, a client cannot be admitted to any AbilityWorks for job readiness services unless an appropriate vocational assessment has been attained on the client. The purpose of the assessment is to provide documentation of disability required by the Department of Labor in order for AbilityWorks to pay sub-minimum wages. (The exception would be clients that do not require facility involvement and would not receive remunerative wages such as clients only receiving classroom training, job development and placement services, etc.). An acceptable vocational assessment may be based on past work experience and/or previous rehabilitation center evaluation results. It should include the client's functional limitations, abilities, interests, aptitudes, and achievement levels. If, considering the client's disability, AbilityWorks needs more information than provided, AbilityWorks will bring the client in for further evaluation services prior to providing job readiness services. AbilityWorks will notify the counselor of any changes that will need to be made to the authorization.

If a client does not report on the scheduled admission date, the counselor will be notified to check the service management module for an Entry/Non-Entry form. If the counselor does not want to reschedule the client for entry, AbilityWorks will then destroy the referral information and ask the counselor to cancel the authorization. Otherwise, AbilityWorks will destroy the referral information 90 days after the original admission date, provided that at least two attempts are made to reschedule the client.

After admission, AbilityWorks staff will take all referral and intake information into consideration in developing an individual evaluation, and job readiness plan with the client. The plan will meet both the counselor's requests and any other needs of the client that can be addressed by AbilityWorks. The client will be assigned to an individual case manager (vocational evaluator) who will be responsible for ensuring the client receives the services he/she wants and needs.

A service review (staffing) will be held at least monthly to discuss the client's progress toward completing evaluation or meeting the goals on his/her job readiness plan. Counselors must participate in the service review (staffing) of their clients. The counselor is encouraged to attend the service review (staffing) in person; however, attending via telephone is recommended when travel is extreme or difficult to schedule. The case manager is to document progress in an AACE Service Note within seven (7) calendar days after the service review (staffing). Case managers at AbilityWorks are not required to submit a copy to the counselor but should notify them when the report is ready to be viewed. If the case is being closed from AbilityWorks, the case manager is to submit to the referring party a closing summary within fourteen (14) calendar days of the

client's discharge date.

3.4.1.3.2 Comprehensive Vocational Evaluation Services

Vocational evaluation is a comprehensive process that systematically utilizes work, either paid or simulated, as the focal point for evaluation and vocational exploration to assist the person with vocational development.

Vocational evaluation services are designed to assess the client's physical and mental capacities, job interests, work behaviors, need for accommodations, general work knowledge, etc. The vocational evaluation process serves the purpose of providing the client and VR counselor with the information needed to make an informed choice regarding his/her employment objective and vocational goal.

Vocational evaluation should have the capacity to assess all of the areas below; however, the need to assess every client's functioning in the following areas is determined on an individual basis:

- Physical and psychomotor capacities and limitations
- Intellectual capacities
- Social, personal, and work related behaviors
- Interests, attitudes, career aspirations, and knowledge of occupational information
- Personal, social and work histories
- Aptitudes
- Achievements (e.g. educational and vocational)
- Work skills and tolerance
- Job Seeking and Job Retention skills
- Identification of work and non-work related needs
- Possible employment objectives
- Ability to learn about themselves
- Learning style (ability to understand, recall, and respond to various types of instruction)
- Need for tool and/or job site modifications or adaptive equipment
- Transferable skills
- Environmental conditions
- Assistive technology and reasonable accommodations
- Community and employment supports
- Independent living
- Loss of access to the labor market or earning capacity
- Mode of communication

3.4.1.3.3 Evaluation Techniques

A variety of work settings and tasks are utilized to ensure all the evaluation needs of the client are met. Vocational evaluation services should draw on one or more of the following techniques based on the specific abilities and needs of the persons served:

1. Work samples – When work samples are used, written instructions specify materials

used, equipment used, layout, methods for administration, and interpretation of scoring.

2. Situational assessment – When situational assessments are used, they are evaluated as to the following: adequacy of supervision, safety, appropriateness of work behaviors, potential job accommodations, accessibility issues, expectations for quality and quantity of work, physical demands of the job, tasks and demands related to the goals of the situation assessment, and other issues as appropriate to the persons seeking employment.

3.4.1.3.4 Individual Evaluation Plan (IEP)

Each client shall participate in the development of his/her Individual Evaluation Plan. Any evaluation plan is based on the referral information, intake interview, questions asked by the referral source, stated purpose of the evaluation, opportunities available in the local labor market, and the individual's interests and capabilities.

Most services rendered by AbilityWorks can be obtained either inside the facility or outside the facility through LINCS (see section 3 –page 29). Even vocational testing can be arranged to be completed at an off site location, if this is the appropriate option for all parties concerned.

3.4.1.3.5 Evaluation Service Review (Staffing) Reports

Service reviews (staffing) are held monthly and should include input from the client, client's evaluator, referring counselor, and other parties involved in the client's plan. Service review (staffing) should address the client's progress toward the questions outlined in his/her IEP, be relevant to desired employment outcome, and justify recommendations regarding the continuation of his/her program. A service review (staffing) will be held prior to the completion of the evaluation. It will address the results of the evaluation and justify recommendations, if necessary.

3.4.1.3.6 Evaluation Summary or Evaluation Closing Summary

For clients moving from evaluation to job readiness, the evaluation summary will be completed within seven (7) calendar days, disseminated to the appropriate individuals (client, referring counselor), and properly interpreted to the client. If services ended after evaluation, the evaluator will then have fourteen (14) calendar days from the client's discharge date in which to complete, sign, and disseminate the report.

3.4.1.3.7 Job Readiness Services

Job readiness is a transitional, time-limited, systematic training program that assists individuals move toward their optimal level of vocational development. Job readiness utilizes real or simulated work. The intent of the program is to assist persons to understand the meaning, value, and demands of work; to learn or reestablish skills, attitudes, personal characteristics, and work behaviors, and to develop functional capacities. Job readiness services may require environmental accommodations. Services should be consistent with the person's employment objectives and relevant to the current geographical labor market.

Admission Criteria

The requirements for entrance to the job readiness services unit are as follows:

1. Has VR referral
2. Is at least 16 years of age
3. Has prior medical and/or psychological assessment appropriate to disabling conditions
4. Is non-dangerous to self and/or others
5. Is free of any acute medical and/or psychological conditions
6. Is able to care for his/her own personal needs
7. Has vocational potential determined
8. Has specific job goal determined
9. Has specifically identified problems to employment that need improvement

Services

Job readiness services should be comprehensive enough to address or obtain information concerning the following areas; however, the need to address every client's functioning in the following areas is determined on an individual basis:

1. Awareness of requirements for attendance, punctuality, and grooming
2. Job seeking skills
3. On-the-job performance skills (e.g.; quality and quantity of work)
4. Work-related community skills (e.g.; time, mobility, and money management)
5. Functional literacy skills (e.g.; want ads, personnel handbooks, and safety signs)
6. Knowledge of work practices (e.g.; payroll deductions, unions, benefits, retirement, insurance, and safety)
7. Work-related academic skills
8. Work-related communication skills
9. Access to governmental and community service agencies
10. Community living arrangements and coordination
11. Knowledge of legal affairs/tax matters
12. Mobility and transportation skills
13. Need for assistive technology and reasonable accommodations
14. Other barriers to employment

Individual Job Readiness Plan (IJRP)

Each client should participate in the development of his/her individual job readiness plan. This plan should be based on previous diagnostic findings. The plan should include the following:

1. A vocational goal (ACE retrieves the goal off the Individualized Plan for Employment that the VR Counselor developed with the client and places it on the IJRP.)
2. Behaviors and barriers (stated in observable, measurable terms) which are considered to impede the attainment of the person's vocational objectives
3. Statements of expected outcomes
4. Time intervals for outcomes to be achieved
5. Work assignments consistent with the job readiness goals

6. Specific treatment techniques and methods
7. Specify persons to be involved in the plan and give evidence that these individuals are aware of their role in the plan (their signature or initials will suffice for this)
8. Reviews to be conducted at least monthly (modifications should be made as necessary)

Job Readiness Service Review (Staffing)

A service review (staffing) for each active client will be held monthly and will include input from the client, client's evaluator, referring counselor and other parties involved in the client's plan.

Job Readiness Closing Summary

The job readiness closing summary will be completed and disseminated to the referring counselor. The summary is due to the counselor within fourteen (14) calendar days of the client's discharge date.

3.4.1.3.8 AbilityWorks LINCS – Linking Innovative Networks of Community Services

- LINCS - Vocational Evaluation
- LINCS - Job Readiness
- LINCS - Job Tryout

In situations when AbilityWorks is not able to provide vocational evaluation or job readiness in the CRP environment for a specific job in which a client has interest, LINCS can be provided.

The local AbilityWorks can secure a cooperative agreement with a local business to provide the evaluation, job readiness training or job tryout.

The evaluator should be the primary CRP staff member coordinating the evaluation, job readiness or job tryout between the local business and the CRP. The facility manager must approve all LINCS agreements. Other CRP staff may assist in the process of the LINCS as needed.

Procedures to follow when utilizing LINCS:

1. The number in hours of evaluation, job readiness or job tryout should be predetermined and should be sufficient to allow the client and evaluator to obtain specific results to indicate if the client is capable of performing that particular job or obtain his/her specific vocational goal.
2. AbilityWorks will pay the client minimum wage for the work activity during the vocational evaluation, job readiness training or job tryout.
3. The LINCS experience should be a useful tool to aid in determining a feasible vocational goal. It will also help determine the client's vocational strengths and weakness.
4. The business AbilityWorks partners with must report the client's progress verbally or in

writing to the evaluator or designee as agreed.

5. The business will be required to verify the number of hours worked by each client on a weekly basis, in writing.

When LINCS is utilized, the evaluator should evaluate the job site in regard to its appropriateness in the following areas:

1. Adequate supervision
2. Safety
3. Physical accessibility/worksites accommodations
4. Transportation accessibility
5. Competitiveness of work tasks and demands/expectations for quality and quantity of work

For clients that need additional job readiness training beyond the scope of the LINCS being provided, the facility manager, VR district manager and VR regional manager should be consulted to ensure adequate funding is available before additional training is offered.

3.4.1.3.9 Mississippi Industries for the Blind

Mississippi Industries for the Blind (MIB) is a separate state entity. Services provided at MIB are directed primarily to OVRB clients who are referred for employment. These services are designed to bridge the gap between the non-working individual and a productive worker. Services include, but are not limited to; counseling & guidance, vocational adjustment training, competitive job placement, work experience and evaluation of need for services from other programs.

The counselor will forward to MIB a vendor authorization listing the service to be purchased and all appropriate referral material. Vendor authorizations should be issued for the maximum amount (i.e., according to the IPE). Vendor authorizations must be received in a timely manner. The MIB Program Coordinator for Rehabilitation Services will complete the vendor authorization and return it to the counselor, along with an individual client progress report. The referring counselor will approve the vendor authorization for payment (in part or total) in AACE and send the signed authorization to finance for payment of the bill.

The referral package should include the following information:

- IPE (Include job readiness and the length of time service is to be provided)
- Reports from the Addie McBryde Center or other CRP; if available
- Eye examination reports
- Educational background
- Any previous work experience
- Physical/Medical reports
- Transportation needs

Proper planning and communication with MIB will allow the counselor to authorize for support

services, such as transportation and medical needs, in accordance with the MDRS Fee Schedule.

Counselors must participate in the staffing of their client receiving job readiness training. The counselor is encouraged to attend staffing. Staffing by telephone is recommended when travel is extreme or difficult to schedule. A rehabilitation counselor for the blind has been assigned as a liaison counselor to MIB. This liaison counselor attends all staffing and meets individually with clients. Monthly reports on specific issues are provided to the referring counselor and specified Agency staff.

For more information contact: Rehabilitation Program Coordinator, Mississippi Industries for the Blind, Post Office Box 4417, Jackson, MS 39296-4417.

3.4.2 PRIVATE

These community rehabilitation programs (CRP) are owned and operated by private entities that contract with the Agency to provide services to Agency clients for an established fee.

3.4.2.1 Goodwill Industries

Goodwill Industries of America, Inc. is a private, non-profit organization. The Agency has contractual agreements with two Goodwill centers (Goodwill Industries of Jackson, Inc. and Goodwill Industries of South Mississippi, Inc.). The services provided are vocational evaluation, job readiness, and limited vocational training programs.

The counselor will forward to Goodwill a vendor authorization listing the service to be provided and all appropriate referral material. The counselor is to plan all anticipated services, but issue vendor authorizations as the client is referred for each service. Vendor authorizations should be issued for the maximum amount (i.e., according to the IPE). Vendor authorizations must be received in a timely manner. Goodwill will submit a signed statement detailing the number of days of service the client received in a given month to the referring counselor, as well as an individual client progress report. The referring counselor will approve the vendor authorization for payment in AACE and send the signed vendor authorization to finance for payment of the bill. Goodwill may submit the statement at the end of the month or at any time during the month for those who change service area or are closed from the program before the end of the month.

Counselors must participate in the staffing of the client receiving job readiness training. Staffing by telephone is recommended when travel is extreme or difficult to schedule.

For more information contact: Goodwill Industries of Jackson, 863 Centre Street, Ridgeland, MS 39157 or Goodwill Industries of South Mississippi, 2407 31st Street, Gulfport, MS 39501

3.4.2.2 MIDD-West Industries

MIDD-West Industries is a private, non-profit organization operated by the Warren County ARC. The Agency has a contractual agreement with MIDD-West to provide vocational evaluation and job readiness services.

The counselor will forward to MIDD-West a vendor authorization listing the service to be provided and all appropriate referral material. The counselor is to plan all anticipated services, but issue vendor authorizations as the client is referred for each service. Vendor authorizations should be issued for the maximum amount (i.e., according to the IPE). Vendor authorizations must be received in a timely manner. MIDD-West will submit a signed statement detailing the number of days of service the client received in a given month to the referring counselor, as well as, an individual client progress report. The referring counselor will approve the vendor authorization for payment and send the signed vendor authorization to finance for payment of the bill.

Counselors must participate in the staffing of their client receiving vocational evaluation and job readiness training. Staffing by telephone is recommended when travel is extreme or difficult to schedule.

For more information contact: MIDD-West Industries, 100 Smokey Lane, Vicksburg, MS 39180

3.4.3 CRP Referral Package Documentation

Referral packets will be submitted to the CRP for review prior to the setting of an admission date. The counselor will provide copies of the following information in the referral packet:

- Medical, psychiatric, and/or psychological reports; as indicated by the client's disability; include Consent to Disclose Information signed by client
 - In some cases the program may require more recent and/or detailed information than the counselor needs to establish eligibility. This is needed to enable the program to better assess the client's abilities and ensure the program does not endanger the client or others by placing him/her on an inappropriate assessment or job assignment.
 - McCarron-Dial evaluations require IQ test results. The Wechsler with its scaled scores is the preferred instrument. However, the McCarron-Dial system will accept Verbal, Performance, and Full Scale scores from any standardized IQ test which has a mean of 100 and a standard deviation of 15. The computer program will not generate as detailed an analysis of the intellectual factor without the scaled scores from its sub-tests; but it is still a valid report. If test results are not available at the time of referral, the client's evaluation should not be delayed. The assessment may be completed and the CRP may request a psychological assessment. Data from the psychological would be incorporated into the evaluation results when received.
- School records, IEP for all Transition Students; include Consent to Disclose Information signed by client and/or parent/guardian

If the student is placed on payroll (not testing only) these records must include the portion of the Individualized Education Plan or Individualized Transition Plan (IEP/ITP) which relates to the

vocational aspects of the student's education along with the signature page. This portion of the IEP/ITP should include VR/AbilityWorks.

- Previous vocational evaluation and/or job readiness reports; if available
- Application For Admission (CRP-01) form

This application should be very detailed and specific. It should include the counselor's summary of the disability, limitations, medications the client is taking, previous work history, and the information the counselor is requesting from the CRP. It should also indicate if the client possesses or has applied for the proper I-9 documents. Refer to the Employment Identity and Eligibility Information part of this section for further guidance. (T.K. Martin Center has its own referral form.)

- AACE Personal Information & Application - completed by the counselor
- Authorization for Services

If a counselor refers a former client to the CRP for additional services, that counselor must submit a new authorization for services and a new application for admission stating the services the client currently needs and explaining why the counselor feels the client should return (including any changes which indicate the client will be more successful this time).

If the client's case was closed from the CRP in the current state fiscal year, the counselor will only need to submit the new authorization and application plus documentation of any changes in the client's medical or psychological condition. The counselor's request will be staffed as a readmission and the previous case file will be the case of record for the center's filing purposes.

If the case was closed in a previous state fiscal year, an entire new referral packet is required. In most cases, the client will not need to be re-evaluated. This is required only if the client's mental or physical condition has changed to such an extent that the evaluator feels the previous evaluation results no longer reflect the client's current abilities.

3.4.4 Employment Identity & Eligibility (I-9) Information

The Immigration Act requires anyone applying for employment to provide documented proof of employment identity and eligibility. Proper I-9 documents are required for all clients for whom paid work is part of their CRP program. Before the client can be placed on the CRP's payroll, at least one current document from each category must be presented to the center staff for verification.

Category I - Employment Identity

- Driver's license or identification card issued by a state or outlying possession of the United States containing a photograph or information such as name, date of birth, sex, height, eye color, and address

- Identification card issued by a federal, state, or local governmental agency or entity containing a photograph or information such as name, date of birth, sex, height, eye color, and address
- School identification card with a photograph
- Voter's registration card
- U.S. Military card or draft record
- Military dependent's identification card
- U.S. Coast Guard Merchant Mariner card
- Native American tribal document

Category II - Employment Eligibility

- U.S. Social Security card (original)
 - 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.

3.5 COMPARABLE SERVICES & BENEFITS

The major purpose of the Comparable Services and Benefits provision is to provide vocational rehabilitation agencies with an organized method for assessing an individual's eligibility for benefits under other programs and drawing upon these programs to provide rehabilitation services. This is not the same as the determination of economic need.

During the initial interview, the counselor will thoroughly investigate any comparable services and benefits to which the client may be entitled. This is to be documented in the client's case file. Determination of benefits will be made in all areas prior to the authorization of VR funds (exceptions are listed in the *OVR/OVRB Policy and Procedures Manual*).

During the time the IPE is being developed, the counselor will follow up on all appropriate comparable services and benefits. The counselor must list on the IPE any comparable services and benefits available to offset, in whole or part, the cost of each planned service. If there is any possibility a comparable benefit will pay for a service, it must be listed in the "Comparable Benefits" section of the IPE under the applicable planned service. If "Other" is selected from the AACE list, the comparable benefit must be identified in the "Other Comments" section.

If the counselor has determined the comparable benefit will not pay on a service, "None" should be listed under Comparable Benefits. In the "Other Comments" section, the counselor must enter "Insurance, Medicaid, etc. will not pay....." The counselor must also document how

verification was obtained that the comparable benefit will not pay. Documentation may be included on the IPE (as documented by the counselor's review of the insurance policy; counselor's contact with Mr. Smith at the Medicaid office; counselor's talking with Mr. Smith, the benefit specialist for XXX Insurance Company, etc.) or documentation may be in a case note (as documented in the case notes).

If a comparable benefit obviously does not pay for a planned service, "None" may be entered in the "Comparable Benefits" section with no further explanation. Examples: Medicaid or other insurance would obviously not pay for AbilityWorks services, job placement, or counseling and guidance by MDRS staff.

3.5.1 Types

Examples of comparable services and benefits include, but are not limited to:

- I. Grants/Scholarships (non-merit), which do not have to be repaid (See the Post-secondary Education Services section of this *Resource Guide* for further information.)

Medicaid - Medicaid is a Federal-State supported program which helps pay for medical services for low-income families. This is NOT an insurance program. It is supported by special appropriations made by the United States Congress and the State Legislature from general revenue Federal and State tax funds. The program varies from state to state.

If a doctor or medical facility refuses to accept Medicaid or Medicare, the counselor is required to direct the client to another physician or facility that will accept these third-party payers.

This is a very comprehensive, technical, medical assistance service program. Benefits change often (almost constantly for certain benefits) depending upon the availability of appropriated funds and current needs demand.

Eligibility is primarily based upon economic need although age, disability, and dependency (Temporary Assistance for Needy Families - TANF) are also factors to be considered. All SSI beneficiaries are eligible for Medicaid. All eligibility factors and benefit allowances are subject to change or termination at any time.

Some services currently provided are prescription drugs, clinic visits, lab tests, physician office visits, dental care, ambulance transportation, surgery, hospitalization, home health care, and family planning.

Medicaid does have some limitations such as deductibles, co-payments, per diems with limitations on number of days, and upper limit fees for all medically approved service procedures. For example, a recipient may be provided 30 in-patient hospital days in one calendar year. VR does not pay for deductible, co-payments, etc.

The recipient CANNOT be charged more than the established co-payment and/or

deductible. The vendor must accept the established upper limit payment less the co-payment and/or deductible as payment in full for services rendered.

Under the HealthMACS program, the individual may choose a particular doctor or health care facility from a list of HealthMACS providers to be his/her primary health care provider. Medicaid benefits stay the same under the HealthMACS program.

The Agency may not supplement any Medicaid covered service but may purchase other uncovered, services, which are deemed vocationally necessary. When a client has both, Medicaid may be used to supplement Medicare. The VR counselor must always determine a client's current Medicaid status. To do this, write the Mississippi Medicaid Commission at Sillers Building, 550 High Street Suite 1000, Jackson, MS 39201-1399 or telephone: 601-359-6050 or toll free: 1-800-421-2408.

III. Medicaid - Disabled Child Living at Home - A child with a disability(ies) age 18 or under who lives at home may qualify for Medicaid if the following conditions are met:

- A. The child requires the level of care provided in a hospital or nursing facility.
- B. It is appropriate to provide this care outside a nursing facility.
- C. The cost of care at home is no more expensive than the Medicaid cost of nursing facility care.

Eligibility for Medicaid begins the month the child is eligible on all factors, which may be up to three months prior to the month of Medicaid application. Medicaid has 90 days to process the claim for a disabled child.

IV. Medicaid - Early and Periodic Screening, Diagnosis and Treatment (EPSDT) - Individuals under age 21 who are on Medicaid are eligible for EPSDT services. Medicaid will provide a comprehensive physical assessment, vision and hearing tests, immunizations (as needed), blood and urine tests, nutritional and developmental assessments, and health and developmental history.

The Medicaid Commission also provides, on an as needed basis, referral to a doctor for health problems; visual examination and glasses; hearing examinations and hearing aids; adolescent counseling and case management; and all other medical services for which a Medicaid recipient is eligible. It also provides, based on medical need, in-patient hospital services and rehabilitation hospital services.

V. Medicare - Medicare is administered by the Social Security Administration. It is a Federal government health insurance program for people 65 and older qualifying for Social Security payment benefits. Individuals with disabilities under age 65 drawing SSDI payments are eligible for Medicare benefits after receiving disability benefits for two years; chronic end-stage renal dialysis patients are eligible after three months after the month dialysis begins or the month of kidney transplant surgery.

Medicare has two parts:

Part A - Mandated of all Social Security participants. Coverage includes hospital insurance and in-patient care at skilled nursing facilities after hospitalization. It may also provide for some home health care services. Part A covers all costs after the annual deductible is met for the first 60 days of hospitalization. Beginning on the 61st day there is a fixed per diem payment that is reduced further on the 91st day.

Part B - This is medical insurance coverage. This protection is an option available to the individual. Eligible recipients authorize premium payments to be withheld from benefit payment checks. Part B only pays about eighty percent (80%) of the provider's usual and customary charges after the deductible is met. Therefore, an approximate 20 percent co-insurance payment plus the annual deductible will be required for most individuals.

A Medicare benefit period begins the day the individual enters a hospital and ends when he/she has been out of the hospital for 60 consecutive days. There is no limit to the number of benefit periods a person can have in one year for hospital and skilled nursing facility care. The patient must meet an annual deductible for both Part A and Part B. The deductible, per diem, premiums, hospital and medical service costs are all subject to change and revision.

Services covered under Medicare include, but are not limited to, the following: hospitalization, skilled nursing home care, home health care, physician services (hospital and nursing home, in-patient and out-patient), durable medical equipment, renal dialysis equipment and supplies, orthotic and/or prosthetic appliances and devices, braces, artificial eyes, and cataract lens.

Medicare may be supplemented by treating the Medicare payment as you would private insurance. VR does pay deductible, co-payment, etc.

VI. Mississippi Department of Health - Children's Medical Program (CMP) - CMP provides financial assistance to Mississippi families of children (birth - age 21) with special health care needs. The program is habilitative or rehabilitative; its goal is the correction or reduction of physical handicaps. It also provides assistance to the family in finding other available community resources.

Factors such as family size, income, and assets as well as the estimated total cost of treatment services determine financial eligibility for treatment services.

General categories of medically eligible conditions under CMP include, but are not limited to, the following: cleft palate, congenital heart defects, and congenital defects of the nervous system, cerebral palsy, cystic fibrosis, gastrointestinal defects, genitourinary defects, hemophilia, orthopedic conditions, scoliosis, seizure disorders, sickle cell, and spina bifida.

Certain conditions are NOT eligible under CMP. These include, but are not limited to, the following: acute illnesses (e.g., flu, measles, colds, broken bones, etc.), allergies, asthma, flat

feet, hyaline membrane disease, malignancies (except where a secondary reconstructive procedure is indicated), mental disorders, rheumatic fever and heart disease (except where surgery is required), speech conditions (other than cleft palate), and spinal cord injuries.

Services provided include: clinic services, hospitalization, surgery, physical therapy, artificial appliances and limbs, wheelchairs, medication, evaluation, treatment and follow-up for any eligible condition. Hospitalization is limited to 20 days per year. CMP utilizes the usual and customary rate schedule with payment at 50 percent of that rate. Medicaid and private insurance must be the first sources of payment. CMP will not pay until all insurance has been utilized. Applications for CMP are available through the local county health department.

VII. Mississippi Workers' Compensation Commission - Workers' Compensation (WC) is a no-fault insurance plan paid for by employers and supervised by the State. Almost every working Mississippian is protected by the Workers' Compensation Act, but there are a few exceptions, such as persons employed by a company with fewer than five employees. There is no "waiting period" for coverage; the employee is covered from the date of employment. There is no deductible to be met by the worker or the employer. Any injury or illness that is job-related is covered. This Act guarantees three kinds of benefits - medical services and supplies, cash payments for lost wages, and rehabilitation services.

Medical services include, but are not limited to, the following: treatment by physicians and surgeons, mileage for out-of-town doctors' appointments, hospital and nursing services, medicine, physical therapy, and crutches. The employer's insurance company makes payments directly to the medical service provider.

The employer's insurance company makes cash compensation payments for lost work time. If the employee is off work for less than 14 days, medical benefits, but not cash compensation payments, are paid for the first five days. If the employee misses more than 14 days, cash compensation payments are made beginning with the first day he/she is off work. The time an employee receives cash benefits varies according to the extent of the injury and the loss of wages. The maximum length of time for cash benefits to be paid, as established by State legislation, is 450 weeks. The worker will not receive the full amount of his/her paycheck. Cash benefits can be as much as two-thirds of the worker's average weekly wage, up to a maximum set by the legislature, but workers' compensation payments are tax-free.

In order for the Agency to be reimbursed for service expenditures which should have been covered by Workers' Compensation, the counselor will need to send a letter to the client's/claimant's attorney with copies to the insurance carrier and the Workers' Compensation Commission. This letter should detail the service(s) provided, amount paid by the Agency for each service and request reimbursement for the specified costs once the claim has been settled.

VIII. Private Hospital and Medical Insurance - When planning physical restoration for a client who has private hospital and/or medical insurance, the counselor will advise the hospital personnel and the physicians involved that the client has insurance and provide the name of

the insurer, if available. The counselor will remind all vendors in the case that the acceptance of the insurance benefits or the Agency authorization is optional. The counselor will call their attention to the advantages and disadvantages, the procedure, and their responsibility in each situation. The counselor will also advise the client of the hospital's and doctor's options, explain the Agency's position, limitations of responsibility, authority, etc. The counselor must also advise the client that he/she has the right to decline services offered by the hospital and/or the doctors if they reject the authorization and accept the insurance benefits making the client responsible for possible additional costs. The option **MUST** be exercised no later than the time of hospital admission and/or before any service is rendered.

If the decision is to refuse the authorization and accept the insurance benefits in lieu thereof, the hospital administrator (or representative) and the physicians involved must assume responsibility for advising the client (patient) of the decision made and work out an acceptable plan for payment of any possible cost difference. The refusal to accept authorizations as co-sponsor relieves the Agency of all responsibility for the services involved.

If the decision is to accept the authorization and to use any insurance benefits the client may have toward paying for the services, the Agency is obligated only for the amount authorized in keeping with current Agency per diems and/or fee schedules less any amount the insurance company pays. The authorization must show the total costs less the amount the insurance will pay (as close as the counselor can determine at the time the authorization is issued) and the net amount to be paid by the Agency.

The client will be instructed to notify the counselor when he/she enters and is discharged from the hospital. The counselor will advise the client to take his/her insurance policy/identification card to the hospital at the time of admission.

The Agency authorization covers all services in the hospital contract per diem and/or the current established fee schedule. If it is accepted, the hospital will not bill the client for any additional charges. The client should inform the counselor if he/she receives a bill for services that have been authorized. The counselor will assume responsibility for follow-up on cases where reimbursements are due. The Statement of Account will not be processed until all insurance benefits have been paid. In case the total number of days authorized is not needed, the unused per Diem should be canceled. If the physician determines additional hospitalization is required and informs the counselor, a supplemental authorization may be issued for the additional days. (See the *OVR/OVRB Fee Schedule* for exceptions to the per diem.)

NOTE: This is the procedure to be followed when using any other similar benefits and resources the client may have.

3.5.2 Processing VR Authorizations for Comparable Benefits

The following examples are offered as further explanation of how the accounts must be handled when Agency authorizations for in-patient hospital care are involved:

- The Agency authorizes \$550 per day, or \$5,500. The actual cost is \$5,850. Insurance pays \$5,600. In this case, the hospital should accept the insurance payment, and the Agency authorization would be canceled. The client should not be billed for the difference and the hospital would show a loss of \$250.
- The Agency authorizes \$550 per day, or \$5,500. The actual cost is \$5,500. Insurance pays \$3,000. In this case, the Agency pays the difference of \$2,500 and the hospital has no loss.
- The Agency authorizes \$550 per day, or \$5,500. The actual cost is \$6,300. The client has no insurance. In this case, the Agency will pay \$5,500, leaving the hospital with a loss of \$800, for which the client should not be billed.
- The Agency authorizes \$550 per day, or \$5,500. The actual cost is \$4,800. The client has no insurance. In this case, the Agency will pay \$5,500, giving the hospital an excess of \$700.

3.6 DEAF SERVICES PROGRAM

3.6.1 Definitions

Accident, injury, or poisoning - a traumatic cause of hearing loss, includes noise-induced loss. This cause would encompass, but not be limited to ototoxic agents.

Conductive hearing loss - an occlusion of the external ear or a malfunction of the middle ear generally found with a normally functioning inner ear. This condition can usually be corrected or treated by medicine or surgery.

Congenital condition - a hearing loss that is known or is assumed to have been present at birth. Examples would include, but not be limited to, maternal rubella and hemolytic disease of the newborn.

Deaf-blindness - the term "individual who is deaf-blind" means any individual:

- Who has a central visual acuity of 20/200 or less in the better eye with corrective lenses, or a field defect such that the peripheral diameter of visual fields subtends an angular distance no greater than 20 degrees, or a progressive visual loss having a prognosis leading to one or both these conditions;
- Who has a chronic hearing impairment so severe that most speech cannot be understood with optimum amplification, or a progressive hearing loss having a prognosis leading to this condition;
- For whom the combination of impairments described in a and b cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment, or

obtaining a vocation; and

- Who despite the inability to be measured accurately for hearing and vision loss due to cognitive or behavioral constraints, or both, can be determined through functional and performance assessment to have severe hearing and visual disabilities that cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment, or obtaining vocational objectives.

The disability codes for deaf-blind are 290 - 298.

Deafness - hearing impairment of such severity that the individual must depend primarily upon visual communications such as writing, lip reading, manual communication, and gestures. The disability codes for deafness are 231 - 259.

Degenerative or infectious disease - a cause of hearing loss that would include, but not be limited to: meningitis, scarlet fever, and diphtheria. (note: a condition present at birth which does not result in a hearing loss until later in life is for reporting purposes, caused by a "degenerative or infectious disease".)

Discrimination ability (speech discrimination) - refers to the individual's ability to hear and understand words through the auditory mechanism. Accurate assessment of discrimination ability is vital in the total vocational rehabilitation program approach for deaf clients.

Hard of hearing - hearing impairment resulting in a functional loss, but not to the extent that the individual must depend primarily upon visual communication. The disability codes for hard of hearing are 261 - 289.

Neurosensory hearing loss - dysfunction of the inner ear, the auditory nerve, or a combination of the two in the presence of a normally functioning middle ear - there are no medical corrections for this condition at present.

Pre-lingual hearing impairment - an impairment that is known or is assumed to have occurred prior to the third birthday.

Pre-vocational hearing impairment - an impairment that is known or is assumed to have occurred on or after the third birthday, but before the 19th birthday.

Post-vocational hearing impairment - a hearing loss that is known or is assumed to have occurred on or after the 19th birthday.

3.6.2 Speech Limitations

Degree of Disability (dB Range 0-110):

0 – 25	Normal Range of Hearing	No significant difficulty with faint speech
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26 - 40	Mild Hearing Loss	Difficulty with faint speech
41 - 55	Moderate Hearing Loss	Frequent difficulty with normal speech
56 - 70	Moderately Severe Hearing Loss	Frequent difficulty with loud speech
71 - 90	Severe Hearing Loss	Can understand only shouted or amplified speech
91+	Profound Hearing Loss	Usually cannot understand even amplified speech without visual cues

3.6.3 Referrals

Deaf and hard of hearing clients are served by specially trained rehabilitation counselors for the deaf (RCDs) and crossover counselors. RCDs normally serve hearing impaired clients who are coded severely disabled and crossover counselors normally serve non-severely disabled hearing-impaired clients.

Clients may be referred to RCDs and crossover counselors located within each of the ten vocational rehabilitation districts. Clients whose communication requires American Sign Language to communicate should be referred to the RCD. Clients whose communication is less difficult should be referred to the crossover counselor. After the RCD or crossover counselor obtains an audiogram, or is otherwise reasonably sure of the severity of the loss, the case will be retained and served or transferred as is appropriate.

Referrals of Individuals with Multiple Disabilities

When a client has two or more disabling conditions, one of which is *deafness* and his /her primary means of communication is manual the client would be served by the RCD and deafness will be considered the primary disabling condition.

When a client has two or more disabling conditions, one of that is *hard of hearing*, the case normally will be staffed with the RCD to determine which disability will be listed as the primary disability. This staffing can be in person or via telephone, according to the situation. The counselor assigned to handle that disabling condition would then serve the case. If it is determined that the case should remain on the general VR counselor's caseload, periodic staffing with the RCD at the general counselor's discretion is recommended. The RCD's expertise in audiometric, ENT medicine and hearing aid recommendations will ensure consistency of service provision.

Referrals of Individuals Who Are Deaf-Blind

Individuals who should be referred for these services are those who would meet the above Agency definition for deaf-blind or have a progressive loss having a prognosis leading to deaf-

blindness as described in this *Resource Guide*. Referrals of deaf-blind clients can be made directly to each district's RCD, rehabilitation counselor for the blind (RCB), or District Manager's office. In order to insure that client needs are met, a district team--composed of the RCD, RCB, staff interpreter, and Supported Employment counselor--will staff the case to determine the appropriate counselor to receive the referral. Individuals who are deaf-blind and communicate manually will be served by each district's RCD.

3.6.4 Services

The type of hearing loss indicates the nature and extent of rehabilitation services that may be necessary.

- I. Conductive losses often suggest two alternatives:
 - A. Make the original sound louder with amplification, or
 - B. Correct the conductive disorder by medical treatment or otological surgery.
- II. Sensorineural deficits can usually be helped by amplification, if evaluated properly.
- III. A mixed loss will involve both conductive and sensorineural and speech and language intervention as may be indicated.

3.6.5 Initial Interview

Consumers who are deaf and hard of hearing and are referred to vocational rehabilitation will have a variety of communication abilities. Communication levels that may be encountered include:

- Understandable speech and some speech skills (adventitiously deaf or hard of hearing)
- Limited expressive or receptive communication skills, relying on expressions and visual cues
- Limited manual skills without speech
- Fair to good expressive manual skills with or without understanding speech.

Due to the different levels of communication skills of clients, the following should be considered when interviewing a client:

- Arrange seats facing each other
- Ensure proper light in room
- Avoid distractions and interruptions (i.e., telephone calls and smoking)
- Keep language simple to ensure understanding
- Use gestures, pantomimes, and expressions freely
- Use written language or pictures
- Be patient

If your manual communication skills are inadequate, utilize the services of a qualified interpreter.

3.6.6 Interpreters

Interpreters should be utilized as needed in any phase of the rehabilitation process. A list of freelance interpreters is maintained in the State Coordinator for Deaf Services (SCD) office. It is distributed to RCDs, District Managers and is available to others upon request. Persons needing interpreters are encouraged to secure interpreter services to ensure clients who are deaf have equal access to all aspects of the OVR program.

In order to assure effective communication in each RCD office statewide, interpreters will be available to each VR District under the supervision of the District Manager. Any Agency Community Rehabilitation Center or staff person needing the services of an interpreter can call the District Manager's office to request assistance from the staff interpreter. If staff interpreters are unavailable, assistance in securing a freelance interpreter will be provided by the local RCD's office or the State Coordinator of Deaf Services' office. (See the *OVR/OVRB Fee Schedule* for rates of pay.)

The Registry of Interpreters for the Deaf, Inc., 814 Thayer Avenue, Silver Spring, Maryland 20901-4589, and the Mississippi Registry of Interpreters for the Deaf (MSRID) have established a certification system for sign language interpreters on a national level and a state quality assurance screening on the state level.

This evaluation ensures the consumer (both the consumer who is hard of hearing and the consumer who is deaf) that the interpreter has gained a certain level of competence. This competence relates to a "qualified interpreter".

The following is a description of the different certificates issued by the Registry of Interpreters for the Deaf (RID).

- I. CI - Certificate of Interpretation: a high level of skill in being able to expressively interpret in American Sign Language and has demonstrated skill, at a lower standard than the formerly standard Comprehensive Skills Certificate (CSC), in the ability to reverse interpret American Sign Language.
- II. CT - Certificate of Transliteration: a high level of skill in being able to expressively transliterate in a manual code for English and has demonstrated, at a lower standard than the CSC, in the ability to reverse interpret a manual code for English.
- III. RSC - Reverse Skills Certificate: a high level of skill in being able to reverse (Sign to Voice) interprets or transliterate.
- IV. SC: L - Specialist Certificate: an interpreter who has a CSC plus demonstrated specialized skill in being able to interpret in legal settings.
- V. OIC: C - Oral Interpreter Certificate: Comprehensive: the highest comprehensive level of interpreting skill in oral situations with oral adult deaf individuals. The interpreter is

skilled in being able to paraphrase or transliterate a spoken message with or without voice and reverse interpret for an oral adult individual who is deaf.

VI. OIC: S/V - Oral Interpreter Certificate: skill in interpreting for oral adults who are deaf; both in being able to paraphrase or transliterate a spoken message with or without voice and reverse interpret for an oral adult who is deaf, but at a lower standard of competence than the comprehensive certificate.

VII. OIC: V/S - Oral Interpreter Certificate: Visible to Spoken: able to understand the speech and/or mouth movements of an oral person who is deaf and repeat it for a third person. This is a reverse certificate for oral interpreting. It is generally awarded to oral adults who are deaf. However, a hearing interpreter may have this certificate if they have demonstrated skill in this area.

VIII. NIC – National Interpreter Certification: Individuals achieving certification at the NIC, NIC Advanced or NIC Master level are all professionally certified interpreters. The national Interpreter Certification exam tests interpreting skills and knowledge in three critical domains:

- General knowledge of the field of interpreting through the NIC written exam.
- Ethical decision making through the interview portion of the NIC performance test.
- Interpreting and transliterating skills through the performance portion of the test.

The Quality Assurance Panel facilitates Quality Assurance Screening of interpreters to assess their functioning level, provides guidance for professional growth, and recommends candidates whose skills warrant participation in RID evaluation.

The State Quality Assurance Screening Team issues the following three levels:

Level I – Basic level for the candidate who interprets 60 percent of the material. This may be appropriate for one-to-one situations on a non-technical subject with opportunities to stop for clarification.

Level II – Intermediate level for the candidate who interprets at least 80 percent of the material. This may be appropriate for job interviews, orientation and tutoring sessions, and non-technical medical exams.

Level III – Advanced level for the candidate who interprets 90 percent of the material. This candidate would be recommended to take the RID evaluation.

3.6.7 Psychological/Vocational Testing

Deaf clients needing psychological testing should be referred to the appropriate psychometrist. Specially trained psychometrist provides special and appropriate testing as needed. When a

manually communicating client is referred for either psychological or vocational testing, an interpreter should always be provided to enhance communication.

The procedure for evaluating the vocational and psychological characteristics for the Deaf and hearing impaired are comparable to any other disability with the following exceptions:

The psychologist's interpretation of the personality tests is based on the understanding of the client and his/her language level.

- Aptitude Testing

Aptitude testing is very important in determining the manual dexterity, mechanical aptitudes and spatial relation of individuals who are deaf.

- Interest Testing

Since interest tests are generally highly verbal, a close evaluation of their results should be made.

- Communication Skills

Before making recommendations from psychological and vocational results, a careful review of the client's communication skills should be made, keeping in mind that communication ability does not indicate the intelligence of a client.

3.7 DENTAL SERVICES/CONSULTATION

For cases involving dental care, oral surgery, or orthodontic services, the counselor must adhere to the following instructions:

A dental consultation (Dental Form-1) form is used to ensure programmatic accountability in the provision of planned dental services. This form will be completed for all VR clients for whom employment is the anticipated outcome and it appears the desired vocational goal cannot be achieved without essential dental services.

Transmittal Procedure:

Section 1 When there is a need for planned dental services, the VR counselor will complete Section 1 of the dental consultation form. The dental consultation form, a legible copy of the general dental examination form, which includes a proposed treatment plan, and supporting information (radiographic X-rays, cost estimate, etc.) should be sent to the district manager for review.

Section 2 Once approved by the district manager, the form and attachments (radiographic X-rays, dental cost, dental treatment plan, etc.) should be submitted to the state program coordinator for dental services for review; the state program coordinator will present

the request to the state dental consultant for review.

Section 3 After the state dental consultant has reviewed and taken appropriate action on the request, the information will be returned to the state program coordinator for dental services. The program coordinator will forward the information back to the counselor.

Dental services for a primary or secondary disability must not be promised, planned, or provided prior to review by the district manager and treatment recommendations obtained from the state dental consultant. If dental services are being requested even as a secondary condition, do not complete a certificate of eligibility prior to the completion of the review process.

Questions regarding this process should be discussed with the district manager.

3.10 HOSPITAL REHABILITATION CENTERS & OTHER HOSPITAL SERVICES

3.10.1 Hospital Rehabilitation Centers

The Hospital Rehabilitation Centers (HRC) Program provides inpatient and outpatient rehabilitation services to VR clients. A client may choose one of five centers in the state; however, special funds are only available for services provided at MRC on an inpatient basis. Services provided through one of the other centers or outpatient services at MRC are to be authorized from the local counselor's budget. Factors affecting where the client will be served include:

- The center's services meet the client's rehabilitation needs.
- The client's physician recommends the client go to the center.
- The client chooses to go to that center.
- VR funds are available.

The client and counselor may choose from the following five centers:

Baptist Memorial Hospital-DeSoto

7601 Southcrest Parkway

Southaven, MS 38671

(Liaison counselor 1ML) Telephone: (662) 342-4000

Serves: Stroke, Brain Injury, Neurological Disorders, and Rheumatoid Arthritis

Forrest General Hospital

6051 U.S. Highway 49

P.O. Box 16389

Hattiesburg, MS 39404-6389

(Liaison counselor - 9GC) Telephone: (601) 582-4072

Serves: Stroke, Neurological Disorders, Arthritis, Multiple Trauma, and Orthopedics

Methodist Rehabilitation Center (MRC)

1350 East Woodrow Wilson
Jackson, MS 39216

(Liaison counselor - 5RL) Telephone: (601) 898-7079

Serves: Spinal Cord Injury, Head Injury, Stroke, Arthritis, Orthopedics, and Neurological Disorders

NOTE: All mail to VR Staff housed at MRC should be mailed to 3895 Beasley Road Jackson, MS 39213

North Mississippi Medical Center

830 South Gloster Street

Tupelo, MS 38801

(Liaison counselor - 2GF) Telephone: (662) 840-9952

Serves: Spinal Cord Injury, Head Injury, Stroke, Neurological Disorders, Orthopedics, and Arthritis

River Region Health System

111 North Frontage Rd.

Vicksburg, MS 39182

(Liaison counselor – 5GI) Telephone: (601) 638-1621

Serves: Stroke and Problem Fractures

3.10.1.1 HRC Screening Committee

The District Screening Committee reviews referrals to the hospital rehabilitation centers, using the Inpatient Referral Assessment form, to determine the appropriateness of the referral for services at one of the five centers.

Upon approval by the District Screening Committee, the referral will be forwarded to the State Screening Committee for review and processing. Referrals to the committee should be directed to the attention of CHAIRPERSON, HOSPITAL REHABILITATION CENTERS SCREENING COMMITTEE, P. O. BOX 1698, JACKSON, MS 39215-1698. Referrals should be received by Friday afternoon prior to Monday morning review. Referral information should include the following:

- Referral Assessment Form
- Referral (MDRS-VR-24) form
- AACE Personal Information/Application reports
- Medical Records
- A narrative that will address the following items:
 - a. primary purpose or need in referring the case to the rehabilitation center
 - b. medical stabilization
 - c. projected functional limitations
 - d. psychological status
 - e. circumstances of injury, i.e., evidence of substance abuse

- f. high school grades if the referral is a minor or young adult
- g. client's attitude and motivation
- h. indicate stability of work history
- i. recency of work
- j. possibility of returning to previous employment ("Letter of Intent" from employer, if appropriate)
- k. list of current job skills
- l. client's potential for retraining
- m. educational level
- n. transferable skills to other employment
- o. Labor market in local area
- p. client's ability to relocate
- q. family support status
- r. client's resources and comparable benefits

Once the screening committee has approved a client for services at a center, the client does not have to be referred to the committee for any subsequent admissions.

3.10.1.2 HRC Inpatient Procedure

The screening committee approval report will be sent to the referring counselor and the appropriate liaison counselor. The referring counselor will be advised by the liaison counselor as to when the case is to be transferred. All cases must be in Service Status at the time of transfer. The liaison counselor will authorize all inpatient services from HRC funds. Upon completion of inpatient services, the liaison counselor will transfer the case electronically, effective the day of discharge. The paper file will be mailed to the referring counselor within seven working days after discharge.

3.10.1.3 HRC Outpatient Procedure

It is not necessary for the counselor to refer clients needing outpatient services to the screening committees. The counselor may schedule appointments directly through the appropriate liaison counselor or secure the service through other outpatient clinics as long as the client has a prescription for the required treatment or service.

An appointment will be scheduled soon after the referral information is received. Instructions relative to the scheduled appointment for the appropriate outpatient clinic and physician will be mailed to the referring counselor who will use the following guidelines to authorize and pay for services:

- All Authorizations and Statements of Account for VR outpatient clinic visits will be prepared by the referring counselor using their district code with the appropriate fund code.

- All services (including appropriate codes and costs) identified on the appointment memo from the liaison counselor at the hospital will be used to complete the Authorization of Services (MDRS-VR-6) form.
- The referring counselor will send the Authorization and Statement of Account to the hospital's Business Office and to the physician (not to liaison VR staff). A copy of the authorization should be sent to the liaison counselor. When the services are completed, the Business Office will return these forms. The liaison counselor will assist in obtaining medical reports. This is to be done on all clinic visits.

A VR liaison counselor or coordinator will contact the referring counselor prior to making decisions on all proposed outpatient services to be rendered by the hospital's clinical staff and will verbally authorize services if approved by the referring counselor. Authorizations will then be issued, using his/her district code and fund code, using the same procedure as for clinic visits.

Recommendations for such items as wheelchairs, hydraulic lifts, home fixtures, braces, wheelchair cushions, artificial limbs, or other major items will be verbally authorized, and a prescription will be sent to the referring counselor, who will issue a written authorization for items over \$35. All such items will be charged to the referring counselor's district code and fund code. Individual items costing under \$35 are covered in the outpatient per diem paid by the Agency.

The referring counselor will be notified of scheduled follow-up appointments by telephone and he/she will be responsible for arranging the client's transportation and preparing Authorizations and Statements of Account just as he/she did for the initial clinic visit. If an appointment cannot be kept, the liaison counselor must be notified immediately so that the client can be rescheduled. This information should be communicated as quickly as it becomes known.

Individual instructions will be given to the referring counselor for purchasing consultations at the center and for purchasing consultations outside the center. These authorizations will be charged to his/her district code, using the appropriate fund code, and will be authorized by the referring counselor to the appropriate physician providing the consultation.

It is imperative that complete and accurate insurance information be included on MDRS-VR-24 referral form. Clients must bring private insurance card, Medicaid and/or Medicare cards with them to all center outpatient clinic visits.

3.10.1.4 HRC Medical Information Requests

To obtain medical records from one of the Hospital Rehabilitation Centers (HRC), send to the liaison counselor Consent to Disclose Information (MDRS-VR-19) form, which will contain the following:

- Client's medical record number
- Full name
- Address

- Date of birth
- Social Security number
- Date(s) of the medical report(s) being requested

UNDER NO CIRCUMSTANCES SHOULD CLIENT CONSENT TO DISCLOSE FORM BE SENT DIRECTLY TO THE HRC. SEND ONLY TO THE LIAISON COUNSELOR.

3.10.2 Hospital/Other Medical Records

Medical information from the records of a hospital, clinic, or a physician should be obtained when it:

- will assist the counselor in establishing eligibility
- is needed/helpful in assessing the client's medical history, current status, and/or prognosis for employment

When requesting medical records, the counselor should contact the vendor to determine whether an independent copying service is involved. (This would be particularly true for larger hospitals.)

If hospital, clinic, or physician has charges for summaries or copies of records, an authorization form may be issued for the amount established by the Agency Fee Schedule. In most instances, you should enclose Consent to Disclose Information Form.

3.11 BUSINESS DEVELOPMENT SERVICES

The Agency is dedicated to the achievement of a quality employment outcome for every client consistent with his/her unique strengths, resources, priorities, interests, needs, concerns, abilities, capabilities, and informed choice.

The Agency specializes in seeking employment opportunities for individuals with disabilities. As such, every staff member is expected to be involved in the business development process. Statewide Business Development Services staff focuses on employer development and work with Agency VR counselors to establish the relationships necessary to facilitate placement of clients.

Although the VR counselor has the primary responsibility for placement of the client, the Agency has several avenues to assist the counselor in this effort.

- Statewide Business Development Services
- Community Based Job Tryout (LINCS)
- On-the-Job Training
- Work Opportunity Tax Credit
- Employability Skills Training for Youth
- Workforce Investment Act Youth Disability Coordinator
- Workforce Investment Network (WIN) Job Centers

3.11.1 Statewide Business Development Services

The Statewide Business Development Services (BDS) staff's goal is to identify opportunities and to make available a broad range of occupational choices for VR clients. The BDS staff works closely with the VR counselor and the client to identify employment prospects that represent for the client entry or re-entry into a meaningful career. The BDS staff canvases the constantly changing Mississippi job market through individual and group business contacts to identify potential linkage of client qualifications and employer needs.

Another focus of the business development efforts of the BDS staff is providing services to employers. The BDS staff educates employers about the capabilities of persons with disabilities to be successful in employment with or without supports.

The BDS staff is comprised of a state director who supervises the work of two regional employment managers. The regional employment managers or REMs are responsible for a variety of workforce development activities including but not limited to corporate level employer development and coordination of business development initiatives in their respective regions. REMs also provide leadership and training to staff; manage and implement contracted Workforce Investment Act (WIA) youth services; and, supervise the BDS Employment Coordinators.

A BDS Employment Coordinator (EC) is assigned to each of the MDRS districts. The function of the EC is to call on businesses in their respective districts and develop relationships with them. Once a relationship is developed, the EC establishes the business as an employer account and continues to call on the business to provide services and conduct business development and follow-up. The EC develops specific job leads from businesses and a variety of other sources resulting in placement of clients. The EC also serves as a consultant to businesses for on-the-job accommodations, community-based job tryout (through AbilityWorks LINCS), on-the-job training, Work Opportunity Tax Credit (WOTC) and any other incentives that may be available to employers who hire VR clients.

3.11.2 Community Based Job Tryout (LINCS Through AbilityWorks)

A job tryout may be used as part of the client's evaluation or as a placement tool. The purpose of a job tryout is to determine the client's readiness for a specific employment goal, or employment in general. It also provides the employer with an incentive to try out an individual with a disability while AbilityWorks pays the client's salary, worker's compensation, and other fringe benefits. For detailed instructions on a job tryout refer to Section 3.4.1.3.8 AbilityWorks LINCS—Linking Innovative Networks of Community Services.

3.11.3 On-The-Job Training

On-the-job training (OJT) can provide an excellent opportunity for VR clients to display their capabilities to a prospective employer. The training program should be designed to meet both the client's as well as the employer's needs. The employer should provide reasonable assurance

that the client will be employed at the successful termination of the OJT program.

When completing an OJT Program for a client, an On-the-Job Training Agreement Form (MDRS-VR-26) must be completed, a copy of the completed form placed in the client's file and a copy given to the employer before beginning the training.

An adequate supply of the Training Progress Report Form (MDRS-VR-28) for the OJT period covered by an authorization for services should be sent to the employer. A letter should be included requesting that the MDRS-VR-28 be completed monthly (or at more frequent intervals, if desired) and forwarded to the VR office for case file documentation.

Suitable records of attendance, performance, and progress of the client should be maintained by the employer and made available to the VR counselor when requested. Verbal reports should be documented in a case note and placed in the client's case file.

3.11.4 Work Opportunity Tax Credit

The Work Opportunity Tax Credit (WOTC) Program was created by the *Small Business Job Protection Act of 1996* (PL 104-188). On May 26, 2007, Congress extended the WOTC Program through August 31, 2011. The WOTC is available to employers hiring individuals from one or more of eight target groups including VR referrals. The tax credit available to employers who hire an individual from one of the target groups is as follows:

- For eligible individuals who work for an employer at least 120 hours, but less than 400 hours, the tax credit available to the employer is 25% of the first \$6,000.00 of wages paid.
- For eligible individuals who work for an employer at least 400 hours or more, the tax credit available to the employer is 40% of the first \$6,000.00 of wages paid.

Certification of Eligibility

In accordance with a Cooperative Agreement with the Mississippi Department of Employment Security (MDES), vocational rehabilitation (VR) counselors are allowed to issue Conditional Work Opportunity Tax Credits (Form ETA 9062) *only* to clients found eligible for vocational rehabilitation services. Form ETA 9062 replaces Form ETA 9061 and the letter of eligibility formerly submitted by VR Counselors to identify eligible target group members. The new Form ETA 9062 can be obtained either from the district BDS staff or from the MDRS State Office in care of the BDS Director.

Instructions for filling out Form ETA 9062 (Conditional Certification)

Instructions for each line item are listed on the back of the Form ETA 9062; however, specific information relative to MDRS for certain items are as follows:

Item #1: Initiating Agency Code. *Each VR District will have its own code as listed below:*

District I	2001
District II	2002
District III	2003
District IV	2004
District V	2005
District VI	2006
District VII	2007
District VIII	2008
District IX	2009
District X	2010

Item #2: Control No. (*Leave blank. Check only Participating Agency.*)

Item #3: Type of Conditional Certification. (*Check Original*)

Item #5: State Employment Security Agency's Name and Address. (*This is the name and address of the VR Counselor, not the WIN Job Center.*)

Item #6: Signature. (*The VR Counselor must sign here. No other MDRS employee signature is acceptable.*)

Item #11: Target Group Code. (*The Code for VR eligible clients is E.*)

Item #12: Group. (*This item is to be left blank for all VR clients.*)

Item #14: (*This item is to be left blank for all VR clients.*)

The Form ETA 9062 should be shown to the prospective employer prior to the job offer by the applicant (VR client). In the event the VR client is hired, the employer should be given the original of the Form ETA 9062. The form is due to the Mississippi Department of Employment Security within 21 days of the date the client is hired.

APPLICATION for WOTC

Application for the WOTC by the employer who hires a VR client is facilitated by the submission of the IRS Form 8850. This form may also be obtained from the District BDS staff or from the MDRS State Office in care of the BDS Director.

The job applicant (VR client) and the employer must sign and date IRS Form 8850 on or before the day the job offer is made. The employer must submit the IRS Form 8850 along with the Form ETA 9062 to MDES no later than the 21st day after the job applicant begins work for the employer.

The BDS is the lead VR program for the facilitation of the WOTC and implementation of the Cooperative Agreement with MDES. Questions regarding any aspect of WOTC procedures may

be directed to the District BDS staff.

3.11.5 Workforce Investment Act (WIA)

The Federal Workforce Investment Act (WIA) of 1998 created a nationwide one-stop delivery system of employment services, known as the Workforce Investment Network (WIN) in Mississippi. MDRS is a mandated partner in WIA, or WIN in Mississippi, and plays an active role at the State and local levels. The MDRS partnership within the system is formalized through Memorandums of Understanding with the State, each of the four Local Workforce Investment areas, and through cost-sharing agreements with operators of the centers where Agency staff is located. MDRS is represented on the State Workforce Investment Board and each of the Local Workforce Investment Boards that govern the WIN system. MDRS has vocational rehabilitation counselors and other program staff located in some WIN Job Centers on a full-time basis. At WIN Job Center sites where a counselor is not co-located, information and referral services pertaining to MDRS is available. A WIA Director, with assistance from a One-Stop Coordinator, coordinates WIA activities for MDRS.

3.11.6 WIA Employability Skills Training Program

The Employability Skills Training (EST) Program is a service designed to assist VR counselors in placing clients in competitive employment. This program is funded by grants from the WIA. The purpose of the WIA funded program is to prepare youth for entry into the labor force. An individual may be eligible for the program if he/she is economically disadvantaged and a youth between the ages of 16 and 22 years.

Referral Process

To receive services from the EST program, an individual must be determined eligible for VR services must meet WIA eligibility criteria, and must demonstrate potential for entry into a competitive work situation. Counselors should refer any individual to the program who meets the age requirements and is a high school dropout, an individual who has completed high school, or any individual not currently receiving educational services that needs assistance with preparing for entry into employment. A referral should be initiated by case staffing between the EST counselor and the referring VR counselor. Required documentation for eligibility will be discussed at the time of referral. *{A list of specific documents required for referral will be provided to counselors when the WIA provides instructions regarding documentation of eligibility.}*

Services Provided

Eligible youth who are assessed as needing any one or all of the following required program elements may be provided those services by the MDRS EST Program or suitable arrangements may be made with other service providers to ensure that the participant obtains them:

- Tutoring, study skills training, and instruction leading to completion of secondary school, including dropout prevention strategies

- Alternative secondary school services, as appropriate
- Summer employment opportunities that are directly linked to academic and occupational learning
- Internships and job shadowing
- Occupational skill training, as appropriate
- Leadership development opportunities, which may include community service and peer-centered activities encouraging personal responsibility and other positive social behaviors during non-school hours, as appropriate
- Supportive services
- Adult mentoring for the period of participation and a subsequent period, for a total of not less than 12 months
- Follow-up services for not less than 12 months after the completion of participation, as appropriate
- Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral, as appropriate

3.11.7 Workforce Investment Act Youth Disability Coordinator

Recognizing the unique challenges faced in providing appropriate services to youth with disabilities to overcome barriers to employment, MDRS and the Mississippi Partnership Workforce Area and the Delta Workforce Investment Area work as partners to provide consultation and guidance to providers of services for youth. This partnership is led by a youth disability coordinator who functions as trainer for the Local Workforce Investment Area and who identifies services for youth with disabilities that are available from a variety of sources in the community including vocational rehabilitation.

Services provided by the Workforce Investment Act Youth Disability Coordinator include the following:

- Coordination and referral for services among current youth providers and other social services providers depending on the particular needs of the individual
- Training to youth providers on disability issues such as disability awareness, etiquette, terminology, and communication
- Technical assistance regarding disability specific issues both on and off the job and while in training
- Assistance with job placement.
-

3.12 OFFICE OF SPECIAL DISABILITY PROGRAMS

The Office of Special Disability Programs provides services statewide to individuals with the most severe disabilities. Counselors located in each of the MDRS district offices coordinate services targeted to individuals with severe disabilities who do not demonstrate immediate potential for competitive employment.

3.12.1 Who Is Eligible

The eligibility requirements are three fold:

1. An individual must have a severe disability(ies),
2. Which constitutes multiple barriers (handicaps) to the individual's capacity to live independently, and
3. There is a strong likelihood that the individual will be able to live significantly more independent in the family or community or be maintained in employment.

If the individual is to be served through the Traumatic Brain Injury/Spinal Cord Injury Trust Fund, he/she must have verification that they have sustained a traumatic brain or spinal cord injury.

3.12.2 Services

The services provided include a broad range of assistance designed to help individuals to function more independently in their families and communities. Because funds are limited, all possible resources for services are utilized, including Medicare, Medicaid, insurance, client involvement, state and federal funding, etc.

The following assistance can be provided and/or coordinated by the Independent Living Counselor:

Assistive Technology Purchase of artificial limbs, hearing aids, communication equipment, environmental control units, magnifiers, low vision aids, etc.;

Home and Vehicle Modifications Residential accessibility of homes, including provision of ramps, widening doorways, lifts for vans, etc.;

Durable Medical Equipment Purchase of wheelchairs, walkers, hospital beds, lift equipment, etc.;

Daily Living Skills Instruction in cooking, cleaning, accident prevention, money management, self-advocacy, etc.;

Mobility Orientation Assistance in the use and maintenance of assistive equipment, utilization of transportation system, etc.;

Peer Counseling Guidance provided by persons who are disabled to assist individuals in problem-solving skills, adjustment to disability, and social integration;

Personal Care Attendant Services Assistance with daily living needs (e.g. bathing, dressing, ambulation);

Physical/Mental Evaluations General medical, psychological exams, special diagnostic reports and assessments, etc.

3.12.3 Independent Living Services

This program is a component of the State's Independent Living Rehabilitation Services Program and is funded with 100 percent State appropriations. The following eligibility criterion further clarifies the categories of persons with disabilities and the priorities given to the specific groups within these categories of clients that may be served through this program. The primary emphasis of this program is to provide opportunities for these individuals to become employable, to seek employment, maintain employment, and/or to avoid unnecessary institutionalization while being productive, independent members of society.

3.12.3.1 Eligibility Requirements

The individual must be of working age (generally between 18 and 62); have a diagnosis that involves a severe physical disability (functional loss of lower and upper extremities); be mentally capable of living independently and managing his/her own affairs; and not be eligible for Personal Care Attendant (PCA) services through other resources.

Priority Groups:

- Eligible persons who are ready for employment but cannot realistically seek employment without the availability of attendant care services;
- Eligible persons who are employed and require assistance with the cost of attendant care services in order to maintain employment;
- Eligible persons who require attendant care services to live independently; avoid undesirable and inappropriate nursing home placement; or to move from an institution (i.e., nursing home).

3.12.3.2 Referral Procedures

The Independent Living Rehabilitation counselors accept referrals from public and private agencies and/or self-referrals from individuals needing assistance with attendant care services. This counselor must complete the application process by signing and dating the application for attendant care services. The existing medical and/or psychological records necessary for determining eligibility will be obtained with the applicant's permission.

If the existing records are not adequate or current, applicants may be asked to undergo a medical and/or psychological examination. The Agency will incur the cost of any examinations that are required to determine eligibility. The eligibility determination will be made after a thorough review of the records and will be based on the counselor's assessment.

Once a person has been determined eligible for attendant care services, the counselor and the client will develop an IPE or IWILP which identifies the type(s) of attendant care services to be provided, the duration of services, and the degree of responsibility for the cost of services each party agrees to accept. This agreement shall be clearly stated with signed documentation in the client's file. The agreement may be renegotiated at any time; however, clear documentation of any change must be present in the client's file.

The purpose of this program is to assist the client with the cost of attendant care services while he/she works toward achieving the objectives outlined in his/her plan. Therefore, the client is expected to take responsibility for active participation in the planned services.

For referral of a client to the appropriate Independent Living rehabilitation counselor, refer to the chart below:

District I ILS Counselor
51 County Road 166
P. O. Box 1415
Oxford, MS 38655
(662) 234-6086

District IV ILS Counselor
1003 College Drive
P. O. Box 4339
Meridian, MS 39304
(601) 483-5394

District VII ILS Counselor
1400-A Harrison Drive
P. O. Box 1408
McComb, MS 39649
(601) 249-4646

District II ILS Counselor
1244½ West Main
Tupelo, MS
(662) 840-9947

District V ILS Counselor
18 John Merle Tatum Road
Hattiesburg, MS 39404
(601) 544-4860 or
(601) 545-4405

District VIII ILS Counselor
300 Capers Avenue
Jackson, MS 39203
(601) 351-1490 or
(601) 351-1472

District III ILS Counselor
207 Industrial Park Road
P.O. Box 824
Starkville, MS 39760
(662) 324-9646

District VI ILS Counselor
625 Courthouse Road
Suite 113
P.O. Drawer 6889
Gulfport, MS 39506
(228) 897-7612

District IX ILS Counselor
706 Highway 49-82 Bypass
P. O. Box 543
Greenwood, MS 38935
(662) 455-2706

3.12.4 Traumatic Brain & Spinal Cord Injury Trust Fund

The 1996 Mississippi Legislature created the Spinal Cord Injury and Traumatic Brain Injury (SCI/TBI) Trust Fund to provide services for eligible Mississippi residents who sustain a traumatic spinal cord injury or traumatic brain injury. The purpose of the program is to help individuals reintegrate into their home and community with as much independence as possible. The program is administered by the Agency's Office of Special Disability Programs.

3.14.4.1 Eligibility

Any resident of Mississippi, regardless of age, who has a severe disability as a result of a traumatic brain or spinal cord injury as defined below:

Traumatic Brain Injury - an insult to the skull, brain, or its covering, resulting from external trauma which produces an altered state of consciousness or anatomic, motor, sensory, cognitive, or behavioral deficits

Traumatic Spinal Cord Injury - Acute insults to the spinal cord, not of a degenerative or congenital nature, but caused by an external trauma resulting in any degree of motor or sensory

deficit

An individual must seek assistance from all available resources, including VR, prior to the Trust Fund's participation in a service. If an individual is not eligible for VR or a specific service is not covered by VR (e.g., respite care or attendant care), the individual should be referred to the Trust Fund. In some cases, VR and the Trust Fund may provide services simultaneously.

3.12.4.2 Services

The SCI/TBI Trust Fund program provides:

- Equipment/Modifications - durable medical equipment, assistive technology services and equipment, home and vehicle modifications.
- Emergency Services - assistance of a short-term, urgent nature that is considered critical for the individual's survival, general health or welfare, or the maintenance/ enhancement of their independent living capacity.
- Respite Services - the employment of a temporary, short-term caregiver to provide a respite to the family member or other caregiver who regularly assists the survivor of a spinal cord or brain injury.
- Transitional Personal Care Attendant Services - attendant care services to assist an individual with physical activities of daily living, such as bathing and grooming, or cognitive activities, such as planning daily schedules or participating in community reintegration activities.

To obtain information about the program, or to make referral, contact the TBI/SCI Trust Fund Coordinator.

3.13 OUT-OF-STATE SERVICES

It is the policy of the Agency to secure all necessary rehabilitation services within the state when they are available and appropriate.

The following are exceptions to the purchase/provision of in-state rehabilitation services:

- When the counselor and client determine that the in-state service is not adequate or poses an undue hardship on the client, service out-of-state may be considered. The counselor will document the case file as to the reason(s) the determination to use an out-of-state service provider/vendor is being considered. The District Manager MUST review cases in this category;
- When the necessary vocational rehabilitation service is not available within the state, and an out-of-state vendor is recommended to provide the service, the counselor MUST staff the case with the District Manager and the appropriate VR state office staff person

responsible for the service area (i.e.; Post-secondary Education, Assistive Technology, etc.) to obtain additional recommendations/guidance;

- When a physical restoration service is recommended to be provided by an out-of-state vendor because it is not available within the state, the counselor MUST obtain, in writing, the recommendations of the local District Medical Consultant and the appropriate State Consultant (e.g., State Dental Consultant, State Medical Consultant, and State Ophthalmological Consultant). After receiving the appropriate State Consultant's recommendations, the counselor MUST staff the case with the District Manager before planning the service or issuing an authorization for the recommended out-of-state service.

If a decision is made to use an out-of-state service for any of the above reasons, the counselor will need to contact the out-of-state vendor to determine if the vendor will consider/accept:

- The Mississippi VR Fee Schedule or;
- If the Mississippi fee is not acceptable, the fee schedule of the VR Agency of the state in which the service is being obtained.

NOTE: Only after the above two options have been discussed and are not acceptable by the vendor, will the usual and customary fee being charged by the out-of-state vendor be considered. The counselor should obtain in writing the vendor's fees and the case file should document the vendor and person contacted (telephone number, etc.) with whom the service/fee arrangements are finalized. The counselor will staff this information with the District Manager prior to planning the service or issuing an authorization for the recommended out-of-state service.

When the client chooses/prefers (Informed Choice) to go out-of-state for a recommended rehabilitation service which is available in-state and would meet the individual's rehabilitation needs, the Agency is not responsible for the cost in excess of the cost of the in-state service. The counselor should analyze the extensiveness of the rehabilitation case (i.e.; the cost of professional fees, hospitalization, lodging, transportation, tuition, vocational training, etc.). Should it be determined that the service is available within the state and it is more cost effective for the service to be rendered within the state, the Agency can only authorize the amount which would normally be authorized for the service in-state based on the VR fee schedule. This should be thoroughly explained to the client, the client's family or representative, and the out-of-state vendor as appropriate.

When it appears the client prefers an out-of-state vendor this Out-of-State Services Policy should be explained in detail as early in the rehabilitation process as possible to avoid undue, unforeseen conflicts or hardships among the involved parties. It is the intent of the Agency to provide all services on a timely basis and in a cost-effective manner.

3.14 POST-SECONDARY EDUCATION SERVICES

Post-secondary education (PSED) includes various training programs in which the Agency clients may choose to participate after completion of their secondary (high school) education. The training should be required for the person to achieve his/her employment objective. This objective should reflect the individual's interests and "informed choice" to the extent these factors are consistent with his/her strengths, resources, priorities, concerns, abilities, and capabilities.

When the employment objective has been determined, the counselor and client should investigate job market projections in the occupational area being considered and the various training resources available. It is important to train persons for occupations where there is a reasonable demand projected. The client's willingness to relocate should be explored if job opportunities are more readily available away from the home area. The case file should be documented to reflect this.

The length of the individual training program should not exceed that necessary to prepare the client for entering his/her chosen employment objective. The need for extensions must be substantiated and documented in the case record.

Types of post-secondary education programs:

Academic - Successful completion of course work leads to an Associate in Arts (A.A.), Baccalaureate, or higher degree.

Business - Successful completion of course work leads to a certificate in a particular business skill area (e.g., dictation, tax preparation, typing, shorthand, software application, etc.). It usually provides specific short-term job-related instruction but does not include broad-based academic courses. Courses such as these are not usually accepted for credit by academic degree programs. Business training that leads to an academic or technical degree should be classified as such.

Technical - Successful completion of combined academic and technical course work leads to an Associate in Applied Science (A.A.S.) or Associate in Advanced Technology (A.A.T.) degree.

Vocational - Successful completion of course work leads to a license or certificate in a specific job skill (e.g., auto mechanics, barber - cosmetology - hair design, computer repair, truck driving, TV repair, welding, etc.) but does not include broad-based academic courses. Courses such as these are not accepted for credit by academic degree programs.

There are short term, highly concentrated training programs for occupations such as auctioneer, gunsmith, taxidermist, etc. that are not offered in state-supported schools. The District Manager should review these programs on an individual basis.

3.14.1 Post-Secondary Training Sponsorship Guidelines

Post-secondary training may be appropriate for some carefully selected individuals whose disabilities result in substantial impediments to employment. In addition to the VR eligibility criteria, the following guidelines are to be used when identifying a client who may reasonably be expected to benefit from the training in terms of an employment outcome.

- The client has completed or terminated his/her secondary education (high school diploma/GED).
- The training is required for the client to enter into or engage in his/her chosen employment objective.
- Documentation must show that the client can be expected to succeed in the training program. This documentation may include psychological testing, college transcripts, high school grades, scores on college entrance examination(s) or any other information which, in the counselor's professional judgment, has a direct bearing on the individual's ability to succeed in the training program.
- Cases being considered for an academic degree program must be staffed with the District Manager and peer counselors before developing a plan for post-secondary education. (District Managers, at their discretion, may exempt senior counselors from this requirement. This does not exclude them from participating if they feel it is helpful in making a decision on a particular case.)
- Only one semester should be planned initially for students beginning college (community/senior) for the first time. Further plans may be made after the successful completion of this trial semester. The mid-semester grades should be used to project this since the final grades will not be available in time to plan for the next semester.

Graduate School

If the client's chosen employment objective requires an advanced degree for the entry level of his/her employment objective, the Agency may assist him/her in a graduate program. This should be planned for on the IPE when the employment objective is agreed upon between the client and counselor. Again, this employment objective should reflect the individual's interests and informed choice to the extent these factors are consistent with his/her strengths, resources, priorities, concerns, abilities, and capabilities.

3.14.2 Accreditation Standards

The Agency will not authorize funds to an institution (school) that is not accredited, licensed, or approved by the appropriate accrediting or licensing authority. Schools with provisional accreditation may be used. However, the counselor is to use caution when a client selects to attend one of these schools. If a school loses its accreditation during the school year, the counselor is to notify the client immediately and the Agency funds will cease at the end of that semester. Before sponsoring a client at any institution (including private and/or out-of state institutions, short term training programs, and correspondence courses) that does not appear on

the listing provided by the Mississippi Institutions of Higher Learning (located at the end of this sub-section), the counselor should contact the State Coordinator for Post-secondary Education Services for further investigation of the school's accreditation status.

The Mississippi Institutions of Higher Education has provided the Agency with the following list of schools that are approved by the Mississippi Commission on College Accreditation, and fully accredited members of the Commission on Colleges of the Southern Association of Colleges and Schools for the current school year:

INSTITUTION	LOCATION	CONTROL	TYPE
1. Alcorn State University	Lorman	State	Senior
2. Belhaven College	Jackson	Presbyterian	Senior
	Blue	Southern	
3. Blue Mountain College	Mountain	Baptist	Senior
4. Coahoma Community College	Clarksdale	Public	Community
5. Copiah-Lincoln Community College	Wesson	Public	Community
6. Delta State University	Cleveland	State	Senior
7. East Central Community College	Decatur	Public	Community
8. East MS Community College	Scooba	Public	Community
9. Hinds Community College	Raymond	Public	Community
10. Holmes Community College	Goodman	Public	Community
11. Itawamba Community College	Fulton	Public	Community
12. Jackson State University	Jackson	State	Senior
13. Jones County Junior College	Ellisville	Public	Junior
		Church of	
14. Magnolia Bible College	Kosciusko	Christ	Senior
15. Meridian Community College	Meridian	Public	Community
16. Millsaps College	Jackson	Methodist	Senior
		Southern	
17. Mississippi College	Clinton	Baptist	Senior
18. MS Delta Community College	Moorhead	Public	Community
19. MS Gulf Coast Community College	Perkinston	Public	Community
20. Mississippi State University	MS State	State	Senior
21. Mississippi University for Women	Columbus	State	Senior
22. Mississippi Valley State University	Itta Bena	State	Senior
23. Northeast MS Community College	Booneville	Public	Community
24. Northwest MS Community College	Senatobia	Public	Community
25. Pearl River Community College	Poplarville	Public	Community
26. Reformed Theological Seminary	Jackson	Independent	Graduate

27. Rust College	Holly Springs	Methodist	Senior
28. Southwest MS Community College	Summit	Public	Community
29. Tougaloo College	Tougaloo	A.M.A.	Senior
30. University of Mississippi	University	State	Senior
31. University of MS Medical Center	Jackson	State	Senior
32. University of Southern MS	Hattiesburg	State	Senior
		Southern	
33. William Carey University	Hattiesburg	Baptist	Senior

The following institutions hold full accreditation with the Mississippi Commission on College Accreditation and full accreditation with the Association of Biblical Higher Education:

34. Southeastern Baptist College	Laurel	Baptist Missionary	Senior
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The following institutions hold full accreditation with the Mississippi Commission on College Accreditation for the current school year, based upon its full accreditation with the Commission on Accrediting of the Association of Theological Schools:

35. Reformed Theological Seminary	Jackson	Interdenominational	
	Graduate		
36. Wesley Biblical Seminary	Jackson	Interdenominational	Graduate

The following institutions hold full accreditation with the Mississippi Commission on College Accreditation and full accreditation with the Southern Association of Colleges and Schools-Commission on Colleges that offer limited courses/programs at a specific site in Mississippi.

37. Crichton College (TN)	Olive Branch, Southaven		Private
	Senior		
		Horn Lake	
38. Embry-Riddle Aeronautical University (FL)		Biloxi	Private
	Senior		
39. Faulkner University	Corinth		Private (AL)
	Senior		
40. Loyola University - Institute of Ministry	Biloxi	Diocese	Catholic (LA)
	Graduate		
41. Loyola University - Institute of Ministry	Jackson	Diocese/	Catholic (LA)
	Graduate		
		St Mary's Parish, Natchez	
42. Saint Leo University	Columbus AFB		Private (FL)
	Senior		
43. Tulane School of Continuing Studies		Biloxi	
	Independent (LA)	Senior	

The following institution hold provisional accreditation with the Mississippi Commission on College Accreditation and full accreditation with the Southern Association of Colleges and

Schools-Commission on Colleges to offer limited courses/programs at a specific site in Mississippi.

44. Tulane School of Continuing Studies Madison Private (LA) Senior

The following institution holds full accreditation with the Mississippi Commission on College Accreditation and full accreditation with the North Central Association of Colleges and Schools that offer limited courses/programs at a specific site in Mississippi.

45. University of Phoenix Ridgeland Private Graduate

The following institution holds full accreditation with the Mississippi Commission on College Accreditation and full accreditation with the Middle States Commission on Higher Education to offer limited courses/programs at a specific site in Mississippi.

46. Strayer University Jackson Private Graduate

3.14.3 Client's Responsibility

At the time a plan for post-secondary education is written, the client is to be provided a copy of the Standards for the Agency Sponsorship in Post-Secondary Education (PSED-01) form explaining what is expected of him/her during the training period. The counselor should explain the information listed on the form and ensure the client thoroughly understands his/her responsibilities and that any exceptions must be approved by the counselor before registration. The client is to sign the form acknowledging his/her agreement. The original form is to be kept in the case file and the client provided a copy.

Individual exceptions for disability accommodations and special circumstances may be considered on a semester by semester basis. Any exceptions made to the standards require a written justification by the counselor and must be reviewed by the District Manager.

3.14.4 Liaison Counselors/Case Transfer

Mississippi State University (MSU), the University of Mississippi (UM), and the University of Southern Mississippi (USM) have designated liaison counselors. A rehabilitation counselor for the deaf (RCD) is assigned to serve as liaison for deaf and hard of hearing clients attending Hinds Community College (HCC). A client's case is to be transferred to the liaison counselor only if he/she needs ongoing (other than academic) vocational rehabilitation services while attending school. Otherwise, the client's case is to be kept by the counselor serving his/her hometown area.

Exceptions: Case files on all OVRB clients attending MSU and all deaf and hard of hearing clients attending HCC are to be transferred to the appropriate liaison counselor. Additionally, OVR clients outside the local district who are attending MSU and receiving support services through our contract with MSU's Student Support Services Office are to be transferred to the OVR liaison counselor.

Cases being transferred to a post-secondary liaison counselor are to be peer staffed, the IPE developed, and the client explained his/her responsibilities before the transfer. The case is to be sent to the liaison counselor at least one month prior to the start of school to allow time for him/her to issue all required authorizations.

3.14.5 Support Services

Support Services may be defined as any service or device that assists the individual in overcoming deficiencies caused by his/her disability. In the post-secondary education setting, these services should facilitate the student's ability to learn and affect his/her understanding of the course work he/she is taking.

Although the school has primary responsibility for ensuring the student is allowed full participation in the class, the counselor should work closely with Student Support Services at the school to be certain the client receives the assistance he/she needs to be successful. Typically the school would be responsible for anything which would make the class accessible (i.e., textbooks, handouts, alternate testing methods, etc.). However, exceptions may be made for services such as interpreters. Specific support services to be provided should be included on the client's Individualized Plan for Employment. Long range planning is critical in ensuring sufficient time is allowed so that materials (text books in Braille, on computer, on tape, etc.) or other special services the client needs are ready and available at the beginning of each semester.

Documentation for payment of support services should be submitted monthly on a Support Service Log (PSED-02) form along with a copy of the Authorization/Statement of Account. It should show the numbers of hours per day services were provided, the specific course for which assistance was being provided, and be signed by both the student and provider of the services. In cases where service provision is arranged by the school, an official representative of the school should also sign the form. The hourly rate paid to the provider of the services is outlined in the Agency Fee Schedule. The PSED-02 (which includes the client's signature) is to be attached to the Statement of Account when sent to Finance for payment.

Individual exceptions for disability accommodations and special circumstances may be considered on a semester by semester basis. Any exceptions made to the guidelines provided in this subsection require a written justification for case documentation by the counselor and must be reviewed by the District Manager.

Examples of PSED Support Services:

Assistive Technology Service - Assistive Technology is defined as the application of technology to alleviate barriers that interfere with the lives of persons with disabilities and open doors to employment. Assistive technology assessment should be considered for any student with obstacles identified that will require a specific support service(s) in order to successfully complete his/her course of study. This will enable the client and counselor to consider the most effective and cost-efficient method to assist the student. In some cases, it may be more

effective and less costly in the long run to purchase a piece of adaptive equipment to assist the client than to pay for individual services (i.e., readers).

When purchasing adaptive equipment, the general policy of the Agency is to assist with those necessary devices that are personal in nature and would be kept by the student. Items that make the classroom accessible are considered the school's responsibility.

Tutorial Services - Agency sponsored tutorial services are considered to be the provision of any tutorial hours above those provided at no cost by the institution to all students. The need for these additional hours should be well justified. Agency sponsored tutorial services will consist of an individual working one-on-one with the client to explain specific portions of the course work which the client is having difficulty understanding. It should not constitute re-teaching the entire class. Tutoring is to be provided by a person who is taking or has completed the course, demonstrates a knowledge of the material, is able to communicate this knowledge effectively, and is approved (either verbally or in writing) by an official representative of the institution. A total up to 20 hours of tutorial services per month may be authorized as needed to be determined by the individual client's disability and the nature and content of the courses being taken.

Reader Services - Reader services mean a literate, intelligible (plain-speaking) individual reading to the visually impaired printed material which is not available in an accessible format (Braille, large print, tape recording, computer disk, etc.). A total up to 40 hours of reader service per month may be authorized as needed. Individual needs and differences, including the nature and content of the course work, should be considered in planning reader services. The school will locate, hire, and pay the reader. VR will reimburse at the rate established in the VR Fee Schedule for classroom activities or other hours directly associated with academic studies.

Note Taker Services - Class notes may be obtained through various methods: provision of copies by the professor, use of augmentative devices (i.e., tape recorders), or accessing copies (carbon or photo) from a classmate. If these methods are not available, the Agency could assist in paying for note taker services up to the actual number of hours in the classroom.

Interpreter Services (Sign or Native Language) - Interpreter services are limited to the actual number of hours in the classroom or in planned tutorial sessions and are to be provided by a qualified Interpreter. A qualified Interpreter is an individual who is proficient enough in the client's primary language and knowledgeable enough in the course terminology to communicate the presented information effectively (in an understandable manner) to the client. Proficiency may be demonstrated by the Q.A. or certification level of the Interpreter and the student's acknowledgment that he/she understands the Interpreter. The school will locate, hire, and pay the interpreter. VR will reimburse at the rate established in the VR Fee Schedule for classroom activities or other hours directly associated with academic studies.

Other Technical Assistance Services - These services consist of any other special assistance needed to help the client successfully complete the course of study (e.g., locating library research materials for individuals who are blind and/or transcribing technical data into Braille, large print, computer format, etc.). A total up to ten hours of other technical assistance services per month may be authorized as needed.

Contract with Mississippi State University Student Support Services:

The Agency contracts with MSU to recruit, select, train, and compensate personal care attendants, readers, tutors, etc. for those clients in need of such support services. Services are provided, as needed by the client, approved by the Agency counselor, and in accordance with the contract between the Agency and MSU. The PSED-02 form is not needed for services covered under this contract.

3.14.6 Guidelines for Payment

3.14.6.1 Comparable Benefits for PSED

All post-secondary education expenses must be itemized on the IPE and appropriate comparable benefits applied to these costs. These benefits include PELL or other grants and non-merit scholarships. Any other funds the student receives for the cost of training, which do not have to be repaid, are to be counted. Loans, merit awards/scholarships, and work-study income are not to be considered as comparable benefits. (Further information may be found in the Comparable Benefits section of this Resource Guide.)

Every client seeking support for training in a post-secondary education program must apply for all grants available, including the PELL Grant. The counselor must be provided documented proof of grant application prior to agreeing to sponsor a client in training. The counselor should advise clients in high school, who plan to enter a post-secondary education program, to apply for financial aid early in their senior year. Even if a client has applied for and been denied a grant previously, the client must reapply each year.

There have been instances when the institution's Financial Aid Office only considered the PELL Grant because the Agency was paying the balance. Denying the client access to other financial aid for which they may be eligible is a violation of the Rehabilitation Act. The individual being an Agency client has no bearing on the amount of assistance for which he/she is entitled. In order

to prevent this from happening and to determine all available comparable benefits the following procedures are to be followed:

- The counselor is to submit to the Financial Aid Office the Financial Aid Transmittal Document (VR-35) form with Part I completed and signed by the client.
- Part II of the VR-35 is to be completed by the Financial Aid Officer and returned to the counselor.
- The counselor is to complete Part III of the VR-35, send the original copy to the Financial Aid Office, and keep a copy in the client's case file.
- The counselor is to consult with the Financial Aid Officer regarding any other available grants that the client may be entitled.

The colleges and universities have different grant application deadlines. The counselor is responsible for contacting the individual school for and advising the client of the appropriate grant application deadline.

The counselor should not supplement grants, scholarships, and/or other comparable benefits in excess of the actual costs for tuition, room, and books. If the amount of the client's financial aid exceeds these costs, the excess is to be applied toward remaining training expenses.

The counselor is to authorize to the institution for payment of tuition, dorm, books, and other expenses identified in the IPE well in advance of the registration date. If the enrollment deadline requires authorization prior to the client receiving notification of grant award, the counselor may do so as long as the client's file contains evidence of grant application. Once the grant(s) is received, the school/client must reimburse the Agency for any costs covered by the grant award or cancel the authorization, if appropriate. Expenses for the following semester will not be authorized until this reimbursement has been made.

If a client is in default of a Title IV loan and denied a PELL Grant, then they are not able to access a comparable benefit. Clients who are in default should be advised to proceed to clear their default status by making arrangements to repay the loan. The client is required to provide the counselor documentation of his/her efforts to remove the default status. A determination to provide the Agency assistance can only be made on an individual basis after careful examination of all the circumstances involving the default status and the individual's financial situation. Default status can be cleared if the holder of the loan certifies, for the purpose of reinstating Title IV eligibility, the borrower has made satisfactory arrangements to repay the defaulted loan, or the loan is discharged in bankruptcy. (This is in accordance with RSA Policy Directive 92-02.)

3.14.6.2 In-State Public PSED Institutions/Schools

- Academic, Business, Technical, or Vocational Training (Approved fees, provided by the Institutions of Higher Learning and Community College Board, will be transmitted in memorandum form annually.) The Agency will pay the actual costs allowed for tuition, dorm, and books less comparable benefits/client participation.
- Housing - Off Campus If the client relocates to attend the institution and chooses to live off campus, the Agency will pay the housing cost less comparable benefits. The Agency payments for the combined total of housing and transportation are not to exceed the dormitory fee allowed at that particular institution. Individual exceptions for disability accommodations and special circumstances may be considered on a semester by semester basis. Any exceptions made to these guidelines for payment require a written justification by the counselor for case file documentation and must be reviewed by the District Manager.

Housing costs not paid directly to the school should be authorized under the service area - Maintenance: Room/Board/Personal Items-Housing/Lodging. Only housing costs paid to

the institution should be charged to the service area - Maintenance: Training-Related - Dormitory.

- Transportation - Day Students Agency may authorize the cost of transportation up to the current state authorized rate per mile less comparable benefits. The Agency payments for the combined total of housing and transportation are not to exceed the dormitory fee allowed at that particular institution. Individual exceptions for disability accommodations and special circumstances may be considered on a semester by semester basis. Any exceptions made to these guidelines for payment require a written justification by the counselor for case file documentation and must be reviewed by the District Manager.
- Other Training Related Expenses Course-required books, training materials (audio cassettes, video cassettes, and special software), tools, and fees may be provided at the actual cost less comparable benefits/client participation. Documentation verifying the need for these items is required from the school.

3.14.6.3 Private or Out-of-State PSED Institutions/Schools

- Academic ,Business, Technical, or Vocational Training - Agency will pay the institution’s fees up to the maximum that would be allowed for that individual for tuition, dorm and/or books if taking a comparable program at a Mississippi public institution, less comparable benefits. The client is responsible for any balance.

Examples:

1.	<u>3000</u>	<u>1200</u>	<u>500</u>	<u>700</u>
	Institution’s Tuition	Max In-State Tuition	Comparable Benefits	Agency Pays
2.	<u>400</u>	<u>500</u>	<u>100</u>	<u>300</u>
	Institution’s Dorm	Max In-State Dorm	Comparable Benefits	Agency Pays

- Gallaudet University and the National Technical Institute for the Deaf (NTID) - These are the only national, fully accessible post-secondary institutions for the deaf. They are funded by federal legislative appropriations for this purpose. Gallaudet is a liberal arts college located in Washington, D. C. NTID is a technical school located at the Rochester Institute of Technology in Rochester, NY. There are no comparable institutions in the State. The Agency will treat them as it does an in-state university. The Agency will pay the actual costs of tuition, dorm, and books less comparable benefits/client participation.
- The guidelines listed under In-State Public Institutions are to be applied to all other fees.

NOTE: The Mississippi Institutions for Higher Learning may provide financial assistance to individuals attending out-of-state programs if that particular curriculum is not available in Mississippi.

3.14.6.4 Non-Semester Programs

All in-state, public institutions operate on a semester schedule. In order to determine the allowable costs for programs that operate on a different schedule (quarter, trimester, etc.), the following procedure should be followed:

- a. Divide the maximum allowable in-state fee by 16 (number of weeks in a semester) to get a weekly rate.
- b. Multiply this weekly rate by the number of weeks in the private or out-of-state program to get the amount allowed for the quarter, trimester, etc.

3.14.6.5 Summer Sessions

Unless State Office advises otherwise by May 1 each year, summer sessions will be allowed. The same guidelines are to be applied to summer sessions that are required for a regular semester.

3.14.6.6 Correspondence Courses

A client may be sponsored in a correspondence course(s) if it is approved by the Department of Education within the state out of which it operates. (The State Coordinator for Post-secondary Education Services will assist in determining the course's approval status.) If the course is offered at an in-state public institution, the counselor is to staff the case on an individual basis with the District Manager. Approved in-state fees for a comparable program (community or senior college) should not be exceeded.

3.15 PROGRAM EVALUATION SYSTEM

Program evaluation is a systematic method of analyzing the degree to which the Mississippi Department of Rehabilitation Services (MDRS) is complying with its approved State Plan to carry out the provisions of the Rehabilitation Act of 1973 as amended by the Rehabilitation Act Amendments of 1998. In carrying out these federally mandated requirements for monitoring and review, the following activities and/or reviews are indicated.

- Compile quarterly and annual statewide assessments of the rehabilitation needs of individuals with significant disabilities
- Conduct statewide case reviews for compliance with state and federal regulations
- Evaluation of state policy/procedures relevant to MDRS
- Quarterly review of the strategic management plan for program evaluation
- Participation in the development of the state plan and attachments

- Review of special programs and other projects/case evaluations as requested by MDRS Administration
- Caseload management and follow-up reviews for implementation of corrective actions
- Conduct OVR/OVRB Quarterly and Annual Evaluation Report
- Conduct ILS-OVRB Quarterly and Annual Evaluation Report
- Analyze caseload data
- Evaluate compliance with standards and performance indicators
- Participate in annual casework training for new OVR and OVRB counselors
- Participate in other casework training sessions for various MDRS programs as requested by administration
- Conduct annual OSDP Consumer Satisfaction Survey

3.16 PSYCHOLOGICAL SERVICES

To refer a client for a psychological evaluation, the counselor should complete a Psychological Evaluation Referral (VR-12) form, and send it to the psychometrist assigned to his/her district (each district has its an assigned psychometrist who works under the guidance of VR Psychological Services Director). It is very important that all previous psychological, psychiatric, relevant medical, educational, and relevant social information be included with the referral. The psychometrist will respond to the counselor with a Psychological Referral Response Report (VR-12a) form, a memo, or phone call, stating the date, time, and location that the client can be evaluated. The psychometrist will contact the client by letter and inform him/her where and when to report for the evaluation. When the counselor discusses the scheduled evaluation with the client, it is generally best not to mention "tests", "psychometrist", or "psychologist," since these terms can be disconcerting to some people. A better phrase to use is "...evaluation of your strengths and weaknesses".

Once the evaluation is complete, the psychometrist will score, interpret, and write a report explaining the test findings. This report is then sent to the psychologist in the Agency State Office for review and signature. If needed, an addendum is written by the psychologist and sent to the counselor as a part of the report. This information is confidential and should only be shared with other agencies or individuals in accordance with Agency policy.

Psychological evaluations are usually helpful or necessary in determining problem areas such as mental retardation, specific learning disabilities, psychoses, neuroses, character disorders, personality disorders, alcohol abuse or dependence, drug abuse or dependence, poly-substance abuse or dependence, perceptual-motor problems, memory problems, or clients' vocational interests.

Questions regarding psychological services should be directed to the appropriate local psychometrist, or if this person cannot be reached, the Psychologist in the VR State Office.

3.16.1 Report Retention

Psychological reports generated by vocational rehabilitation psychometrists or the Agency psychologist may be destroyed once the reports are three years old, provided the psychometrist or psychologist has not been notified that the report(s) is in litigation or under review. Work papers such as test answer sheets or work sheets may be destroyed after they are one year old provided the report(s) is not in litigation or under review.

3.16.2 Guidelines for Retesting

Vocational rehabilitation clients with appropriate psychological on file only need to be retested when an area in which they were tested earlier may have changed. For example, a client previously tested who has since had a head injury, stroke, etc., would need to be retested with the intelligence test (Wechsler), as well as with the achievement test (Wide Range Achievement Test), the Adaptive Behavior Test (ABAS), and the Bender Gestalt Test to see if there has been a decrease in functioning in any of these areas. If academic achievement level is a pertinent factor in the case, a client who has had additional education or academic training since the last psychological would also need to be retested with the achievement and adaptive behavior tests to see if functioning in these two areas has changed.

Regarding secondary students in special education who are referred to VR or are VR clients, VR will rely on the schools for test results for eligibility purposes. The school psychological/psychometric report as well as a current certification or re-certification form should be included in the client's case file. Former special education students (no longer in school) who are self-referred to VR or are referred from a source other than school, should be retested if test results are not available or are out-of-date (the client has had at least one year of additional schooling since the last evaluation). Clients who have had personality measures should be retested as the various conditions dictate. The large number of psychological disorders requires that each case be handled individually. Generally, the counselor may request the client be retested with the psychological measure if he/she feels the client's condition has changed.

Theoretically, one's Intelligence Quotient (IQ) remains relatively unchanged throughout life. An IQ Score obtained from the WISC-R or WISC-III (given ages 6 through 16) is just as accurate as an IQ score obtained from the WAIS-R or WAIS-III (given ages 16 through 74). Counselors may use Stanford-Binet IQ scores. However, clients who are to be evaluated by VR evaluators may require retesting, upon request, by a VR psychometrist so the evaluator will have the Wechsler Subtest Scaled scores necessary to run the McCarron-Dial computer program.

3.16.3 Classification & Coding Of Mental Retardation

The American Association on Mental Deficiency developed the definition of mental retardation

used by RSA in 1961. This reads as follows:

Mental retardation refers to sub-average intellectual functioning which originates during the development period and is associated with impairment in adaptive behavior. This may be reflected in:

- A. Maturation: rate of sequential development of self-help skills of infancy and early childhood
- B. Learning: the facility with which knowledge is acquired as a function of experience
- C. Social Adjustment: the degree to which the individual is able to maintain himself or herself independently in the community and in gainful employment as well as by his or her ability to meet and conform to other personal and social responsibilities and standards set by the community.

As so defined, sub-average general intellectual functioning refers to performance on an individual test of intelligence which is more than one standard deviation below the mean or an IQ Score of 84 on the Wechsler and 83 on the Stanford-Binet. (The standard deviation on the Wechsler is 15 while the Stanford-Binet is 16). It is, however, important to note that a measured intelligence quotient in and of itself is insufficient diagnostic evidence of the existence of mental retardation and that the presence of maladaptive behavior associated with subnormal intellectual functioning must also be established. It is this factor of maladaptive behavior which is particularly important in determining whether an individual who achieves an IQ in the 70-84 range may or may not be classified as mentally retarded since many people in this borderline area may neither experience any particular problems or adjustment nor demonstrate any evidence of maladaptive behavior.

It is the behavioral component of mental retardation rather than the measured intelligence quotient which is meaningful in determining the individual's need for vocational rehabilitation services as well as his or her ultimate employment potential on the completion of such services. At the same time, it must be realized that the IQ can be of great importance to the counselor, especially in evaluating the client's readiness for academic training. The IQ should be obtained on the basis of an appropriate individual intelligence test administered by a qualified psychologist or psychometrist in all cases where the existence of mental retardation is suspected.

As an indicator of severity of retardation, impairment in adaptive behavior is used as the basic criterion for classifying mental retardates into three (3) levels of functioning: Mild, Moderate, and Severe. Those sometimes termed profoundly retarded are generally found in institutions where they must receive continuing care and supervision, are incapable of gainful employment and, thus, not suitable candidates for vocational rehabilitation.

For coding purposes, the three levels may be described as follows:

Mild: Persons who, with the provision of appropriate rehabilitation services, can become capable of independent living in the community and engage in

competitive employment. Generally, they will require supervision and guidance only under conditions of particular social and economic stress. Code as 530

Moderate: Persons capable of maintaining themselves in the community and performing adequately in low-demand competitive employment, but who will require continuing supervision and assistance in the management of personal affairs. Code as 532

Severe: Persons capable of productive work but only under sheltered, non-competitive conditions in a protective environment. Code as 534

There are problems inherent in the practical application of any classification system based on adaptive behavior. There are no objective scales that will determine with reasonable objectivity the functioning level of adaptive behavior to which a person should be assigned. It will be necessary for the counselor, with assistance from the psychologist, to use judgment to properly classify MR clients. The following sources of information may be considered to help make such decisions: personal client observations, review of all available case history, results of medical/psychosocial/vocational evaluation, reports from schools, and other sources who have provided services to the individuals.

3.16.4 Eligibility Guidelines (ADHD & SLD)

Attention Deficit Hyperactivity Disorder (ADHD):

The following guidelines shall be considered when determining eligibility for VR services for individuals diagnosed as having Attention Deficit Hyperactivity Disorder (ADHD).

- I. The diagnosis must be made and the accommodations prescribed by a professional trained in the diagnosis and treatment of ADHD (i.e., school psychologist, certified or licensed psychologist, psychiatrist, pediatrician, or psychologist employed by a state agency).
- II. The ADHD must pose a substantial impediment to employment (i.e.; without accommodations person was unable to maintain a "C" average in school).
- III. There must be a documented history of the person receiving the necessary, prescribed treatment/accommodations and, with such, being able to succeed (maintain a "C" average) in high school for at least one year prior to application for VR services.

Specific Learning Disorder (SLD):

The following should be considered when determining eligibility for VR services for someone who is diagnosed as SLD:

- I. Generally, SLD is identified when the achievement test score(s) is fifteen (15) points or more below the Full Scale IQ score.

- II. The area of the SLD poses a substantial impediment to employment. Reading is an example of the most common and vocationally limiting learning disability. Other examples of areas of SLD that may be served are Reading Comprehension or Written Expression. A client with an SLD in arithmetic may be served on rare occasions. A client with an SLD in spelling will rarely, if ever, be considered to have a substantial impediment to employment.
- III. The SLD is significant enough to justify the Agency's help. The achievement standard score in the area of the SLD is no higher than 84 on individual achievement tests such as the Wide Range Achievement Test - III (WRAT-III) or at least one standard deviation below the mean on individual achievement tests with standard deviations other than 15.

3.17 TRANSITION PROGRAM (Secondary Education)

MDRS has been actively involved in working with eligible secondary school students with disabilities since 1962. The Agency has a commitment to provide a comprehensive program of services that will enable students with disabilities to make a seamless transition from school to work. In order to effectively meet the needs of these students, the Agency maintains a Memorandum of Understanding (MOU) with the Mississippi Department of Education (MDE). The Agency assigns VR Counselors to work with specific high schools to provide transition services in accordance with the following federal laws:

- Rehabilitation Act of 1973, as amended;
- The Carl D. Perkins Vocational and Applied Technology Act, as amended; and,
- The Individuals with Disabilities Education Act, as amended.

3.17.1 Agreement of Cooperation

In addition to the MOU with MDE, the Agency maintains individualized agreements between the local school districts and vocational rehabilitation offices. These agreements define referral procedures and the roles of the school and VR staff in the provision of transition services that are specific and tailored to the unique situation of each school and VR district.

Each VR Transition Counselor is responsible for developing and maintaining an agreement between the Agency and local school district. A copy of the form to be used for this agreement may be obtained from the State Coordinator for Transition Services. The form includes instructions and has been designed to assist in the development of the agreements locally.

Pages 1 and 2 of the form are generic (standard contract language). The VR Counselor will photocopy these pages and use them exactly as they are written with the name of the school district typed on the blank line.

Page 3 should begin with item number 10 (the Agency and school district) further agree to the following procedures. The VR Transition Counselor and local school district personnel should jointly develop this section. The form includes examples which are provided as guidelines only to assist in the preparation of the individualized local agreement. The agreement should specify which agency is responsible for various activities; it can be as specific as needed. For example, the names of individuals who will be responsible for various tasks may be named, or they may be referred to by job titles instead. In individualizing these agreements, it will become apparent that there are several ways to handle referrals, etc. The form should be individualized according to the procedures that are established between the VR Transition Counselor and local school district personnel. If services are being provided at one of the Agency's CRP's the Facility Manager should be involved in developing and sign off on the school agreement. It is desirable to have a representative from the school accompany students to the CRP to assist with supervision, discipline, and instruction when possible. It is required that schools provide transportation to the CRP for students. This should be kept in mind when negotiating the Transition Agreements between the Agency and local schools. Item 10 may contain as many pages as needed, however, please number subsequent pages.

The signature page may be photocopied and filled in (include the page number at the top in the sequence in which it occurs).

The agreement may be developed with either an individual school or a school district that may include more than one school. However, MDE has requested that the Superintendent of the local school district sign the agreement. A copy of the agreement may be given to the local schools if appropriate.

The VR District Manager should approve and sign the original agreement. The VR District Office should keep the original agreement and provide copies to the School or School District and MDRS State Office (mail to the attention of the State Coordinator for Transition Services).

The agreement should be reviewed annually and updated if needed.

3.17.2 Identification of Secondary Students

At the time a student is placed on roll, the information is entered into AACE, MDRS' caseload computer system, to allow students to be tracked throughout the rehabilitation process. In order for these students to be tracked successfully, it is critical that counselors complete the fields on the "Special Programs" and "Personal Information" pages in AACE, which will indicate this is a transition case. When students leave the school system they continue to be enrolled in the VR system until such time that the individual is successfully rehabilitated or until their case is closed for reasons other than successfully rehabilitated.

3.17.3 Transition Planning

Transition planning activities may include: (a) IEP development, (b) vocational/career counseling and guidance, (c) sharing information about the availability of VR services to individuals or groups, (d) receiving referral information, (e) meeting with students and their

parents and/or representatives for the purpose of initiating intake procedures and explaining services, (f) evaluation and assessment, (g) career exploration services, (h) job search skills, (i) consultation and technical assistance, and (j) any other appropriate activities to assist the school or the student in preparing students for transition from secondary to post-secondary school training or work.

Counselors can accept applications on students while they are in the first semester of the junior year, as appropriate, to ensure completion of all intake and evaluation procedures and implement plan prior to graduation.

MDRS may provide services to eligible students with disabilities who are juniors, age 17 or older as outlined in the local school agreements. Counselors should be aware of and utilize all comparable benefits and what the local school can and is providing so not to duplicate services. In planning transition services for students, the IPE for a student determined to be eligible for vocational rehabilitation services must be developed and approved (i.e., agreed to and signed by the individual/representative and the counselor) before the student leaves the school setting and as early as possible during the transition planning process. The vocational component of the student's IEP should be monitored by the counselor to ensure collaboration with the school district on his/her IPE with respect to vocational goals and objectives. A copy of the student's IEP should be placed in the VR client file for that student.

Once the student leaves the school system, it becomes the full responsibility of the VR Transition Counselor to continue to provide services necessary to further prepare the individual for work and/or provide job development and placement in permanent employment that satisfies the goals and objectives of the IPE.

3.17.4 School-Based Transition Services

Career Exploration and Employability Skills Program

The VR Transition Counselor should work with the classroom teacher to implement a career exploration curriculum for students with disabilities including students who are participating in an occupational diploma course of study. Any student with a disability may participate in the career exploration program including those who are not VR clients. Each student should sign the roster when participating in the Career Exploration and Employability Skills Program. The column listed, "*other students*", should be signed by participants that are not VR clients.

The VR Transition Counselor is prepared to teach the curriculum and will do so as agreed upon with school personnel. In addition to being prepared to teach the curriculum, the counselor will provide the classroom teacher with information, technical assistance, and/or Career Exploration and Employability Skills Program curriculum materials as needed.

The VR Transition Counselor should document the student's progress in AACE case notes. Case notes should show progress in various areas of performance as described on the student's IPE. The VR Transition Counselor should provide the classroom teacher a report of the student's

participation and progress in the Career Exploration and Employability Skills Program on a regular basis.

Transition Specialist Program

MDRS and the local school district may enter into a Cooperative Agreement to jointly fund a Transition Specialist position to ensure a smoother transition of services between the school and VR. The Transition Specialist will provide services to selected secondary students with disabilities who are (a) in their exiting year of school, (b) in transition from school to work and community and, (c) eligible for vocational rehabilitation services. The addition of school-based transition services is intended to add a component to the overall school and rehabilitation service continuum, not supplant any existing employment-related or other services which are potentially appropriate for a particular student (any service the school is already responsible for providing). The Transition Specialist will not serve students who with or without modifications can benefit from existing school programs (career/technical and educational training programs, vocational education, etc.). The intended target student populations for receipt of services from the Transition Specialist are students who are (1) in their exiting year of school, (2) clients of vocational rehabilitation, and (3) require services that are more intensive.

The Transition Specialist will develop permanent jobs for students within the community and will provide temporary job-related support activities that are necessary to obtain and maintain employment. The Transition Specialist will coordinate all activities with, and provide monthly reports to the VR Transition Counselor as well as school personnel. The VR Counselor will provide program coordination and technical assistance as needed by the Transition Specialist, as well as providing oversight of the agreement for the position with the school.

3.17.5 Evaluation and Training

Regular Vocational-Technical Training

Some students with disabilities will participate in regular Vocational Technical Programs (Vo-Tech) such as welding, auto mechanics, auto body repair and etc. Students who are participating in a regular Vo-Tech program for part of the day and have academic classes the remainder of the day should not be offered services at a CRP as an option. For students who are in a regular Vo-Tech program the entire day and are allowed by the school to attend a CRP may do so when appropriately planned with the CRP facility manager.

Vocational Assessment

A vocational assessment helps to determine a student's abilities, limitations, interests and potential for training or towards a vocational goal. Students should proceed with having a vocational assessment to aid in development of the IPE. The VR counselor or other designated Agency personnel should be able to conduct an assessment of a student through vocational testing, work observation or generalized counseling and guidance. An appropriate assessment should be obtained prior to a student receiving Agency sponsored training. The counselor should seek any preexisting data which may include school records, information from the individual, the

family or representative of the individual, prior evaluations and other documents that address questions regarding eligibility and the vocational rehabilitation needs of the individual.

The VR counselor may choose to utilize a CRP to obtain the vocational assessment. Vocational assessments provided through a CRP, such as AbilityWorks, Inc, should be provided at the most optimum and convenient location – the assessment may be conducted at the facility, the local school, an MDRS office or other community locations.

Work Evaluation/Job Readiness Training

Counselors should inform school personnel that the CRP may provide up to a 6 week work evaluation which may begin during the junior school year. After the work evaluation is completed, recommendations can help determine the services the student needs. Job Readiness training may be planned and provided for each student individually as needed and appropriate and based on the availability of openings at the CRP.

The U.S. Department of Labor (DOL) mandates that an individual be disabled for work performed at a CRP in order to be paid subminimum wage. An appropriate assessment is required prior to the student receiving paid work experience and should show how the disability impairs the student's productivity on work assignments at the CRP.

The counselor will provide to the CRP records from school and/or other pertinent sources (medical physician, pediatrician, psychologist, psychiatrist and etc.), documentation of a disability and how it interferes with the student's employment potential. The CRP must determine if the student is able to perform work at the CRP based on the documentation of the disability. Should the prior assessment not specifically address this issue, a new vocational assessment will need to be obtained prior to entrance into Work Evaluation/Job Readiness Training. Everyone being served at an AbilityWorks is covered by Workers' Compensation during the time they are on payroll.

NOTE: The VR Transition Counselor should communicate regularly with the AbilityWorks Facility Manager to keep him/her informed of the number of potential referrals and be advised of the availability of work. Counselors should not make promises of any CRP services to students without reasonable assurances that the CRP will be accessible. (Accessible means access to transportation by the school, presence of sufficient CRP staff to provide adequate supervision, and availability of adequate amount and appropriate types of contract work.)

On-The-Job Training (OJT)

OJT may be developed occasionally with a student who is in the last few weeks or months of their school program. (Refer to Section 3.11.4) There is always an employee/employer relationship in an OJT program. The VR Transition Counselor and the employer (trainer) agree upon a fee that the Agency will pay for the training (usually on an hourly basis). It is the employer's responsibility to pay wages, taxes, Workers' Compensation, etc. on the client the same as with any other employee.

Other Work/Training Activities

There may be other types of work/training activities in which students have opportunities to participate such as internships, apprenticeships or volunteer activities. The counselor should encourage students to participate in all such experiences available to them during their school program. As with all other training programs provided to students, once they leave the school system, it becomes the full responsibility of the VR Transition Counselor to provide services necessary to prepare the individual for work and/or provide job development and placement in permanent employment that satisfies the goals and objectives of the IPE.

3.17.6 Occupational Diploma

In accordance with Senate Bill No. 2578 of the Mississippi Legislative Session of 2001, MDE developed criteria for an occupational diploma for students with disabilities. This diploma option expands the opportunities available for special education students to the following:

- Academic course of study aimed at obtaining a regular high school diploma,
- Occupational course of study aimed at obtaining an occupational diploma,
- Graduation Certificate as specified by Mississippi Code 37-16-11, or
- General Education Equivalency Certificate (GED)

Students choosing to participate in the occupational course of study must have 20 course credits, career/technical requirements, and an approved portfolio containing a collection of evidence of the student's knowledge, skills, and abilities related to the occupational core curriculum. The primary postgraduate goal for these students is competitive employment.

The career/technical requirements consist of 540 hours of successful, paid employment **OR** successful completion of a two (2) year career/technical (Vocational) program. This requirement, which will consist of work experience, job shadowing, pre-vocational experiences, etc., will be completed within the realm of the educational system. If there are other services (such as vocational counseling and guidance, Career Exploration and Employability Skills Program and jointly sponsored Transition Specialist services) needed to assist a student on this diploma track, the VR Transition Counselor may provide appropriate services in order to serve the student.

Students on track for an occupational diploma may also attend a CRP. The counselor should consult with the AbilityWorks facility manager about the availability of work and how many hours are intended for community based work training and/or hours needed for completion of the occupational diploma. Services should be planned on an individualized basis for all students. The counselor should work closely with the special education teacher to see how many hours the school can provide to each student on track for an occupation diploma. After the special education teacher has reported the number of hours the school will provide, the counselor should work with the CRP staff regarding the remaining hours and the availability of work before the student receives services at the CRP. Hours of work performed at a CRP (including off-site contracts) may count towards the requirements of the occupational diploma, which may include 1) the 30 hours needed for community based work training and 2) the 540 hours needed towards

the requirements of the occupational diploma.

3.18 SELECTED SOCIAL SECURITY SERVICES

The Social Security Administration (SSA) and the Agency cooperate in providing vocational rehabilitation services to Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI) beneficiaries with disabilities. The Selected Social Security Services Division administers the following programs:

1. Ticket to Work and Self-Sufficiency Program
2. Social Security Administration/Vocational Rehabilitation Reimbursement Program
3. Mississippi Partners for Informed Choice (M-PIC)/Work Incentive Planning and Assistance (WIPA) Program
4. Mississippi Model Youth Transition Innovation (MYTI) Project
5. Individual Development Account (IDA) Grant

3.18.1 Ticket to Work Program

The Ticket to Work and Self-Sufficiency Program (the Ticket to Work program) is the centerpiece of legislation signed into law under the Ticket to Work and Work Incentives Improvement Act of 1999 (Public Law 106-170). The Ticket to Work program allows SSDI and SSI disability beneficiaries to seek employment services, VR services and other support needed to obtain, retain, or maintain employment and reduce dependence on cash benefits. The law's purpose is to expand the universe of service providers available to SSDI and SSI disability beneficiaries and provide them with a Ticket they may use to obtain VR services, employment services, and other support services from an Employment Network (EN) of their choice. The original final regulations to implement the Ticket to Work program were published in the Federal Register on December 28, 2001 and became effective on January 28, 2002. After full implementation of the Ticket to Work Program, SSA published a request for comments, first in September 2005 and again in August 2007. Taking into account the comments received and the recommendations of the Ticket to Work Advisory Panel, significant changes were made to the Ticket to Work program with final rules effective July 21, 2008. The ultimate goal of the Ticket to Work program is to reduce reliance on Social Security disability benefits and to promote increased self-sufficiency for beneficiaries with disabilities through work.

Overview of Ticket to Work

A. Ticket Selection and Mailing Process

The SSA will review the records of beneficiaries who receive benefits under its two disability programs to determine who is eligible to receive a Ticket under the Ticket to Work program. SSA will send a Ticket mailer package to those found eligible for Tickets. This package includes a cover letter, the beneficiary's Ticket, and a brochure with basic information about the Ticket to Work program.

To be eligible for a Ticket, a beneficiary who is entitled to benefits under the SSDI or

SSI program must:

- be at least 18 but not yet age 65;
- be entitled on SSA's disability standard for adults; and
- be receiving a Federal cash disability benefit.

Initially, SSA mailed Tickets to eligible beneficiaries in stages, and thereafter on a flow basis. New Tickets under the new regulations will not be sent routinely to beneficiaries who previously received a Ticket. New Tickets will be mailed to beneficiaries who previously had not received a Ticket due to medical improvement expected (MIE) provisions. Tickets will also be sent to all new disability beneficiaries, ages 18 through 64, as they are determined eligible for benefits on a flow basis.

A beneficiary who is eligible for a Ticket does not need to have a paper Ticket before contacting providers about possible services. SSA's Program Manager for the Ticket to Work program, MAXIMUS, Inc., is the beneficiary's contact source for Ticket questions and issues (e.g., MAXIMUS can answer questions about whether a beneficiary is eligible for a Ticket; MAXIMUS can issue replacements for lost Tickets).

B. Beneficiary Participation Is Voluntary

A beneficiary's participation in the Ticket to Work program is voluntary.

- The beneficiary is free to choose when and where to use the Ticket to obtain the assistance needed to return to work or to go to work for the first time.
- At any time, a beneficiary can retrieve the Ticket from an EN and reassign it to another EN that is willing to take the Ticket assignment, provided the Ticket is assignable.
- A beneficiary's non-use of a Ticket will not affect entitlement to disability-based benefits.

The benefit for a beneficiary who assigns his/her Ticket to an EN or works with a State VR agency is that SSA will not initiate a medical Continuing Disability Review (CDR) of the beneficiary's case provided the beneficiary is actively following an approved employment plan and making timely progress toward work or educational goals. SSA periodically conducts these reviews to determine whether a beneficiary's condition continues to meet SSA's definition of disability.

C. Linking Up With a Provider Via MAXIMUS

A beneficiary may not assign his/her Ticket to more than one provider of services at a time. Under the new regulations, a beneficiary may not work with MDRS or any State VR agency and an EN simultaneously. However, a beneficiary may discuss employment plans and goals with MDRS and as many ENs as the beneficiary chooses. The beneficiary can obtain a list of the State VR agency and approved ENs for a particular geographic area by:

- Calling MAXIMUS at 1-866-968-7842 or 1-866-833-2967 (TDD), or
- Accessing MAXIMUS' website at www.yourTickettoWork.com

A beneficiary may now chose to receive services from MDRS and then receive follow along services after the VR case is closed by assigning his/her Ticket to an approved EN.

D. "In-Use SVR" Status Code

In developing the new Ticket regulations, SSA decided that an individual with a disability may move toward self-sufficiency incrementally requiring a longer period of support which might include educational goals. Therefore, a Ticket holder may receive VR services to meet his/her intensive up front service needs and, after the VR case is closed with the beneficiary in employment, the beneficiary may assign his/her Ticket to an EN and receive job retention or other support services.

To make VR participation less burdensome under the new Ticket to Work rules, SSA substituted an electronic process for the Form SSA-1365 when the Cost Reimbursement option is selected. SSA created the "In-Use SVR" status code to be able to track SSDI and SSI beneficiaries who are working with a State VR agency (SVR). The "In-Use SVR" status will provide the beneficiary the same protection from a medical CDR that a Ticket assignment does as long as the beneficiary is making timely progress towards self-supporting employment.

Therefore, under the new regulations, State VR agencies choosing Cost Reimbursement are not required to submit the Form SSA-1365. The MDRS Ticket Unit will coordinate electronic submission of the required elements to MAXIMUS with the MDRS MIS Office. While a beneficiary is working with MDRS, his/her Ticket will be coded as "In-Use SVR" and will not be available to an EN.

E. MDRS Ticket Assignments

MDRS may choose selected cases where an EN payment option may be more obtainable than Cost Reimbursement. This will be handled in the Ticket Unit. When a case is selected for an EN payment option, MDRS will have to submit Form SSA-1365 and secure the beneficiary's Ticket assignment. The Ticket Unit will contact the counselor assigned to the case to obtain the required paperwork.

F. Counselor Responsibilities:

- As of March 1, 2009, no longer required to contact MAXIMUS to verify if a consumer's Ticket is assignable
- As of March 1, 2009, no longer required to complete Ticket pages in AACE
- For EN payment option, cooperate with the Ticket Unit and provide the required paperwork for selected cases (Form SSA-1365 signed by both the counselor and the consumer along with the first and last pages of the signed IPE) to the Ticket Unit for Ticket assignment under the Outcome-Milestone EN payment option.

3.18.2 Social Security Reimbursement Program

I. Overview

Under the Social Security Administration/Vocational Rehabilitation Reimbursement Program, the Agency has a formal agreement with SSA that allows the Agency to receive incentive payments from SSA on all SSDI/SSI clients (receiving benefits based on disability) who receive services resulting in the client working at least nine months out of 12 continuous months at the Substantial Gainful Activity (SGA) level. The 2011 SGA amount is \$1000 per month for all disabilities except blindness and \$1640 for individuals who are blind. Because the Agency is entitled to incentive payments from SSA based on the period a client receives SSDI/SSI during the rehabilitation process, care should be taken in properly coding and updating cases. In addition, care should be taken to properly code disability-based SSDI/SSI cases since the Agency is not entitled to incentive payments on those cases receiving retirement, childhood, widows, and other non-disability-based benefits.

Claims for reimbursement must be filed within 12 months after the month in which the client completes nine months of SGA. For example, if the individual completed a period of 9 months of SGA in April 2008, the claim must be filed for reimbursement before May 2009. Therefore, all rehabilitated cases considered for reimbursement are pulled by the Ticket Unit approximately one year after closure since cases are normally closed 90 days following the date the client is successfully employed. However, should there be a situation where a client reaches the SGA threshold amount during the time the case is in open status, the Ticket Unit should be notified at 601-853-5351 so that a reimbursement claim can be filed within the allotted 12-month period.

II. Reimbursement Process

The Ticket Unit verifies receipt of SSDI/SSI benefits during the VR service period by means of SSA queries. Wage verification documentation is secured by the Ticket Unit on cases receiving VR services while in SSDI/SSI benefit status through an agreement with the Mississippi Department of Employment Security. The Ticket Unit searches for nine months of SGA within a continuous twelve-month period.

When wage verification is not available through this process, the Ticket Unit will explore AACE seeking documentation of employment at SGA. If qualifying criteria is identified, the Ticket Unit will forward a Wage Verification Letter to the counselor who closed the case. The counselor will contact the previously served client in an effort to obtain written verification of wages. The signed Wage Verification Letter or an explanation of inability to secure cooperation from the previously served client will be forwarded back to the Ticket Unit.

Good Provider Claims, Form SSA-199, are then submitted to the SSA Claims Processing Unit for consideration of reimbursement for direct costs, administrative costs, and tracking

costs. Required documentation to accompany the SSA-199 is usually pulled from AACE.

Requests for all signed authorizations for direct costs for services provided prior to implementation of the AACE System in October 1999 will be forwarded to the counselors from the Ticket Unit. Counselors will make copies of the signed authorizations and return to the Ticket Unit.

Upon receiving the SSA-199 with attachments, SSA can also request Payment Validation Reviews (PVRs) on a sample of cases for which they may request all signed authorizations and a copy of the IPE. These requests will be forwarded to the counselors who will copy the requested documents and return to the Ticket Unit. After reviewing submitted claims, SSA will forward notice of approval or denial to the Ticket Unit.

3.18.3 Case Coding

Because the Agency is entitled to incentive payments from SSA based on the period an individual receives SSDI/SSI during the rehabilitation process, care should be taken in properly coding and updating cases. In questioning a client regarding the type of benefit check (SSDI or SSI) that he/she receives, it may be helpful to ask the color of the envelope in which the check arrives. SSDI checks are mailed in draft (tan or brown) envelopes while SSI checks are mailed in blue envelopes. All SSI checks are issued on the first of each month while SSDI checks are staggered throughout the month based on the client's date of birth.

There are occasions when an individual goes from an eligible category to an ineligible category and vice versa. In these cases, the cost of VR services beyond the conversion is not eligible for an incentive payment. For example, an individual drawing childhood benefits on a parent's social security number (ineligible) at age 18 is determined to have a disability, and then begins drawing benefits on that disability. At that time, he/she enters an eligible category. An individual is receiving disability benefits (eligible) and, upon reaching age 62 (or current required retirement age) is converted to retirement benefits then becomes ineligible.

Reapplying for Benefits (Childhood Disability Cases):

Childhood auxiliary benefits drawn off a parent's record will not continue beyond an individual's eighteenth birthday unless the individual or his/her parents reapply to SSA for continuation of benefits based solely on the individual's own disability. Some individuals may be determined ineligible for continuation of benefits because of stricter guidelines for adult disability. If the client has qualified for SSI benefits based on his/her own disability prior to age eighteen, the Disability Determination Services (DDS) will review the claim when the client attains age 18 to determine if the condition is disabling under adult criteria.

"301" Cases (Medically Improved Recipient Cases Reviewed by DDS):

When the disability status of a current VR client receiving SSDI/SSI payments is reviewed by DDS to determine if the individual has medically improved, a VR counselor may receive

a SSA-4290 Form to complete. The SSA-4290 Form is used by SSA to determine if the SSDI/SSI client who has medically improved is in a legitimate VR program.

Even if an individual has medically improved, disability benefits can be continued until the completion of that person's rehabilitation program (typically one year)--provided SSA determines that the person is participating in a legitimate VR program. If SSA determines that the individual has medically improved and is not participating in a legitimate VR program, disability payments will be terminated. Therefore, care should be taken to accurately answer all items on the SSA-4290 Form. All completed SSA-4290 Forms will be routed back to the DDS Examiner to attach to the Medical CDR Denial decision which is forwarded back to the local SSA Claims Representative at the Field Office.

Documentation of SSA Status during the VR Process:

A client's SSDI/SSI status should be documented in the computer system when referral information is entered. If known, enter SSA information at this time or at any time before closure. At the time of closure, the SSDI/SSI status must be entered or updated in the computer system.

On all cases that could potentially draw SSA benefits, counselors should check the individual's record with the local Social Security Office or the Ticket Unit. This includes all individuals whose disabling condition places them in the "severely disabled" classification or where other factors indicate that they are eligible for or are drawing disability benefits. Benefits verification can be obtained from the Ticket Unit, via email, written request, or by calling 601-853-5351.

All cases found drawing SSDI/SSI benefits based on personal disability must have written verification of the benefits in the file.

3.18.4 Service Provision

Service provision aspects of any SSDI/SSI case will follow the general guidelines of VR policies and procedures. This will be the same as or similar to service provision to individuals not receiving any type of payments due to a disabling condition.

Before beginning any work activity, the client is to notify the pertinent SSA District or Branch Office of his/her status. Although the counselor may wish to accompany the client to the SSA Office to notify them of the client's work activity, the counselor will not contact SSA for an individual.

VR counselors will maintain close contact with pertinent staff of the Mississippi Partners for Informed Choice (M-PIC) who can provide work incentives planning and assistance (WIPA) services to demonstrate the effect of wages on the recipient's disability benefits and dispel any unjustified fears of benefit loss due to work. A listing of the M-PIC staff is provided on pages following this section.

Social Security work incentives are designed to encourage individuals with disabilities to return to work by protecting their benefit or recipient status and thus protecting their Medicare/Medicaid coverage until they can earn sufficient income to maintain a reasonable standard of living and purchase their own health insurance.

In the last several years, a number of new work incentive provisions have been instituted. These work incentives are discussed in a publication entitled "Red Book On Employment Support - A Summary Guide To Employment Support Available To People With Disabilities Under The Social Security Disability Insurance And Supplemental Security Income Programs" (the Red Book). Each district office should have a copy of this publication and a computer diskette explaining SSA Work Incentives. Counselors are urged to utilize these tools.

These items may also be obtained by contacting the Division of Selected Social Security Services. The Red Book may be accessed on the Internet at the following website:

<http://www.socialsecurity.gov/redbook/>

Clients receiving SSDI and/or SSI are often afraid of trying a work experience because they think that if they work themselves off benefits and their medical condition worsens, they will have to begin the lengthy disability determination process again. The Ticket to Work and Work Incentives Improvement Act of 1999 included a new work incentive called Expedited Reinstatement of Benefits or EXR which says that within 60 months from the month of termination of benefits due to earnings from work, if the individual is unable to work because of the same medical condition, they can file a request for reinstatement of benefits without a new application. While Social Security is making a new determination, the individual may receive up to six months of provisional benefits, including Medicare and Medicaid, as appropriate, which will not have to be repaid even if the re-determination is not favorable.

SSDI and/or SSI recipients will be encouraged to report to their local Social Security office any payment made directly to him/her by VR, including income received while at AbilityWorks. Any payment made to a SSDI and/or SSI recipient may affect the amount of the benefit check.

One method of protecting the individual's SSI check when a client will be directly reimbursed for expenses incurred in a vocational training program at a school, college, or university is the development of a Plan for Achieving Self-Support (PASS). A PASS, which is developed and approved by appropriate Social Security offices, will classify all expenses related to an SSI recipient attaining a vocational goal as exempt from consideration as any form of income. This will prevent reduction of the client's SSI check. The "Red Book" contains a discussion of the PASS.

3.18.5 Work Incentives Planning and Assistance (WIPA) Program

Community Work Incentive Coordinators (CWICs) with the Mississippi Partners for Informed

Choice (M-PIC) Program within the Division of Selected Social Security Services administer the SSA Work Incentives Planning and Assistance (WIPA) program in Mississippi. CWICs were trained on the use of existing SSA work incentives as well as new ones created in the Ticket to Work and Work Incentives Improvement Act of 1999. The goal of the M-PIC/WIPA program is to better enable SSDI/SSI beneficiaries with disabilities to make informed choices about work.

M-PIC/WIPA CWICs:

- Examine the impact of work and earnings on disability benefits;
- Provide work incentives planning and assistance to assist SSA beneficiaries with disabilities in their employment efforts;
- Conduct outreach efforts to SSDI/SSI beneficiaries with disabilities (and their families), who are potentially eligible to participate in Federal or State work incentives programs;
- Work in cooperation with Federal, State, and private agencies and nonprofit organizations that serve SSDI/SSI beneficiaries with disabilities;
- Explain Ticket to Work along with screening and referring beneficiaries to appropriate Employment Networks; and
- Provide information on the availability of protection and advocacy services including how to access such services.

For further clarification of any aspect of the Ticket to Work Program as it affects VR clients or for additional assistance in the development of a PASS, contact the M-PIC Program at (601) 853-5315.

3.19 Supported Employment Program

Supported Employment (SE) is a specialized placement and training program for the most significantly disabled individual...the individual for whom competitive employment has not traditionally occurred due to the severity of his/her disability.

The program is a cooperative effort between the Agency, community programs, agencies, and individuals called "third parties" with which the Agency has signed agreements for referrals and the provision of extended services.

If it is determined that the individual's disability is such that he/she needs on-going support services in order to maintain employment, consideration should be given to the Supported Employment program. Supported employment clients are eligible for any of the traditional vocational rehabilitation services available to other Agency clients.

3.19.1 SE Terminology

Competitive Employment means work---

- (i) In the competitive labor market that is performed on a full-time or part-time basis in an integrated setting; and
- (ii) For which an individual is compensated at or above the minimum wage, but not less

than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled.

Supported employment requires no more than eight individuals with disabilities be clustered in an employment setting.

Extended Employment means --- work in a non-integrated or sheltered setting for a public or private nonprofit agency or organization that provides compensation in accordance with the Fair Labor Standards Act. Extended employment may also be used as a support service to enable an individual to continue to train or prepare for competitive employment, unless the individual through informed choice chooses to remain in extended employment.

Extended Services are on-going supports which are provided to an individual who is successfully rehabilitated into employment. These services are provided by third-party entities, and they are needed in order to support and maintain an individual with a most significant disability in supported employment.

Integrated Work Setting means job sites where most co-workers are not disabled and individuals with disabilities are not part of a work group of other individuals with disabilities. Supported employment services will include placement in an integrated work setting for the maximum number of hours possible based on the unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice of individuals with the most significant disabilities.

Job Trainers provide one-on-one intensive job skills training and support, both on and off the job, for individuals with mental retardation, severe learning disabilities, cerebral palsy and other developmental disabilities and mental illness. This training includes social skills, along with other training that would be essential to a person with a most significant disability obtaining and maintaining a job. Job trainers are hired on a part-time, temporary, as needed basis.

Natural Supports are those formal and informal mechanisms existing in a work environment that can be drawn upon to increase and sustain an employee's performance through the use of active assistance and/or approval or sanctioning of a worker's achievements.

Person Centered Planning (PCP) is a process of profiling and planning with an individual in order to increase self-management opportunities, community involvement and life satisfaction for the individual. A plan of action is adopted in order to determine and achieve goals by addressing the needs, strengths and experiences of the individual.

Successful Rehabilitation occurs when the individual maintains a supported employment placement for 90 days after making the transition to permanent employment.

Support means any appropriate service such as job site training, short-term transportation assistance, family support, or any other service necessary for job success, throughout the "term of employment".

Supported Employment means competitive work in an integrated work setting for individuals

with the most significant disabilities.

Transitional Employment is a series of temporary job placements in competitive work, in integrated work settings with on-going supports until job permanency is achieved for individuals with Serious Mental Illness.

Vocational Training Instructors (VTI) are responsible, in coordination with the supported employment counselor, for job development and placement for supported employment eligible clients. Although the supported employment counselor has the primary responsibility of securing a trainer, VTIs primarily handle the hiring of trainers and day-to-day management of the placement and trainer.

3.19.2 Services

Supported Employment services mean on-going support and other appropriate services needed to support and maintain an individual with the most significant disability in employment.

Person-centered planning should be considered for every Supported Employment client as a possible means for providing both the client and the counselor with additional information. This information can be utilized for a number of purposes, e.g., as a means of gathering additional information for eligibility determination, for development of a plan for employment, for determining support needs that will require referral to other agencies or organizations, and to map out future career options, etc..

Supported Employment services are generally provided for a period not to exceed 18 months, unless due to special circumstances a longer period is necessary to achieve job stabilization. This must be jointly agreed to by the individual and the rehabilitation counselor and established in the Individualized Plan for Employment (IPE) before an individual with the most significant disabilities makes the transition to extended services. Counselors should carefully document the cases when joint agreement arrangements are finalized to go beyond the 18-month period of time. If a longer period of time is warranted, the following should be given consideration: only when the client has made substantial progress toward meeting the hours-per-week work goal provided for in the IPE, the client is stabilized on the job, and extended services are available and can be provided without a break in services.

The use of a Job Trainer at the work site is an integral part of supported employment services. This individual is responsible for learning the job prior to the client coming to work, then teaching the job to the client. The trainer not only teaches the work skills needed at the job site but will help the client become adjusted to the new work environment. The trainer will help the client develop relationships with co-workers and supervisory staff. The trainer will also identify and promote the utilization of natural supports in the work environment. If the client cannot meet production standards, the trainer is there to ensure the employer that the work will be done to the business' quality and quantity standards. As the client becomes more independent at the work site and is able to perform most of the job tasks with minimum intervention by the trainer, the trainer will fade assistance until the case can be closed.

Personal assistance services (PAS) enable the employee to perform the daily living activities on or off the job that the individual would typically perform without assistance if the individual did not have a disability. Examples of these services are job functions such as activities of daily living aid, business travel companion, office services specialist or meeting assistant. The services must be necessary to the achievement of an employment outcome and may be provided only while the individual is receiving other vocational rehabilitation services. They are not to be construed to be supports that are considered a reasonable accommodation and therefore paid for by the employer or supports considered personal in nature and funded by Medicare or other funding sources. PAS are to be authorized for in the same manner as that a job trainer. In some instances, it may be possible for the job trainer to also perform the duties of the personal assistant. The same fee schedule used in paying job trainers will be utilized in paying for the PAS. In developing the IPE, an agreement will be made addressing each of the following issues:

- The name of the extended service provider -- specifically addressing the provision of Personal Assistant Services to be provided following VR case closure (If no extended service provider has been identified at the time of the development of the IPE, refer to the Flow Chart for SE Services - I.B.4.and III.B.5);
- The specific Personal Assistant Services that will be provided;
- The duration of the provision of Personal Assistant Services by VR

3.19.3 Flow-Chart For Se Services

I. Referral

A. Referral received from Third-Party Agency.

1. Schedule appointment for application.
2. Conduct interview, advise client of services available and discussion of client's informed choice in these services; get client release form to obtain records from other sources, (mental health center, state hospital, physician/ hospital, etc.).
3. Conduct evaluation for VR services, authorizing for services or information not available through other agencies.

B. Referral received from General VR program, Deaf Services, Deaf/Blind or Transition counselor.

1. General VR or Specialty counselor staffs the case with the SE counselor.
2. SE counselor assesses the case for eligibility for SE services. If the two counselors agree that SE should serve the case, the case will be transferred to the SE counselor using the established case transfer procedures. Cases transferred from any specialty area, for example, Deaf /Blind program, if determined eligible for SE services should be retained by the SE counselor. The Specialty counselor and the SE counselor should work closely on the case and the Specialty counselor should provide technical assistance to the SE counselor to ensure the client

receives appropriate services.

3. If any questions arise about the eligibility of the client for SE services, the two counselors will refer the case to their respective supervisors who will, together, determine the feasibility of the client for SE, the adequacy of the evaluation process, need for additional evaluating information, etc., and decide how the case will be handled.
4. In those cases when a client needs Supported Employment services but is not being served by a third-party, the SE counselor will explain the SE Program, services and options to the client as soon as possible after the referral has been made to the SE Program. The SE counselor will also, advise the client about the availability of third-party resources in that area. The counselor will assist the client with obtaining a third-party sponsor for extended services and must include on the IPE the source and description of the on-going support needed by the client to maintain the employment. Third-party agreements will be initiated by the SE counselor and negotiated at the local level regardless of whether there is a Cooperative Agreement with the Parent State Agency. Third-party agreements will be finalized by State Office staff. If no third-party can be located who is willing to provide needed services, the case may be closed as Unsuccessfully Rehabilitated after staffing with the District Manager. The SE counselor will document the attempts to assist the client in this way in the closure letter.

C. Referral received from VRB counselor:

Generally, it is appropriate for all SE eligible individual's cases to be handled by the SE counselor. In specialty areas, such as deaf, deaf/blind and blind, the case is handled with consultation from the appropriate specialty disability counselor on specific issues related to the individual's needs. However, in those instances where it is advisable, and is the client's choice, for their case to be retained by the VRB counselor for the receipt of supported employment services, the SE counselor will work closely with the VRB counselor to advise and consult on matters related to the use of SE funds for the hiring, managing and paying for job trainers and any other procedural matters related to SE services. The decision to transfer the SE case to the VRB counselor should be made after staffing with the District Manager. Upon transfer of the SE case to the VRB counselor, the State Coordinator for Supported Employment will be notified by the District Manager, and an allotment of SE funds will be made to the VRB counselor who will handle the case.

NOTE: After any referral to supported employment, the counselor should check the appropriate place on the Special Programs page in AACE indicating this is now a supported employment case. (In the instance of a transferred case, where the IPE has already been developed, the IPE should be amended with the client to reflect appropriate SE services; the counselor should record this as an SE case on the IPE and also on the Special Programs page in AACE.)

II. Eligibility

Individuals with severe disabilities who are appropriate to receive supported employment services must meet the eligibility requirements established for the VR program and meet the Order of Selection, Category I –

- A. Be an individual who has never been competitively employed; and/or
- B. traditional competitive employment has been interrupted or intermittent as a result of a severe disability; and
- C. who, because of the nature and severity of the disability, needs intensive on-going support services that may include job trainer services, in order to obtain and maintain competitive employment, and
- D. who, because of the nature and severity of the disability needs extended services that continue after VR services ends, in order to maintain successful employment

III. IPE DEVELOPMENT

A. IPE Meeting - At the time of the IPE development the SE counselor should meet either individually or jointly with the following entities:

- 1. Client and, if necessary, client's parents or guardian, advocate or representative.
- 2. If possible, a representative from the source who will be providing and/or funding the extended services.
- 3. Representative(s) from the Mental Health Center who will be providing Transitional Employment/Supported Employment services.

B. Writing of the IPE.

- 1. The SE counselors need to utilize the information from assessments, including information gathered from Person Center Planning, and input from the client in establishing a vocational goal. The IPE should include a brief rationale as to the reason that the particular vocational goal was selected. The SE counselor, along with the client, will estimate an anticipated time during which the client is expected to reach the goal.
- 2. Each service that will be provided will be listed. These services should include all the supports needed by the supported employment client in order to reach the stated goal and should include at a minimum, two of the following:
 - a. Placement Services
 - b. Training: Supportive Services (inc. Job Coach)
 - c. Counseling and Guidance
 - d. Extended Employment
 - e. Extended Services (this service may be listed under “Other Goods and Services” and then customize the service by specifying Extended Services.
 - f. Other appropriate services

Every Supported/Transitional Employment IPE should include Extended Services and Rehabilitation Counseling.

3. The source of funding for each service, the estimated cost of the service(s) or the utilization of comparable benefits must be listed.
4. Information should be included which indicates any understandings and responsibilities between the client and the SE counselor or any other individual or entity deemed critical to the success of the vocational program.
5. Extended Services, which are on-going services, should be indicated as such on the IPE. A Memorandum of Understanding-Extended Services Agreement should be developed for each Supported/Transitional Employment client and a copy should be kept in the client's file. These agreements should be coordinated through the State Office. Extended Services can be provided by more than one source. Sources for Extended Service provision may include:
 - a. state agencies,
 - b. private non-profit organizations,
 - c. employers, co-workers, families or friends,
 - d. Any other appropriate resource not funded by the Agency.

Counselors have the primary responsibility for negotiating these agreements; however, they must be formalized and signed by the Director of the Agency. Telephone or write the State Coordinator for Supported Employment to obtain copies of the agreements and to obtain details on putting these agreements in place. The beginning date for extended services should coincide with the date of movement of the case into employed status. Generally it is best to have these agreements in place at the time of the IPE development, or before, however they are required before closure of a successfully rehabilitated case and a copy of said signed Extended Service Agreement should be placed in client's file upon closure as successfully rehabilitated. If it is not possible to identify the source of the extended service provider at the time the IPE is developed, a statement describing the basis for concluding that there is a reasonable expectation that such sources will become available, should be addressed in the IPE.

IV. Placement

The responsibility for placement of SE clients lies primarily with the SE counselor with assistance by the Vocational Training Instructors (VTIs). The decision to place a client into a TEP versus a permanent employment situation will be done after careful consideration of the client's condition and with input from the third party representative. The decision to place a client in a particular job must be based on an assessment and documented in the case file.

V. Training

- A. Securing Job Trainer, as well as overseeing work performance of the trainer regarding the actual knowledge and implementation of training, will be the primary responsibility of the SE counselor. However, the VTI will need to be responsive to the day-to-day management of the placement, contacting the SE counselor assistance when needed.
- B. The SE counselor, with assistance of the VTI, will be responsible for ensuring that all trainers are adequately educated in how to provide appropriate training.

VI. Authorizations for Trainer Services

- A. The vendor for all job trainer authorizations will be AbilityWorks - Jackson-Reimbursement
- B. The following forms should be completed and mailed to MDRS Finance Department, Post Office Box 1698, Jackson, MS 39215-1698 - upon appointment of a Job Trainer to work with a client:
 - 1. Application for Employment
 - 2. I-9 form, with copies of driver's license and social security card. (The Counselor should sign the I-9 Form under Section 2 "Signature of Employer or Authorized Representative).
 - 3. W-4 Federal Withholding Form
 - 4. State Withholding Tax Form
 - 5. Drug-Free Workplace Form

These forms may be sent either in advance of, or along with the initial Authorization for Services for a Job Trainer. It should be noted that a copy of the Workers' Compensation Notice of Coverage should be furnished to the Job Trainer when hired.

- a. After authorizing for a planned service indicate the Job Trainer's name in the General Comments – Section 3 of the Authorization.
- b. A 13.57 percent processing fee to AbilityWorks - Jackson-Reimbursement should be added to the unit cost (per hour rate) for job trainers and added to the total estimated cost for job trainer services. The processing fee should be calculated in the following manner:

$$\frac{\text{(per hour rate)}}{\text{(hourly service fee)}} \times 13.57\% = \frac{\text{(processing fee)}}{\text{(total service cost)}} + \frac{\text{(per hour rate)}}{\text{(total service cost)}} =$$

- C. The procedures for processing payments through AbilityWorks - Jackson-Reimbursement are as follows:

Step 1: Upon completion of a work period (2 weeks in most instances) the SE counselor will obtain signatures of the Job Trainer and the client on the Job Trainer Time Sheet. The Time Sheet should also be verified for accuracy and signed by a VR/SE staff member. After checking the Job Trainer Time Sheet for accuracy, a Statement of Account (SOA) should be prepared that matches the amount of the Job Trainer Time Sheet. If the original Authorization does not match the amount to be paid indicated on the Job Trainer Time Sheet, the Authorization should be modified to agree with the amount on the Job Trainer Time Sheet.

Step 2: The SOA should be completed indicating the type, the amount and dates of

service. Then the SOA should be approved for payment in AACE, signed by the approving SE counselor, attached to the Job Trainer Time Sheet and mailed as previously instructed (mail only one Authorization/SOA, and one original Time Sheet per client).

Step 3: Finance will write the check to the Job Trainer based on the information they receive after checking it for accuracy, (if errors are found by Finance they will mail the documents back to the counselor for corrections, delaying payment to the Job Trainer).

Finance will process payments to job trainers on Thursday of each week. All Authorizations/SOAs received by 10:30 a.m. on Thursday will be processed and mailed by 5:00 P.M. that day. Authorizations/SOAs received after noon on Thursday will be held over to the next Thursday for processing.

VII. Status Movement

Supported Employment cases should be moved through the VR case statuses as indicated below:

- A. After eligibility determination is completed place the case in eligibility status.
- B. After the IPE is planned, developed, and signed, the case will be moved to service status.
- C. The case is moved to employment status when the client meets the criteria for movement into extended services and the Job Trainer has faded completely. This occurs when the client has demonstrated that he/she can perform the job to the employer's expectations. Also, there should be a concurrent agreement between client, counselor, VTI, job trainer and extended service provider that the client can perform the essential functions of his job with the provisions of extended services. This agreement should be the outcome of a meeting between the above parties and any other appropriate parties. Also, at this time, if the Extended Service Agreement has not been previously executed, it can be executed by the appropriate parties and placed in the file. In every instance, a copy of the Extended Service Agreement should be placed in the client's file upon being determined successfully rehabilitated.
- D. The case is closed rehabilitated when the client has been in employed status for at least 90 days and continues to perform the job with minimal assistance from the extended service provider and is considered successful by the employer.

VIII. Supported Employment Closures

The following Supported Employment special outcome criteria must be met in order to close a case rehabilitated in Supported Employment:

- working in the competitive labor market;
- working in an integrated work setting; and
- receiving extended services at the time of closure

It is an integral part of the closure process that the SE counselor ensures that the client is transitioned to the appropriate third party for on-going support services. The case file will be well documented showing this effort.

NOTE: When supported employment cases are closed in AACE, the counselor needs to be sure the SE outcome is completed correctly on the closure page.

3.19.4 SE Clients in Community Rehabilitation Programs (CRP)

VR clients who are determined to be eligible for supported employment while receiving services of a CRP should be referred to the appropriate SE counselor (The SE counselor should be involved in routine staffing at AbilityWorks when informed by the vocational evaluator that supported employment is being considered as a service option for a client). When the supported employment counselor determines that the client is eligible, the case should be transferred to a supported employment caseload. The client should be fully informed about the supported employment program before the case transfer is made. The client should be informed whether continued evaluation at the CRP is needed. If the placement is not appropriate the client should be terminated from the CRP before or simultaneously with transfer to the SE caseload.

Generally, placement at a CRP is not appropriate for a SE client because it is not consistent with the place/train model, however in some instances placement of a SE client at a CRP may be appropriate for a particular assessment to, for example, observe behaviors, work habits, build rapport with the client, etc., or in rare instances remediate functional limitations. This may be done while the case is in eligibility status for the purpose of gathering information for IPE development, or in service status to provide specific training for remediation of functional limitations discovered after a client has been in a regular supported employment job and it has been determined that the CRP is the only suitable environment in which this remediation can take place.

The decision to refer a client to a CRP should be made in consultation with the district manager. An assessment or remediation plan should be developed that is specific to address the needs of the client and should coincide with the time limitations which apply to all CRP referrals. The client should be fully informed of the reason for the referral and that the placement is not a permanent job. Since the client is SE eligible a job trainer will be provided while in the CRP to assist the client and the CRP staff in the assessment. It is expected that referrals of SE clients to CRPs will be limited and should be made only when placement in a competitive, community based job is not a timely and feasible option.

To refer a client to a CRP follow the procedures outlined in the CRP section of this manual that describes the referral process. Referral of a SE client to a CRP requires District Manager review.

3.19.5 Transitional Employment

Under the definition of supported employment, transitional employment is an allowable service option for individuals with serious mental illness. Transitional employment is a series of

temporary placements in competitive work, in integrated work settings, with on-going support services. In transitional employment, the provision of on-going support services must include continuing sequential job placements until job permanency is achieved.

Transitional employment may be the best service option for an individual with chronic mental illness whom:

- is uncertain about choosing an appropriate vocational goal,
- is fearful or tentative about his/her abilities to maintain employment, and/or,
- is an individual for whom traditional work adjustment services would have been considered the best pre-employment preparation service

If a permanent job is not procured before the end of the 18-month period of VR time limited services, the extended services provider is responsible for procuring and maintaining the permanent job placement. There are few vocational services for individuals with mental illness (outside of the services offered through the Agency) that can fund job development or placement activities. Consequently, counselors should encourage permanent placement for most individuals prior to case closure, to ensure that the individual has access to funding for permanent job placement.

Generally, individuals who are motivated to work and have clear ideas regarding the type of work they would like to do should be treated as regular supported employment placements.

3.20 TANF REFERRAL PROGRAM

Mississippi Department of Rehabilitation Services (MDRS) has entered a cooperative agreement with Mississippi Department of Human Services (MDHS) whereby Temporary Assistance to Needy Families (TANF) recipients who are diagnosed as having a physical and/or mental disability are referred to MDRS for possible provision of vocational rehabilitation services.

3.20.1 Referrals

MDHS will select and refer TANF applicants/recipients to VR on the basis of medical documentation and provide or make available medical and/or psychological information on all referred TANF applicants/recipients. MDHS will contact the VR counselor and schedule intake interview appointments for TANF applicants/recipients. MDHS will notify TANF applicants/recipients of where, when and to whom to report for the initial appointment with the assigned VR counselor.

The VR counselor will cooperate with MDHS case management to schedule initial interview appointments within ten (10) working days of the referral date and notify MDHS case management of the appointment results within three (3) working days.

The VR counselor will follow Agency guidelines for completing an application for VR Services (MDRS-VR-1) and determine eligibility for those TANF applicants/recipients who are shown to be individuals with a disability which constitutes or results in a substantial impediment to

employment and who require, in terms of an employment outcome, specific vocational rehabilitation services.

The VR counselor will provide a copy of the IPE to MDHS to document services planned.

The case should be coded as TANF when entering data in AACE Referral Module and/or when entering data on the AACE Application Page.

The VR counselor is to notify MDHS immediately if the TANF client refuses to cooperate.

3.20.2 TANF Clients in Community Rehabilitation Programs

The Community Rehabilitation Program (CRP) will ensure daily supervision and tracking of TANF clients who choose to attend and are accepted into a CRP. This includes offering a minimum of 30 hours per week to TANF clients participating in a CRP based on the availability of work assignments.

The VR counselor will provide MDHS with a copy of the TANF client's monthly CRP progress reports which shall include, but are not limited to details of the individual's progress, level of participation, report on work or other activities, goals to be accomplished and goals completed.

3.20.3 TANF Clients in Other VR Programs

MDHS will provide quarterly progress report forms (Form T015-VR) to the VR counselor for TANF clients receiving services other than at a CRP. The VR counselor will complete the form and return it to MDHS.

3.20.4 Case Closure

The VR counselor will provide a copy of Notification of Closure Letter to MDHS case management whenever a TANF applicant/recipient's case is closed.

3.20.5 Exchange of Information

There will be a free and open exchange of information between the Agency and MDHS (MDRS-VR-19 Consent to Disclose Information is not needed).

All information will be deemed confidential by both parties and cannot be shared with third parties.

3.21 VISUAL IMPAIRMENT SERVICES

3.21.1 Aids and Appliances

When it is determined that adaptive aids and appliances are appropriate for visually impaired clients, the needed items can be provided. This service includes, but is not limited to, the

provision of items such as; Braille and talking watches, homemaking and cooking aids, low vision aids, canes, Braille writing devices, adaptive tape recorders, talking calculators, adaptive writing aids, etc. These and other aids and appliances are available at the Addie McBryde Center.

3.21.2 Bioptic Driving

The 1998 Mississippi Legislature passed into law a bill that allows a visually impaired person using a bioptic telescopic lens to be eligible for a Mississippi driver's license, if said individual can pass the standard driving test and is otherwise qualified as required by law. (Mississippi Code of 1972, as Amended, §63-1-11) "Bioptic driving," means operating an automobile with the assistance of specialized, telescopic/bioptic eyewear.

Services that vocational rehabilitation for the blind (VRB) eligible clients may receive related to bioptic lens driving include, but are not limited to: optometric services for the evaluation, prescribing and fitting of the lens; training by an optometric low-vision specialist in using the lens; and instruction in driving an automobile while using the lens. (NOTE: All vocational rehabilitation / vocational rehabilitation for the blind services must be required in order to achieve a specific employment outcome.)

The process to reach licensure with bioptics requires several steps designed to insure safe driving. A candidate for bioptic lens driving should be provided with the Bioptic/Telescopic Lens Application Form, available from the Mississippi Department of Public Safety, Highway Patrol Driver Services Bureau. The form comes with a packet of information that delineates the process and requirements a person must undertake to be able to obtain a driver's license using a bioptic lens. Application packets may be obtained by contacting the Driver Services Bureau at (601) 987-1200 or (601) 987-1206.

The process consists of the following steps.

1. A candidate for bioptic driving must first be evaluated by a qualified optometric low-vision specialist who can determine if the individual meets the vision guidelines established by the Mississippi Department of Public Safety. An individual meeting these guidelines would then be evaluated and fitted with the lens by the low vision specialist. For information on the nearest optometric specialist who is qualified to prescribe the bioptic lens, contact the Mississippi Optometric Association at 601-956-7412.
2. Subsequent to the fitting of the lens, the individual must participate in training in the use of the lens. The low vision specialist will provide this training.
3. Once an individual has proven proficient in the use of the bioptic/telescopic lens (as determined by the low vision specialist), the individual must obtain a driving permit from the Mississippi Highway Patrol, Driver Services Bureau.
4. Once a driving permit has been obtained, the individual must undergo training in driving an automobile while using the lens. Driving instruction may only be provided by an entity approved by the Mississippi Highway Patrol, Driver Services Bureau. For

- a list of approved driver's training resources, contact the Driver Services Bureau at the number listed above.
5. When the driving training instructor judges that the client has the necessary and adequate driving skills with the bioptic lens, the individual is referred to the Highway Patrol's Driver Services Bureau headquarters in Jackson, Mississippi. The Bureau will review the applicant's information and determine if he/she has met the requirements necessary to take the driving test. If so, the person will be scheduled to take the test at a place and time to be determined by the Highway Patrol Office.

The codes necessary to authorize for the above services can be found in the MDRS Fee Schedule. Typical services include evaluation for the lens, fitting of the lens, the lens itself, and training in the use of the lens. Payment for driving instruction will be charged to Training: Adjustment, Personal/Vocational at the usual and customary fee charged by the vendor.

3.21.3 Business Enterprise Program (BEP)

The Business Enterprise Program (BEP) establishes and then provides ongoing support to businesses located throughout Mississippi which are operated by self-employed persons who are legally blind. Concentrating primarily on food service businesses ranging from small snack bars to full service cafeterias that serve thousands of customers daily, BEP provides blind vendors licensed under this program with the equipment, initial stock of merchandise and the management services needed to help insure their success. An associated Business Enterprise Training Program, located on the Addie McBryde Center, provides assessment, evaluation, and training for those individuals being considered for a career in the Business Enterprise Program. Clients who are participating in this program may utilize the McBryde dormitory facilities. The VR counselor will need to authorize to McBryde for the service - Maintenance, Training Related - Dormitory. These clients may also be provided meals, authorized to McBryde for the service - Maintenance, Training Related - Meals. The counselor will coordinate transportation for this program. For more information contact the Business Enterprise Program Director at Post Office Box 9727, Jackson, Mississippi, 39286-9727 or 1-800-443-1000 extension 5280.

3.21.4 Independent Living Services

These services are funded through a Title VII, Chapter 2 Grant (55 and older, legally blind individuals) and the Part B Independent Living Grant (legally blind with a secondary disability). Services provided include, but are not limited to; orientation and mobility training, personal adjustment training and counseling, physical restoration, provision of aids and appliances, referrals for other services, peer group interaction, and low vision services on an itinerant basis when appropriate. For more information, contact the VRB ILS Coordinator, Post Office Box 1698, Jackson, MS 39215-1698.

3.21.5 Itinerant Rehabilitation Teaching Services

These services are provided to eligible Office of Vocational Rehabilitation for the Blind (OVRB) clients who are unable to or who do not wish to participate in a center based training program. Itinerant services include, but are not limited to; orientation and mobility, low vision

services, development of job readiness skills, pre and post facility services, recommending and teaching the use of aids and appliances, as well as recommending and referring to other service providers. For more information, contact the VRB Itinerant Teacher Program Coordinator, Post Office Box 1698, Jackson, MS 39215-1698.

3.21.6 Prostheses

Prostheses for persons who are visually impaired may be provided when there is documentation that the absence of an appropriate prosthesis has interfered with securing, retaining, or performing work for which the client is otherwise prepared to do, or for which training is proposed. This service will be provided when there is a report from a specialist certifying the existence of a disability and recommending the provision of an appropriate prosthesis.

Prostheses most commonly provided for visually impaired clients include artificial eyes, contact lenses, glasses and low vision aids. Costs of repairs to prostheses are also allowed and should be considered when the device is appropriate and the repair is warranted.

3.21.7 Reader Assistance

Reader Assistance can be provided for eligible OVRB clients who are in training. Reader assistance means literate, plain speaking individuals reading to the visually impaired printed material which is not available in an accessible format (Braille, large print, tape recording, computer disk, etc.). The average student will need approximately forty (40) hours of reader service per month; however, this may be inadequate in some cases and may be exceeded when justified. See the Post-secondary Education Services subsection of this manual regarding support services for special guidelines related to college and other post-secondary education cases.

Documentation for payment of reader assistance should be submitted monthly, should show the number of hours read per day by date and should be signed by both the reader and student/client. The hourly rate paid to readers is determined by the prevailing student employment rate at the institution the client is attending. Individual needs and differences, including the nature and content of the course work, should be considered in planning reader services.

3.21.8 Corrective Surgery

The only surgical procedures to correct visual acuity (i.e. Lasik) to be provided are those required for an individual to perform the duties of a specific employment outcome as specified which cannot be accomplished through other traditional methods. All cases must be staffed and approved by supervisor prior to eligibility being determined. No services will be provided for cosmetic reasons.

3.22 WEIGHT MANAGEMENT SERVICES

In order for weight management services to be considered, the following must be taken into account and documented:

- The individual's weight must be causing functional limitations that prevent the securing, retaining, or regaining employment (In other words, what essential job functions can the individual not perform due to the weight?) and
- The individual's attending physician must recommend weight loss. The physician must document other medical problems that are exacerbated by the individual's weight and clearly impact employment and
- The individual must have a Body Mass Index (BMI) of 40 or more. Occasionally, lesser obesity may be considered as a secondary disability when in combination with serious life-threatening illnesses. This should be evaluated on a case-by-case basis.

Weight Loss/Management Programs

The Agency will only participate in weight loss/management programs that offer nutrition education involving registered dietitians or licensed nutritionists and provide long-term strategies to deal with weight problems the individual may have in the future. Weight loss/management programs must not be provided, planned, or promised before review with the District Manager and review by the District Medical Consultant. If recommended, services may only be authorized for an initial period of 8 - 12 weeks. Each additional period of 8 - 12 weeks of assistance may be offered only if the person has achieved an average weight loss of at least 1 - 2 pounds per week. The counselor is to review the person's progress at the end of each period and determine if Agency assistance will continue.

The Agency will not pay for surgical approaches to controlling obesity, exercise/weight loss equipment, foods including special pre-packaged foods, liquid diets, weight loss drugs, or special vitamins and other nutritional supplements.

3.23 WORKERS' COMPENSATION REFERRAL PROGRAM

The Mississippi Workers' Compensation Commission (MWCC) has a cooperative agreement with VR whereby selected individuals injured on the job are referred to VR for possible provision of vocational rehabilitation services.

3.22.1 Referrals

The MWCC Rehabilitation Director will route all Workers' Compensation (WC) referrals to VR counselors through the State Coordinator for the Workers' Compensation Referral Program's The WC referral (R-2) form is used for reporting to MWCC and for follow-up purposes. The VR counselor will be responsible for determining, through contact with the claimant, whether the individual could benefit from VR services. Absence of need for medical expense assistance will not be the sole reason for not serving a WC claimant.

MWCC requires a report of the action taken on each claimant within thirty (30) working days from the date of referral. Reports of action are documented on the R-2 by listing the attempts and/or methods of contact with the client and his/her employer, indicating the disposition of the referral by marking the appropriate response (i.e.; Will evaluate for rehabilitation service, No rehabilitation services needed - case closed, or Will accept case and develop program), and documenting rationale for decision. Upon completion of the R-2, a copy will be mailed directly to MWCC. The original will be retained in the case file in the district office. A copy will be forwarded to the State Coordinator for the Workers' Compensation Referral Program for his/her records. MWCC's address is:

Mississippi Workers' Compensation Commission
 Attention: Rehabilitation Director
 Post Office Box 5300
 Jackson, MS 39296-5300

3.22.2 Exchange of Information

There will be a free and open exchange of information between the Agency and MWCC. However, when a VR counselor is requesting information from MWCC, the WC claim number must be provided. In cases that were referred by MWCC, this number can be found on the R-2 form.

3.22.3 Services

If an individualized plan for employment (IPE) is developed in a case involving workers compensation, the VR counselor must provide a copy of IPE or amendment to the MWCC Rehabilitation Director. If the IPE includes services that entail use of insurance carrier funds, both the insurance carrier (as identified on the R-2 form) and MWCC must give prior approval.

4.0 ABBREVIATIONS & ACRONYMS

Abbreviation/Acronym	Formal Name
AACE	Accessible Automated Case Environment
ABAS	Adaptive Behavior Assessment System
ACB	American Council of the Blind
ADA	Americans with Disabilities Act
ADHD	Attention Deficit Hyperactivity Disorder
AFB	American Foundation for the Blind
AMRC	Addie McBryde Rehabilitation Center for the Blind
ARC	Association for the Rights of Citizens with Developmental Disabilities
AT	Assistive Technology
AW	AbilityWorks
BDS	Business Development Services

BEP	Business Enterprise Program
BIA	Brain Injury Association
BSG	Basic Service Grant
C/E	Certificate of Eligibility
CANAR	Consortia of Administrators for Native American Rehabilitation
CAP	Client Assistance Program
CCWAVES	Commission on Certification of Work Adjustment and Vocational Evaluation Specialists
CDBG	Community Development Block Grant
CEU	Continuing Education Unit
CLEO	Chief Local Elected Official
CMI	Chronic Mental Illness
CPM	Certified Public Manager
CRC	Certified Rehabilitation Counselor
CRP	Community Rehabilitation Program
CRS	Case Review Schedule
CSAVR	Council of State Administrators for Vocational Rehabilitation
CSLR	Counselor
CVE	Certified Vocational Evaluator
CWIC	Community Work Incentives Coordinator
D/B	Deaf-Blind
dB	Decibel
DD	Developmental Disability
DDS	Disability Determination Services
DFA	Mississippi Department of Finance and Administration
DHS	Mississippi Department of Human Services
DM	District Manager
DMH	Mississippi Department of Mental Health
DOL	U. S. Department of Labor
DOT	Dictionary of Occupational Titles or U. S. Department of Transportation
DSM-IV	Diagnostic & Statistical Manual - IV
DSU	Designated State Unit
EC	Employment Coordinator
EIN	Employer Identification Number
EN	Employment Network
FFY	Federal Fiscal Year
FM	Facility Manager
HRD	Human Resource Development

ID	Intellectual Disability
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Plan
IHL	Institutions of Higher Learning
ILS	Independent Living Services
INS	U.S. Department of Immigration & Naturalization Services
IPE	Individualized Plan for Employment
JDPS	Job Development and Placement Services
JR	Job Readiness
JWOD	Javits-Wagner-O'Day Act
LBO	Legislative Budget Office
LEO	Local Elected Official
LIFE	Living Independence for Everyone
LINCS	Linking Innovative Networks of Community Services
LPC	Licensed Professional Counselor
LWIA	Local Workforce Investment Area
LWIB	Local Workforce Investment Board
MAD	Mississippi Association of the Deaf
MADE	Mississippi Association of Disability Examiners
MAER	Mississippi Association for Education & Rehabilitation of the Blind & Visually Impaired
MAIL	Mississippi Association for Independent Living
MARSS	Mississippi Association of Rehabilitation Support Staff
MCL	Maximum Comfort Level
MDES	Mississippi Department of Employment Security
MDOC	Mississippi Department of Corrections
MDOT	Mississippi Department of Transportation
MDRS	Mississippi Department of Rehabilitation Services
MHIA	Mississippi Head Injury Association
MIB	Mississippi Industries for the Blind
MIID	Mississippi Industries for Individuals with Disabilities
MMA	Mississippi Manufacturers Association
MMPI	Minnesota Multiphasic Personality Inventory
M-PIC	Mississippi Partners for Informed Choice
MPWA	Mississippi Partnership Workforce Area
MRAA	Mississippi Rehabilitation Administration Association
MRC	Methodist Rehabilitation Center
MRCA	Mississippi Rehabilitation Counseling Association
MRID	Mississippi Registry of Interpreters for the Deaf
MWCC	Mississippi Workers' Compensation Commission

MYTI	Mississippi Model Youth Transition Innovation Project
NAIL	National Association of Independent Living
NAMRC	National Association of Multicultural Rehabilitation Concerns
NARL	National Association of Rehabilitation Leadership
NARSS	National Association of Rehabilitation Support Staff
NFB	National Federation of the Blind
NIDRR	National Institute of Disability & Rehabilitation Research
NISH	National Institute for the Severely Handicapped
NRA	National Rehabilitation Association
OD	Right Eye
OJT	On-the-job Training
OS	Left Eye
OSC	One-Stop Center
OSDP	Office of Special Disability Programs
OSERS	U. S. Office of Special Education & Rehabilitative Services
OSHA	Occupational Safety & Health Association
OU	Both Eyes
OVR	Office of Vocational Rehabilitation
OVRB	Office of Vocational Rehabilitation for the Blind
PAS	Personal Assistance Services
PASS	Plan for Achieving Self-Support
PES	Post-employment Services
PIC	Private Industry Council
PPVT	Peabody Picture Vocabulary Test
PSED	Post-Secondary Education
RAM	Rehabilitation Association of Mississippi
RCD	Rehabilitation Counselor for the Deaf
RCEA	Rehabilitation Counselors and Educators Association
REACH	Realizing that Empowerment through Accomplishment and Confidence Building it is Honorable to be Blind
REM	Regional Employment Manager
RID	Registry of Interpreters for the Deaf
RM	Regional Manager
RSA	Rehabilitation Services Administration
SAAS	State Automated Accounting System
SCI	Spinal Cord Injury
SDA	Service Delivery Area
SE	Supported Employment

SFY	State Fiscal Year
SILC	State Independent Living Council
SLD	Specific Learning Disability
SMI	Serious Mental Illness
SOICC	State Occupational Information Coordinating Committee
SPB	State Personnel Board
SRC	State Rehabilitation Council
SRT	Speech Reception Threshold
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
START	Success through Assistive Rehabilitation Technology
SWIB	State Workforce Investment Board
TBI	Traumatic Brain Injury
TDD	Telecommunication Device for the Deaf
TTY	Tele-typewriter for the Deaf
TWE	Trial Work Experience
UCL	Uncomfortable listening level
VA	U. S. Department of Veterans' Affairs
VE	Vocational Evaluation
VEWAA	Vocational Evaluation & Work Adjustment Association
VR	Vocational Rehabilitation
VSMS	Vineland Social Maturity Scale
VTI	Vocational Training Instructor
WAIS	Wechsler Adult Intelligence Scale
WC	Workers' Compensation
WEP	Work Experience Program
WIA	Workforce Investment Act
WIIA	Work Incentives Improvement Act
WIPA	Work Incentives Planning and Assistance
WISC	Wechsler Intelligence Scale for Children
WMS	Wechsler Memory Scale
WOTC	Work Opportunity Tax Credit
WRAT	Wide Range Achievement Test

4.1 EMERGENCY ASSISTANCE PLAN

The purpose of the Agency's *Emergency Assistance Plan (EAP)* is to provide for the service delivery to disabled individuals during a natural disaster. The intent of the EAP is to develop a service delivery system that will enable VR clients in the event of a natural disaster to continue to receive services without a significant disruption in their programs.

Services provided by other community agencies/organizations will be coordinated by VR to assist in meeting the needs of clients if such services are typically not provided by VR. Agencies such as the American Red Cross, Salvation Army, and Goodwill Industries would be examples of assistance service agencies. In some instances, the designated disaster shelter in the community may not be accessible. A list of disaster shelters is attached to this plan. In some communities (such as Claiborne County), agreements and/or arrangements have been made with hospitals, nursing homes and other care providers to utilize their facilities, which are accessible in the event of an emergency.

The *Mississippi Emergency Management Agency* has incorporated into their State Plan of Emergency Services the following information:

The counties contained in each of the nine VR service delivery areas, the names, addresses and telephone number of each District Manager and VR counselor.

This information will be incorporated into each county emergency plan. This will enable community and local city governments to be aware of whom to contact in the event they identify or receive a request for assistance from an individual with a disability. In most instances, it is apparent that VR staff that lives within the area affected by the natural disaster will themselves be unable to immediately respond to requests from clients in an effective manner.

It will be the administrative responsibility of the Director of VR and the Director of Client Services to designate appropriate VR staff not affected by the disaster to assist clients in the affected area(s). Appropriate VR staff may consist of a counselor, secretary, assistive technology specialist, rehabilitation teacher for the blind, and a staff member with communication skills for the deaf. The designated staff will utilize existing VR office space and equipment in the affected area, if available. In the event such space/equipment has been destroyed, other office space will be secured within the area. If available, office space may be arranged at the county courthouse, mental health center, AbilityWorks, community college, fire station, hospital, disaster shelter, or church.

It may be necessary to select different office sites in the affected area to enable the counselor to have easy access to clients. This might also expedite the delivery of needed services. In the event, the counselor does not have sufficient case service funds to meet the needs of their clients during a disaster; they should request additional funds from their District Manager and/or the Director of Client Services.

The District Manager and/or the Madison State Office will duplicate client records, as needed and supplied to assigned VR staff. Case service records, which will be duplicated for use by designated staff, will consist of the following:

- Copy of Application for Services
- Copy of IPE, Certificate of Eligibility
- Copy of the case notes
- Copy of testing and/or psychological reports

- Other information as needed for continuation of services

Every effort will be made to provide transportation (as needed), repair and/or replacement of assistive technology devices to clients when available and as needed. Assigned VR staff will be responsible for coordination of the various resources within the community to assist in meeting the client's needs. As a component of this plan, counselors will begin to educate their clients as to the community resources available to them in the event of a natural disaster. Such education and information will include the various locations of disaster shelters in their area, which are accessible; how to contact the Emergency Operation's Center in their county; as well as the toll free "hot line" telephone number for MDRS. The services of VR assistive technology specialists will be utilized to assess repairs to damaged equipment, home modifications, ramps, and other technology applications, which may be needed.

Each AbilityWorks unit has its own individual emergency plan, which is required by CARF. Periodic testing of this plan is required and conducted on a scheduled basis. A copy of the plan is posted on the bulletin board of each Community Rehabilitation Program (AbilityWorks). VR administrative staff conducts routine reviews/audits of those plans to be certain that each plan is being tested on a routine basis.

Assigned VR staff may need to give priority to selected cases of the most severely disabled due to individuals who have special needs and/or may be taking medications for disabilities that would be life threatening if not available to the client. These individuals might require assistance in obtaining insulin, for example, for a diabetic condition. Other individuals may require special medication for epileptic seizures, spinal cord, heart conditions, or anti-depressant drugs. Individuals with cognitive impairments (lack of ability to reason) may need assistance to determine a course of action during a disaster or emergency. Counselors should maintain a list of disabled individuals on their caseloads that they consider would require some type of assistance during a natural disaster. This list should be reviewed on a periodic basis, updated, and maintained for quick reference purposes.

Procedures to be followed in the event of a disaster:

- District Manager, Director of Client Services, and OVR Director become aware of disaster and inter-communication begins.

District Manager assesses situation and reports to Director of Client Services and/or OVR Director his/her recommendations.

- Director of Client Services evaluates the availability/adequacy of case service funds for utilization during this period.
- Appropriate VR staff is identified by the Director of Client Services and/or OVR Director
- As necessary, client records are duplicated by MIS.
- Assign VR staff to locate/occupy available office space. Office space in several areas

within specified territory may be necessary.

- High-risk clients are identified and efforts to contact begin.
- VR staff provides appropriate services within the mission of the VR program and arrange/coordinate other services provided by community programs/organizations.
- Identify any equipment item needs and determine if any surplus equipment is available for loan purposes.
- Finalize arrangements to deliver equipment items identified to clients to expedite services.

It may be necessary to arrange for interpreter services for the deaf and/or mobility or reader services for the blind. It should be understood that during this period that MIS would consider request for client data a high priority.

4.2 HANDICAPPED PARKING - LICENSE PLATES & PLACARDS

Based on Section 27-19-56 Mississippi Code of 1972 as amended, any legal resident of the State of Mississippi who is physically handicapped may obtain a special license plate bearing the International Symbol of Access for not more than one vehicle that is registered in the applicant's name. The initial application shall be accompanied by the certification of a licensed physician that the applicant meets the definition of persons with disabilities, which limit or impair the ability to walk.

An applicant for a special license plate bearing the International Symbol of Access shall not be required to pay any fee or charge for the issuance of such license plate separate from or in addition to road and bridge privilege taxes, ad valorem taxes and registration fees otherwise required by law to be paid for the issuance of a regular license plate for such vehicle.

Also available is a removable placard bearing the International Symbol of Access, which allows the vehicle to park in areas set aside for the disabled when the person who is disabled is the driver or occupant of the vehicle. A temporary placard may be issued based upon a period determined by a physician that the applicant will have the disability, not to exceed six months. Placards for permanent conditions are printed as white on a blue shield. Temporary placards are white on a red shield and include a date of expiration. Both placards identify the individual for which it was issued.

Special license plates and placards may be obtained through the office of the Tax Collector in the applicant's residence county. Forms requiring a physician to certify the presence of a disability are also available through the Tax Collector's office.

4.3 PERSONNEL RECLASSIFICATION CRITERIA

Criteria has been developed for reclassification for VR/VRB Counselor I, II, III, Senior; Evaluator I, II, III, Senior; Job Placement Counselor I, II, III, Senior; Facility Manager I, II, III; Production Manager I, II, III; and Work Adjustment Instructor I, II, III. These criteria should be used in addition to those set forth in the MDRS Policy Manual.

Promotions are not based solely on the time a person is in a particular position. That is the minimum requirement to be eligible for consideration to be reclassified. The individual's immediate supervisor must provide documented evidence (examples) illustrating how the employee meets the following criteria.

Additionally, the Agency must have the funds and spend authority available from the State Legislature in the salary category to pay for any salary increases. The State Personnel Board now sets annual budgetary limits for agencies, this may delay increases from being made at the time they are requested.

VR/VRB Counselor:

In addition to the criteria required in the MDRS policy manual, OVR requires the following:

1. Evidence that the individual has met successful closure goals on previous performance appraisal and YTD on a prorated basis.
2. A statement concerning the employee's performance and progress at the current level to include:
 - a. Ability to perform job duties independently, and
 - b. Case management statistics reflect overall attentiveness to caseload, including time in status and timely client contacts and severely disabled and unsuccessful closure rates as deemed appropriate by supervisor.
3. Examples of the employee's willingness to accept supervision, dependability, effectiveness as a team player, to include willingness to accept additional assignments.
4. Appropriate participation in agency sponsored and outside training sessions.

Evaluators:

In addition to the criteria required in the MDRS policy manual, OVR requires the following:

1. Evidence that the individual has met goals on "Report Timeliness" and "Service Planning" on previous performance appraisal and YTD on a prorated basis.
2. A statement concerning the employee's performance and progress at the current level to include:

- a. Ability to perform job duties independently, and
 - b. Indication of an overall attentiveness to caseload, including minimization of time and service area and coordination of services with the referring counselor and others involved with services to individual clients.
3. Examples of the employee's willingness to accept supervision, dependability, effectiveness as a team player, to include willingness to accept additional assignments, going out of the way to assist clients and increase placement efforts, and innovation in service provision.
 4. Appropriate participation in agency sponsored and outside training sessions.

Facility Manager

In addition to the criteria required in the MDRS policy manual, OVR requires the following:

1. Evidence that the individual has met goals on "Financial Transactions," "Financial Status" and "Employment Status" on the previous performance appraisal and YTD on a prorated basis.
2. A statement concerning the employee's performance and progress at the current level to include:
 - a. Ability to perform job duties independently, and
 - b. How the AbilityWorks Outcome Measurement Report demonstrates CRP activities on a level warranting promotion.
3. Examples of the employee's willingness to accept supervision, dependability, effectiveness as a team leader and maintenance of adequate number and diversity of contracts.
4. Appropriate participation in agency sponsored and outside training sessions.

Job Placement Counselor:

In addition to the criteria required in the MDRS policy manual, OVR requires the following:

1. Evidence that the individual has met goals of "Enrolled," "Placed" and "Employee at Follow-up" on previous performance appraisal and YTD on a prorated basis.
2. A statement concerning the employee's performance and progress at the current level to include:
 - a. Ability to perform job duties independently, and
 - b. Ability to communicate and to develop and maintain quality relationships with employers.
3. Examples of the employee's willingness to accept supervision, dependability, effectiveness as a team player, to include willingness to accept additional assignments.
4. Appropriate participation in agency sponsored and outside training sessions.

Production Manager:

In addition to the criteria required in the MDRS policy manual, OVR requires the following:

1. Evidence that the individual has met goals on “Production Schedules” and “Safety” on the previous performance appraisal and YTD on a prorated basis.
2. Describe and provide examples of the employee’s performance and progress at the current level to include:
 - a. Ability to perform job duties independently, and
 - b. Provide activities within the workshop reflect overall attention to production needs.
3. Examples of the employee’s willingness to accept supervision, dependability, effectiveness as a team player, to include willingness to accept additional assignments.
4. Appropriate participation in agency sponsored and outside training sessions.

Work Adjustment Instructor:

In addition to the criteria required in the MDRS policy manual, OVR requires the following:

1. Evidence that the individual has met goals on “Completion of Reports to Interact within established procedures and prescribed time frames” on previous performance appraisal and YTD on a prorated basis.
2. Examples of the employee’s performance and progress at the current level to include:
 - a. Ability to perform job duties independently.
 - b. Provide workshop clients with instruction and training regarding manufacturing duties.
3. Examples of the employee’s willingness to accept supervision, dependability, effectiveness as a team player, to include willingness to accept additional assignments.
4. Appropriate participation in agency sponsored and outside training sessions.

4.4 REHABILITATION DEFINITIONS

Applicant means any person who signs or who, by and through his/her representative, i.e. parent, a family member, legal guardian, an advocate, or an authorized representative, causes to be signed, a dated application or letter requesting vocational rehabilitation services from the Mississippi Department of Rehabilitation Services.

(Authority: Section 12(c) of the Act; 29 U.S.C. 709(c))

Assistive Technology Device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an individual with a disability.

(Authority: Section 7(3) of the Act; 29 U.S.C. 705(3))

Assistive Technology Service means any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device, including---

- The evaluation of the needs of an individual with a disability, including a functional evaluation of the individual in his or her customary environment;
- Purchasing, leasing, or otherwise providing for the acquisition by an individual with a disability of an assistive technology device;
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- Training or technical assistance for an individual with a disability or, if appropriate, the family members, guardians, advocates, or authorized representatives of the individual; and
- Training or technical assistance for professionals (including individuals providing education and rehabilitation services), employers, or others who provide services to, employ, or are otherwise substantially involved in the major life functions of individuals with disabilities, to the extent that training or technical assistance is necessary to the achievement of an employment outcome by an individual with a disability.

(Authority: Sections 7(4) and 12(c) of the Act; 29 U.S.C. 705(4) and 709(c))

Community Rehabilitation Program means a program that provides directly or facilitates the provision of one or more of the following vocational rehabilitation services to individuals with disabilities to enable those individuals to maximize their opportunities for employment, including career advancement:

- Medical, psychiatric, psychological, social, and vocational services that are provided under one management;
- Testing, fitting, or training in the use of prosthetic and orthotic devices;
- Recreational therapy;
- Physical and occupational therapy;
- Speech, language, and hearing therapy;
- Psychiatric, psychological, and social services, including positive behavior management;
- Assessment for determining eligibility and vocational rehabilitation needs;
- Rehabilitation technology;
- Job development, placement, and retention services;
- Evaluation or control of specific disabilities;
- Orientation and mobility services for individuals who are blind;
- Extended employment;
- Psychosocial rehabilitation services;
- Supported employment services and extended services;
- Services to family members if necessary to enable the applicant or eligible individual to achieve an employment outcome;
- Personal assistance services; and
- Services similar to the services described above in this definition.

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

Comparable Services and Benefits means—

I. Services and benefits that are—

- A. Provided or paid for, in whole or in part, by other Federal, State, or local public agencies, by health insurance, or by employee benefits;
- B. Available to the individual at the time needed to ensure the progress of the individual toward achieving the employment outcome in the individual's individualized plan for employment in accordance with Sec. 361.53; and
- C. Commensurate to the services that the individual would otherwise receive from the designated State vocational rehabilitation agency.

II. For the purposes of this definition, comparable benefits do not include awards and scholarships based on merit.

(Authority: Sections 12(c) and 101(a) (8) of the Act; 29 U.S.C. 709(c) and 721(a)(8))

Competitive Employment means work---

I. In the competitive labor market that is performed on a full-time or part-time basis in an integrated setting; and

II. For which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled.

(Authority: Sections 7(11) and 12(c) of the Act; 29 U.S.C. 705(11) and 709(c))

Counseling and Guidance means to give advice, recommend, consult, and assist the consumer in dealing with issues related to adjustment to a disability. It can be --

I. Essential Counseling and Guidance - the mildest form of “advice giving” based on the counselor’s experience and training. The counselor primarily attempts to make the consumer aware of specific issues concerning services or reminds him/her of things/activities that need to be done regarding not only the services but also various issues surrounding those services. Essential counseling and guidance include subjects relating to the services that a counselor discusses with all consumers.

Example 1: For surgery, it may include a discussion with the consumer concerning following doctor’s orders, when to return to work, taking medication properly, and what to

expect in the hospital.

Example 2: For visual problems, it may include subjects such as eye protection, regular follow-ups for eye care, and general concerns about possibility of further eye loss.

Example 3: For hearing aids, it may include protecting hearing, keeping ear canals clean, caring for aids, and battery requirements.

Example 4: For prosthesis wearers, it may include keeping the stump clean and dry, changing stump socks, and skin protection.

- II. Planned Counseling and Guidance - results from the identification of a consumer problem(s) that requires the counselor and consumer to get together at regular intervals to discuss the problems(s) and work on its resolution or progress toward the goals established to resolve the problem. The issues related to adjustment to a disability such as problems with frustration/depression due to loss of functional capacities and changes in lifestyle are most likely the reason used to justify the counseling and guidance along with other problems that could possibly arise as the case progresses. There must be documentation to show that issues discussed, progress and future plans outlined to deal with the issues.

Eligible Individual means an applicant for vocational rehabilitation services who meets the following eligibility requirements:

- I. Basic Requirements. The Agency's determination of an applicant's eligibility for vocational rehabilitation services must be based only on the following requirements:
- A. A determination by qualified personnel that the applicant has a physical or mental impairment
 - B. A determination by qualified personnel that the applicant's physical or mental impairment constitutes or results in a substantial impediment to employment for the applicant
 - C. A determination by a qualified vocational rehabilitation counselor employed by the Agency that the applicant requires vocational rehabilitation services to prepare for, secure, retain, or regain employment consistent with the applicant's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.
 - D. A presumption, in accordance with paragraph (II) of this definition that the applicant can benefit in terms of an employment outcome from the provision of vocational rehabilitation services.
- II. Presumption of Benefit. The Agency must presume that an applicant who meets the eligibility requirements in paragraphs (A) and (B) of the Basic requirements above can benefit in terms of an employment outcome unless it demonstrates, based on clear and convincing evidence, that the applicant is incapable of benefiting in terms of an

employment outcome from vocational rehabilitation services due to the severity of the applicant's disability.

III. Presumption of Eligibility for Social Security Recipients and Beneficiaries

- A. Any applicant who has been determined eligible for Social Security benefits under Title II or Title XVI of the Social Security Act is ---
 - 1. Presumed eligible for vocational rehabilitation services under paragraphs (I) and (II) of this definition; and
 - 2. Considered an individual with a significant disability as defined
- B. If an applicant for vocational rehabilitation services asserts that he or she is eligible for Social Security benefits under Title II or Title XVI of the Social Security Act (and, therefore, is presumed eligible for vocational rehabilitation services under paragraph (III)(A)(1) of this definition), but is unable to provide appropriate evidence, such as an award letter, to support that assertion, the Agency must verify the applicant's eligibility under Title II or Title XVI of the Social Security Act by contacting the Social Security Administration. This verification must be made within a reasonable period of time that enables the Agency to determine the applicant's eligibility for vocational rehabilitation services within 60 days of the individual submitting an application for services.

IV. Achievement of an Employment Outcome. Any eligible individual, including an individual whose eligibility for vocational rehabilitation services is based on the individual being eligible for Social Security benefits under Title II or Title XVI of the Social Security Act, must intend to achieve an employment outcome that is consistent with the applicant's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

- A. The Agency is responsible for informing individuals, through its application process for vocational rehabilitation services that individuals who receive services under the program must intend to achieve an employment outcome.
- B. The applicant's completion of the application process for vocational rehabilitation services is sufficient evidence of the individual's intent to achieve an employment outcome, and no additional demonstration on the part of the applicant is required for purposes of satisfying paragraph (IV) of this definition.

V. Interpretation. Nothing in this definition is to be construed to create an entitlement to any vocational rehabilitation service.

(Authority: Sections 7(20) (A) and 102(a) (1) of the Act; 29 U.S.C. 705(20) (A) and 722(a) (1))

Employment Outcome means, with respect to an individual, entering or retaining full-time or, if appropriate, part-time competitive employment in the integrated labor market to the greatest

extent practicable; supported employment; or any other type of employment, including self-employment, telecommuting, or business ownership, that is consistent with an individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

(Authority: Sections 7(11), 12(c), 100(a) (2), and 102(b)(3)(A) of the Act; 29 U.S.C. 705(11), 709(c), 720(a)(2), and 722(b)(3)(A))

Extended employment means work in a non-integrated or sheltered setting for a public or private nonprofit agency or organization that provides compensation in accordance with the Fair Labor Standards Act.

(Authority: Section 12(c) of the Act; 29 U.S.C. 709(c))

Extended Services means ongoing support services and other appropriate services that are needed to support and maintain an individual with a most significant disability in supported employment and that are provided by a State agency, a private nonprofit organization, employer, or any other appropriate resource, from funds other than funds received under Title I (vocational rehabilitation) or Title VI, part B (supported employment), of the Rehabilitation Act as amended after an individual with a most significant disability has made the transition from support provided by the Agency.

(Authority: Sections 7(13) and 623 of the Act; 29 U.S.C. 705(13) and 795i)

Extreme Medical Risk means a probability of substantially increasing functional impairment or death if medical services, including mental health services, are not provided expeditiously.

(Authority: Sections 12(c) and 101(a)(8)(A)(i)(III) of the Act; 29 U.S.C. 709(c) and 721(a)(8)(A)(i)(III))

Family Member for purposes of receiving vocational rehabilitation services in accordance with Sec. 361.48(i), means an individual---

- I. Who either—
 - A. Is a relative or guardian of an applicant or eligible individual; or
 - B. Lives in the same household as an applicant or eligible individual;
- II. Who has a substantial interest in the well-being of that individual; and
- III. Whose receipt of vocational rehabilitation services is necessary to enable the applicant or eligible individual to achieve an employment outcome.

(Authority: Sections 12(c) and 103(a)(17) of the Act; 29 U.S.C. 709(c) and 723(a)(17))

Impartial Hearing Officer means an individual who ---

- I. Is not an employee of a public agency (other than an administrative law judge, hearing examiner, or employee of an institution of higher education)
- II. Is not a member of the MDRS State Rehabilitation Council
- III. Has not been involved previously in the vocational rehabilitation of the applicant or eligible individual
- IV. Has knowledge of the delivery of vocational rehabilitation services, the State plan, and the Federal and State regulations governing the provision of services
- V. Has received training with respect to the performance of official duties; and
- VI. Has no personal, professional, or financial interest that would be in conflict with the objectivity of the individual.

An individual is not considered to be an employee of a public agency for the purposes of this definition solely because the individual is paid by the agency to serve as a hearing officer.

(Authority: Section 7(16) of the Act; 29 U.S.C. 705(16))

Individual Who is Blind means a person who is blind within the meaning of applicable State law.

(Authority: Section 12(c) of the Act; 29 U.S.C. 709(c))

Individual With A Disability for Vocational Rehabilitation and Supported Employment means an individual ---

- I. Who has a physical or mental impairment;
- II. Whose impairment constitutes or results in a substantial impediment to employment; and
- III. Who can benefit in terms of an employment outcome from the provision of vocational rehabilitation services.

(Authority: Section 7(20)(A) of the Act; 29 U.S.C. 705(20)(A))

Individual with a Disability for Purposes of Special Disability Programs including independent living means an individual ---

- I. Who has a physical or mental impairment that substantially limits one or more major life activities;

- II. Who has a record of such an impairment; or
- III. Who is regarded as having such impairment.

(Authority: Section 7(20)(B) of the Act; 29 U.S.C. 705(20)(B))

Individual with A Most Significant Disability: an individual who meets the criteria for "significantly disabled" (Section 7(21) of the 1998 Rehabilitation Act Amendments) and:

- I. Whose physical or mental impairments seriously limit two or more functions in terms of employment outcomes, and,
- II. Who will require vocational rehabilitation services in order to prepare for, secure, retain, or regain employment that is consistent with that individual's unique strengths, resources, priorities, concerns, abilities, capacities, interests, and informed choice

(Authority: Sections 7(21) (E) (i) and 101(a) (5) (C) of the Act; 29 U.S.C. 705(21) (E) (i) and 721(a) (5) (C))

Individual With A Significant Disability an individual with a disability ---

- I. Who has a severe physical or mental impairment that seriously limits one or more functional capacities (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of an employment outcome;
- II. Whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time; and
- III. Who has one or more physical or mental disabilities or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation.

(Authority: Section 7(21) (A) of the Act; 29 U.S.C. 705(21) (A))

Individual's Representative means any representative chosen by an applicant or eligible individual, as appropriate, including a parent, guardian, other family member, or advocate, unless a representative has been appointed by a court to represent the individual, in which case the court-appointed representative is the individual's representative.

(Authority: Sections 7(22) and 12(c) of the Act; 29 U.S.C. 705(22) and 709(c))

Information and Referral Services means referral and other services necessary to assist individuals with disabilities, including eligible individuals who do not meet the agency's order of

selection criteria for receiving vocational rehabilitation services when the agency is operating on an order of selection, to secure needed services from other agencies and to advise those individuals about client assistance programs. This includes other components of the statewide workforce investment system.

Integrated Setting means ---

- I. With respect to the provision of services, a setting typically found in the community in which applicants or eligible individuals interact with non-disabled individuals other than non-disabled individuals who are providing services to those applicants or eligible individuals;
- II. With respect to an employment outcome, a setting typically found in the community in which applicants or eligible individuals interact with non-disabled individuals, other than non-disabled individuals who are providing services to those applicants or eligible individuals, to the same extent that non-disabled individuals in comparable positions interact with other persons.

(Authority: Section 12(c) of the Act; 29 U.S.C. 709(c))

Maintenance means monetary support provided to an individual for 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 vocational rehabilitation needs or the individual's receipt of vocational rehabilitation services under an individualized plan for employment.

Examples: The following are examples of expenses that would meet the definition of maintenance. The examples are illustrative, do not address all possible circumstances, and are not intended to substitute for individual counselor judgment.

- Example 1: The cost of a uniform or other suitable clothing that is required for an individual's job placement or job-seeking activities.
- Example 2: The cost of short-term shelter that is required in order for an individual to participate in assessment activities or vocational training at a site that is not within commuting distance of an individual's home.
- Example 3: The initial one-time costs, such as a security deposit or charges for the initiation of utilities that are required in order for an individual to relocate for a job placement.
- Example 4: The costs of an individual's participation in enrichment activities related to that individual's training program.

(Authority: Sections 12(c) and 103(a) (7) of the Act; 29 U.S.C. 709(c) and 723(a) (7))

Mediation means the act or process of using an independent third party to act as a mediator, intermediary, or conciliator to assist persons or parties in settling differences or disputes prior to pursuing formal administrative or other legal remedies.

(Authority: Section 12(c) of the Act; 29 U.S.C. 709(c))

Mediator (Qualified And Impartial) means an individual who ---

- I. Is not an employee of a public agency (other than an administrative law judge, hearing examiner, employee of a State office of mediators, or employee of an institution of higher education);
- II. Is not a member of the MDRS State Rehabilitation Council;
- III. Has not been involved previously in the vocational rehabilitation of the applicant or eligible individual;
- IV. Is knowledgeable of the vocational rehabilitation program and the applicable Federal and State laws, regulations, and policies governing the provision of vocational rehabilitation services;
- V. Has been trained in effective mediation techniques consistent with any State-approved or -recognized certification, licensing, registration, or other requirements; and
- VI. Has no personal, professional, or financial interest that would be in conflict with the objectivity of the individual during the mediation proceedings.

An individual serving as a mediator is not considered to be an employee of the Agency for the purposes of this definition solely because the individual is paid by the Agency to serve as a mediator.

(Authority: Sections 12(c) and 102(c) (4) of the Act; 29 U.S.C. 709(c) and 722(c) (4))

Ongoing Support Services as used in the definition of "Supported employment"

- I. Means services that are --
 - A. Needed to support and maintain an individual with a most significant disability in supported employment;
 - B. Identified based on a determination by the Agency of the individual's need as specified in an individualized plan for employment; and
 - C. Furnished by the Agency from the time of job placement until transition to extended services, unless post-employment services are provided following transition, and thereafter by one or more extended services providers throughout the individual's

- term of employment in a particular job placement or multiple placements if those placements are being provided under a program of transitional employment;
- II. Must include an assessment of employment stability and provision of specific services or the coordination of services at or away from the worksite that are needed to maintain stability based on ---
- A. At a minimum, twice-monthly monitoring at the worksite of each individual in supported employment; or
- B. If under specific circumstances, especially at the request of the individual, the individualized plan for employment provides for off-site monitoring, twice monthly meetings with the individual;
- II. Consist of ---
- Any particularized assessment supplementary to the comprehensive assessment of rehabilitation needs;
 - The provision of skilled job trainers who accompany the individual for intensive job skill training at the work site;
 - Job development and training;
 - Social skills training;
 - Regular observation or supervision of the individual;
 - Follow-up services including regular contact with the employers, the individuals, the parents, family members, guardians, advocates or authorized representatives of the individuals, and other suitable professional and informed advisors, in order to reinforce and stabilize the job placement;
 - Facilitation of natural supports at the worksite;
 - Any other service identified in the scope of vocational rehabilitation services for individuals, described in Sec. 361.48; or
 - Any service similar to the foregoing services.

(Authority: Sections 7(27) and 12(c) of the Act; 29 U.S.C. 705(27) and 709(c))

Personal Assistance Services means a range of services provided by one or more persons designed to assist an individual with a disability to perform daily living activities on or off the job that the individual would typically perform without assistance if the individual did not have a disability. The services must be designed to increase the individual's control in life and ability to perform everyday activities on or off the job. The services must be necessary to the achievement of an employment outcome and may be provided only while the individual is receiving other vocational rehabilitation services. The services may include training in managing, supervising, and directing personal assistance services.

(Authority: Sections 7(28), 102(b)(3)(B)(i)(I), and 103(a)(9) of the Act; 29 U.S.C. 05(28), 722(b)(3)(B)(i)(I), and 723(a)(9))

Physical and Mental Restoration Services means ---

- Corrective surgery or therapeutic treatment that is likely, within a reasonable period of time, to correct or modify substantially a stable or slowly progressive physical or mental impairment that constitutes a substantial impediment to employment;
- Diagnosis of and treatment for mental or emotional disorders by qualified personnel in accordance with State licensure laws;
- Dentistry;
- Nursing services;
- Necessary hospitalization (either inpatient or outpatient care) in connection with surgery or treatment and clinic services;
- Drugs and supplies;
- Prosthetic and orthotic devices;
- Eyeglasses and visual services, including visual training, and the examination and services necessary for the prescription and provision of eyeglasses, contact lenses, microscopic lenses, telescopic lenses, and other special visual aids prescribed by personnel that are qualified in accordance with State licensure laws;
- Podiatry;
- Physical therapy;
- Occupational therapy;
- Speech or hearing therapy;
- Mental health services;
- Treatment of either acute or chronic medical complications and emergencies that are associated with or arise out of the provision of physical and mental restoration services, or that are inherent in the condition under treatment;
- Special services for the treatment of individuals with end-stage renal disease, including transplantation, dialysis, artificial kidneys, and supplies; and
- Other medical or medically related rehabilitation services.

(Authority: Sections 12(c) and 103(a)(6) of the Act; 29 U.S.C. 709(c) and 723(a)(6))

Physical or Mental Impairment means ---

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

(Authority: Sections 7(20) (A) and 12(c) of the Act; 29 U.S.C. 705(20) (A) and 709(c))

Post-Employment Services means --- one or more of the services identified in Sec. 361.48 that are provided subsequent to the achievement of an employment outcome and that are necessary

for an individual to maintain, regain, or advance in employment, consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

Note: Post-employment services are intended to ensure that the employment outcome remains consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. These services are available to meet rehabilitation needs that do not require a complex and comprehensive provision of services and, thus, should be limited in scope and duration. If services that are more comprehensive are required, then a new rehabilitation effort should be considered. Post-employment services are to be provided under an amended individualized plan for employment; thus, a re-determination of eligibility is not required. The provision of post-employment services is subject to the same requirements in this part as the provision of any other vocational rehabilitation service. Post-employment services are available to assist an individual to maintain employment, e.g., the individual's employment is jeopardized because of conflicts with supervisors or co-workers, and the individual needs mental health services and counseling to maintain the employment; to regain employment, e.g., the individual's job is eliminated through reorganization and new placement services are needed; and to advance in employment, e.g., the employment is no longer consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

(Authority: Sections 12(c) and 103(a) (18) of the Act; 29 U.S.C. 709(c) and 723(a) (18))

Presumption is an assumption of fact that the law requires to be made from another group of facts already established. The 1998 Amendments to the Rehabilitation Act have created several presumptions to streamline the process of determining eligibility.

Rehabilitation Engineering means the systematic application of engineering sciences to design, develop, adapt, test, evaluate, apply, and distribute technological solutions to problems confronted by individuals with disabilities in functional areas, such as mobility, communications, hearing, vision, and cognition, and in activities associated with employment, independent living, education, and integration into the community.

(Authority: Section 7(12) (c) of the Act; 29 U.S.C. 709(c))

Rehabilitation Technology means the systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of, and address the barriers confronted by, individuals with disabilities in areas that include education, rehabilitation, employment, transportation, independent living, and recreation. The term includes rehabilitation engineering, assistive technology devices, and assistive technology services.

(Authority: Section 7(30) of the Act; 29 U.S.C. 705(30))

Substantial Impediment To Employment means that a physical or mental impairment (in light of attendant medical, psychological, vocational, educational, communication, and other related factors)

hinders an individual from preparing for, entering into, engaging in, or retaining employment in an integrated setting that is consistent with the individual's abilities, capabilities, career interests, and informed choice. A substantial impediment to employment exists when the physical or mental impairment results in a functional limitation or limitations that:

1. Require the individual to modify or change his or her regular occupation;
2. Make it difficult for the individual to prepare for, secure, retain, or regain employment;
3. Cause the refusal or reluctance of the former employer to re-employ the individual because of the impairment;
4. Necessitate additional preparation in order to perform the occupation;
5. Result in the deterioration of skills or of performance in the occupation;
6. Could result in termination of employment as the impairment progresses;
7. Reflect a direct relationship between the impairment and the individual's employability; or,
8. Continue to exist when an individual is employed, but prevent that individual from functioning at an occupational level consistent with his/her unique strengths, resources, priorities, concerns, abilities, capacities, interests, and informed choice.

(Authority: Sections 7(20) (A) and 12(c) of the Act; 29 U.S.C. 705(20) (A) and 709(c))

Supported Employment means ---

- I. Competitive employment in an integrated setting, or employment in integrated work settings in which individuals are working toward competitive employment, consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals with ongoing support services for individuals with the most significant disabilities ---
 - A. For whom competitive employment has not traditionally occurred or for whom competitive employment has been interrupted or intermittent as a result of a significant disability; and
 - B. Who, because of the nature and severity of their disabilities, need intensive supported employment services from the Agency and extended services after transition as described to perform this work; or
- II. Transitional employment, as defined, for individuals with the most significant disabilities due to mental illness.

(Authority: Section 7(35) of the Act; 29 U.S.C. 705(35))

Supported Employment Services means ongoing support services and other appropriate services needed to support and maintain an individual with a most significant disability in supported employment that are provided by the Agency ---

- I. For a period of time not to exceed 18 months, unless under special circumstances the eligible individual and the rehabilitation counselor or coordinator jointly agree to extend the time to achieve the employment outcome identified in the individualized plan for employment; and
- II. Following transition, as post-employment services that are unavailable from an extended services provider and that are necessary to maintain or regain the job placement or advance in employment.

(Authority: Sections 7(36) and 12(c) of the Act; 29 U.S.C. 705(36) and 709(c))

Transition Services means a coordinated set of activities for a student designed within an outcome-oriented process that promotes movement from school to post-school activities, including postsecondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. The coordinated set of activities must be based upon the individual student's needs, taking into account the 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.

(Authority: Section 7(37) and 103(a) (15) of the Act; 29 U.S.C. 705(37) and 723(a) (15))

Transitional Employment as used in the definition of "Supported employment" means a series of temporary job placements in competitive work in integrated settings with ongoing support services for individuals with the most significant disabilities due to mental illness. In transitional employment, the provision of ongoing support services must include continuing sequential job placements until job permanency is achieved.

(Authority: Sections 7(35) (B) and 12(c) of the Act; 29 U.S.C. 705(35) (B) and 709(c))

Transportation means travel and related expenses that are necessary to enable an applicant or eligible individual to participate in a vocational rehabilitation service, including expenses for training in the use of public transportation vehicles and systems.

Examples: The following are examples of expenses that would meet the definition of transportation. The examples are purely illustrative, do not address all possible circumstances, and are not intended to substitute for individual counselor judgment.

Example 1: Travel and related expenses for a personal care attendant or aide if the services of that person are necessary to enable the applicant or eligible individual to travel to participate in any vocational rehabilitation service.

Example 2: Relocation expenses incurred by an eligible individual in connection with a job placement that is a significant distance from the eligible individual's current residence.

(Authority: 103(a) (8) of the Act; 29 U.S.C. 723(a) (8))

Vocational Rehabilitation Services as appropriate to the vocational rehabilitation needs of each individual and consistent with each individual's informed choice, the Agency assures that the following vocational rehabilitation services are available to assist the individual with a disability in preparing for, securing, retaining, or regaining an employment outcome in an integrated setting that is consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice:

- Assessment for determining eligibility and priority for services by qualified personnel, including, if appropriate, an assessment by personnel skilled in rehabilitation technology;
- Assessment for determining vocational rehabilitation needs by qualified personnel, including, if appropriate, an assessment by personnel skilled in rehabilitation technology;
- Vocational rehabilitation counseling and guidance, including information and support services to assist an individual in exercising informed choice;
- Referral and other services necessary to assist applicants and eligible individuals to secure needed services from other agencies, including other components of the statewide workforce investment system and to advise those individuals about client assistance program;
- Physical and mental restoration services, to the extent that financial support is not readily available from a source other than the Agency (such as through health insurance or a comparable service or benefit);
- Vocational and other training services, including personal and vocational adjustment training, books, tools, and other training materials, except that no training or training services in an institution of higher education (universities, colleges, community or junior colleges, vocational schools, technical institutes, or hospital schools of nursing) may be paid for with funds under this part unless maximum efforts have been made by the Agency and the individual to secure grant assistance in whole or in part from other sources to pay for that training;
- Maintenance, as previously defined;
- Transportation in connection with the rendering of any vocational rehabilitation service and in accordance with the previous definition of that term;
- Vocational rehabilitation services to family members of an applicant or eligible individual if necessary to enable the applicant or eligible individual to achieve an employment outcome;

- Interpreter services, including sign language and oral interpreter services, for individuals who are deaf or hard of hearing and tactile interpreting services for individuals who are deaf-blind provided by qualified personnel;
- Reader services, rehabilitation teaching services, and orientation and mobility services for individuals who are blind;
- Job-related services, including job search and placement assistance, job retention services, follow-up services, and follow-along services;
- Supported employment services in accordance with the previous definition;
- Personal assistance services in accordance with the previous definition;
- Post-employment services in accordance with the previous definition;
- Occupational licenses, tools, equipment, initial stocks, and supplies;
- Rehabilitation technology in accordance with the previous definition, including vehicular modification, telecommunications, sensory, and other technological aids and devices;
- Transition services in accordance with the previous definition;
- Technical assistance and other consultation services to conduct market analyses, develop business plans, and otherwise provide resources, to the extent those resources are authorized to be provided through the statewide workforce investment system, to eligible individuals who are pursuing self-employment or telecommuting or establishing a small business operation as an employment outcome; and
- Other goods and services determined necessary for the individual with a disability to achieve an employment outcome.

(Authority: Section 103(a) of the Act; 29 U.S.C. 723(a))

4.5 REGISTRATION OF INTERPRETERS FOR THE DEAF

The purpose of these regulations is to promote public health, safety, and welfare by ensuring that deaf and hearing persons needing to communicate through an interpreter service have some measure of determining the basic qualifications of the person who presents himself or herself as an interpreter/translator of Sign Language to English and English to Sign Language. Further, in order to encourage those engaged in the business of interpreting for deaf persons to continue to improve their skill and perform in a professional manner, it is the purpose of these regulations to provide and impose sanctions against those individuals who do not meet or adhere to the procedures, qualifications and standards set out in these regulations.

Legal Authority: The Office of Deaf and Hard of Hearing (ODHH) within the Mississippi Department of Rehabilitation Services (MDRS) shall discharge, as additional duties and responsibilities, the provisions of this chapter in the recording of documentation, registering and regulation of persons who interpret/translate to provide communication between deaf and hearing persons for pay or remuneration, as established and empowered by 2005 Mississippi Laws, Chapter 402.

Definitions: The following definitions apply as used in these regulations, unless the context otherwise requires:

Certification means the level of credentials that has been granted by the National Association of

the Deaf (NAD) or the Registry of Interpreters for the Deaf (RID), and the documentation that supports the certification level the interpreter has achieved.

Deaf or Hard of Hearing Person means a person who has either no hearing or who has significant hearing loss so as to need the services of an interpreter to communicate. For the purposes of these regulations the term “deaf” will be used to denote persons who are deaf or hard of hearing who need interpreting services.

Deaf-Blind Person means a person who has either the dual loss of hearing and sight or who has significant hearing and vision losses so as to need the services of an interpreter to communicate. For the purposes of these regulations the term “deaf” will be used to denote persons who are deaf-blind who need interpreting services.

Department means the Mississippi Department of Rehabilitation Services.

Interpreter Training Program (ITP) means a postsecondary degree program of at least two (2) years in duration that is accredited by the Mississippi State Board for Community and Junior Colleges, the Mississippi Institutions of Higher Learning or, in the case of a nonresident, a comparable agency in another state.

Interpreter means an individual certified by the National Association of the Deaf, the Registry of Interpreters for the Deaf or an individual who holds a valid Mississippi Quality Assurance (QA) screening level or holds the equivalent or higher credentials from another state.

Interpreting means the process of providing accessible communication between and among consumers who are deaf or hard of hearing and those who are hearing. This process includes, but is not limited to, communication between persons who use American Sign Language, English, cued speech and oral communication. It may also involve various other modalities that involve visual, gestural, and tactile methods.

Quality Assurance Level means the level granted through the Mississippi Quality Assurance screening committee, and the documentation that supports the Quality Assurance (QA) level the interpreter has achieved.

Register means the process whereby the certification and QA level of qualified interpreters are documented and maintained so as to permit those individuals to act as an interpreter for pay in the State of Mississippi.

Registering Authority is the Mississippi Department of Rehabilitation Services, Office on Deaf and Hard of Hearing.

The Council means the three-person Advisory Council to ODHH for the Mississippi Interpreter Registration Law.

The Act means the Mississippi Interpreter Registration Law.

Undue Hardship means when an agency or school is left without an interpreter and/or it would be unreasonable to acquire a replacement interpreter where one is required by law or regulations.

Publication: ODHH shall maintain a list of the names and addresses of all persons registered under the Interpreting Registering Law and a list of all persons whose registration has been denied initially or for renewal, pursuant to the sections in these regulations.

4.5.1 The Registering Authority

The Registering Authority, with the advice of the Council and approval of the Executive Director of MDRS shall:

- A. Promulgate and implement rules and procedures to carry out the provisions of the Act
- B. Record, supervise and maintain the documentation of credentials of those applying for registration under the provisions of the Act
- C. Register persons who apply to the Registering Authority and meet requirements for registration as stated in Section IV and VI of these regulations and
- D. Establish registering and renewal of registration criteria for applicants

4.5.2 The Advisory Council

Council Structure and Purpose:

1. The Council shall consist of three (3) members; a deaf consumer, a registered interpreter who is actively engaged in the interpreting business and an at-large member. This council shall serve under the jurisdiction of ODHH and MDRS.
2. Council members shall be appointed by the Executive Director of MDRS.
3. Council members shall serve one (1) three-year (3) term, except for the initial members whose terms are set forth below.
4. The Council shall serve in an advisory capacity to the Department in matters relating to the administration and interpretation of the Act, including, but not limited to, writing rules and setting fees. It shall also serve as the appeals body for administration of the Act.
5. Terms of office for the initial council shall be as follows:
 - a. The deaf consumer member shall be selected for a three-year term.
 - b. The interpreter member shall be selected for a two-year term.
 - c. The at-large member shall be selected for a one-year term.

Meetings: Meetings will be held at the discretion of the Registering Authority, as deemed necessary. Meetings may be called by giving 10 days written notice.

4.5.3 Registration

Regular Registration Requirements: An applicant for regular registration shall submit to the Registering Authority written evidence in form and content satisfactory to the Registering Authority the following documentation:

1. Application for registration
2. Copy of Picture ID or Drivers' License with current address and one of the following:
 - a. copy of current RID certified membership card or
 - b. copy of current NAD Interpreter Certificate or membership card denoting applicant possesses NAD Interpreter Certificate or
 - c. copy of current QA Card indicating level achieved
3. Check or money order for required nonrefundable fees.

Student Registration: An applicant for student registration shall submit to the Registering Authority written evidence in form and content satisfactory to the Registering Authority the following documentation:

1. Application for student registration, signed by the applicant stating that he/she is a full-time student in an approved Interpreter Training Program as defined by the Act or has satisfactorily completed the ITP training not more than two years before.
2. Written permission to verify his/her status as a student.
3. A letter signed by his/her instructor verifying his/her current status as a student and indicating that the instructor is registered under the provisions of this act.

Student registration is for the purpose of permitting students to do occasional interpreting under the supervision of their teacher, or another skilled registered interpreter designated by their teacher. The student registration is not intended to permit students to hold full-time or regular part-time jobs as a professional interpreter while a current student. Student interpreters capable of functioning as a paid interpreter should be able to qualify for regular registration.

Persons registered under the student registration may continue to register under this classification for up to two years following the satisfactory completion of their Interpreter Training course of study. During this post-graduation time, they may work as a full-time or part-time paid interpreter.

Provisional registration may be granted to an applicant when one of the following occurs:

- A. Deaf consumer would be left without any interpreting service or
- B. Undue hardship would be put upon the school or agency because of the loss of interpreter services.

Length of Provisional Registration:

1. Provisional registration is for one year.
2. A person applying for renewal of a provisional registration must document activities to improve their skills toward the goal of meeting requirements for regular registration.
3. Only under extreme need that is documented in writing by the interpreter and others responsible for their work, plus a personal interview with the Council shall the provisional registration be renewed.
4. Out-of-State Registration: A person who resides in another state, but does interpret in the State of Mississippi for more than fifteen (15) calendar days, must register according to the Act in order to interpret in the state.

To apply for out-of-state registration, the applicant must provide the following documentation:

1. Application for registration
2. Copy of Picture ID or Drivers' License with current address and a copy of one of the following:
 - a. Current RID certified membership card or
 - b. Current NAD Interpreter Certificate or membership card denoting applicant possesses NAD Interpreter Certificate or
 - c. Current QA Card indicating level achieved or
 - d. State licensure/certification card or other credential that is equal or higher than what is required by the Act, and
3. Check or money order for required nonrefundable fees.

The Registering Authority will verify any out-of-state credentials to ensure they meet or exceed Mississippi standards. Out-of-state applicants may not register using a student or provisional registration.

4.5.4 Renewal of Registration

General Provisions: The Registering Authority shall register interpreters and renew them biennially, except for provisional registrations. The registering period shall begin on July 1 of each year.

Procedure for Renewal of Registration: The Registering Authority shall mail notices, at least thirty (30) days prior to the renewal date, to the last address registered with the Authority, to the person to whom the registration was issued or renewed during the preceding registration period. This mailing is done as a courtesy and is not incumbent on the Registering Authority. It is the registrant's responsibility to renew. The registrant shall:

1. Complete the renewal form
2. Submit documentation of credentials in accordance with Section IV
3. Enclose the renewal fee
4. File the above with the Registering Authority prior to the end of the renewal period.

Failure to Renew: A grace period extending for thirty penalties. A registrant who does not file, with the Registering Authority, his renewal application on or before the thirty (30) days will be deemed to have allowed his registration to lapse. A lapsed registration shall result in a fee of \$10.00 to be reinstated. In the event the registration is not renewed and/or reinstated, he/she shall be considered unregistered from the date of expiration (30) days shall be allowed after the expiration of a registration, during which a registration may be renewed with no.

4.5.5 Fees

In accordance with the Act, the following nonrefundable fees, where applicable, are payable to the Registering Authority by check or money order:

1. Application and Regular Registration Fee \$ 25.00
2. Application & Provisional Registration Fee \$ 20.00
3. Regular Registration Renewal Fee \$ 25.00
4. Provisional Registration Renewal Fee \$ 20.00
5. Out of State Registration Fee \$ 35.00
6. ID Card Replacement Fee \$ 10.00
7. Late Registration Fee \$ 10.00
8. Returned Check Fee \$ 30.00

4.5.6 Professional Identification

Anyone working as an interpreter between a deaf and hearing person for pay shall register according to the requirements of the Act.

When interpreting, anyone registered under this Act shall have their current, valid registration card available for review on request from consumers to demonstrate their compliance with the Act.

4.5.6 Exceptions and Exemptions

The Act and the regulations promulgated thereto:

- A. Is not intended to prevent any person from providing interpreting service for meetings that are considered religious in nature and
- B. Shall not apply to anyone providing interpreting services for which they are not paid, reimbursed or compensated.

4.5.7 Criminal Offenses and Punishment

Offenses: It is a misdemeanor for any person not registered under the provisions of the Act to:

1. Interpret for pay, other than the exceptions in Section 4.5.6
2. Engage in the practice of, or offer to engage in the practice of, interpreting for a fee
3. Use the title of interpreter in connection with the person's name

4. Assume the identity of an interpreter,
5. Use the title of interpreter in advertisements or descriptions, and/or
6. Perform the function of or convey the impression that the person is an interpreter.

Punishment: Violation of any provision of this Chapter is a misdemeanor punishable upon conviction by a fine of not less than Two Hundred Dollars (\$200.00) or more than One Thousand Dollars (\$1000.00), or by imprisonment for not more than six (6) months in the county jail, or by both.

4.5.7 Administrative Grievance Procedure

All persons aggrieved by a decision regarding the initial application for registration, or the renewal of registration, shall have the right of appeal and hearing process which will be reviewed by the Council.

Written notice will be provided to all applicants regarding denial of an initial or renewal of registration. Such notice shall contain the reason thereof and shall offer the applicant thirty (30) days to appeal the decision or to submit additional information pertinent to their application for a review by the Council.

If requested in writing within the specified time frame, a hearing will be provided in which the aggrieved party may show cause why the registration should be granted or renewed. The hearing shall be presided over by the chairperson of the Council, who is a voting member, or his/her designee.

After the conclusion of the hearing, the Council shall make findings of facts and conclusions, and shall issue a decision, separately stated, as to whether the initial registration shall be issued, or whether the renewal of registration shall be granted.

4.5.8 Complaints

The Registering Authority shall assist in referring complaints regarding interpreting services to the appropriate professional organization and/or authorities.