**Department of Employment, Training and Rehabilitation**
**Rehabilitation Division**

# Participant Services
# Policy and Procedures Manual

## Bureau of Vocational Rehabilitation

## Bureau of Services to the Blind and Visually Impaired

**Manual Version 7.0** **Effective Date: 05/15/2020**

Section 1: Authority, Mission, Equal Rights and Residency

Section 2: Effective Communication

Section 3: Informed Choice

Section 4: Referral of Participants

Section 5: Ticket to Work Program

Section 6: Application and Intake

Section 7: Financial Need and Participation

Section 8: Eligibility Determination for VR

Section 9: Order of Selection

Section 10: Counseling and Guidance, Assessment of Vocational Rehabilitation Needs (AVRN) and Individualized Plan for Employment (IPE)

Section 11: Reserved (Blank)

Section 12: Scope of VR Services Overview

- 12.1 Medical/Psychological/Dental/Hearing Loss/Blindness/Substance Abuse
- 12.2 Work Based Exploration, Learning and Training Experiences
- 12.3 Employment Development, Job Placement, Job Retention, Job Coaching and Service Coordination
- 12.4 Customized Employment
- 12.5 Post-Secondary Education and Other Vocational Training at Vocational Training Facilities
- 12.6 Transportation
- 12.7 Vehicle and Home Modification
- 12.8 Maintenance and Services to Family Members

12.9 Post-Employment Services

Section 13: Supported Employment

Section 14: Students and Youth with Disabilities

Section 15: Self-Employment

Section 16: Comparable Services and Benefits

Section 17: Equipment and Tool Purchase / Inventory

Section 18: Purchases and Payments of Goods and Services, Authorizations, Cash Pays and Authority Levels

Section 19: Closures

Section 20: Participant's Service Record

Section 21: Confidentiality – Protection and Release of Information

Section 22: Fair Hearing and Mediation Procedures

Section 23: Cooperation with Other Agencies

Section 24: Formal Case Review Process

Section 25: Older Individuals Who Are Blind

Section 26: Implementation of New Policies

Section 27: Workplace Safety, Disruptive Behavior and Expected Code of Conduct

Section 28: Inappropriate or Improper Use of VR Funds or If Fraud Occurs

Appendix A: Certificate of Eligibility (COE) Coding Instructions
and
Substantial Barriers to Employment Checklist

Appendix B: Definition of Terms / Acronyms

Appendix C: Forms Index
Advanced Degree Decision Making and Research Checklist

Authorization and Consent to Release Information
Auxiliary Aids for Effective Communication
Bus Pass and Paratransit Pass Activity Log
Business Plan Checklist for Self-Employment
Case Transfer Checklist
Cash Payment Forms (4)
CBA Agreement
Certificate for Youth Entering Employment at Subminimum Wage
Checklist of Requirements for Customized Employment
Counselor's Checklist for Self-Employment Plan Approvals
Cover Sheet for Youth Entering Employment at Subminimum Wage
Designation of Individual's Representative
Document Not Released / Copied
Employment Outcome Survey
Equipment Agreement with Participant
Executive Plan Checklist for Independent Contractors
Extended Employment Re-Evaluation Acknowledgement Form
Financial Participation Assessment Addendum Fillable Form
Financial Participation Tables A, B and C
Form A - Verification of Career Counseling, Information and Referral Services
Form B - Refusal of Career Counseling, Information and Referral Services
Gas Card Agreement Form
Gas Card / Mileage Travel Log
Home Modification Forms (5)
Inappropriate Use of VR Funds Discussion and Agreement Form
Ineligibility Information Statement
Ineligibility Letter Template
Information and Disclosure Statement
IPE Addendum: Additional Exploration of My Vocational Goal
IPE Goals that Require Advanced Degrees Agreement Form
Legal Guardian Consent Form -- Adult
On-the-Job Training Forms (4)
Parental or Legal Guardian Consent Form -- Transition Student
Participant Request for Case File Records
Participant Responsibilities for Post-Secondary Training
Publication and Media Consent Form

RD-87 Verification of Services Received
RD-87 Verification of Services Received - Gas Card
Receipt or Refusal of Pre-Employment Transition Services
Sample Plan for Collaboration and Active Participation in Achieving a Competitive Integrated Employment (CIE) Outcome
Services Subject to Financial Participation / Comparable Benefits
Student Checklist for College Training
Supported Employment Services Extension Form
Ticket to Work -- Beneficiary Fact Sheet
Ticket to Work -- Checklist for VR Counselors
Transition IPE Worksheet
Trial Semester Agreement Form
Vehicle Modification Forms (6)
Vehicle Purchase Forms (3)
Vehicle Repair Forms (5)
Work Experience and WBLE Forms (2)
Youth Refusal of Career Counseling, Information and Referral Services

Appendix D: Hard Copy File Format

Appendix E: Index and Cross Reference

**Contents**

Background ..... 1
Laws, Regulations and Authorities ..... 1
Federal Common Performance Measures ..... 2
Duties of the Administrator ..... 3
Mission, Vision, and Core Values ..... 3
Equal Rights ..... 4
Residency ..... 4

## Background

The Bureau of Services to the Blind and Visually Impaired (BSBVI) and the Bureau of Vocational Rehabilitation (BVR) are agencies of the Rehabilitation Division (Division) which are primarily concerned with vocational and other rehabilitation needs of individuals with disabilities. The Division functions under the Department of Employment, Training and Rehabilitation (DETR). Each Bureau employs rehabilitation counselors and technicians who assist program participants in understanding the rehabilitation process and accessing the Bureaus' programs. The Division also employs staff who administer, evaluate, provide clerical and administrative support, or perform other functions in order to carry out the Division's programs. Division staff must comply with State of Nevada personnel ethical requirements. Counseling staff also follow the CRCC (Commission on Rehabilitation Counselor Certification) professional code of ethics found at CRC Code of Ethics.

*Note: The Division's interpretation of advocacy and advocate on behalf of individuals with disabilities as described in the CRC Code of Ethics is to provide support, service coordination and empowerment. The Division's interpretation does not obligate the Division to represent individuals with disabilities in their relationships or dealings with third parties, whether the relationship or dealings are legal or otherwise.*

## Laws, Regulations and Authorities

This manual relies on the following Federal and State laws and regulations and other authorities:

- The Rehabilitation Act Amendments of 1973, as amended
  - Rehabilitation Act of 1973, as amended
- Public Law (PL) 113-128 The Workforce Innovation and Opportunity Act (WIOA)
  - PL 113-128 WIOA
- Title 34 – Education, Code of Federal Regulations (CFR) Parts 361, 363 and 367
  - 34 CFR 361 State of Vocational Rehabilitation Services Program
  - 34 CFR 363 The State Supported Employment Services Program

  - 34 CFR 367 Independent Living Services for Older Individuals Who Are Blind
- Nevada Revised Statutes (NRS) chapters 232.900-960, 426 and 615
  - NRS 232 State Departments
  - NRS 426 Persons with Disabilities
  - NRS 615 Vocational Rehabilitation
- Nevada Administrative Code (NAC) Chapters 232.210-330, 426 and 615
  - NAC 232 State Departments
  - NAC 426 Persons with Disabilities- Establishment and Operation of Vending Facilities on Public Property
  - NAC 615 Vocational Rehabilitation

**Federal Common Performance Measures**

The Division's performance is measured as required by Section 116 of Workforce Innovation and Opportunity Act (WIOA). The following are the six primary indicators of performance:

- Employment Rate – 2nd Quarter After Exit
  - Percentage of program participants who are in unsubsidized employment during the 2nd quarter after program exit
- Employment Rate – Fourth Quarter After Exit
  - Percentage of program participants who are in unsubsidized employment during the 4th quarter after program exit
- Median Earnings – 2nd Quarter After Exit
  - The median earnings of participants who are in unsubsidized employment during the second quarter after exit from the program
- Credential Attainment
  - Percentage of those participants enrolled in an education or training program (excluding those in on-the-job training (OJT) and customized training) who attain a recognized postsecondary credential or a secondary school diploma, or its recognized equivalent, during participation in or within one year after exit from the program
    - A participant who has attained a secondary school diploma or its recognized equivalent is included in the percentage of participants who have attained a secondary school diploma or its recognized equivalent only if the participant also is employed or is enrolled in an education or training program leading to a recognized postsecondary credential within one year after exit from the program
- Measurable Skill Gains
  - Percentage of program participants who, during a program year, are in an education or training program that leads to a recognized postsecondary credential or employment and who are achieving measurable skill gains, defined as documented academic, technical, occupational, or other forms of progress, towards such a credential or employment

- Effectiveness in serving employers
    - Requirement to establish an indicator

*For Guidance on the six primary indicators of performance refer to:*
RSA TAC-17-01 Performance Accountability Guidance for Workforce Innovation and Opportunity Act (WIOA) Title I, Title II, Title III and Title IV Core Programs

## Duties of the Administrator

The Administrator of the Division is responsible for:

- The administration of the BSBVI, the BVR and any other program administered by the Division which the Administrator considers appropriate to incorporate into the State Plan before submission to the federal government;
- The administration, through the Bureaus of the Division, of the provisions of NRS 426.518 to 426.720, inclusive, chapter 615, NRS 232.900 to 232.960, inclusive, and all other provisions of law relating to the functions of the Division and its Bureaus;
- The preparation of a State Plan, which serves as the basis for Nevada's operation and administration of the vocational rehabilitation program; and
- Upon receiving federal approval of the State Plan, for the distribution of copies of the approved State Plan to every field office operated by either Bureau and other appropriate entities.

The State Plan will be developed and updated annually or when there is a significant and relevant change in the information or the assurances contained in the Plan, the administration or operation of the Plan or in the organization, policies or operation of DETR or the Division. In developing and revising the State Plan, the Administrator shall consider, among other things, the amount of funding available from the federal government for the programs of the Division, the conditions under which such funds are accepted and the limitations of Nevada legislative appropriations for the programs.

## Mission, Vision, and Core Values

Mission: Actively engaging with Nevada businesses to understand their employment needs; and creating innovative programs that develop the strengths, priorities, and talents of individuals with disabilities; ensuring that Nevada works for everyone.

Vision: A skilled and inclusive Nevada workforce.

Core Values:

- Integrity — Be fearless to do the right thing
- Respect — Treat others with dignity
- Commitment — Show up with intention every day
- Accountability — Do your best in your actions and decisions
- Transparency — Be open, ethical and trustworthy

- Optimism Believe you can.

## Equal Rights

Compliance With Anti-Discrimination and Anti-Retaliation Provisions of the Rehabilitation Act and All Other Federal and State Statutes Pertaining to Discrimination:

It is the agency's policy to be in full compliance with all federal and state statutes prohibiting discrimination based on the nature or severity of your disability, age, race, color, ethnicity, natural origin, gender/ sex, gender identity, sexual orientation, religion, or political affiliation or belief as provided for by the Rehabilitation Act of 1973, as amended; the Americans with Disabilities Act of 1990, as amended found at ada.gov; the Equal Employment Opportunity Act of 1964, as amended found at EEOC.gov; and Nevada Revised Statutes 613 and 651 found at NRS 613 Employment Practices and NRS 651 Public Accommodations. The agency will not intimidate, threaten, coerce or discriminate against any individual for the purpose of interfering with any right or privilege secured by statute, and will provide reasonable accommodation, including auxiliary aids and services, for individuals with disabilities upon their request. Furthermore, retaliation, intimidation, threats, coercion or discrimination against any individual because he or she has complained, testified, assisted or participated in any manner in an investigation, proceeding or hearing is prohibited.

## Residency

There are no residency requirements for eligibility purposes. However, to receive services, an individual must be legally authorized to work in the United States, must physically be present in the state and available to participate in services in Nevada. The Division will pay costs associated with traveling to Nevada for assessment and service provision only in cases where Nevada has agreed with a bordering state to provide services to a specific community within that state that, which by nature of its location, is more accessible to Nevada's VR program than it is to the VR program of the State in which the community is situated. Extenuating circumstances that require an exception to this policy must be approved by the Chief of Program Services.

In the case of Tarango v. State Industrial Insurance System (117 Nev. 444), the Supreme Court of Nevada ruled that unauthorized workers are prohibited from receiving vocational rehabilitation benefits. (Tarango v. SIIS)

"Unauthorized Workers" describes immigrant workers who do not possess authorization to be employed pursuant to U.S. law. This group includes workers who are in the United States legally for various reasons (e.g., student visas, asylum applicants) but who nevertheless lack the authorization to work.

"Undocumented Worker" is used to describe immigrants whose presence in the U.S. is illegal. These workers form a subset of the immigrant population that is unauthorized to work.

## Effective Communication

Federal civil rights laws and the Rehabilitation Act's principle of Informed Choice require that the Rehabilitation Division (Division) ensure that its communications with individuals with disabilities are as effective as its communications with others. To this end, the Division will ensure that appropriate auxiliary aids and services are available at no cost to meet the disability related communication needs of each participant. Auxiliary aids and services will be provided for effective communication, where necessary, to afford qualified individuals with hearing, visual, cognitive or other disabilities an equal opportunity to participate in any aspect of the vocational rehabilitation program.

When the Division determines what type of auxiliary aids or services will be provided to a participant, the Division will give primary consideration to the communication requests of the participant. The Division offers a wide range of services, specialized aids, and supports that enable participants to access, comprehend and respond to information that is being communicated. These include the use of American Sign Language (ASL) Interpreters, Certified Deaf Interpreters (CDI), Certified Hearing Interpreters (CHI), video relay, text telephones (TTY), Relay Nevada, open and closed captioned video, Braille, large print materials, simple language materials, augmentative communication devices, materials in electronic format, and other modes that may be identified by the individual, or as appropriate, his/her authorized representative. Where a participant requests an interpreter, the Division will provide interpreters who are able to convey the communications effectively, accurately, and impartially both receptively and expressively, including the ability to convey any necessary specialized vocabulary.

Participants will not be required to provide their own interpreters or other auxiliary aids and services. However, if a participant makes an informed choice to use his/her own interpreter or otherwise provide their own auxiliary aids and services, the Division will respect that request. The Division will allow a participant who specifically requests to use his or her own interpreter only if the interpreter agrees to provide such assistance, and reliance on the interpreter is appropriate under the circumstances. The Division will work with the participant on that basis and will document the participant's decisions in the file.

Participants will receive timely information regarding the steps for requesting and obtaining auxiliary aids and services from the Division. This includes the information needed from the participant, the name and contact information of the Division employee responsible for receiving and acting on requests for auxiliary aids and services, the timeframes applicable to such requests, and the Division's complaint process for raising and resolving a participant's concerns about the provision of services.

The participant's assigned vocational rehabilitation counselor will be the point of contact for the initial request for auxiliary aids and services and will be responsible for ensuring the participant receives appropriate auxiliary aids and services. At the time of scheduling orientation, all prospective applicants will be informed of the availability of auxiliary aids and services, including their availability for all written and oral communications relating to the vocational rehabilitation program, such as scheduling, administering applications, conducting intake interviews and eligibility meetings, and providing benefits and services.

If a participant wishes to seek further assistance or file a complaint about auxiliary aids or services, the Division will, in accordance with its Fair Hearing and Mediation Procedures in Section 22 of this manual, promptly address and resolve the complaints and will ensure that a participant is provided the auxiliary aids and services he or she needs to participate effectively in the Division's programs. The chain of command responsible for receiving and addressing concerns about the delivery of all vocational rehabilitation services, including auxiliary aids and services, is the vocational rehabilitation counselor, the rehabilitation supervisor, the district manager, the bureau chief for programs, the deputy administrator for programs, and the administrator. A participant may also contact the Client Assistance Program (CAP) at any time to pursue their concerns.

The Division will not provide disability accommodations that are the legal responsibility of another party or service provider. The Division is not required to provide auxiliary aids or services that it can demonstrate would result in a fundamental alteration to the vocational rehabilitation program or in an undue financial or administrative burden to the Division. Such a decision will be made by the head of the Nevada DETR, or his or her designee, after considering all the resources available for use in the funding and operation of the vocational rehabilitation program from DETR and will be accompanied by a written statement of the reasons for reaching that conclusion. If the Division demonstrates that the provision of an auxiliary aid or service would result in a fundamental alteration or an administrative or financial burden, the Division will still provide any other auxiliary aids or services that would not result in such an alteration or such burdens but would nevertheless ensure that, to the maximum extent possible, participants receive the Division's services.

At the time of hire, the Division will provide onboarding training and orientation to all new employees regarding the Division's policies and procedures, including effective communication and services. Effective communication training is offered for existing employees on an annual basis.

**Contents**

Overview of Informed Choice ..... 1
Responsibilities ..... 2
Participant Responsibilities ..... 2
Counselor Responsibilities ..... 3

## Overview of Informed Choice

Applicants and individuals eligible for Vocational Rehabilitation (VR) services are active and full partners in the VR process, making meaningful choices during the assessments for determining eligibility and VR needs, the selection of an employment outcome, services needed to achieve the outcome, entities providing the services and methods used to secure the services.

Informed choice by its very nature implies that decisions made by participants are "informed" – meaning participants obtain sufficient information regarding the range of options available and an understanding of the potential pros and cons of each option, as well as an understanding of the limitations of the Division, as they make decisions throughout their VR cases. This differs from participant-centered choices where the participant makes a decision without having sufficient information to make an "informed" decision, and from counselor-centered decisions in which the counselor makes decisions that the participant "agrees to" without the benefit of exploring a range of options.

Informed choice does not imply unlimited choices or that the Counselor must agree with "any" choice made by the participant. Although the participant's choices are given serious consideration, they are not binding obligations. Participants are primarily responsible for making and carrying out decisions regarding their VR cases, however, those choices must be agreed to by the Counselor employed by the Division.

Informed choice must be implemented within set regulatory boundaries, ethical considerations and the policies, procedures and practices of the Division. For example, the chosen employment outcome must be consistent with the strengths, resources, priorities, concerns, abilities and interests, as well as the informed choice of the participant. If the participant chooses a goal that is not likely to lead to employment for that individual because it is not consistent with his or her primary employment factors, the Counselor is not under obligation to agree to that goal. One example of this may be an individual who has been released to light duty work who requests that the Division funds training that will provide him or her skills to become employed as an air conditioning technician. If accommodations cannot be made or a selective placement

cannot be identified, the heavy lifting of such an occupation could potentially put the participant at risk for further injury and would not be in line with the individual's abilities; therefore, the Counselor would not agree to this choice.

Informed Choice is mentioned multiple times in the Code of Federal Regulations (CFR) and in the Rehabilitation Act. The primary concepts of Informed Choice can be found in 34 CFR 361.52 Informed Choice.

Additional information is contained in the Rehabilitation Services Administration (RSA) Policy Directive PD-01-03 Implementation of Informed Choice. These concepts serve as the foundation for the following responsibilities of the Rehabilitation Counselor and the participant.

**Responsibilities**

Informed choice increases the responsibilities of the VR participant. The Counselor will use his or her knowledge and expertise to facilitate the process and provide support in assisting the participant to exercise informed choice while, to the extent possible, the participant takes the primary responsibility for gathering information and making and carrying out decisions.

**Participant Responsibilities**

These include, but are not limited to:

- Work jointly with their VR Counselor, and as appropriate, with other people important in their lives in order to make decisions that are supported by the policies, procedures and practices of the Division.
- 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 others are to be involved in the IPE planning process.
- Gather and use information and explore options. To the extent possible, participants take responsibility for obtaining information from a variety of sources that will help them make choices.
- Work with their VR Counselor to discover their strengths, abilities, capabilities and interests and to determine an employment outcome in line with these criteria.
- Seek or identify needed resources in order to make and implement decisions within regulatory boundaries and the agency's policies, procedures and practices, about the selection of the employment outcome, the VR services, service vendors, service and employment settings and methods for procuring services.
- Participate in planning and problem solving.
- Once the IPE has been signed by the participant and the Counselor employed by the Division, assume the responsibilities identified in the IPE for implementing the decisions and achieving the employment outcome.

**Counselor Responsibilities**

These include the provision of information and support services to exercise informed choice at Rehabilitation Act of 1973 Amended Section 103 (a) (2).

To the extent possible and necessary and within regulatory guidelines and policies, procedures and practices of the agency, Counselors encourage and facilitate a participant's ability to obtain information and explore options including:

- Exploration of a range of options or the opportunity to create new options to meet their specific rehabilitation needs.
- Information about potential consequences of various options.
- Information on the world of work.
- Development of skill sets for evaluating the information and making decisions.

Counselor responsibilities also include, but are not limited to:

- Informing applicants and eligible individuals through appropriate modes of communication, about the availability of, and opportunities to exercise, informed choice, including the availability of support services for individuals with cognitive or other disabilities who require assistance in exercising informed choice, throughout the vocational rehabilitation process.
- Assisting applicants and eligible participants in exercising informed choice in decisions related to the provision of assessment services.
- Providing or assisting eligible participants in acquiring information that enables those individuals to exercise informed choice in the selection of:
    - the employment outcome;
    - the specific vocational rehabilitation services needed to achieve the employment outcome;
    - the entity that will provide the services;
    - the employment setting and the settings in which the services will be provided; and
    - the methods available for procuring the services.
- Ensuring that the availability and scope of informed choice provided are consistent with the obligations of the Division.
- Facilitating the development of the participant's ability to gather information and support the participant in making decisions to the best of the participant's ability.
- Assisting the participant in discovering his or her strengths, abilities, capabilities and interests and facilitate the selection of an employment outcome that is consistent with the participant's strengths, resources, priorities, concerns, abilities, capabilities and interests as well as informed choice.
- Providing information regarding the options for developing the IPE. For example,
    - The participant developing all or part of the IPE.
    - The participant using technical assistance in developing all or part of the IPE, including the assistance of the VR counselor or other resources.

- Providing or assisting the eligible participant to acquire information regarding:
    - The cost, accessibility and duration of services.
    - The types of services.
    - The degree to which services are integrated.
    - The qualifications of service vendors.
    - To the extent available, information regarding customer satisfaction with those services.
- Informing participants that informed choice includes making choices from a range of options and within parameters such as regulations and policies that affect the exercise of informed choice.

**Contents**

Referral of Participants ..... 1
Referral of Youth Seeking Subminimum Wage Employment ..... 1
Referral of Individuals Participating in Subminimum Wage Employment ..... 2
Required Intervals ..... 3
Documentation Requirements ..... 3
Referral of Employees and/or Relatives of Employees ..... 4

## Referral of Participants

Inquiries regarding vocational rehabilitation or other services will be answered by the involved staff member, referred to a more knowledgeable staff member or referred to the Client Assistance Program (CAP).

Individuals referred to Vocational Rehabilitation (VR) will be contacted in a reasonable amount of time and invited:

- To attend orientation; or
- To attend an intake; or
- Use the orientation kiosk at a local VR office; or
- Watch an orientation video online.

As outlined in Section 6: Application and Intake, during the application process, individuals referred to VR may also be referred to other Federal, State or other programs that may be better suited to meet their needs.

## Referral of Youth Seeking Subminimum Wage Employment

Policies in Section 14: Students and Youth with Disabilities will be followed for youth referred to VR who are seeking to enter subminimum wage employment with an entity holding special wage certificates under Section 14(c) of the Fair Labor Standards Act of 1938, as amended.

After a youth enters subminimum wage employment career counseling, information and referral services must be provided as described below “Referral of Individuals Participating in Subminimum Wage Employment.”

In addition, a review must be conducted to re-evaluate the youth’s interests, priorities and needs, in respect to competitive integrated employment, on a semi-annual basis for the first two years after the participant’s case closes, and annually thereafter. Career

counseling, information and referral services may be provided as part of this review, however, this review includes additional requirements as described in Section 13: Supported Employment or Section 19: Closures (Under "Re-evaluation Requirements For Cases Closed in Extended Employment"). The "Extended Employment Re-evaluation" Form must be completed in addition to any "Verification" or "Refusal" of Career Counseling, Information and Referral forms noted below.

**Referral of Individuals Participating in Subminimum Wage Employment**

The agency must provide or coordinate provision of career counseling and information and referral services to individuals with disabilities who are earning subminimum wage and are known by the agency, to be employed by an entity holding a special wage certificates under Section 14(c) of the Fair Labor Standards Act.

These individuals may be known by the agency through involvement in the VR process, self-referral, referral from the Client Assistance Program or another agency or referral from an entity (an employer, contractor or subcontractor of an entity) holding a special wage certificate under Section 14(c) of the Fair Labor Standards Act, or through other methods.

Career counseling must be provided in a manner that is:

- Understandable to the individual with a disability.
- Facilitates independent decision making and informed choice as the individual makes decisions regarding opportunities for competitive integrated employment and career advancement, including opportunities for supported and/or customized employment.
- May include referrals for benefits planning especially with regards to the interplay between earned income and income-based financial, medical and other benefits.

The agency may contract with other entities, including paid vendors to provide these services; however, these services may not be provided by an entity holding a special wage certificates under Section 14(c) of the Fair Labor Standards Act.

Referrals made by an employer (who holds a special wage certificate under Section 14(c) of the Fair Labor Standards Act) with fewer than 15 employees earning subminimum wage: In addition to Career Counseling and Referral Services, within 30 days of the referral the agency must also inform the individual of self-advocacy, self-determination, and peer mentoring and training opportunities available in the community.

**Required Intervals**:

For individuals hired at subminimum wage on or after 7/22/16 these services must be provided once every six months for the first year of the individual's subminimum wage employment and annually thereafter.

For individuals employed at subminimum wage employment prior to 7/22/16 these services must be completed annually.

The date of the initial service is based on the date the individual becomes known to VR.

**Documentation Requirements**:

Documentation of Completed Services:

**Form A: "Verification of Career Counseling, Information and Referral Services**" will be completed.

This form or a copy of the form will be provided to the individual who received the services. Generally, this will be done on the same day the services were completed. If not, the form must be provided as soon thereafter as possible, not to exceed 45 calendar days after the completion of services. This time frame may extend to 90 days in rare extenuating circumstances (such as a natural disaster or the unexpected lengthy absence of staff responsible for providing the documentation). The agency will also retain a copy of this form.

"Form A" contains required documentation elements per 34 CFR 397.40 (d) at What are the responsibilities of a designated State unit for individuals with disabilities, regardless of age, who are employed at a subminimum wage? as follows:

- Name of individual
- Description of services or activities completed
- Name of provider of the services or activities
- Date required services or activities were completed
- Signature and date of the individual who provided the service
- Signature of the person giving the documentation to the individual who received these services
- Date and method the documentation was provided to the individual who received these services

Documentation of Refusal of Services

**Form B: "Refusal of Career Counseling, Information and Referral Services"** will be completed if an individual with a disability who is employed at subminimum wage (for an entity holding a special wage certificate under Section 14(c) of the Fair Labor Standards Act) makes an informed choice not to participate in Career Counseling Information and Referral Services or as appropriate if his or her representative refuses these services. This form or a copy of the form must be provided to the individual within 10 calendar days of the refusal to participate. A copy must also be retained by agency.

"Form B" contains required documentation elements per 34 CFR 397.50 (d) at What is the role of the designated State unit in the review of documentation under this part?:

- Name of the individual
- Reason for refusal
- Signature and date of the individual or as applicable the individual's representative
- Signature and date of agency staff documenting the individual's refusal
- Date and method the documentation was provided to the individual who refused these services

**Referral of Employees and/or Relatives of Employees**

Applicants who are VR employees or relatives or household members of VR employees will be referred to a Rehabilitation Counselor outside of the office in which the employee works. The Rehabilitation Manager (district manager) will determine in which specific office the case will be handled prior to intake.

If for some reason an employee or employee's relative has a case currently open in the same office as the employee, the case will be transferred to another location as soon as reasonably possible. That location will be determined by the Rehabilitation Manager.

The Rehabilitation Manager will notify the Chief of Program Services of any employee of the Division or relatives or household members of an employee of the Division who has applied for services to ensure compliance with these policies and procedures. Files of such employees will be kept confidential and access will be limited to Division staff on a need to know basis as identified by the Rehabilitation Manager.

The employee may not access case file documentation electronically or by hard copy at any time unless the request for information goes through appropriate channels, via the Rehabilitation Counselor and an "Authorization and Consent to Release Information" has been completed. When a request for information has been properly executed, the information will be provided to the employee via the Rehabilitation Counselor.

The employee may not discuss the status of the case with the Rehabilitation Counselor or other VR staff during work hours. The employee must schedule appointments to discuss their case with the Rehabilitation Counselor or other VR staff during the employee's break times, lunchtime or take annual leave.

**Contents**

Ticket to Work Program ..... 1
Individualized Plan for Employment (IPE) Approval ..... 2
If a participant has their ticket assigned to an Employment Network (EN) ..... 2
Procedure if participant keeps the Ticket assigned to an EN ..... 2
Timely Progress Reviews (TPR) / Continuing Disability Reviews (CDR) ..... 3
Case Closure ..... 4

## Ticket to Work Program

The Ticket to Work (TTW) program is part of Social Security Administration's Ticket to Work and Work Incentives Improvement Act. It is a free and voluntary program available to people ages 18 through 64 who are blind or have a disability and who receive Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits.

The goals of the Ticket to Work Program are to:

- Offer beneficiaries with disabilities expanded choices when seeking service and supports to enter, re-enter, and/or maintain employment;
- Increase the financial independence and self-sufficiency of beneficiaries with disabilities; and
- Reduce and, whenever possible, eliminate reliance on disability benefits.

Many work incentives are available to SSA beneficiaries whether or not their Ticket is being used. A limited number of additional benefits are available to SSA beneficiaries from the TTW program, and those benefits can only be used if the Ticket has been placed "In-Use" with a State Vocational Rehabilitation (VR) agency or "Assigned" to an approved Employment Network (EN). The Ticket cannot be "Assigned" to an EN and "In-Use" with a State VR agency at the same time.

The VR application includes waivers and release of information authorization which allows Rehabilitation Division staff to communicate with SSA and other agencies using personally identifying information. Verification of SSDI/SSI benefits of all individuals in the VR program may be requested according to the Information Exchange Agreement between the Social Security Administration and the Nevada Department of Employment, Training and Rehabilitation.

**Individualized Plan for Employment (IPE) Approval**

Once the participant signs an Individualized Plan for Employment (IPE), Division staff notifies SSA's Ticket to Work Operations Support Manager (Maximus) that the participant is in an IPE status. The "Ticket", if available, will then be placed "In-Use" with Nevada VR.

**If a participant has their ticket assigned to an Employment Network (EN)**

The Counselor will be e-mailed by the Division's Program Officer if a participant has assigned their Ticket to an Employment Network (EN). The Counselor shall discuss available options with the participant to assist him or her to make a decision regarding the Ticket assignment.

Options:

A. The participant may un-assign their Ticket from the EN by completing the Ticket Un-Assignment Form and submitting it to the Operations Support Manager **(Maximus)**. Ticket Un-Assignment Form TTW

B. The participant may keep the Ticket assigned to the EN, in which case, VR will not pay for any services which the EN has agreed with the Social Security Administration (SSA) to provide under the Ticket to Work program. The responsibilities of the EN and VR must clearly be spelled out in the IPE.

   Option "B" allows both the EN and VR to work together (in differing ways) toward the participant's achievement of an employment outcome. It provides the participant the option of maintaining a steady and stable relationship with the EN that is already familiar with his or her needs, and it may also result in a cost savings to VR as the EN's services can be considered a comparable benefit. Many EN's provide job placement, job coaching and employment retention services as part of their agreement with SSA.

**Procedure if participant keeps the Ticket assigned to an EN:**

VR will not pay for any services that the EN has, in their agreement with Social Security, agreed to provide Ticket holders. For example, if the EN's agreement with Social Security includes job coaching and job search/placement assistance, VR will not pay for these services nor may the EN charge the participant for these services. VR will not pay for these services even if the EN has a contract with VR to provide these services, as the EN already agreed to provide these services under the Ticket to Work program

and the participant has made a choice to assign their Ticket to and receive these services from the EN.

The counselor may **either** contact the Division's Program Officer **or** go to SSA Ticket to Work and navigate to the list of EN's to determine which services the EN has agreed with SSA to provide.

Note: The Employment Network has the option to un-assign the Ticket regardless if the participant chooses to keep it assigned to them or not. If the EN is a vendor and chooses to un-assign the Ticket, and it is subsequently assigned to VR (versus another EN), then VR may pay a vendor (the vendor that previously held the ticket to work or another vendor depending on the circumstances of the case and the informed choice of the participant) for services as agreed to in a fully executed contract. The case file must contain documentation that the Ticket is no longer assigned to an EN.

The IPE must clearly delineate which services the EN is responsible for providing per their agreement with Social Security and which services VR is providing.

Example:

The participant has assigned their Ticket to ABC Employment Services while in IPE status with VR. The participant requires hearing aids, vocational training, job placement, job coaching and follow along services.

Per ABC's agreement with Social Security, they provide job placement, job coaching, and on-going employment support/ job retention (follow along). In this case, VR may fund the hearing aids and the vocational training, but the IPE will clearly indicate that ABC Employment Services will provide the job placement assistance, job coaching and follow along as a comparable benefit at no cost to VR (or the participant).

If the Ticket is assigned to an EN after the implementation of the IPE, then the IPE must be amended to reflect these changes.

**Timely Progress Reviews (TPR) / Continuing Disability Reviews (CDR)**

While the participant's Ticket is "In-Use", SSA will excuse them from medical Continuing Disability Reviews (CDR) as long as they are actively participating in the program and meeting SSA's Timely Progress goals (see "Timely Progress Guidelines" in the TTW Beneficiary Fact Sheet located in Appendix C).

The consequences of not meeting the Timely Progress goals may result in medical CDR's.

If the participant is in a prolonged plan, e.g., college education, and is expected to go beyond normal completion deadlines, not meeting Timely Progress goals will not affect the participant's SSA benefits nor will it affect the VR process. The only result is that

the participant may be subject to medical CDR's. A medical CDR may affect a participant's SSA benefits and should be discussed prior to signing the IPE.

**Case Closure**

At case closure, participants are reminded that they can choose to "Assign" their Ticket to an EN for on-going job retention support services and to continue their medical CDR protection. A list of approved ENs is available at SSA Ticket to Work or contacting SSA's TTW Help Line toll-free at 866-968-7842.

Once the participant's VR case has been closed, Division staff notifies SSA's Ticket to Work Operations Support Manager (Maximus). The "Ticket" will then be released and available for "Assignment" to an EN.

- From the date of VR case closure, the participant has 90 days to assign their Ticket to an Employment Network (EN) in order to continue to be excused from medical CDR's.
- Assigning the Ticket to an EN is voluntary.

**Contents**

Application for Services ..... 1
Individuals Seeking Uncompensated Employment: ..... 2
Reapplication after Closure Due to a Repeated, Marked or Pronounced Pattern of Refusing to Cooperate: ..... 2
Intake ..... 3
Information and Disclosure Statement: ..... 4
Benefits Planning and Ticket to Work: ..... 4
Voter Registration: ..... 4
Individual's Representative ..... 4
Eligibility Determination ..... 5

## Application for Services

An application is a signed and dated request for services. It may be an agency form, a common intake application form from a One-Stop center, an Internet application, a letter or other equivalent document containing information necessary to initiate an assessment to determine eligibility. Evidence of signature may be, as appropriate, a witnessing mark, audiotape or a record from a Telephone Device for the Deaf (TTD), such as a Text Telephone (TTY). The agency will provide assistance to complete the application if needed.

The formal date of application is the date the agency receives the application via any modality. A date stamp will be affixed to the application upon receipt. Any lag time between the receipt of the application (mailed in, handed in after orientation, etc.) and the intake interview is counted toward the sixty (60) day eligibility determination timeframe.

A Rehabilitation Counselor or designee may review and screen an applicant, or potential applicant, who is seeking service, to learn if the person would be more suitably served by another employment-focused program or social services program. If the counselor believes a potential applicant would be more suitably served by another entity, he or she must inform the individual of the reasons he or she came to this conclusion in order to assist the individual to make an informed choice on whether or not to submit an application for VR services. If an individual chooses to submit an application, a standardized intake summary will be completed, and an assessment of eligibility will be conducted. Submission of an application does not guarantee an individual will be determined eligible for services.

The agency will maintain a community resource list and make referrals to other appropriate Federal and State programs best-suited to address the specific rehabilitation, independent living and rehabilitation needs if the individual is found to be ineligible, or if the individual decides that appropriate services would be better provided through another service provider.

Prior to this referral the agency must: (See 34 CFR 361.37 Information and referral programs)

- Explain the purpose of the vocational rehabilitation program is to assist the individual to achieve a competitive integrated employment outcome
- Provide the individual with information concerning the availability of employment options and of VR services to assist the individual to achieve an employment outcome
- As applicable, explain that services can be provided to eligible individuals in an extended employment setting if necessary, for purposes of training or otherwise preparing for employment in an integrated setting (if these services cannot be provided in an integrated setting)
- Inform individuals who initially choose not to pursue a competitive integrated employment outcome that he or she can seek VR services at a future time if he or she chooses to pursue a competitive integrated employment outcome
- As applicable, refer the individual to Social Security Administration to obtain information concerning the ability to work while receiving Social Security benefits.

When referring individuals to other Federal or State Programs the individual should be provided:

- A notice of the referral
- Information identifying a specific point of contact within the agency to which the individual is referred
- As applicable, information and advice regarding the most suitable services to assist the individuals to prepare for, secure, retain or regain employment

**Individuals Seeking Uncompensated Employment:**
VR services are intended to assist individuals to achieve competitive integrated employment, including supported or customized employment. Individuals seeking uncompensated outcomes such as homemaker or unpaid family worker should be referred to appropriate resources available in the community such as the Older Individuals who are Blind Program or Independent Living Programs.

**Reapplication after Closure Due to a Repeated, Marked or Pronounced Pattern of Refusing to Cooperate:**
Upon knowledge of a previous case, the counselor will read the closure summary.

If the closure report in the previous case indicates a case closed based on a repeated, marked or pronounced pattern of refusing to cooperate:

- As applicable, the counselor will need to address with the participant:
  - How will this case be different from the last?
  - What are you willing to do differently that you weren't willing to do before?
  - How will we obtain the following information we need … (that we weren't able to obtain in the previous case)? (fixed spacing)
  - Other pertinent questions based on the circumstances of the previous case.
- Another case will only be opened if the participant is willing to address the issues that resulted in the previous case being closed; **and**
- The participant must sign and agree to a reasonable, "Plan for Collaboration and Active Participation in Achieving a Competitive Integrated Employment Outcome". See a sample in the forms index.
  - The reasonable plan of cooperation must be signed by the counselor and participant, with a copy given to the participant and a copy scanned into the case file; and
  - The participant must be informed he or she does not have to sign the agreement, but refusal to do so will result in a case not being opened. The participant must be provided CAPS and appeals right; **and**

- The case will only remain open as long as the individual cooperates, follows through and makes progress as agreed upon in the plan of cooperation. If the individual continues to fail to cooperate, the case will be closed again.

If the individual refuses to agree to a plan of cooperation, resulting in a new case not being opened, the counselor must complete a case note in the most recent case (the case that was closed for refusing to cooperate) which documents the discussion with the participant and the reasons for not opening a new case.

**Intake**

An intake, utilizing concepts from person-centered planning and informed choice (such as discovering an individual's capabilities and discovering what is really important to that individual in relation to his or her vocational choices) will be completed covering all applicable topics. The intake summary should be well organized, follow accepted agency protocol and include sufficient information on the applicant's perceived functional limitations and disability related barriers to employment; perceived strengths and abilities; occupational priorities; job needs; and personal factors that may affect employment.

If the applicant had a prior case that was not closed successfully or the applicant has had multiple VR cases and continues to struggle with obtaining or maintaining employment, the counselor will read the closure summary from the previous case(s) and as appropriate, will provide counseling and guidance to assist the individual in identifying the themes or actions that may be affecting participation in VR services or employment. This may include, but is not limited to, assisting the participant to explore issues such as:

- Needs that were not met (training, accommodation etc.)
- Lack of commitment or follow through
- Job losses due to behavior patterns
- Priorities that took precedence over employment (family needs etc.)
- Does not intend to achieve an employment outcome (see Section 8: Eligibility Determination for VR when addressing rare situations in which the participant has demonstrated by repeated or aberrant actions lack intent to achieve an employment outcome)

The counselor will then, as appropriate, assist the individual to explore, how these issues can be addressed in the current case in order to facilitate successful long-term employment; including as appropriate, any additional assessments or evaluations that would assist in identifying barriers to employment and recommendations to alleviate them.

**Information and Disclosure Statement:**
The Information and Disclosure Statement form, which includes the Fair Hearing Process, and Participant Bill of Rights and information on confidentiality will be provided and reviewed with each applicant during intake. Applicants should initial each page and sign the final page. The applicant shall be provided a copy and an entire copy should be scanned into the electronic case management file along with the written application.

**Benefits Planning and Ticket to Work:**
Benefits planning and Ticket to Work should be discussed during the intake if the applicant receives Social Security payments (SSI or SSDI) due to a disability.

**Voter Registration:**
All applicants will be provided the opportunity to register to vote. It is the responsibility of the individual who completes the intake to ensure State procedures are followed when assisting applicants to register to vote.

**Individual's Representative**
The applicant may choose to have another individual represent him/her at any time during the VR process, in which case the **"Designation of Individual's**

**Representative" form must be completed** and signed by both the participant and the named representative.

Note #1: Individual representative is defined as 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, in which case the court-appointed representative is the individual's representative.

Note #2: Parents and Legal Guardians of Students with Disabilities under age 18: The parent or legal guardian of a student under age 18 must sign the parental/legal guardian consent form as well as all other forms requiring a participant's signature (such as the application for services, releases of information and the individualized plan for employment etc.)

Note #3: Court Appointed Guardians of Adults Age 18 and Above: If the individual has a court appointed representative, the agency must have documentation of such. The "Legal Guardian Consent Form" (rather than the "Designation of Individual's Representative Form") will be signed by the legal guardian. The legal guardian must also sign all other forms requiring the participant's signature including the application for services, the individualized plan for employment and releases of information.

## Eligibility Determination

The qualified rehabilitation professional will make an eligibility determination within the timeframes described in Section 8 of this manual (Eligibility Determination for VR) and pursuant to 34 CFR 361.41 Processing referrals and applications.

Note: Per RSA Technical Assistance Circular, RSA-TAC-12-04, RSA maintains that it is permissible for more than one VR agency to provide services to an individual at the same time, so long as the services provided by each are not duplicated. RSA also strongly encourages collaboration between VR agencies in differing states when simultaneously providing VR services to an individual. For example, the need for such collaboration can arise when an individual receives financial assistance from the VR agency in the state where he or she resides to attend a post-secondary education institution in another state. While attending the college or university, the individual may require other services, including, but not limited to, orientation and mobility training, assistive technology devices and training in their use, reader or interpreter services, and personal assistance services. In cases where such additional services are necessary, the VR agency located in the state where the individual is attending college is often in closest proximity to the individual and possesses the knowledge of the sources available in the state to provide such services.
RSA TAC-12-04 Provision of Vocational Rehabilitation Services to an Individual by More Than One Agency

If a participant has a case open in another state VR agency, the counselor will obtain a release of information from the participant or his/her representative allowing the two agencies to collaborate. The counselor will also obtain a copy of the other agency's Individualized Plan for Employment (IPE) and ensure there is no duplication of services. If the participant does not cooperate in allowing the two agencies to collaborate (for example refuses to sign a release of information), services may be suspended in order to ensure there is no duplication of services.

**Contents**

Financial Need and Participation ..... 1
Exemptions Based on Financial Need ..... 1
Individuals not automatically exempt: ..... 2
Limitations ..... 2
Exemption for Certain Goods and Services ..... 3
Exceptions for Extenuating Circumstances ..... 3
Determination of the Amount of Financial Participation ..... 4
Procedures ..... 4

## Financial Need and Participation

Participants, who are not otherwise exempt, are expected to participate in the cost of IPE services and non-assessment services (e.g., clothing and transportation) provided as part of Trial Work Experience(s) Plans or Post Employment Plans. Exemptions based on financial need, exemptions for certain goods, and services and exemptions for exceptional circumstances are noted below.

## Exemptions Based on Financial Need

Individuals who receive one or more of the following government benefits are exempt from financial participation:

- SSDI (for a disability);
- Individuals receiving a Childhood Disability Benefit (CDB) – for a disabled adult child drawing social security off a parent's work record;
- SSI;
- Temporary Assistance for Needy Families (TANF);
- Supplemental Nutrition Assistance Program (SNAP) (formerly known as Food Stamps);

In addition, individuals are exempt from financial participation if their adjusted gross family income is less than 250% of the U.S. Health and Human Services (HHS) Poverty Guideline. The poverty guideline is updated annually and is available at: ASPE Dept. of Health & Human Services- poverty guidelines.

Family income is the Adjusted Gross Income on the most recent tax return of the family that includes the participant. Exceptions to this definition include:

- Income earned by participant's dependents under the age of 18 will not be counted as family income.

- Financial participation for participants age18 or older generally will not be based on parental income even if the parent still claims the participant as a dependent on their tax return except for **post-secondary education/training.**

  **Note: Family income will be counted toward financial participation for post-secondary education:**
  - When the participant is listed on an income tax return regardless of the age of the participant.
  - **Parental income** will be considered when any of these apply:
    - The participant was listed as a dependent on the most recent tax return filed by a parent
    - Until age 24 unless the person has been determined "independent" under FAFSA (Free Application for Federal Student Aid) rules after submitting a FAFSA application **or** the individual's Expected Family Contribution (EFC) under FAFSA is zero or the participant receives SSI or SSDI for a disability

  See Subsection 12.5 Post-Secondary Education and Training at Vocational Training Facilities for the financial participation policy for participants attending post-secondary education/training.

  Note: Educational expenses are defined as tuition, books and supplies, fees, a computer, transportation for educational purposes as well as tutoring and maintenance when applicable. Assistive technology, adaptive aids and other disability related needs are considered separately and are not to be calculated into the cost of educational expenses.

**Individuals not automatically exempt:**
Individuals who receive the following benefits are not automatically exempt from financial participation unless exempt for another reason.

- Social Security benefits for reasons other than disability, such as
  - retirement benefits, or
  - survivor benefits unrelated to a disability *(a child under the age of 18 receiving benefits due to death of a parent, or an individual receiving benefits due to death of a spouse or former spouse);*
- VA benefits (including VA disability benefits);
- Disability benefits from entities other than Social Security; and/or
- Unemployment insurance benefits.

**Limitations**

- Individuals exempt from financial participation will still be required to apply for comparable benefits as described in Section 16 of this manual.
- Participants who are otherwise exempt from financial participation will still be responsible for the cost of goods or services which are above that which the Division would normally fund or for expenditures that are not consistent with other policies in this manual.

- Participants are also responsible for the costs of goods and services that are not pre-authorized by the Division.
  Note: In most instances to be pre-authorized an "authorization for purchase" must have been completed to an approved vendor. Inclusion of a service on the IPE is not considered "pre-authorization".
- VR's contribution to a self-employment plan is limited to the amounts described in Section 15: Self-Employment.

## Exemption for Certain Goods and Services

The following goods and services are exempt from financial participation, regardless of whether or not the individual is exempt based on financial needs (see Services Subject to Financial Participation / Comparable Benefits found in Appendix C of this manual):

- Assessments for determining eligibility, except for non-assessment services (e.g., clothing and transportation) and provided during a trial work experience(s) plan;
- Assessments for determining rehabilitation needs, including, as appropriate, assessment of rehabilitation technology needs;
  Note: This does not include non-assessment services, including those non-assessment services being used to determine whether or not to pursue or continue with an IPE service. For example, trial classes at a college are subject to financial participation.
- Vehicle modifications;
- Vocational rehabilitation counseling and guidance, including information and support services needed to assist the participant in exercising informed choice;
- Pre-Employment Transition Services as defined in the Workforce Innovation and Opportunity Act (WIOA);
- Referral services needed to secure services from other agencies;
- Job related services, such as job search and placement assistance, job retention services and follow along services;
- Personal assistance services; and
- Auxiliary aids or services, such as interpreter services and reader services that an individual requires as an accommodation under the law in order for the individual to participate in the program.
  Note: Auxiliary aids and services as defined in 28 CFR 35.104 Judicial Administration-Nondiscrimination on the basis of disability in state and local government- Definitions. However, this does not include personal devices and services that do not meet the definition of auxiliary aids or services under the Americans with Disability Act or the Rehabilitation Act, Section 504, as amended; such as the purchase of hearing aids.

## Exceptions for Extenuating Circumstances

Exceptions to the financial participation policy may be granted with written approval from the District Manager when rigid adherence to this policy could seriously jeopardize the participant's opportunity to achieve the rehabilitation objectives and an employment outcome. The participant must provide a rationale, submitted by the counselor, to justify the need for an exception to this policy. Appropriate IPE level review and approval must be received before the goods or services can be authorized. For example, the

participant may require prompt medical intervention in order to avoid a serious decline in functioning but does not have the means to pay for the services and a payment plan is not feasible.

**Determination of the Amount of Financial Participation**

Financial participation is based on the adjusted gross family income minus excluded income and disability related expenses. Excluded income is 250% of the Federal HHS Poverty Guidelines. This figure is updated annually and is available at the website listed on page 1. Multiply the figure corresponding to the family size by 250% (2.5) to determine the Income Exclusion Allowance. The Exclusion Table (Table A) which accompanies the Financial Participation Assessment Form has already performed this calculation. Family size is the number of exemptions on the participant's (or the family's) most recent tax return but can be re-determined as soon as there is a change in the family situation such as marriage or birth of a child (documentation must be provided).

Verifiable disability related expenses are expenses for that corresponding year incurred due to the disability and paid directly by the participant, which are not covered by another entity. The agency utilizes IRS guidelines when determining disability related expenses, for examples visit IRS Website.

Complete the Financial Participation Assessment Form in AWARE that utilizes the Financial Participation Tables (A, B and C) to determine the amount of financial participation required by the individual. Financial participation must be reassessed whenever the individual's financial situation significantly changes and/or at the end of each Plan year during the annual review.

If a comparable benefit will pay for a portion of the goods or services, the comparable benefit will be applied first. Financial participation will be based on the remaining amount. For example, if the cost of services is $1,000 and a comparable benefit will pay $600, financial participation will be based on the remaining $400.

**Procedures**

Financial participation policies should be discussed during the intake or as part of the Assessment of Vocational Rehabilitation Needs. If it is anticipated that the participant will require goods and services that are not exempt from financial participation, assist the participant in estimating the amount he or she will be responsible for, even if exact service costs are unknown. This will assist the participant to make informed choices regarding services included on the IPE (or as appropriate trial work or post-employment plans).

If VR pays part of or in full for goods or services, for which the participant has financial participation responsibility, they are required to reimburse VR for the costs. Participants are to be informed that they will be held accountable for all policies related

to the use of VR funds, on their behalf as stipulated in Section 28: Inappropriate or Improper Use of VR Funds or If Fraud Occurs.

Financial participation assessment form must be completed in AWARE following internal process in the AWARE Training Instructions and signed by the counselor and participant prior to obtaining IPE signatures (or as applicable trial work plan or post-employment plan signatures). All financial participation assessments forms are required to be scanned and retained in the electronic case file.

- Do not copy or print information from AWARE interface; only SSI/SSDI documentation received from participant must be retained in the electronic case file
- Family size and adjusted gross income is verified from the tax return (and if needed, W-2 forms, wage statements etc.), but do not retain tax returns or W-2 forms in the electronic case file
- If the individual has experienced a significant change in income or family size, which is not reflected on the tax return, the counselor should obtain verification of the change and the financial participation assessment form should be based on the individual's current financial situation. Examples of verification may include, as applicable; unemployment benefits, copy of award letter provided by participant for new recipients of SSI/SSDI, birth certificate for new child etc.

**Financial Participation Assessment at Annual Review**

- At the time of the IPE annual review, financial participation must be reassessed. An updated financial participation assessment form must be completed in AWARE and income re-verified from tax return. This may be waived if all remaining services are exempt from financial participation, or the participant is exempt from participation due to still receiving SSI/SSDI, TANF or SNAP. The reason for waiver must be case noted by the counselor. If applicable, the IPE should be amended to reflect changes in the participant's portion of service costs.

- Financial participation may also be reassessed, and a new financial participation assessment form completed in AWARE prior to the annual review when there is a significant change to the individual's:
  a. Financial situation; or
  b. Family size; or
  c. IPE costs.

  The counselor should obtain verification of the change in income or family size. Examples of verification may include, as applicable; unemployment benefits, copy of award letter provided by participant for new recipients of SSI/SSDI, birth

certificate for new child etc. If applicable, the IPE should be amended to reflect changes in the participant's portion of service costs.

**When the participant has financial participation follow the guidelines below:**

- When the participant has financial participation, may utilize the Financial Participation Assessment Addendum, to ensure the participant fully understands their share of costs for each individual IPE service.

- Clearly identify the participant's share of costs and the Division's share of costs on the IPE (or as applicable trial work or post-employment plan).

- Financial participation must be applied to all services (including transportation, interview clothing etc.) except those that are exempt as stipulated under "Exemption for Certain Goods and Services" unless an exception was granted for extenuating circumstances as previously noted.

***Note: If the participant's share of service cost for all services is under ten dollars it will be waived. No financial participation will be required.***

**When completing the authorization follow the guidelines below**:

- Follow AWARE process for entering participant financial participation and comparable benefits when completing an authorization.

**If the vendor will accept a participant's payment directly**:

- The participant should pay his or her share directly to the vendor.

**If the vendor will not accept the participant's payment**:

- Ensure that the participant understands what percentage their financial participation will be prior to initiating the authorization. VR will authorize the full amount. (Authorization should include a financial participation notation.) Once the invoice is received in accounting determine the exact amount of the participant's required financial participation, the agency is to pay the invoice and the participant is to reimburse the agency based on their percentage of financial participation. Do not pre-collect financial participation funds from the participant prior to receipt of the invoice. The final amount will only vary if the invoice comes back different than what was authorized.

**Gas Cards:**

- Only authorize VR's portion of the mileage. The participant must keep a mileage log demonstrating mileage used for both VR and the participant's share, but only needs to submit signed fuel pump receipts for fuel that VR has authorized.

**Bus Passes:**

- If there is financial participation it can be split proportionally. For example, if a participant has 50% financial participation for a total of 6 monthly bus passes, the agency will authorize one pass every other month for a total of 3.

**For Other Inventory Purchases:**

- For inventory purchases that are tangible items such as an in-stock low vision device the authorization will be processed in full and the participant will pay to the agency their portion, at the time of item dispensing. (Authorization should include a financial participation notation.)

Reimbursements/ payments to the agency will be in the form of personal check, money order or cashier's check. Internal financial processes will be followed for receiving and documenting reimbursements/ payments.

**Contents**

A. Timeline ..... 1
B. Assessment of Eligibility and Eligibility Requirements ..... 1
C. Presumptive Eligibility ..... 3
D. The Certificate of Eligibility and Coding Requirements ..... 4
E. Eligibility Extension ..... 4
F. Trial Work Experiences ..... 5
G. Ineligibility Determinations ..... 6

## A. Timeline

Counselors must conduct an assessment of eligibility and make an eligibility determination within a reasonable period of time, not to exceed 60 days after the individual has submitted an application except as otherwise noted in Subsections E (Eligibility Extensions) and F (Trial Work Experiences) of this section.

## B. Assessment of Eligibility and Eligibility Requirements

1. The assessment of eligibility must be conducted in the most integrated setting possible consistent with the participant's needs and informed choice. To the extent possible, existing information should be used to determine eligibility, however, if available data is insufficient to make an eligibility determination, an assessment of additional data may be obtained as described in 34 CFR 361.42 Assessment for determining eligibility and priority for services.

2. Pursuant to federal rules, laws and regulations, an applicant is eligible for services if it is determined that:
   - **a)** The applicant has a physical or mental impairment (disability);
   - **b)** The physical or mental impairment constitutes or results in a substantial impediment to employment for the applicant;
   - **c)** The applicant requires VR services to prepare for, secure, retain, advance in, or regain employment consistent with his or her unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice;
   - **d)** The applicant can benefit from VR services in terms of an employment outcome. This requirement is presumed. Prior to a determination that an individual is unable to benefit or is ineligible due to the severity of the disability, trial work experiences, with appropriate supports, must be provided as described in Subsection F below;
   - **e)** The applicant has legal status to work in the United States; and
   - **f)** The applicant must intend to achieve a competitive integrated employment outcome consistent with his or her unique strengths, resources, priorities,

concerns, abilities, capabilities, interest and informed choice. An individual who submits an application shall be presumed to have a goal of an employment outcome unless he or she indicates otherwise. * This is not to be construed as creating an entitlement to any VR services.

*See Subsection G: Ineligibility Determinations, below, for procedures when a youth seeking subminimum wage employment indicates that he or she does not intend to achieve a competitive integrated employment outcome.

3. Documentation of a physical or mental impairment must be in the file at the time of the eligibility determination. **The following are acceptable methods of documenting the existence of an impairment:**

   **a)** Medical records, that accurately reflect the individual's current diagnosis and medical, psychological, sensory or cognitive functioning, received on or before the date of eligibility, containing a diagnosis of the impairment made by a medical provider qualified to make such a diagnosis. For example, a general medical doctor could diagnose diabetes, but would not be considered qualified to make a diagnosis of a specific learning disability.

   **b)** Verification completed through the AWARE Interface and adequately documented in case notes **or** documentation received from participant on or before the date of eligibility that the applicant currently receives Social Security benefits under Title II or Title XVI of the Social Security act as described in Subsection C (Presumptive Eligibility) of this section.

   **c)** Counselor observation and case note justification in situations in which a visible physical impairment, that would be readily observable and recognizable as a permanent impairment to the average person, exists. For example, the counselor's observation that an applicant is missing a limb would be an obvious and visible permanent physical impairment.
   A counselor's observation that an applicant walked with a limp at intake would not necessarily be indicative of a permanent (versus acute) impairment; nor would a counselor's observation that an applicant was a poor historian or had memory lapses necessarily be indicative of a cognitive impairment; and the smell of alcohol would not necessarily be indicative of an alcohol abuse impairment. Conditions that do not meet the obvious, visible physical impairment requirement must be documented by using the criteria listed in a) or b) above. All other rules of eligibility apply when the counselor determines a physical impairment exists based on an obvious, visible, physical impairment.

Eligibility requirements are applied without respect for the applicant's particular employment needs or anticipated service costs. The applicant's income is also not a

factor in determining eligibility; however, may be a factor in determining financial participation.

An individual cannot be determined eligible only to correct an acute condition in the absence of a need for other substantial rehabilitation services.

Note: Rehabilitation Act as Amended indicates an individual currently engaging in illegal drug use is not considered an individual with a disability, the Act also indicates an individual currently using illegal drugs shall not be excluded if otherwise entitled to services [see: The Rehabilitation Act as Amended - Section 7 (20)(C) ]. Refer to Subsection 12.1: Scope of Services: Medical/Psychological/Dental/Hearing Loss/Blindness/Substance Abuse for guidance when determining eligibility for substance use as a sole disability and for substance use in conjunction with another qualifying disability.

### C. Presumptive Eligibility

A presumptive eligibility determination must be made whenever possible. Applicants who receive Social Security benefits under Title II or Title XVI of the Social Security Act are presumed eligible for vocational rehabilitation services.

Exception: Ineligibility Determinations

- Youth seeking subminimum wage employment, who do not intend to achieve a competitive integrated employment outcome consistent with his or her unique capabilities, interest, and informed choice may be determined ineligible consistent with policies found in subsection G (Ineligibility Determinations) below and Section 14: Students and Youth with Disabilities.

- If the agency demonstrates by clear and convincing evidence the applicant is incapable of benefitting in terms of an employment outcome due to the severity of the disability may be determined ineligible for services. Policies in subsections F (Trial Work Experiences) and G (Ineligibility Determinations) below must be followed in these situations.

The intent of this policy is that individuals who receive Social Security benefits (including childhood disability benefits) for a disability (versus those who receive it for another reason such as age or survivor's benefits) are presumptively eligible for services.

Prior to a presumptive eligibility determination verification of Social Security benefits received under Title II or Title XVI must be obtained, in a timely manner, either through:

- Verification completed through the AWARE Interface and adequately documented in case notes **or**
- Documentation received from the participant and scanned into the file.

- Recipients who do not have documentation of their benefits can create an online account to obtain benefit verification at Sign In or Create an Account, Social Security **or** my Social Security. The counselor may arrange for technical assistance for a participant who, due to the nature of his/her disability, is not able to independently access this information.

Note #1: Even if a presumptive eligibility determination is made, medical records should still be obtained for vocational planning purposes.

Note #2: Although a presumptive eligibility determination must be made whenever possible, if alternative documentation of the physical or mental impairment has been obtained before Social Security benefits can be verified (such as when the applicant brings medical records, but not Social Security records to the intake appointment), the counselor may proceed to make an eligibility determination that is based on medical rather than Social Security records. Social Security benefits must still be obtained by verification completed through the AWARE Interface and adequately documented in case notes **or** documentation received from participant and scanned into the file when received. If both medical records and Social Security verification **or** documentation have been received, the counselor will proceed to make a presumptive eligibility determination.

Note #3: Individuals meeting the criteria for presumptive eligibility are also considered to be at least significantly disabled (see Appendix A).

## D. The Certificate of Eligibility and Coding Requirements

Except as noted under Subsections E (Eligibility Extension) and F (Trial Work Experiences) of this section, the Certificate of Eligibility (COE) must be completed by the counselor within 60 days of application. Counselors must ensure all information coded on the COE is accurate in as much as it is in the counselor's power to do so (e.g., the counselor would not necessarily be aware if the medical professional provided the wrong diagnosis). **See Appendix A (COE Coding Instructions and Substantial Barriers to Employment Checklist) for specific coding instructions.**

## E. Eligibility Extension

If exceptional and unforeseen circumstances beyond the control of the agency preclude the counselor from making an eligibility determination within 60 days, an eligibility extension may be completed if the counselor and applicant agree to a specific extension of time. See federal regulations at 34 CFR 361.41 (b) (1) (i) Processing referrals and applications- Exceptional and unforeseen circumstances beyond the control of the DSU preclude making eligibility determinations.

VR counselors and applicants document this agreement by completing the eligibility determination extension form in AWARE, which is signed by both the counselor and participant. If unable to obtain the participant's signature, he or she may agree by an email reply or through SARA electronic communication that they are in agreement to the

eligibility determination extension and the dates on the form. This alternate method of agreement will be documented by the counselor on the form. The email reply or SARA electronic communication will then be scanned into the electronic case file along with the eligibility determination extension form signed by the counselor. Eligibility determination extensions are to be completed for no longer than 30 days from the eligibility due date. However, in extenuating circumstances, additional 30-day extensions after the first 30-day extension may be completed with Rehabilitation Supervisor approval.

Note: If Social Security, medical and other information has been obtained documenting that an individual, who intends to achieve a competitive integrated employment outcome, meets eligibility requirements, the counselor must proceed with an eligibility determination or must comply with Subsection F (Trial Work Experiences) below, to rebut the presumption that the applicant can benefit from VR services in terms of an employment outcome. If there is documentation that an individual is otherwise eligible, an eligibility extension cannot be completed solely to defer an eligibility determination. The use of a trial work plan rather than an eligibility extension would be appropriate if the counselor questions whether or not the individual can benefit from services.

**F. Trial Work Experiences**

Prior to determining an applicant with a significant disability is incapable of benefiting from VR services, in terms of an employment outcome due to the severity of the applicant's disability, the counselor must conduct an exploration of the applicant's abilities, capabilities and capacity to perform in realistic work situations.

This is done by completing a written plan (required by federal regulation) to assess the individual's capacity to perform in competitive integrated work situations through the use of trial work experiences. To the extent possible, trial work experiences must be provided in competitive integrated work settings consistent with the informed choice and rehabilitation needs of the individual.

Work settings may include an actual job placement or short-term jobs; on the job training; work-based learning experiences and/or work assessments (if the individual is performing "realistic work" and if to the extent possible they are provided in competitive integrated work settings).

During trial work experiences, the participant must be provided appropriate supports such as assistive technology devices and services, personal assistance services or other supports needed to accommodate the employment needs of the individual.

Trial work experiences may be completed prior to an eligibility determination by completing the trial work experiences plan found on the eligibility page in the electronic case file. The plan must be agreed to and signed by the counselor and applicant. In these cases, the 60-day eligibility requirement is waived. An eligibility determination will be made once sufficient evidence is obtained to either determine the individual is

eligible for services or until there is clear and convincing evidence the individual is not able to benefit in terms of an employment outcome due to the severity of his or her disability.

Individuals who were previously determined eligible for services must have also been provided an evaluation of their capacity to perform in realistic work settings (trial work experiences) prior to a determination that they are no longer eligible due to the severity of the disability. In these situations, the individual's capacity to perform in competitive integrated employment is assessed as part of the IPE, and may include evidence obtained from actual job placements; work-based learning experiences or other situations in which the individual is performing realistic work (if to the extent possible the work is performed in competitive integrated environments).

## G. Ineligibility Determinations

Ineligibility may be determined if an individual does not meet eligibility requirements described in Subsection B above. This determination can only be made after an appropriate assessment of eligibility has been carried out, including a review of existing data.

1. Requirements for all ineligibility determinations or determinations that an individual who received services under an IPE is no longer eligible for services:

    - The decision is individualized based on the available data, and not based on assumptions about broad categories of disability;
    - The participant (or as appropriate, his or her representative) is provided an opportunity for full consultation before the determination;
    - The participant is informed in writing, supplemented as necessary by other forms of communication:
        - Of the determination and the reasons for the determination and
        - The requirements for ineligibility determinations found in 34 CFR 361.43 Procedures for ineligibility determination
        - The means by which the individual may seek remedy if dissatisfied with the decision including the procedures for review by an impartial hearing officer

        The above requirements may be met by providing the participant:
            - A thoroughly completed ineligibility letter utilizing the ineligibility template;
            - The Ineligibility Statement; and
            - The Fair Hearing Informational Statement

    - The participant must be provided a description of services available from the Client Assistance Program (CAP) and how to contact that program; and

- The individual must be referred to:
    - Other programs that are part of the One-Stop system under the Workforce Innovation and Opportunity Act that can address the individual's training or employment related needs; **or**
    - Federal, State or local programs or service providers, including, as appropriate, independent living programs and extended employment providers, best suited to meet his or her rehabilitation needs if the determination is based on the finding that the individual has chosen not to pursue, or is incapable of achieving a competitive integrated employment outcome (including customized employment, self-employment, business ownership, or supported employment) consistent with his or her unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice.

1. Additional Requirement for applicants determined ineligible or participants determined no longer eligible based on a finding the individual **is incapable of achieving a competitive integrated employment outcome due to the severity of the disability:**

    - Clear and convincing evidence must be obtained through the use of trial work experiences as described in subsection F above.
    - The determination must be reviewed within 12 (twelve) months and annually thereafter if requested by the individual, or as appropriate, the individual's representative. This review may be waived in situations in which the individual has refused it, the individual is no longer present in the State, the individual's whereabouts is unknown, or the individual's medical condition is rapidly progressive or terminal.

2. Requirements for **Youth Seeking Subminimum Wage Employment** who make an informed choice not to pursue competitive integrated employment.

    If an applicant is a youth seeking a certificate to enter subminimum wage employment with an entity holding special wage certificates under Section 14(c) of the Fair Labor Standards Act of 1938 the Procedures for Youth Seeking Employment at Subminimum Wage found in Section 14: Students and Youth with Disabilities must be followed. As the youth does not intend to achieve a competitive integrated employment outcome, he or she does not require VR services and may be determined ineligible for services. Youth previously determined eligible, who do not intend to achieve a competitive integrated employment outcome may be determined no longer eligible for services.

**Contents**

Order of Selection for Vocational Rehabilitation Services ..... 1
Determination of Need for Order of Selection for VR Services ..... 1
Order of Selection for Vocational Rehabilitation Services Process ..... 2
Modifying Order of Selection for Vocational Rehabilitation Services ..... 3
Level of Severity of Disability (LSOD) ..... 4

## Order of Selection

In the event that the Bureau is unable to serve all eligible individuals due to limited resources, those with "most significant" disabilities will be served first through an Order of Selection (OOS) procedure. Under OOS, participants are placed on a prioritized waiting list by level of significance of disability and are served when funding and resources are available in accordance with 34 CFR 361.36 Ability to serve all eligible individuals: order of selection for services.

## Order of Selection for Vocational Rehabilitation Services

The Rehabilitation Division has the responsibility to provide an organized and equitable method to serve individuals with disabilities if it is anticipated that all eligible individuals who apply for vocational rehabilitation services cannot be served. The Division will:

- Determine the need for an Order of Selection;
- Time the establishment of an Order of Selection;
- Develop priority categories for an Order of Selection;
- Implement and monitor an Order of Selection;
- Determine a priority category for each eligible individual;
- Manage the resources available for the provision of vocational rehabilitation services for each fiscal year;
- Assure that first priority for vocational rehabilitation services is given to individuals with the most significant disabilities;
- Assure the state wideness of the Order of Selection; and
- Define the circumstances under which the Division will not require an Order of Selection.

## Determination of Need for Order of Selection for VR Services

Prior to the beginning of each fiscal year, the Division will:

- Project the cost of determining eligibility for all applicants for vocational rehabilitation services in the next fiscal year; and
- Project the cost of serving, in the next fiscal year, the projected number of individuals with IPE's in place at the end of the current fiscal year; and
- Project the cost of serving, in the next fiscal year, individuals whose IPE's

will be put in place in that year.

The Administrator will declare the Division's Vocational Rehabilitation Programs under Order of Selection for vocational rehabilitation services when the budget information available indicates that the projected resources (staff and funding) available for vocational rehabilitation services identified are not adequate to meet all projected costs.

Order of Selection for Vocational Rehabilitation Services shall **not** be based on the following:

- Any geographical location of residency within the state;
- Any duration of residency requirement provided the individual is available to participate;
- Nature or severity of disability;
- Age, race, color, ethnicity, natural origin, gender/ sex, gender identity, sexual orientation, religion, or political affiliation or belief, or marital status;
- Source of referral;
- Type of expected employment outcome;
- The particular service need or anticipated cost of services required by an individual; or
- The income level of an individual or an individual's family.

**Order of Selection for Vocational Rehabilitation Services Process**

If the number of eligible individuals who receive vocational rehabilitation services under an IPE must be limited, the following Order of Selection for Vocational Rehabilitation Services shall be implemented:

- A determination will be made as to which priority categories can be served by comparing the projected costs of serving all individuals assigned to a priority category, and the projected resources available to meet these costs.
- All eligible individuals assigned to a priority category, shall be notified, in writing, of the Division's intention to implement Order of Selection for Vocational Rehabilitation Services, their category assignment and their right to appeal their category assignment. If the individual chooses, a designated representative may receive notification on his/her behalf.
- The Administrator shall determine the implementation date which will not exceed ninety (90) days from the date of the declaration. The application date used to establish the order in which services will be provided may be prior to the date of the Administrator's declaration.

Upon implementation of the Order of Selection for Vocational Rehabilitation Services:

- Individuals whose IPE was written and signed prior to implementation shall continue to receive services including additional services subsequently identified as necessary to complete their IPE.
- Individuals who were determined eligible prior to implementation, but for whom the IPE's have not been written and signed, shall be assigned to a priority category.

- Students with disabilities who were receiving pre-employment transition services prior to being determined eligible for vocational rehabilitation services will continue to be provided these services.

Following implementation, services shall be provided to individuals in priority categories in the following order:

- Eligible individuals determined to be most significantly disabled beginning with the earliest application date. The definition of Most Significantly Disabled is "An eligible individual who has a serious limitation in terms of an employment outcome in two or more functional capacity areas and who requires multiple vocational rehabilitation services over an extended period of time."
- Eligible individuals determined to be significantly disabled, as defined in Appendix B (Definition of Terms), beginning with the earliest application date.
- All other eligible individuals determined to have no significant disability as defined in Appendix B (Definition of Terms), beginning with the earliest application date.
- When eligible individuals who are determined to be significantly disabled can be served, all eligible individuals determined to be most significantly disabled shall be served regardless of the date of application.
- When eligible individuals who are determined to have no significant disability can be served, all eligible individuals determined to be significantly disabled shall be served regardless of the date of application.

Notwithstanding the above service categories, the State, at its discretion, may elect to serve eligible individuals who require specific services or equipment to maintain employment.

Individuals who are not included in the priority category(ies) being served shall have access to information and referral services including referrals to Federal or State Programs carried out by other components of the statewide Work Force Development System, including the provision of:

- A notice of the referral to the agency carrying out the program;
- Information identifying a specific point of contact within the agency carrying out the program;
- Information and advice regarding the most suitable services to assist the individual to prepare for, secure, retain or regain employment;

**Modifying Order of Selection for Vocational Rehabilitation Services**

When the Administrator of the Division has declared the Division to be under Order of Selection for Vocational Rehabilitation Services, a review will be done at least annually (or at the Administrator's discretion) to determine whether the projected resources available to serve individuals in priority category (ies) currently being served are

adequate to meet all projected costs for such individuals for the remainder of the fiscal year.

If the review indicates that the projected resources are inadequate to serve individuals in priority categories currently being served, the priority categories being served will be reduced accordingly. Individuals in a priority category no longer being served, whose IPE was written and signed prior to implementation of the reduction shall continue to receive services including additional services subsequently identified as necessary to complete their IPE.

If the review indicates that the projected resources are adequate to serve only individuals in priority categories currently being served, no change will be made in the priority categories being served.

If the review indicates that the projected resources are adequate to serve individuals in additional priority categories, those categories will be served. The Administrator shall make a declaration of any change in priority categories.

**Level of Severity of Disability (LSOD)**

| SIX FUNCTIONAL CAPACITY AREAS<br>**Mobility Communication Self-Care Interpersonal Skills Work Skills Work Tolerance** | |
|---|---|
| **Category I**<br>Most Significantly Disabled | **Two Or More Impacts:**<br>Needs for multiple services over an extended period of time. |
| **Category II**<br>Significantly Disabled | **One Or More Impacts:**<br>Needs for multiple services over an extended period of time. |
| **Category III**<br>Not Significantly Disabled | No need for multiple services over an extended period of time. |

**Contents**

I. Rehabilitation Counseling ..... 1
II. Assessment of Vocational Rehabilitation Needs (AVRN) ..... 2
A) Federal Requirements ..... 2
B) Agency Requirements when Determining a Vocational Goal ..... 3
C) Agency Requirements when Determining IPE Services ..... 6
Measurable skill gains include ..... 8
Credentials include ..... 8
III. Limitations on Services ..... 11
IV. Individualized Plan for Employment (IPE) ..... 11
A) Federal Requirements ..... 12
B) Additional Nevada Requirements ..... 16

## I. Rehabilitation Counseling

Provision of quality counseling and guidance is a key component to Rehabilitation Counseling and is critical to the mission of the State VR Agency.

It is imperative that quality counseling and guidance and other services are provided throughout a case that:

- Facilitate the obtainment of meaningful, sustainable employment consistent with an individual's primary employment factors (strengths, resources, priorities, concerns, abilities and capabilities), as well as the individual's interests and informed choice;
- Sufficiently addresses barriers to employment, accommodation needs and other needs that will facilitate sustainable employment; and
- Facilitate the development of both hard and soft skills the individual needs in order to maintain or advance in employment.

Quality counseling is also important at case closure:

- For cases closed without an employment outcome: to assist the individual in identifying and addressing challenges that will help him or her be successful in future cases or employment.

- For cases closed with an employment outcome: to provide guidance on maintaining employment, including detailed information on post-employment services and the importance of contacting his or her counselor if facing challenges that could jeopardize the employment.

While counseling and guidance is provided during every aspect of the VR case, it is especially critical during the Assessment of Vocational Rehabilitation Needs (AVRN) and development of the Individualized Plan for Employment (IPE).

## II. Assessment of Vocational Rehabilitation Needs (AVRN)

The Assessment of Vocational Rehabilitation Needs (AVRN) is a transparent process of exploring vocational options; determining how disability related barriers to employment can be diminished, accommodated or eliminated; and exploring how other vocational needs can be met in order to assist the participant to make informed choices, that have a high probability of leading to sustainable employment, regarding:

1. The employment outcome (vocational goal) and
2. The nature and scope of vocational rehabilitation services to be included in the IPE.

### A) Federal Requirements:

To the extent possible the employment outcome and IPE services must be determined based on the data used for the assessment of eligibility and, as appropriate, in accordance with confidentiality requirements, information from other programs such as education officials, Social Security Administration, and information provided by the individual and the individual's family. If additional data is necessary, a comprehensive assessment to determine the participant's unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice, including the need for supported employment, must be conducted in the most integrated setting possible consistent with the informed choice of the individual. This assessment:

1. Is limited to information needed to identify the rehabilitation needs of the individual and to develop the IPE;
2. May include, to the degree needed, an assessment of the personality, interests, interpersonal skills, intelligence and related functional capacities, educational achievements, work experience, vocational aptitudes, personal and social adjustments, and employment opportunities of the individual; and the medical, psychiatric, psychological, and other pertinent vocational, educational, cultural, social, recreational, and environmental factors that affect the employment and rehabilitation needs of the individual;

3. May include, to the degree needed, an appraisal of the patterns of work behaviors of the individual and services needed for the individual to acquire occupational skills, and to develop work attitudes, work habits, work tolerance and social and behavior patterns necessary for successful job performance, including the utilization of work in real job situations to address and develop the capacities of the individual to perform adequately in a work environment;
4. To the maximum extent possible, relies on information obtained from experiences in integrated employment settings in the community, and other integrated community settings; and
5. As applicable, the assessment must also include a referral for the provision of rehabilitation technology services to assess and develop the capacity of an individual to perform in a work environment.

**B) Agency Requirements when Determining a Vocational Goal:**

1. Required Considerations:

The counselor must provide counseling and guidance to assist the participant in determining an employment outcome (vocational goal). To the extent possible, the participant, with the counselor's guidance as needed, must complete the research required in this process. The participant and counselor need to:

- Explore short and long-term employment goals; and
- Identify the participant's interests and primary employment factors (strengths, resources, priorities, concerns, abilities and capabilities) as they relate to employment; and
- Explore labor market trends and in-demand industries. High demand industries within the individual's interests and abilities should be taken into consideration; and
- For individuals traditionally in low wage occupations or who have little work experience: career pathways, measurable skill gains, obtainment of credentials and/or opportunities for the individual to participate in job driven training that will result in high quality employment outcomes and enhance career options should be explored; and
- For individuals who receive SSI or SSDI: prior to selecting the vocational goal, the counselor and individual need to discuss the individual's goals as they relate to retaining benefits or earning sufficient income to get off benefits, and how the individual's priorities in this area affect the individual's vocational choices. Individuals should be referred to and participate in benefits planning,

as available, and be referred to Social Security Administration if additional discussion regarding their benefits is needed; and
- Explore other pertinent income and benefit needs or considerations; and
- Explore the pros and cons of various vocational options.

Vocational test batteries, prior work experience, work based learning or training experiences and other assessments or tools may be useful in determining an individual's primary employment factors and in considering various options. Family members and other individuals who know the individual well, may also be able to provide valuable insights.

It is important to obtain a good understanding of the job in order to determine if it aligns with the individual's primary employment factors.

To the extent possible, and needed, the participant will research the job duties, expectations and requirements, for employment options that are under consideration.

Note: If the participant, due to a cognitive or other disability, requires support in completing research, the counselor will make arrangements for the participant to receive the assistance needed. Direct counselor assistance, family members, community partners, interpreters or use of assistive technology are examples of supports that may be utilized, when appropriate, to assist the participant in completing research necessary to make an informed choice regarding the employment outcome.

The participant, with counselor assistance as needed, and appropriate, will take into consideration all the previously discussed factors and narrow down his or her vocational options to one goal that has a high probability of leading to long-term sustainable employment for the individual.

In order for VR to support a chosen vocational goal, it must:
- Be consistent with the individual's primary employment factors (unique strengths, resources, priorities, concerns, abilities and capabilities), as well as career interests and informed choice; and
- Be founded on the individual's ability to achieve long-term employment success and be reasonably attainable; and
- Be in an in-demand industry; or have a good labor market; or there must be a justifiable reason why the participant will be able to obtain and maintain employment in the field given the labor market conditions; and
- Be for competitive integrated employment (including supported, customized or self-employment that meet the criteria of "competitive integrated employment").

2. Before Finalizing a Chosen Goal or Amending an IPE Goal:

Both the counselor and participant must agree the goal will be a good job match and has a high probability of leading to sustainable employment before including the goal on the IPE.

If the IPE goal requires an advanced degree, the "IPE Goals that Require Advanced Degrees Agreement Form" will be completed and signed by the counselor and participant prior to signing the IPE and document additional research completed by the participant following the "Advanced Degree Decision Making & Research Checklist".

Informed Choice and Limitations on Vocational Goals:
While the participant should make an informed decision regarding his or her employment outcome/vocational goal, and the participant's decision should be taken into serious consideration, **the Rehabilitation Counselor should not agree to a goal that is not consistent with the participant's primary employment factors or that does not have a high probability of resulting in sustainable competitive integrated employment for the individual**.

For example, if an individual has a lifting restriction of 15 pounds, a goal that requires lifting over 15 lbs. **must not be** agreed to unless the limitations are alleviated (for instance, accommodations or a selective placement that does not require heavier lifting), to avoid the likelihood of further injury to the individual. If the limitations cannot be alleviated, VR cannot support the goal, even if the individual chooses to pursue the occupation on his or her own.

If Additional Time is Needed to Explore a Vocational Goal:

If, within the 90-day time frame required to develop an IPE, it cannot be determined:

a). Whether or not a goal is consistent with the individual's primary employment factors; or
b). If it has a high probability of leading to sustainable employment

the counselor and participant may either agree to an IPE (as discussed later in this section) or may proceed with the goal **on the condition that:**

- Counseling is provided so the participant understands that agreeing to the goal does not guarantee continued support of the goal; and

- The counselor and participant agree to complete and sign the "IPE Addendum: Additional Exploration of My Vocational Goal Form" prior to or in conjunction with signing the IPE.

    - The form should then be scanned into the file as part of the IPE.
    - The IPE, reason for selecting the vocational goal, should state "See IPE Addendum: Additional Exploration of My Vocational Goal Form"; and

- The IPE, as applicable, includes services needed to evaluate the appropriateness and feasibility of the goal; and

- The IPE only includes the training and supports (specific to the goal) needed to assess the feasibility of the goal (for example, a trial semester at college versus an entire 4-year degree). The IPE can be amended at a later date (contingent on policy; and appropriate IPE level review and approval) to include the entire training or support services, if it is determined the goal is feasible and likely to lead to sustainable employment for the individual.

  Note: The IPE should still include services that will generally be needed (regardless of the vocational goal chosen) such as counseling and guidance and job placement services.

**C) Agency Requirements when Determining IPE Services:**

Required Services. The following services must be adequately provided for or addressed as applicable to the needs of the individual:

1. Counseling and Guidance:
    - To assist the individual through the VR process;
    - To help the individual explore pros and cons of various options and make informed choices that have a high probability of leading to long-term employment;
    - To assist the individual, as needed, to develop social skills, self-advocacy skills and good work habits needed for long-term employment;
    - To provide assistance in identifying resources, as needed; and
    - To provide other support and guidance the individual may need to be successful in employment.

2. Services that will accommodate, diminish or eliminate barriers to employment due to the disability:

Addressing disability related barriers to employment may include, but is not limited to:

- Retraining for a vocational goal or choosing a selective placement that is within the participant's abilities (if the individual can no longer participate in his or her traditional employment due to a disability);
- Restoration services that can be achieved, in a reasonable amount of time, aimed at alleviating the disability related barrier to employment, such as medical treatment;
- Assistive technology that alleviates or compensates for functional limitations due to the disability;
- Identifying, supporting, or teaching the participant to self-advocate for accommodation needs, and when appropriate short-term assistance in providing the accommodation;
- Addressing behavioral, psychosocial or interpersonal barriers an individual may have to employment as a result of his or her disability;
- Job development, job coaching or appropriate use of job development resources for individuals with cognitive disabilities who are unable to independently search for employment or learn job duties once employed;
- Supported employment for individuals who meet the criteria required for provision of this service; or
- Customized employment for individuals who meet the criteria for the provision of this service.

The above services (counseling and guidance as well as assistance eliminating, diminishing or accommodating disability related barriers to employment) are the primary services provided by VR. All other VR services are ancillary to these services.

3. Measurable Skill Gains and Credentials:

A measurable skill gain, in brief, is the progress a participant is making in an education or training program that is leading to a credential or employment.

A credential, in brief, is obtained at the end of an approved education or training program.

**All measurable skill gains or a credential obtained during the case, or expected to be obtained within a year after case closure, must:**

- be included on the IPE;
- have acceptable supporting documentation in the case file; and
- be accurately recorded in the AWARE electronic case management system.

**Measurable skill gains include**:

- Educational Functioning Level (EFL) Gain:
  - Advancement of educational level by making measurable improvement, measured by a pre-test and post-test, such as moving from a 9th grade to a 10th grade reading level on a Basic English Skills Test or progress on National Reporting System for Adult Education assessments. (i.e. Test for Adult Basic Education (TABE) and Comprehensive Adult Student Assessment System (CASAS)
  - Documentation of awarded credits or Carnegie units and adult high school program.
  - Documentation of exiting a program below postsecondary level and enrolling in postsecondary education and training during a program year. A program below the postsecondary level applies to participants enrolled in an adult basic education program only.
    - *Note: Concurrent enrollment in postsecondary training and adult education does not meet the definition of an EFL.*
- Attainment of a secondary school diploma or its recognized equivalent: Documentation of a secondary school diploma OR documentation of a State recognized equivalent.
    - *Note: Does not include special education certificate/diploma*.
- Secondary or Postsecondary Transcript/Report Card
  - Secondary Transcript/Report Card: For each school year, a transcript or report card documenting the participant completed each semester with at least a D- or above (minimum grade required in Nevada to receive credit for completion of a class) in each class taken and is in good academic standing. If the report card indicates the participant dropped out of school, was removed from the institution, or any other conditions that indicate removal on academic or conduct grounds, then the individual does not receive an MSG.
    - *Note: Doesn't apply to special education yearly progression while working towards special education certificate/diploma.*
  - Post-Secondary Transcript or Report Card: A transcript or report card documenting that a full-time student completed a minimum of 12 credit hours for one semester or a part-time student completed a minimum of 12 credit hours over the course of 2 consecutive semesters during a program year.
- Training Milestone: Satisfactory or better progress towards skills advancement while the participant is in an on-the-job training program, registered apprenticeship program, Customized Training Program, or the Business Enterprise Program.
  - *Note: Adequate documentation of skills progression is required.*
- Skills Progression: Successful passage of an exam required for a particular occupation or progress in attaining trade-related benchmarks, for example, passing a welding certificate examination.

**Credentials include:**

- High School Diplomas, High School Equivalency Diploma or GED
  - *Note: While special education certificates/diplomas do not count as credentials, VR still tracks the enrollment and attainment of these certificates.*
- Associate's, Bachelor's, Master's and Graduate Degrees
- Vocational/Technical license, diploma or certificate such as:
  - An industry specific certificate or certification (for example, Microsoft Information Technology Certificate, Certified Nursing Assistant, Commercial Driver's License etc.)

- Licenses recognized by state or federal government (for example registered nurse, cosmetologists, marriage and family therapist etc.)
- Technical Diploma
- Other education or training diploma, degree or certificate such as Job Corps certificate of completion for career technical training

- Apprenticeship certificate/diploma
- Business Enterprise Program (BEP or BEN in Nevada) License

**Credentials do not include**:

- CEU's
- Disability skills training
- On the job training
- Adjusted diplomas or certifications of completion (for example, Project Search)
- Job seeking skills and soft skills training
- General skills certificate related to safety or hygiene (such as CPR, OSHA, emergency management, NV food handler card, TAM, and Sheriff card)
- Credentials that are not industry-recognized or sought by employer in the industry (such as community college certificates in global studies)

4. Other services needed to reach the specific vocational goal chosen:

In addition to measurable skill gains and credentials, there may be other services needed for the particular occupation. For example, training that is not considered a measurable skill gains or credential but is still needed to develop work skills required for the occupation or required work cards.

In determining services needed to reach the particular employment objective, the participant and counselor need to understand the nature and requirements of the employment objective. To the extent necessary and possible, the participant should research the job demands and criteria of the chosen goal as well as credentials needed for employment in his or her chosen field.

If the participant due to a cognitive or other disability, requires assistance completing this research, the counselor will make arrangements for the participant to receive the assistance needed. Direct counselor assistance, family members, community partners, interpreters or use of assistive technology are examples of supports that may be utilized, when appropriate, to assist the participant in completing research necessary to make an informed choice regarding VR services.

5. Services or actions needed to address non-disability related barriers to employment (as applicable).

Note: Not all of these services need to be included on the IPE if case notes adequately explain how they will be addressed. For example, if childcare is needed, but the participant has already made arrangements for a family member to provide childcare assistance, a case note to this effect will suffice.

6. Services integral to entering or obtaining employment including (as applicable) job seeking skills, soft skills and job placement assistance.

7. Services to develop good work habits, appropriate social skills and/or to identify and address reasons for previous job losses (as applicable and needed in order to promote long-term employment success).

8. Other services to promote sustainable employment success including, but not limited to:
   - Follow along, and
   - A discussion regarding the availability of post-employment services should the participant's job be in jeopardy.

After the needed services are identified, the counselor and participant will research ways of providing the services which are both cost effective and meet the vocational needs of the individual. The counselor will also inform the participant of any applicable policy requirements the participant needs to know in relation to the provision of the service.

If Additional Time is Needed to Determine Specific IPE Services

If additional time is needed to determine specific service needs (beyond the 90-day requirement for IPE completion), the counselor and participant may either agree to an IPE extension consistent with policy; or the IPE may be completed if it includes services to assess the service needs. The IPE will still include fundamental services and specific services that have already been identified such as job placement services, counseling and guidance, etc. However, in general, the specific service or services that are in question will not be included in the IPE until the assessment is completed and it is determined the service is appropriate and/or necessary to reach the goal. The IPE may be amended later (contingent on policy; and appropriate IPE level review and approval) for the specific service.

For example:

- If it is believed the individual will need assistive technology, but the specific technology needed is unknown, the initial IPE may include an assistive technology assessment, and the IPE may be amended later to reflect the specific technology needed.
- If the individual's job goal requires college training, but it is unclear if the individual can successfully complete college courses, the IPE may include a

trial semester, and if the trial semester is successful the IPE may later be amended to include the entire degree program.

## III. Limitations on Services

Services are subject to other policies found in this manual, including, but not limited to financial participation policies, comparable benefits policies, requirements found in scope of services, policies regarding the purchase of goods and services, etc.

While participants should make an informed decision regarding vocational services, a "want" is not always a vocational need. The counselor and participant should closely examine an identified service in order to determine if it is a "want" or a "need", and be able to provide an adequate rationale on why the service is needed to reach the vocational goal, and document this in a case note when an explanation is needed.

The criteria for making an informed choice should be consistent with regulatory guidelines, and the policies, procedures and practices of the Division. Counselors are not under obligation and should not as a matter of procedure agree to "any" choice made by the participant. The Division will not fund services that are not necessary to the achievement of the employment outcome. Cost effective methods of providing services **must** be taken into consideration as long as they do not preclude an individual from receiving adequate or necessary services.

Participants should be informed regarding the options available and the limitations of the Division when paying for services, as well as their own financial responsibilities, if any. They should also be informed of their responsibility for accessing comparable services or benefits when applicable. If the participant desires an item or service that is not needed to achieve the employment outcome, such as glasses with high priced designer frames rather than glasses with average priced frames that meet the employment need of improved vision, the participant still has options for making an informed choice. For example, the participant can choose to receive the glasses with the average priced frames or choose the designer frames and pay the difference in cost.

## IV. Individualized Plan for Employment (IPE)

After agreeing on a vocational goal and the services needed to reach the goal, the counselor and participant commit to these goals in writing by completing an Individualized Plan for Employment (IPE).

The IPE is a participant's roadmap to successful employment. The IPE is not a contract, but rather an agreement made in good faith, which delineates the employment outcome and services to be provided that are needed to achieve the outcome. However:

- All services provided by VR must be included in the IPE, or the IPE amendment (except services necessary to complete the assessment of eligibility or initial vocational rehabilitation needs; and

- Services included on the IPE must be necessary to achieve the employment outcome.

The IPE also describes timelines, the criteria for evaluating progress toward the outcome, and the participant's responsibilities for reaching the employment outcome. The federal regulations pertaining to IPEs are 34 CFR 361.45 Development of the individualized plan for employment and CFR 361.46 Content of the individualized plan for employment.

**A) Federal Requirements:**

**Definition of a Participant**
The federal regulations cited above frequently refer to "eligible individuals or, as appropriate, the individual's representative." For the sake of brevity, the term "participant" is used with the assumption that its use includes the phrase "or, as appropriate, the individual's representative."

**Definition of a Rehabilitation Counselor**
References to the Rehabilitation Counselor in this manual refer to a qualified Rehabilitation Counselor employed by the Rehabilitation Division of Nevada's Department of Employment, Training and Rehabilitation.

1. Participant Options and Information Needs for IPE Development
   An eligible participant should be informed that he or she may choose to develop all or part of the IPE with or without assistance. The participant should be provided information on the availability of assistance from a qualified rehabilitation counselor employed by VR or, as appropriate, a counselor not employed by VR, a disability advocacy organization or assistance from other resources. Regardless of the option chosen, the IPE must be completed on the Division's forms, and agreed to and signed by both the participant and the Rehabilitation Counselor employed by VR.

The participant must be provided information regarding the full range of components that must be included on the IPE including:

- An explanation of guidelines to determine financial participation.
- Information and assistance on completing the IPE forms.
- Additional information the participant requests or the Rehabilitation Counselor determines is necessary to develop the IPE.

The participant must also be provided:

- A description of the rights and remedies available.
- A description of the availability of the Client Assistance Program.

**Individuals who receive Social Security Benefits on the basis of a disability shall also be provided general information on additional supports and assistance for individuals with disabilities desiring to enter the workforce, including assistance with benefits planning.**

2. Timeline

The IPE must be developed as soon as is reasonably possible, but not later than 90 days after an eligibility determination. In extenuating circumstances, the counselor and participant may agree to an extension of time.

Note #1: In Nevada when the counselor and participant agree additional time is needed, the counselor and participant complete an IPE development extension form in AWARE, which is signed by both the counselor and participant. If unable to obtain the participant's signature, he or she may agree by an email reply or through SARA electronic communication that they are in agreement to the IPE development extension and the dates on the form. This alternate method of agreement will be documented by the counselor on the form. The email reply or SARA electronic communication will then be scanned into the electronic case file along with the IPE development extension form signed by the counselor.

IPE development extensions are to be completed for no longer than 30 days from the IPE due date. However, in extenuating circumstances based on the facts and unique circumstances of the case, additional 30-day extensions after the first 30-day extension may be completed with Rehabilitation Supervisor approval.

Note #2: If additional time is needed to explore the vocational goal or service needs, as appropriate and applicable, the counselor and participant may:

a) Complete an extension as noted above; or

b) The IPE may be completed on condition that the respective requirements are met as previously outlined in this section under:
If Additional Time is Needed to Determine the Feasibility of an IPE Goal; or
If Additional Time is Needed to Determine Specific IPE Services

3. Mandatory Federal Procedures at 34 CFR 361.45(d) Development of the individualized plan for employment- Mandatory procedures

a. The IPE is a written document prepared on forms provided by the Division.
b. The participant is given the opportunity to exercise informed choice in selecting the employment outcome and setting, the specific VR services needed to achieve the outcome as well as the setting of those services, the entities that will provide the services and the methods for procuring the services. (See Section 3 of this manual -- Informed Choice).
c. The IPE must be agreed to and signed by both the eligible individual and a Rehabilitation Counselor.
d. A copy of the IPE and any amendments are provided to the individual in writing and, as appropriate, in the native language or mode of communication of the individual.
e. The IPE is reviewed annually by the Rehabilitation Counselor and the participant to assess the individual's progress toward achieving the employment outcome.
f. IPE amendments – The IPE is amended as necessary if there are substantial changes to the employment outcome, the VR services or the providers of those services. IPE amendments do not take effect until agreed to and signed by the participant and the Rehabilitation Counselor.
g. IPE's are also amended, as necessary, to include post-employment services necessary for an individual to maintain or regain employment consistent with his or her primary employment factors, interests and informed choice. This is accomplished by completing a "Post-Employment Plan." (See "Scope of Services; Post-Employment Services" Subsection 12.9).
h. An IPE for a student receiving special education services is developed in consideration of the student's IEP and in accordance with required interagency agreements (see Section 14: Students and Youth with Disabilities).

4. Content of the IPE: Mandatory Federal Components at 34 CFR 361.46 Content of the individualized plan for employment

a. Employment outcome – The IPE must include a description of, the specific employment outcome chosen by the individual that is consistent with the

individual's unique strengths, resources, priorities, concerns, abilities, interests and informed choice and the general goal of competitive integrated employment. The IPE for a student with a disability may be a description of the projected post-school employment outcome. (See Section 14 or Appendix B for a definition of student with a disability).

b. Services – A description of the specific rehabilitation services needed to achieve the employment outcome which will be provided in the most integrated setting appropriate for the services involved and consistent with the informed choice of the individual. This includes as appropriate:
   - The provision of assistive technology devices and services.
   - Personal assistance services (including training in the management of these services).
   - In the case of an eligible individual who is a student with a disability, the specific transition services and supports needed to achieve the employment outcome or projected post-school employment outcome.

c. Timelines for achievement – Timelines for the achievement of the employment outcome and for the initiation of services.

d. Service providers and procurement methods – A description of the entity or entities chosen by the participant that will provide the services and the methods used to procure those services.

e. Criteria to evaluate progress – A description of the criteria that will be used to evaluate the progress toward achievement of the employment outcome.

f. Terms and conditions – The terms and conditions of the IPE including, as appropriate:
   - The responsibilities of the Division.
   - The responsibilities of the participant including the participant's responsibilities for achieving the employment outcome, and when applicable, the participant's financial responsibility in paying all or part of the cost of the services, and the participant's responsibilities for applying for and securing comparable benefits.
   - The responsibilities of other entities pursuant to arrangements made for comparable services or benefits.

g. For Supported Employment – Ensure all requirements as found in Section 13: Supported Employment, are met.

h. Post-Employment – As needed, statements regarding expected need for post-employment services for an individual who achieves an employment outcome, a description of the terms and conditions for the provision of post-employment services and, if appropriate, how post-employment services will be provided or how they will be arranged through other entities that provide comparable services or benefits.

i. For Students – Coordination of services for students with disabilities receiving special education services as described in Section 14: Students and Youth with Disabilities.

j. For Individuals Receiving Services from an Employment Network – Under the Ticket to Work and Self-Sufficiency Program, a description of how responsibility for service delivery will be divided between the agency and the employment network.

**Note:** When a participant's ticket is assigned to an EN, the Division will not pay for any services that the EN has, in their agreement with Social Security, agreed to provide Ticket holders. Adhere to the policy "**If a participant has their ticket assigned to an EN"** found in Section 5 (Ticket to Work Program) of this manual.

k. Employment Outcome/Vocational Goal – All IPE employment outcomes must be for competitive integrated employment. This includes supported, customized or self-employment that meet the criteria of "competitive integrated employment".

In addition, measurable skill gains and credential obtainment is a federal performance indicator by which VR is measured. In order for the agency to receive credit for them, they must be included on the IPE.

**B) Additional Nevada Requirements:**

1. Employment Outcome/Vocational Goal

Federal regulations require a description of the specific employment outcome (or projected outcome for students with disabilities receiving transition services) that is consistent with the individual's primary employment factors. Projected outcomes for students must follow the general policies discussed in Section 14: Students and Youth with Disabilities.

The use of a generic goal should be limited. The use of "All Other Service Workers" as an IPE goal is limited to:

a) If a specific goal, in the service industry, has been selected, but the case management system does not list the goal. In these situations, "All Other Service Workers" may be used only if the specific goal is included in the customized line; or

b) For customized employment, while the discovery process takes place if it is anticipated the individual may work in the service sector. Once a specific goal has been determined the IPE must be amended to reflect the specific goal; or

c) As a projected goal for a transition student, if a specific goal or a broader projected goal within a particular field or area cannot be determined during the initial counseling and guidance time period. The projected goal of "All Other Service Workers" may be used while the participant is engaged in work based learning experiences and/or other vocational activities to help identify the specific goal or a broader projected goal within a particular field or area. The goal must be amended to a specific goal (or a projected goal in a broader area) as soon as possible and before implementation of certain IPE services such as on the job training and college tuition. No job placement services will be authorized until the goal is amended except as noted in points a) & b) above.

Note: Federal regulations require the identification of a specific goal for adults. Thus, the IPE goal should be narrowed down to at least a specific area. As appropriate, vocational goals may be amended, and as applicable, "The Additional Exploration of My Vocational Goal" form and policies may be utilized to complete additional vocational exploration.

2. Services

- In addition to any federal requirements, at a minimum IPE services should include:

    - Counseling and Guidance Services
    - Job placement services (unless the goal is self-employment or to maintain a current job)
    - Job seeking skills and soft skills, as applicable
    - Skills training if needed to enter the field (if needed, to meet IPE development timelines, the initial IPE may include a service to clarify training needs such as a Community Based Assessment, or trial classes in a particular field to determine the ability to meet educational

requirements for that field -- with a subsequent IPE reflecting more specific services once identified)
- o Services to address functional limitations (or if the specific services to address the functional limitations cannot be identified at the time of the initial IPE, services that will help identify needed services such as an assistive technology evaluation -- with a subsequent IPE identifying the specific assistive technology to be provided)
- o Services to remove barriers to enable participants to obtain and/or maintain employment

- The description of services should be specific enough that there is no confusion regarding the exact service being provided or when the service has been completed. General categories must be clarified so that the Counselor and participant have an accurate understanding of an agreement as to the service being provided. For example, the general category of transportation may be clarified by indicating "a monthly bus pass to participate in job search activities and employment until the first paycheck is received." The general category of college training is clarified by indicating “a bachelor’s degree in elementary education.”

- Each service cost must be a realistic estimate of the actual costs involved.

- Service dates for each planned service should represent a realistic estimate of the actual initiation and completion of the anticipated service. When a service is contingent on the successful completion of another service, this will be documented per the service date and in the service description on the IPE. All service dates will be within the start and end dates of the IPE.

3. Informed Choice

As federal regulations require the implementation and exercise of informed choice, case files should provide sufficient documentation that the participant’s decisions regarding the employment outcome, services chosen, and procurement methods were informed choices. Possible ways to document informed choice in the development of the IPE include case noting the options the participant explored, documenting counseling and guidance that assisted the individual to make an informed choice, documenting how the participant made choices and decisions rather than indicating that the participant simply agreed to choices that the counselor made, and documenting the rationale for denying inappropriate choices as well as describing the alternative options the participant was provided in order to make an informed choice.

4. IPE Timelines
   Employment outcome achievement dates should be realistic estimates of when the services will be provided and the outcome obtained.

5. Responsibilities
   The responsibilities of each party should be specific enough that there is no confusion regarding who is providing the service and the expectations and responsibilities, including financial responsibilities when applicable of the participant, and goods and services being provided by comparable benefits.

6. Evaluation Criteria
   Evaluation criteria should include measurable statements to determine the progress made in reaching the vocational goal. Evaluation criteria for a specific IPE service should clearly define how the participant and Counselor will determine if an objective has been met.

7. IPE Rationale
   The case should contain appropriate documentation of the IPE rationale including a clear understanding of; how IPE services assist the participant to address functional limitations related to employment, how significant services will assist the individual in obtaining the employment outcome, and how the employment objective is consistent with the participant's primary employment factors and informed choice.

8. IPE Services and Expenditure Approval
   IPEs must be approved by the appropriate level and authority before obtaining IPE signatures and providing IPE services. (See Section 18 for approval levels).

   Once IPE and spending approval has been granted, any significant changes to the IPE such as a change in the vocational goal or services (even if it does not result in increased service costs), additional expenditures or an increase to the estimated cost of an already approved expenditure will be submitted for additional review and approval; and must include a rationale.

9. Changes to the IPE/IPE Amendments
   - Substantial changes to the IPE, including but not limited to changes to the vocational goal, additional services (including assessment services authorized after the IPE start date) and substantive increases to service costs require an IPE amendment, and additional approval.

- All service costs from previous IPE's must be rolled over into the amended IPE. If the service is completed or no longer needed, the IPE can indicate such, but any funds already spent must still be accounted for on the current IPE.

10. IPE Annual Reviews

IPE reviews should occur as often as necessary, and at least annually from the date of the original IPE. The annual review must be completed on the electronic case file annual review form that is signed by the counselor and participant. It should document the participant's progress toward achievement of the employment outcome. It is not only an opportunity to document progress and justify continued services but also to determine if corrections or changes are needed when appropriate progress is not being made.

**Other Annual Review Requirements:**

a. Releases of Information: Generally, an "authorization to release information" should not exceed one year. At the time the IPE is signed, the counselor and participant should complete new "release forms" to any individual or entity when there is a need for additional sharing of information beyond the eligibility stage of services. Therefore, at the time of the IPE annual review, the counselor and participant should review all release forms to determine if a new authorization to release information is required.

b. Financial Participation: Financial participation should be re-evaluated and updated at the time of the annual review. An updated financial participation assessment form must be completed and income re-verified. This may be waived if all remaining services are exempt from financial participation, or the participant is exempt from participation due to still receiving SSI/SSDI, TANF or SNAP (food stamps) (the reason for waiver must be case noted by the counselor). If applicable, the IPE should be amended to reflect changes in the participant's portion of service costs.

## Section 11 Reserved

Reserved for future use.

## Contents

Scope of Services Available ..... 1
Restrictions ..... 3
Provider (Vendor) Requirements for Provision of Services ..... 4
Services for Groups of Individuals ..... 5
Services to Employers ..... 6

## Scope of Services Available

Vocational Rehabilitation Services are services described in the Individual Plan for Employment (except assessment of eligibility and assessment of vocational rehabilitation needs which may be provide prior to an IPE) necessary to assist an individual in preparing for, securing, retaining, advancing in or regaining an employment outcome that is consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice of the individual. 34 CFR 361.48 Scope of vocational rehabilitation services for individuals with disabilities Scope of Services available may include, as appropriate to the vocational rehabilitation needs of each participant:

1. Assessment for determining eligibility, priority for services and vocational rehabilitation needs including, if appropriate, an assessment by personnel skilled in rehabilitation technology.
2. Vocational rehabilitation counseling and guidance, including information and support services to assist a participant in exercising informed choice.
3. Referral and other services necessary to help applicants and eligible participants secure needed services from other agencies including workforce development partners, Medicaid, public institutions of higher education or other agencies participating in an Interagency Agreement if such services are not available under the Rehabilitation Act.
4. Job related services, including job search and placement assistance, job retention services and follow up or follow along services.
5. Vocational and other training services, including personal and vocational adjustment training, on-the-job 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 or any other postsecondary education institution) may be paid for with funds under this part unless maximum efforts have been made by the Division and the individual to secure grant assistance in whole or in part from other sources to pay for that training.
6. Diagnosis and treatment of physical and mental impairments when financial

support is not readily available from alternative sources, such as health insurance or other comparable benefits. The Division is a vocational provider; therefore, restoration must be achievable within a reasonable period of time and be tied to the achievement of an employment outcome.

7. Maintenance for additional costs incurred while participating in an assessment for the determination of eligibility and vocational rehabilitation needs or while receiving services under an IPE. Maintenance is monetary support provided to a participant for expenses, such as food, shelter and clothing that are in excess of the normal expenses of the participant and that are necessitated by the individual's participation in an assessment for determining eligibility and vocational rehabilitation needs or the participant's receipt of vocational rehabilitation services under an IPE.
8. Transportation, including adequate training in the use of public transportation systems, which is provided in connection with the assessment of eligibility or the provision of another service described in this Section and needed by the participant to achieve an employment outcome.
9. Personal assistance services while the participant is on-the-job or while an individual is receiving other services described in this Section.
10. Interpreter services, provided by qualified personnel, for individuals who are deaf or hard of hearing or deaf-blind and reader services for individuals who are blind.
11. Rehabilitation teaching services and orientation and mobility services for participants who are blind.
12. Occupational licenses, tools, equipment, initial inventories and supplies.
13. Technical assistance and other consultation services to conduct market analyses, develop business plans and otherwise provide resources, to the extent such resources are authorized to be provided through the statewide workforce development system, to eligible individuals who are pursuing self-employment, telecommuting or establishing a small business operation as an employment outcome.
14. Rehabilitation technology, including telecommunications, sensory and other technological aids and devices, and assistive devices including, but not limited to hearing aids, low vision aids and wheelchairs.
15. Transition services for students and youth that facilitate the transition from school to post-secondary life, such as achievement of an employment outcome in competitive integrated employment or pre-employment transition services.
16. Supported Employment Services.
17. Customized Employment.
18. Services to encourage qualified individuals to pursue advanced training in science, technology, engineering, mathematics (including computer science), medicine, law or business.
19. Select services to family members of an applicant or participant if necessary, to enable the participant to achieve an employment outcome.

20. Specific post-employment services needed to assist an individual to retain, regain, or advance in employment.
21. Other goods and services determined necessary for the participant to achieve an employment outcome.

**Restrictions**

**The nature and scope of the services outlined are subject to the following restrictions**:

1. All services are subject to the Spending and Signature Authorities in Section 18 of this manual.
2. All services are subject to the Financial Participation Guidelines included in Section 7 of this manual.
3. All services must be a part of the IPE and must be necessary to achieve an employment outcome specified in the IPE or the IPE amendment, or be services necessary to complete the assessment of eligibility or vocational rehabilitation needs.
4. Nevada has a preference for In-State Services. Maintenance, travel costs and per diem etc. will not be provided unless the needed service is not available within commuting distance of the individual's residence.
5. VR must be wise stewards of public funds; therefore, services should be provided in cost-effect manners that still meet the vocational needs of the individual. The individual may choose additional or more expensive services if he or she pays the additional expenses incurred.
6. All goods and services must be pre-authorized. To be pre-authorized an "authorization for purchase" must have been completed to an approved vendor or provider (see Section 18 for rare exceptions). The inclusion of a good or service on the IPE is not considered pre-authorization.
7. Services are subject to the availability of comparable benefits, which must be used in whole or in part for the cost of the service (see Section 16 for services which are exempt from the comparable benefit requirement).
8. The agency will not pay any outstanding debt, including student loans, an applicant or program participant has incurred prior to the current case being opened, or any debt incurred during the case.
9. Firearms, explosives or other items and materials generally considered to be lethal weapons will not be provided or paid for by the agency.
10. The agency will not pay fees and fines an individual is personally responsible for including but not limited to: court ordered fees, late fees (due to the participant not paying in a timely manner), lapsed insurance fees, lapsed union dues or similar types of fees, tickets, fines, child support etc.
11. Division funds cannot be used for acquisition of real property or construction on real property (except under specific conditions permitted by the authorizing statute) per Education Department General Administrative Regulations (EDGAR) at 34 CFR 76.533 Acquisition of real property; construction.

12. Services may be suspended for reasons such as; lack of follow through or cooperation, failure to make reasonable progress in your IPE, threatening or violent behavior or additional information becoming available that may affect the success of the IPE-- for example, if information became available that would indicate there is no reasonable expectation of obtaining the employment outcome.
13. Marijuana is illegal under federal law, therefore Division funds cannot be used to pay for any service involved in obtaining, possessing, using, handling or distributing marijuana (including but not limited to obtaining medical marijuana cards, and medical appointments or prescriptions to obtain medical marijuana) or to support occupations in the marijuana industry or employment in any occupation that would involve the possessing, manufacturing, distribution, packaging, handling or selling of marijuana.
14. Background checks to request criminal history information on VR participants are PROHIBITED except for:
    - Purposes of Private Investigator's Licensing Board
    - Fingerprint cards for security guards and real estate license background checks
    - Background checks and fingerprint cards for other licenses (teachers, state employees, childcare workers etc.)
    - Sheriff's card, when there is a letter of intent to hire from the employer
    - Other similar circumstances when needed for employment or licensing, but VR neither process nor receive a copy of the report.
      In these situations, the report is sent directly to the licensing body or employer and VR does not receive a copy of the report.

**Provider (Vendor) Requirements for Provision of Services**

All services, as defined in Section 18 of this manual, will be provided by qualified personnel who meet the appropriate State licensure or certification requirements or national standards, to the extent that such standards exist. Providers of services must have a Division approved contract.

Providers must take steps to ensure the confidentiality of participant records and information provided by VR, consistent with the policies in Section 21: Confidentiality, of this Manual.

Fulfillment of Responsibilities: Providers are expected to fulfill their responsibilities in an ethical and legal manner. Public funds should be used as intended by laws, regulation and policies. Services need to meet standards set forth in the provider's scope of work. The agency may recover funds and/or cease doing business with a provider if the provider fails to fulfill responsibilities as agreed to in the scope of work.

Fraud: Fraud may exist when a provider knowingly and deliberately misrepresents information to obtain business or a payment from VR or when the provider invoices for

services that were not provided as authorized or in accordance with the contract. This may include but is not limited to invoicing for services that did not take place or that were paid for as part of another invoice, and embellishment of or misrepresentation of facts in reports in order to obtain payment for services that did not meet the standards outlined in the agency's policy or in the contract.

In addition to recovery of funds or cessation of business with the provider, serious cases of fraud or intent to commit fraud may be referred to law enforcement for criminal prosecution.

**Services for Groups of Individuals**

34 CFR 361.49 Scope of vocational rehabilitation services for groups of individuals with disabilities

Federal regulations allow for the provision of certain services for the benefit of groups of individuals with disabilities. Services to groups may be provided sequentially or simultaneously. "Services for a group" does not necessarily mean all services are provided at the same time.
These services may include but are not limited to:

- Services to small businesses operated by individuals with significant disabilities which may be improved by management and supervision services provided by the State VR Agency, along with the acquisition by the State VR agency of vending facilities or other equipment and initial stocks and supplies (e.g., Business Enterprise of Nevada – BEN Program).
- Grants to Community Rehabilitation Programs (CRP's). Such programs must be used to promote integration into the community and prepare individuals with disabilities for competitive integrated employment including supported employment and customized employment. (These projects must meet criteria maintained by the Division).
- The use of telecommunications systems that have the potential for substantially improving Vocational Rehabilitation delivery methods and developing appropriate programming to meet the particular needs of individuals with disabilities.
- Special services to provide non-visual access to information for individuals who are blind, including the use of telecommunications, Braille, sound recordings, or other appropriate media.
- Captioned television, films or video cassettes for individuals who are deaf or hard of hearing.
- Tactile materials for individuals who are deaf-blind.
- Other special services that provide information through tactile, vibratory, auditory and visual media.
- Technical assistance to businesses that are seeking to employ individuals with disabilities.

- Consultation and technical assistance to assist state and local educational agencies in planning the transition of students with disabilities from school to post-secondary life, including employment.
- Transition services to youth and students with disabilities, including pre-employment transition services for students who may not yet applied or been determined eligible for VR services, for which a VR counselor works in concert with educational agencies, providers of job training programs, providers of services under the Medicaid program, entities designed by the State to provide services to individuals with developmental disabilities, centers for independent living, housing and transportation authorities, workforce development systems, and businesses and employers.
- The establishment, development or improvement of assistive technology demonstration, loan, reutilization or financing programs in coordination with the activities authorized under the Assistive Technology Act of 1998 to promote access to assistive technology for individuals with disabilities and employers.

All services to groups must abide by the policies maintained by the Division. Some services to groups may be limited to groups of applicants and/or individuals eligible for Vocational Rehabilitation Services. The Bureau Chief, Deputy Administrator or Administrator must approve and coordinate funding for any services to groups, as well as, authorize services to groups prior to any service being provided. Payment approval is also centralized and not performed by the counselor.

Requests for purchases for service to groups will be submitted to the Bureau Chief and should include:

1. Purpose of the expense;
2. Who is expected to benefit;
3. Anticipated number of people who will benefit;
4. Anticipated benefits in terms of employment outcomes; and
5. Costs and proposed arrangements for purchase.

**Services to Employers**
34 CFR 361.32 Provision of training and services for employers

The agency may also educate and provide services to employers who have hired or are interested in hiring individuals with disabilities served by the State VR Program including:

- Providing training and technical assistance to employers regarding the employment of individuals with disabilities, including disability awareness and the requirements of the Americans with Disabilities Act and other employment-related laws.

- Working with employers to:

  - Provide opportunities for work-based learning experiences (including internships, short-term employment apprenticeships, and fellowships) and opportunities for pre-employment transition services
  - Recruit qualified applicants who are individuals with disabilities
  - Train employees who are individuals with disabilities
  - Promote awareness of disability-related obstacles to continued employment

- Provide consultation, technical assistance and support to employers on workplace accommodations, assistive technology, and facilities and workplace access through collaboration with community partners and employers across states and nationally, to enable the employers to recruit, job match, hire and retain qualified individuals with disabilities who are recipients of vocational rehabilitation services.

- Assist employers with utilizing available support for hiring or accommodating individuals with disabilities.

Contents

Medical / Psychological Treatment ..... 1
Telecommunications, Sensory and other Technology Devices ..... 2
Dental Services ..... 2
Hearing Loss and Provision of Hearing Aids ..... 3
Services for Individuals with Blindness or Visual Impairments ..... 7
Substance Use Disorders ..... 8

## Medical / Psychological Treatment

Medical, psychological, psychiatric or corrective surgical treatment requires a recommendation by the treatment professional and, as appropriate, review by a specialty consultant. Surgical procedures require appropriate IPE level review and approval**.** Refer to Section 18: Purchases and Payment of Goods and Services, Authorizations, Cash Pays and Authority Levels for review requirements. The agency will not pay missed appointment fees, nor may the provider bill the participant when no service has been provided. While the agency may participate in costs of treatment, it does not represent itself as an expert. Questions will be directed to the medical provider.

Any services provided for an individual to attend medical or psychological treatment must be agreed to in the IPE (except assessments conducted prior to the IPE). Funding of assessments or treatment, including co-payments, require reports to ensure the assessment and treatment are focused on assisting the individual to meet employment objectives. The participant should be making reasonable progress toward achievement of an employment outcome for VR to continue funding medical treatment. If VR is not funding the treatment but is providing support services such as out of state travel expenses for an individual to attend treatment, progress reports may also be required. The counselor may, at his or her discretion, waive the requirement for reports in situations that warrant it. However, in these situations, the counselor may still request documentation that verifies attendance.

### Non-Traditional Treatment

Non-traditional medical or psychological treatment such as acupuncture, homeopathy, etc., may be provided upon the recommendation of an appropriate consultant, if it is an appropriate alternative for that individual and if the treatment is not considered "experimental" in nature.

### Acute Conditions

A Rehabilitation Counselor cannot determine a participant eligible only to correct an acute condition in the absence of a need for other substantial rehabilitation services.

**Secondary Sexual Characteristics**
Division funds may not be used for changing primary or secondary sexual characteristics.

**Extreme Medical Risk**
Investigation of comparable services and benefits must be accomplished prior to the provision of treatment services unless there is medical evidence that a risk of substantial worsening of a functional impairment exists or there is a risk of death if medical services are not provided promptly.

## Telecommunications, Sensory and other Technology Devices

In the case of telecommunications, sensory and other technological devices, individualized prescriptions and fittings must be performed by persons licensed in accordance with State law or by appropriate, certified professionals.

## Dental Services

1. **Eligibility:** Dental or orthodontic disorders generally are not considered disabilities for the purpose of determining eligibility. Thus, eligibility may not be determined based solely on the need for routine dental care or acute dental conditions such as tooth decay/dental caries/cavities, gingivitis, acute periodontitis, missing teeth or similar conditions when treatment is expected to correct the condition with little or no residual effects.

   Dental impairment may be considered a sole disability for the purpose of an eligibility determination in the following circumstances:

   - A facial deformity from birth or caused by a serious accident or injury, which results in serious impediments to employment, and correction involves the mouth and or teeth

   - TMJ/TMD which results in significant long-term symptoms and creates a serious barrier to employment

Note: In certain circumstances, a serious chronic dental impairment or illness may exist which does not fit into one of the above categories. If justified, (for example, if treatment is not expected to correct the condition), the counselor may seek an exception to the above policy by submitting a rationale to the District Manager which details the severity of the dental impairment and documents how it creates a long-term, chronic and substantial barrier to employment. The District Manager must

complete a written case note approving the exception before the counselor can proceed with an eligibility determination based solely on the dental impairment.

2. **Intercurrent Illness**: Dental services may be provided when an individual is determined eligible based on another illness or systemic issue which also manifests itself in a dental impairment and which creates a substantial barrier to employment.

3. **Dental services in conjunction with another disability**: Dental services may be provided when an individual has been determined eligible for services based on another disability which does not impact the teeth if a dental impairment also creates a substantial impediment to employment. The agency will only cover that portion of dental restoration services that is essential to relieve the impairment or barrier to employment.

   For example: Mr. Smith and Mr. Jones are both unemployed construction workers and apply for VR services. They each have a front tooth missing, experience frequent toothaches and have symptoms of periodontitis. Mr. Jones also has diabetes which prevents him from returning to physically demanding work. Mr. Jones is made eligible based on his diabetes and may receive dental services to relieve pain and present a more professional appearance in order to reach his new vocational goal. Mr. Smith, however, is determined ineligible as he has no other disability and his current dental condition could be corrected with treatment.

Dental treatment requires recommendation by a treatment professional and review by a dental consultant. Dental treatment services will be provided in the most cost effective manner that will meet the participant's vocational needs per consultation with the Division Dental Consultant. The agency will not pay missed appointment fees, nor may the provider bill the participant when no service has been provided. While the agency may participate in costs of treatment, it does not represent itself as an expert. Questions will be directed to the dental provider.

## Hearing Loss and Provision of Hearing Aids

### Overview

Participants with a non-progressive, congenital or long-standing hearing loss or deafness may be determined eligible for services based on appropriate documentation of the hearing loss or deafness. In these cases, a recent audiology or Ear, Nose and Throat (ENT) exam is not required if the individual does not require a new hearing aid(s) or other services directly related to alleviating the hearing loss, and if the participant and counselor determine these evaluations are unnecessary to meet the vocational and/or medical restoration needs of the individual.

For all other participants, a current diagnostic statement-within the past six (6) months-from a qualified audiologist or other qualified professional is sufficient to make an eligibility determination. However, for the purposes of case planning, if a rapidly progressive hearing loss is diagnosed, or an audiologist (or other qualified professional) recommends an ENT evaluation or the purchase of a hearing aid is intended a current audiology and ENT evaluation should be obtained.

**Evaluations**

ENT Evaluation

An ENT evaluation is required for a rapidly progressive or newly identified hearing loss, if recommended by an audiologist or other qualified professional, or if hearing aid purchase is intended unless the situation warrants an allowed exception as described under "Exception to Requirement for ENT for the purchase of hearing aids." The evaluation shall include the diagnostic statement and, if appropriate, prognosis and treatment recommendations. The exam must be provided by an otolaryngologist or physician skilled in diseases of the ear. A written report summarizing the examination shall be provided to the referring Rehabilitation Counselor.

Audiology Evaluation

An audiology evaluation is required for a rapidly progressive hearing loss or if hearing aid purchase is intended. An audiogram must be provided, and audiology evaluations shall include:

- Pure tone air conduction thresholds;
- Bone conduction thresholds;
- Speech reception thresholds; and
- Speech discrimination testing.

Hearing Aid Evaluation

A hearing aid evaluation is required for the purchase of hearing aids and must include prescriptive recommendations for monaural or binaural, type, manufacturer, model and cost of hearing aid(s).

Qualified Professional

Audiology and hearing aid evaluations and prescriptions or an audiology consult must be provided by a certified audiologist, Certificate of Clinical Competence with a doctorate degree in Audiology (CCA-A), American Speech Language Hearing Association (ASHA) certified or State licensed audiologist. Occupational Safety and Health Administration (OSHA) trained and other State certified evaluators may provide assessment/evaluation if the report is signed and approved by the above defined audiologists.

**Purchase of Hearing Aid(s)**

The purchase of hearing aids requires the following evaluations, completed by qualified professionals, within the previous six (6) months: an audiology evaluation, a hearing aid evaluation and an ENT evaluation. If the participant currently has a hearing aid(s) and there is no change in the prescription, the device(s) should be evaluated by a certified provider to determine if they are repairable before the provision of a new instrument(s). Adequacy of the current aid(s) should be based on the present audiology prescription.

VR will not purchase a new hearing aid(s) for an individual if VR has previously funded hearing aid(s) for the individual within the last five years unless there is a significant change in the prescription or functional requirements. Exceptions due to extenuating circumstances must be approved by the District Manager and must be related to a vocational need. For example, the desire for updated technology when the current technology meets the vocational need is not considered an extenuating circumstance. Failure to properly care for and protect a hearing aid is generally not considered an extenuating circumstance.

Approval by the Division's audiology consultant and the inclusion of hearing aids on the IPE should be completed prior to authorizing hearing aids. In rare circumstances, a hearing aid may be authorized prior to an IPE if necessary, to complete an assessment of vocational needs. The counselor must provide sufficient rationale to justify this decision and obtain permission from a Rehabilitation Supervisor or District Manager prior to completing the authorization.

A Division approved provider/vendor with a current contract must be used when VR funds are authorized for hearing aids. Hearing aids are subject to financial participation as described in Section 7 of this manual. Documentation the individual's income was verified, including applicable family income, must be in the file prior to authorizing hearing aids unless the file contains documentation that the individual is exempt from financial participation due to the receipt of SSI, SSDI, TANF or Supplemental Nutrition Assistance Program (formerly known as food stamps). Authorizations to vendors will be made as negotiated per approved fee schedules minus any comparable benefit or financial participation, as applicable. The authorization must clearly indicate the amount the individual is responsible for if applicable, and if utilizing a comparable benefit, the amount the comparable benefit will cover.

Note: While assistive technology is exempt from the federal requirement to explore comparable benefits, federal regulations do not prohibit the use of a comparable benefit if it is available. If an individual has insurance that would contribute towards the cost of a hearing aid, the insurance benefit may be used; but if the individual has no insurance, he or she would not be required to explore and apply for insurance to pay for the hearing aid. In situations where it is more cost-effective for VR to pay the entire cost of a hearing aid, using a VR negotiated fee schedule, than to pay the individual's co-pay or co-insurance, the VR negotiated fee schedule should be utilized, even if an individual has insurance.

Counselors should inform the participant the agency will not replace hearing aids that are lost or damaged by accident or neglect and encourage the participant to discuss warranty information with the provider so they understand any limits of the warranty and can make an informed decision regarding any additional coverage that may be needed.

Payment for the hearing aid package will be processed following the thirty (30) day trial period after at least one follow-up visit with the audiologist/ provider has been completed and the participant has indicated his or her satisfaction with the hearing aids. The participant must sign an RD-87 form indicating his or her satisfaction with the hearing aid(s).

**Exception to the Requirement for an ENT Evaluation** (for the purchase of hearing aids):
In vicinities where an ENT is not available, the ENT evaluation for medical clearance can be waived if:

- The participant is 18 years of age or older, **and**
- The audiologist indicates in the report that in his/her professional opinion, medical clearance is not necessary and can be waived in accordance with FDA regulations and 21 CFR 801.421 Hearing aid devices; conditions for sale, **and**
- The audiologist provides the VR counselor a copy of the waiver, signed by the participant.

If the audiologist believes that medical clearance is necessary, but an ENT is not available, medical clearance can be obtained from another licensed physician (M.D. or D.O.).

In cases where an ENT is available, but there is an extremely long wait time for an appointment which could be detrimental to the participant's ability to accept a job offer or maintain employment, medical clearance can be obtained from another licensed physician (M.D. or D.O.) or, with approval from the Rehabilitation Supervisor, medical clearance can be waived provided all three conditions above are met.

Hearing Aids and Employed Status
If the primary service being provided to an employed participant is hearing aids, the case may be moved into employed status when the participant physically receives the hearing aid. If during the trial period, it is determined a different hearing aid is needed, the case will not be closed rehabilitated until the participant has completed the thirty (30) day trial with the new hearing aid.

## Services for Individuals with Blindness or Visual Impairments

The Division has two programs to serve individuals with blindness or visual impairments:

1. The Bureau of Services to the Blind and Visually Impaired Vocational Rehabilitation (VR) unit may serve individuals interested in working (or maintaining their current job) whose visual impairment creates a substantial barrier to employment. Specific visual acuities are not the primary factor in determining eligibility for this program as long as there is documentation that the visual impairment creates a substantial barrier to employment. Participants interested in the Business Enterprises of Nevada (BEN) program must meet visual acuity requirements for that program.

2. The Older Individuals Who Are Blind Program may serve individuals with a visual impairment, age 55 or older, who need assistance to maintain their independence. Visual acuities are taken into consideration when determining eligibility for this program. (See Section 25 of this manual for eligibility criteria and additional policies for this program).

Participants found eligible for VR services based on legal blindness may be provided an audiology examination and evaluation of their hearing if it appears or it is reported there is also a hearing loss.

Participants who are pursuing employment and are found eligible for VR services based on legal blindness or a severe visual impairment that affects activities of daily living or mobility will be afforded the opportunity of an evaluation of mobility and daily living skills. Daily living skills and mobility training will be addressed if needed for successful employment. The Division will provide workers' compensation insurance for participants receiving Orientation & Mobility (O&M) and/or Rehabilitation Instruction when Division employees provide these services outside a VR office. At the end of each quarter, the O&M and/or Rehabilitation Instructors are responsible for providing the designated staff person with a list of the names of those participants involved in O&M or rehabilitation instruction activities during that quarter. The designated staff person is responsible for completing a quarterly workers' compensation report which is forwarded to Financial Management.

Provision of Bioptic Telescopic Devices

The application process to operate a motor vehicle while wearing a device is defined in Nevada Administrative Code (NAC) 483.405 (driver's License- License to operate a motor vehicle while wearing the device).

The Division may provide a Bioptic Telescopic Device if it is:

1. A vocational rehabilitation need and an integral part of an approved IPE.
2. There is an optometrist's report stating that the individual's best corrected visual acuity using the recommended telescopic device is within the guidelines described in Nevada Administrative Code (NAC) 483.410 (Driver's License-Definitions).
3. An assessment of driving alternatives was considered and documented in the progress review notes which addressed:
   - The participant's current mode of transportation.
   - The reasonableness of using other modes of transportation or solutions such as:
     - Taxicabs,
     - Carpool,
     - Paid co-workers, volunteers or attendants;
     - Public transit; and
     - Para-transit, accessible public transit or other community services.

The Rehabilitation Counselor must include the following documentation in the case record:

1. Access to the use of a registered vehicle (which includes proof of insurance);
2. A report from the prescribing optometrist as proof the individual meets the requirements for licensure; and
3. After the driver's license has been issued, the participant must meet with the Rehabilitation Counselor and make the license available. The counselor must review, verify and document the participant has a valid driver's license.

## Substance Use Disorders

### Overview

While the Rehabilitation Act as Amended indicates an individual currently engaging in illegal drug use is not considered an individual with a disability, the Act also indicates an individual currently using illegal drugs shall not be excluded if otherwise entitled to services [see: The Rehabilitation Act as Amended - Section 7 (20)(C ]. Counselors must be aware of this and become familiar with the differing policies described in this segment regarding individuals who seek services based solely on a diagnosis of substance abuse and those who may be eligible for services based on another disability and who also use illegal substances.

### Diagnosis

The diagnosis of alcohol or drug abuse may be provided by the following professionals

if they are skilled in the diagnosis and treatment of such disorders:

- Licensed physician;
- Licensed clinical psychologist;
- Licensed clinical social worker;
- Licensed marriage and family therapist; or
- Licensed or certified substance abuse counselor, or a certified substance abuse counselor intern.

The diagnostic statement should include the Diagnostic and Statistical Manual classification, prognosis and treatment program recommendations. Attendance at Narcotics Anonymous (NA) or Alcoholics Anonymous (AA) or similar programs that do not employ qualified, licensed professionals, is not sufficient to determine a diagnosis of substance abuse, although as noted below, at the recommendation of a qualified professional, they may suffice as treatment or aftercare programs.

**Recognized Treatment Programs and Payment for Treatment**

Treatment programs include medical model/hospital inpatient and outpatient treatment programs, community/mental health programs, halfway house/transition/residential programs or certified private programs and certified substance abuse counselors. Twelve-step programs may meet requirements if this is the treatment method recommended by a licensed substance abuse counselor or other professional qualified to make this determination.

Payment for treatment programs may be considered only after other related benefits (e.g., employee assistance programs, programs receiving funds from the federal Substance Abuse Prevention and Treatment Agency [SAPTA], private health insurance, etc.) have been investigated. Division sponsored payment for treatment programs must receive approval from the Rehabilitation Counselor's immediate supervisor and generally should not, depending on participant need, exceed three months duration. As a general rule, the Division does not pay for residential substance abuse treatment programs. Any cost of treatment or activity ordered by a court is the participant's responsibility and will not be paid by the Division. Any exceptions to this policy must be justified and approved by the District Manager; and requires appropriate IPE level review and approval.

**Funding of Drug Testing**

Drug testing requires a written rationale of the need for drug testing and prior approval by a Rehabilitation Supervisor. Before the Rehabilitation Counselor can refer a participant for drug testing, the participant must be notified in writing of the Division's policy regarding the use of illegal substances and the possibility of case termination. Drug screening required for employment, participation in a Community Based Assessment, or participation in a program that requires pre-admission drug screening is

exempt from the above requirements.

**Substance Use Disorder as a Sole Disability**
An individual currently engaging in illegal drug use is not considered an individual with a disability in the absence of another condition that qualifies as a disability. In order to be determined eligible for services based solely on a diagnosis of substance abuse, the individual must meet the following minimum criteria which should be identified in the assessment of eligibility:

1. The participant must be participating in a treatment program certified by the state or national certification board or seeing a licensed or certified practitioner;
   or,
2. The participant must have completed a certified treatment program within the last two years and is participating in a maintenance/aftercare program or recognized support group (e.g., Alcoholics Anonymous (AA)/Narcotics Anonymous (NA));
   and,
3. There must be reasonable belief the participant is abstinent and has completed thirty (30) consecutive days of abstinence at the time of the eligibility determination;
   and,
4. The individual must have a substantial impediment to employment as a result of the substance abuse.

Evidence that the individual meets these criteria must be in the file at the time of the eligibility determination.

Criterion #1: Evidence must include records from the treatment program or professional from whom the individual is receiving treatment. If records are not available or the individual has not received treatment from a qualified professional within the previous thirty (30) days, a current substance abuse evaluation by a qualified professional is required.

Criterion #2: Evidence must include records from the treatment program the applicant attended as well as documentation that the individual has been and currently continues to participate in an aftercare program. If records from the treatment program are not available, or the individual has not been active in an aftercare program within the previous thirty (30) days, a substance abuse evaluation by a qualified professional is required.

Criterion # 3: Abstinence can be verified by an external source other than participant self-report. Verification of abstinence can be obtained in writing by a source the Rehabilitation Counselor deems appropriate (e.g., AA sponsor, parole and probation officer, urinary analysis or other appropriate laboratory tests).

Criterion #4: The Rehabilitation Counselor must determine how the substance abuse impedes the participant's occupational performance by assessing how the participant is prevented from obtaining, retaining or preparing for employment in keeping with the individual's abilities due to the substance abuse. The judgment of the Rehabilitation Counselor is paramount to this determination and must be guided by the participant's singular limitations, work history and circumstances.

Case Closure for Failure to Cooperate

If during the rehabilitation process, the Rehabilitation Counselor suspects that an individual determined eligible for services solely on the basis of substance abuse is using illegal drugs, abusing substances, or the participant reports to the Rehabilitation Counselor that they are using illegal drugs, the Rehabilitation Counselor will notify the participant in writing, and other appropriate forms of communication if necessary, that continued use will result in case closure. If a drug test result is positive in any month after the participant has been advised in writing of this policy, the Rehabilitation Counselor can close the case based on non-cooperation.

**Substance Use in Conjunction with another Qualifying Disability**

An individual actively using illegal drugs (including marijuana and medical marijuana which are illegal under federal law) or abusing substances may be eligible for services if he or she is made eligible on the basis of another disability and meets all other eligibility criteria including the ability to benefit from services in terms of an employment outcome.

The use of a trial work plan is appropriate if the counselor has reason to believe the individual cannot benefit from services in terms of an employment outcome. If the applicant is not currently in treatment, a substance abuse evaluation by a qualified professional should be completed.

Items to be taken into consideration when making an eligibility determination may include, but are not limited to:

- The ability of the individual to pass pre-employment drug screenings;
- The ability of the individual to safely travel to and from work and perform work related activities;
- The frequency, amount, type and effects of the substance usage on the individual;
- The individual's ability to function and perform daily activities while using controlled substances; and
- Whether or not supported employment services are indicated. For example, an individual with a severe mental illness and a substance abuse disorder.

**IPE Considerations**

Illegal drug use or substance abuse by participants who have been determined eligible

based on another disability will be addressed in the IPE or an IPE amendment as appropriate. As many Nevada employers require pre-employment drug screening, and as there may be considerable safety concerns in conjunction with illegal drug usage or substance abuse, the counselor and participant must explore and assess the effects of the substance usage on employment. Ethical concerns should also be taken into consideration. The participant will be expected to take appropriate action and cooperate in services to remove barriers to employment caused by illegal drug usage or substance abuse.

Case Closure for Failure to Cooperate

The counselor must solicit the participant's cooperation in addressing employment-related barriers caused by illegal drug use or substance abuse. The participant must be informed in writing that their case will be closed if they do not take appropriate action and cooperate in services to remove barriers to employment caused by illegal drug use or substance abuse. If the participant fails to cooperate after receiving written notice of this requirement, the case may be closed for lack of cooperation.

**Contents**

I. Overview ..... 1
II. Work Based Assessments ..... 2
A) Situational Assessments ..... 2
B) Community Based Assessment (CBA) ..... 3
III. Work Based Learning Experiences for Students or Work Based Training Experiences for Adults ..... 4
IV. On-the-Job Training (OJT) ..... 7

## I. Overview

Work based exploration, learning or training experiences may include exploration and skills assessment activities such as:

- Work Assessment activities such as a Situational Assessment (SA) conducted at a Community Rehabilitation Program (CRP) and a Community Based Assessment (CBA) –a work assessment conducted at job sites in the community.

- Work Based Learning Experiences for Transition Students or Work Based Training Experiences for Adults in which the participant is exploring work and/or gaining work experience at an actual job site in the community. Generally, the individual is not an employee of the employer.

  Note: There may be some situations when a student is involved in a work based learning experience that is also a short-term job or an On-the-Job Training, and thus paid by the employer.

- On-the-Job Training (OJT) where an employer has hired a participant and is reimbursed, by VR or another entity, part or all of the participant's wages or benefits during the training period.

Counselors should follow internal procedures when referring individuals for any of these services.

**Work Based Learning Experiences for a student** with a disability, provided as pre-employment transition services, **may be provided either prior to the IPE or as part of the IPE.** If the student requires more individualized transition services, VR services or supportive services (e.g., travel expenses or job coaching services) under section 103(a) of the Rehabilitation Act and 34 CFR 361.48 (b) Scope of vocational

rehabilitation services for individuals with disabilities: Services for individuals who have applied for or been determined eligible for vocational rehabilitation services, he or she would need to apply for and be determined eligible for VR services, and have an approved IPE to receive those services funded with non-reserved title I funds.

**On-the-Job Training and Work Based Training Experiences for adults, must be provided as an IPE service**.

Participant Responsibilities:
When participating in any of the above the participant is responsible to:

- Make informed choices regarding the assessment or work based experience, including as applicable, being actively engaged with the counselor in exploring specific information needed, type of employment setting, employer or job tasks that will best meet his or her needs.
- Participate in and pass a drug test if required (required for SA's and CBA's; dependent on employer policies for all other work based learning and training experiences and OJT's).
- To plan for and ensure transportation, child care, scheduling conflicts, and other responsibilities etc. are sufficiently addressed prior to beginning the activity.
- To show up, on time, appropriately dressed, ready to work, eager to learn and to put forth good effort during the experience.
- Notify the employer and counselor in a timely manner if time is lost due to extenuating circumstances.
- Inform the counselor of any situation that may prevent successful completion of the experience or if assistance is needed to address any issues that may prevent completion of the activity.

## II. Work Based Assessments

### A) Situational Assessments

Situational assessments (SA) evaluate the individual's abilities, behaviors and preferences in a semi-controlled competitive, integrated work setting through a Community Rehabilitation Program (CRP). SA's should not be completed prior to an eligibility determination (except when used as part of a signed trial work plan as described in Section 8 of this manual, Eligibility Determination for VR). If an SA is conducted after the development of the IPE, the IPE must be amended to include the service. The assessment uses real work experiences for determining an individual's capabilities and preferences as well as work related limitations and needs. An SA provides the counselor and participant assessment information and is not to be used as a training tool. Participants should be made aware of the reasons for the assessment, including the specific information being sought, be provided with counseling and

guidance that assists them in exploring the options and making an informed choice regarding how the information will be obtained. The SA process and information on what the participant may expect should also be explained.

The CRP (or a staffing agency with a State of Nevada approved contract) is responsible for direct payment of payroll and workers' compensation costs, although, in accordance with the Division's current approved fee schedule and approved contracts, the Division may reimburse the CRP staffing agency for these costs as well as pay an assessment fee. The reimbursement rate for a participant's wages will be the State's minimum wage. *Note: Minimum wage means the higher of the rate specified in Section 6(a)(1) of the Fair Labor Standards Act of 1938, 29 U.S.C. 206(a)(1), (e.g., the Federal Minimum wage) or applicable State Minimum wage law.*

**Work Adjustment**
Work adjustment may be evaluative in nature or may be included as a planned IPE service. It utilizes an individualized series of techniques, methods and processes to evaluate, measure and/or increase a participant's ability to develop general values, attitudes, and behaviors appropriate for a work environment. Initiation of work adjustment is often at the recommendation of a CRP after a participant has completed a situational work assessment, but additional assistance or more time is required to evaluate his/her ability to make necessary adjustments to values, attitudes and behaviors before being considered ready for competitive employment.

**Work Hardening**
Work hardening may be evaluative in nature or may be included as a planned IPE service. It is an individualized work process involving the participant in real work tasks that are structured and graded to evaluate, measure and/or progressively increase physical tolerances, stamina, endurance and productivity. Initiation of work hardening is often at the recommendation of the CRP after a participant has completed a situational work assessment, but additional assistance or more time is required to evaluate an individual's ability to increase stamina, tolerances and productivity to a level compatible with competitive employment.

**B) Community Based Assessment (CBA)**

A CBA involves the assessment of the performance of actual job duties in a real work setting within the community. Performance is supervised by an employee/manager or owner of the worksite. CBA's should not be completed prior to an eligibility determination (except when used as part of a signed trial work plan as described in Section 8 of this manual, Eligibility Determination for VR). If a CBA is conducted after the development of the IPE, the IPE must be amended to include the service. The Division utilizes a staffing agency with a State of Nevada approved contract to provide workers' compensation, payroll and other related services.

The reimbursement rate for a participant's wages will be the State's minimum wage.
*Note: Minimum wage means the higher of the rate specified in Section 6(a)(1) of the Fair Labor Standards Act of 1938, 29 U.S.C. 206(a)(1), (e.g., the Federal Minimum wage) or applicable State Minimum wage law.*

Staff employed by the Division should be the first choice to develop or monitor a CBA site. However, if necessary, a paid provider with a Division approved contract may be paid to assist with these services in accordance with the Provider's Contract.

The counselor and participant should explore the specific information needed and the type of employment setting, employer or job tasks that would best meet these needs.

The participant must complete a drug test prior to participating in a CBA. If the drug test comes back positive the participant and counselor must address this issue. After sufficiently addressing the issue the participant must participate in another drug test prior to beginning the CBA.

## III. Work Based Learning Experiences for Students or Work Based Training Experiences for Adults

Work Based Learning Experiences for Students
Work Based Learning Experiences for Students with disabilities is a pre-employment transition service and may be provided prior to the IPE or as part of the IPE. It may include in-school or after school opportunities, or experiences outside the traditional school setting that are provided in an integrated environment in the community (to the maximum extent possible) and may include, but is not limited to, internships; job shadowing; paid or unpaid work; short-term work; on-the-job training/mentoring; apprenticeships and fellowships; and could also include worksite tours and informational interviews.

Work Based Training Experiences for Adults
Work Based Training Experiences for adults may be provided as an IPE Service and includes training that provides participants the opportunity to develop hands-on skills at a real worksite in the community without being an employee of the worksite.

## Procedures for Work Based Learning or Training Experiences:

Work Based Learning or Training Experiences procedures depend upon whether it is a volunteer experience or a paid experience.

1. Volunteer Work Based Learning or Training Experience**:**
Volunteer, unpaid experience, provides the participant:

The opportunity to gain an understanding of jobs on-the-job site such as when job shadowing occurs or to gain hands-on experience or skills training at a worksite.

If the individual is volunteering to do actual work the site must have an active volunteer program (such as hospitals) a formal training agreement in place and provide workers compensation or liability coverage as required by Nevada Revised Statutes. The participant must sign up for and be officially accepted and recognized as a volunteer to ensure this coverage is in place.

VR may provide supports such as transportation assistance, work clothing and job coaching for this type of work based learning or training experience as follows:

A. If there is a formal agreement between VR and/or a Community Partner (such as a School District or a Regional Center) and the Business according to the length and terms of that agreement.

B. If there is no formal agreement, supports generally will not be provided for more than two months, but may be provided up to six months if there is a sufficient rationale and justification for this decision and it is well documented.

In either case, the agency must be provided weekly attendance and progress reports from the supervisor or as agreed to in a formal agreement. The participant should be making reasonable progress in skill obtainment for VR to continue to provide supports.

2. Paid Work Based Learning or Training Experiences:
In these experiences, the participant is provided paid training at a worksite without being an employee of the employer either through a formal program such as an agreement with a Community Partner and/or Business or through an informal agreement with a particular worksite.

If there is a **Formal Agreement with the Worksite:** Provision of supports and requirements for attendance and progress reports will adhere to the formal agreement.

If there is an **Informal Agreement with an Individual Worksite:** Generally, this will only be used when other methods of hands-on skill development such as an On-the-Job Training are not practical.

In these cases, the Division authorizes staffing agency with a State of Nevada approved contract to provide workers' compensation, payroll and other related services. As this is training and the participant is not an employee of the job site, the reimbursement rate

for a participant's wages will be the State's minimum wage. Work based learning and training experience wages are considered wages for the purposes of income tax and may affect calculation of some benefits or entitlements, thus, the participant must plan accordingly.

VR will not pay wages for work based learning or training experiences for practicums and internships that are part of a degree program or for which the participant is receiving college credit. Practicums and internships of this sort are regarded as college training.

No participant will start this type of paid work based learning or training experience in which wages are funded by VR unless all necessary authorizations and paperwork are completed and arrangements have been made for the contracted staffing agency to provide payroll and related services. The rehabilitation technician assigned to the team will take responsibility to ensure the participant has been instructed on completing payroll forms and/or paperwork required by the employment agency and that all other activities needed for administration of payroll and related services have been completed before the experience start date.

The work based learning or training experience agreement forms must be completed and signed by an authorized worksite representative, counselor and participant. The agency must be provided weekly attendance and progress reports from the supervisor. The participant should be making reasonable progress in skill obtainment for VR to continue to fund and provide supports. The counselor will be the primary contact with the worksite supervisor and will provide or arrange for any intervention needed.

Exceptions to the following practices (in regard to work based training experiences for adults or informal work based learning experiences for students when wages are funded by VR) must include a written rationale and justification as well as approval from the Rehabilitation Supervisor.

- For VR purposes, these experiences are considered training -- not employment.

- May be provided when hands-on training is needed to acquire the skills necessary to obtain entry-level work consistent with the IPE vocational goal, but on-the-job training or other forms of hands-on training are not appropriate or feasible. For example, government agencies are generally not suitable sites for OJTs for administrative/payroll reasons, but maybe a good option as the setting for a work based training experience.

- Will not exceed two months in duration (exceptions require District Manager approval).

- Are 4-6 hours per day not to exceed 30 hours per week. No overtime is allowed. The participant is not considered an employee of the worksite.

- VR's funding will be at minimum wage plus any mandatory requirements associated with the work experience (e.g., worker's compensation coverage) and administrative fees. VR will not fund optional benefits even if the employer provides these benefits to his or her employees.

- Participants will apply for comparable benefits when applicable (e.g., summer youth programs).

- Tools or Supplies:
    - VR will fund tools and supplies required for the work based learning or training experience only when it is a requirement of the employer and the employer requires its employees doing the same work to supply their own tools and supplies. If the employer routinely provides tools and supplies for its employees, the employer will also be expected to provide them for the individual participating in the work experience.
    - Purchase of tools and supplies will be limited to the standard and customary tools required for all employees doing the same work within the organization, as documented by the employer. Participants may choose to purchase additional or upgraded tools or supplies at their own expense.
    - Tools and supply purchases will adhere to the Equipment Agreement in Section 17 of this manual.
    - The participant and counselor should explore the feasibility and cost-effectiveness of renting tools versus purchasing tools, particularly if it is anticipated different tools will be needed when the participant enters employment.

## IV. On-the-Job Training (OJT)

On-the-Job Training enables a participant to learn the tasks, routine and skills of an assigned job at the actual worksite while on the employer's payroll. VR or another entity is reimbursing the employer for all or part of the employee's wages or benefits during the training period. OJT is intended to result in continued or permanent employment in the assigned job or in a closely related job at the conclusion of the training period. OJT offers a wide range of preparatory opportunities and is adaptable to the unique needs and abilities of participants. This training resource is effective when formal training in the participant's vocational objective is unavailable or where ability to benefit from formal training is questionable.

OJT is not appropriate when there is a prerequisite for specific education or licensing, which the participant lacks. OJT is not intended to serve as an alternative to job placement when the participant already meets the minimum qualifications for the job and no additional skills training is needed. OJT payment is intended to reimburse the employer/trainer for the extraordinary costs associated with the training of the participant/trainee; it is not a subsidy of employee wages.

Comparable Benefits

Community Partners and Workforce Development agencies receiving funding under WIOA may be able to fund OJT's. They should be explored and utilized as appropriate. If a comparable benefit provides all of the funding for an OJT, their policies will apply in lieu of the following policies. The case record, however, should include copies of the training progress reports.

OJT Trainee Wages and Fringe Benefits

Trainees are deemed employees of the employer. Trainees shall be compensated in accordance with the federal Fair Labor Standards Act (FLSA) at the rate, including periodic increases, as other persons employed by the employer in the same or similar jobs. It is the policy of the Rehabilitation Division that participants in OJT's, at a minimum, must be paid the State Minimum Wage. Trainees shall be assured of fringe benefits at the same level and same extent as other employees of the employer including workers' compensation benefits, unemployment insurance, health insurance and other benefits.

Reimbursement

VR may reimburse the employer for any portion of the participant's actual wages/salary, usually averaged or decreased over the length of the training period. While VR may reimburse the employer for the workers' compensation premiums, the premiums must be paid directly by the employer to a workers' compensation provider.

In negotiating the reimbursement ratio with the employer, the Rehabilitation Counselor may progressively decrease the reimbursement rate as the trainee acquires skills and becomes more productive during the training period.

On-the-Job Training Agreement

The On-the-Job Training Agreement must be completed for all on-the-job training programs funded by the Division. The Rehabilitation Counselor will include in the agreement a description of the essential functions of the job as provided by the employer, and the employer's commitment to train to these specific requirements of the job and to provide appropriate supervision during the training.

All parties, including the participant, prior to the initiation of the training, must approve the OJT Agreement. The OJT program must be clearly defined in the IPE.

The OJT agreement must indicate that no payment to the employer is made for services initiated prior to the signatures of the parties to the Agreement and the written authorization of the Division. The employer is paid upon the submittal of progressive invoices and trainee progress reports during the training period as described in the agreement. In no event will the total payments exceed the total authorized amount or the prorated obligation over the training period in which a terminated trainee was paid wages.

On-The-Job Training Budget and Certification Form
This form is completed with the required information for reimbursement to the employer. Additional pages may be added if the employer and Rehabilitation Counselor agree to a decreasing/revised contribution by the agency as the training period progresses.

Training Progress Reports
The employer submits training progress reports and timesheets with the invoice to the Rehabilitation Counselor. The invoice cannot be processed for payment without receipt of the progress report and timesheet. Training reports are generally submitted on a weekly basis.

Modifications to the Agreement
The OJT Agreement is not a legally binding contract but rather is an agreement made in good faith. It may be modified in writing or terminated by any of the parties concerned.

## Contents

I. Job Readiness ..... 1
II. Placement Requirements ..... 2
A) IPE Goal Placements ..... 3
B) Entry Level Placements or Survival Jobs ..... 4
III. Choosing a Placement Provider ..... 6
IV. Provision of Services by Paid Placement Providers ..... 6
V. Job Retention Services ..... 7
VI. Job Coaching or Service Coordination ..... 10

## I. Job Readiness

Job Ready is when the participant has all the necessary training and tools needed with supports in place to begin seeking employment in his or her chosen vocational goal. This is different for each participant, because each participant has different skills, abilities, interests, and vocational goals.

For every participant (except for those individuals whose objective is to maintain a current job or to pursue self-employment) the IPE should include the service "Obtain Employment" to ensure that each job ready participant, including those working with a paid provider, receives the following skills (as applicable) that are integral to entering or obtaining employment:

- Job seeking skills training, including instructions on how to apply for jobs online; a professional resume; and knowledge on how to prepare for and conduct oneself in an interview; and
- Soft Skills.

This service may be provided by a comparable benefit, VR internal job developer or the counselor. This service must be assessed, adequately documented, and should be included in the IPE (as applicable) before completing a referral for placement services to a paid provider or VR internal job developers.

In addition, individuals referred to either a paid provider or VR internal job developer for job search must be sufficiently ready for employment. The following have been sufficiently addressed:

- Work (hard) skills; and

- Disability related barriers to employment.

All job ready individuals must be entered into the State's Employment Data Base. As the goal of VR is competitive integrated employment, individuals who refuse to work on or otherwise address barriers to employment (including behavioral barriers) **may not be referred for placement services.** They may choose to work with their counselor toward identifying solutions, or accommodation needs, or developing the skills needed for competitive integrated employment or choose to have their case closed.

## II. Placement Requirements

The goal of VR is placement into a sustainable, quality position, consistent with the individual's IPE goal. However, while working toward an IPE goal, a participant may need a "survival job", to pay living expenses, or an "entry level job" to gain work experience, develop skills, practice new skills or address reasons for previous job losses, while working toward the IPE goal. Requirements for each type of placement are delineated under A and B below.

Regardless of the type of placement, all placements supported by VR must:

- Be within the individual's abilities (with or without accommodations); and
- Must **not be** contradictory to the participant's functional limitations; and
- Be in competitive integrated employment. Wages earned must meet the State minimum wage requirement. (The placement may include customized employment, supported employment and self-employment that meets the criteria of competitive integrated employment--see "Definition of Terms" in the appendix; and "Assessing if a Placement is in Competitive Integrated Employment" below.); and
- The job must be in a legal business that pays appropriate federal and state taxes etc.

  Assessing if a Placement is in Competitive Integrated Employment:

  The counselor and/or paid provider will need to assess placements on a case by case basis to determine if a placement meets the criteria to be considered competitive integrated employment. This includes considering multiple aspects of the employment including:

  - The level and quality of interaction between the employee with a disability and other employees without disabilities within the work unit (as defined by the organizational

structure of the employer) and, as appropriate to the work performed, other persons (such as customers and vendors, and the entire work site as a whole) while performing work duties.

- If the placement presents (as appropriate) opportunities for advancement that are similar to those for other employees who are not individuals with disabilities and who have similar positions.

- Whether or not the placement is typically found in the community and competitive labor market. Employment established for the purpose of employing individuals with disabilities will not meet this requirement, regardless of the wage earned. For example, Ability One Contracts generally are not Competitive Integrated Employment.

- Whether or not the individual is being compensated at or above minimum wage and at a level comparable to individuals without disabilities. This is based on the counselor's knowledge of the prevailing wage for the work being performed and on the individual's level of training, skills and experience.

  Note: The counselor **is not** required to obtain wage information on other individuals employed at the work site.

VR does not support any placements in establishments that pay under the table; that are related to the sex trades or human trafficking; or occupations in the marijuana industry or employment in any occupation that would involve the possessing, manufacturing, distribution, packaging, handling or selling of marijuana.

## A) IPE Goal Placements

All IPE Goal placements must be:

- In permanent jobs (anticipated to last one year or longer)

  Note: This requirement may be waived in temp to perm hiring situations where it is the employer's hiring practice to only hire individuals as temporary employees through a staffing agency before hiring them as permanent employees, **if** the temporary job is slated to become permanent after the established probationary period (generally between 30 - 90 days) when the employee meets performance expectations.

- Within the individual's IPE goal, or the participant and counselor must agree to an alternative placement, consistent with the participant's primary employment factors, and amend the IPE to reflect an alternative goal.

Cases will not be moved to "employed status" until the IPE goal has been obtained, the participant's wages and benefits are being funded by the employer (On the Job Training is complete) and initial/intensive job coaching has been completed.

Employment supporting documentation is required at the beginning of employment and at or near case closure, as indicated in Section 19 Closures.

Counselor Responsibilities include, but are not limited to:

- Provide guidance and counseling to assist the participant to discover his or her primary employment factors and to make decisions that will lead to a good job match and placement
- Assist the participant to make informed choices regarding placements, providers, acceptance or denial of job offers, etc.
- Support only quality placements that are consistent with the individual's abilities, functional limitations and primary employment factors
- Assist the participant to work toward obtaining meaningful and sustainable employment
- Follow all internal procedures and applicable policies when referring or paying for placement services

Participant Responsibilities include, but are not limited to**:**

- Completing research and working with the counselor to make informed choices regarding placements, providers, and acceptance or denial of job offers, etc.
- Make decisions that will lead to a good job match and sustainable employment
- Respect that VR can only provide support for placements that are consistent with his or her IPE goal, abilities, functional limitations and primary employment factors
- Respect and abide by policies in this manual and the terms and conditions of a contract when a paid provider is needed
- Put forth maximum effort to obtain meaningful, sustainable employment consistent with his or her primary employment factors. VR and other providers may provide assistance and supports, but it is the job seeker's responsibility, to the maximum extent feasible, to take actions needed to obtain and maintain employment

## B) Entry Level Placements or Survival Jobs

**For the purpose of this manual, entry-level placements** are jobs designed to provide an individual, such as a transition student, entry-level work experience to assist him or her to learn about the world of work and develop good work habits; or to provide an individual work experience in a particular field.

**Survival jobs** are jobs that provide an individual the means needed to pay for basic living expenses such as food, shelter and medical care.

Placement into an entry-level or survival job involves providing supports or assistance to help the individual obtain a competitive integrated job in order to provide the participant work experience, increase work skills and/or provide survival income as the participant prepares for employment within his or her IPE vocational goal.

Individuals seeking entry-level or survival jobs while working toward their employment goal must first use an American Job Center/Job Connect and/or other comparable benefits to the extent possible.

Paid providers should only be used in limited circumstances where there is a justifiable need. Use of paid providers must adhere to all placement requirements within the provider's fully executed and signed contract. VR will not pay follow along milestones for placements in non-IPE positions. Job coaching may be authorized. In addition, a limited number of service coordination hours for follow along purposes, may be authorized at the hourly service coordination rate. There must be a justified need for either of these services and they must be pre-approved and pre-authorized by the counselor before being provided.

Note: Even if referred for a "survival" or "entry level" job, providers cannot be paid a placement fee to assist individuals to obtain employment with a staffing, employment or temporary agency or to find temporary or seasonal jobs except as provided for in Subsection IV: "Provision of Services by Paid Placement Providers" below.

The survival or entry-level job should be meaningful and assist the participant to reach his or her IPE goal. The goals of the placement must be discussed and agreed to by the participant and counselor. In addition to survival income, these goals may include, but are not limited to:

- Improving soft skills
- Increasing work skills
- Gaining work experience
- Addressing reasons for previous job losses (practicing new behaviors conducive to long-term employment)

If VR resources (VR internal job developer, a paid provider, supports such as gas cards, bus passes or work clothing, purchase of tools, etc.) are used toward the obtainment of a survival or entry-level placement while working toward the IPE goal:

- The placement must be included as an IPE service; and

- The IPE must identify the accompanying services being provided (such as gas cards, placement assistance, tools, job coaching etc.); and
- The IPE must identify the agreed upon goals of the placement.

<u>If the survival or entry-level placement turns into the IPE goal:</u>

If the individual makes an informed choice not to pursue the IPE goal or does not participate in the pursuit of the IPE goal, after beginning in the survival or entry-level job, the goal may be considered a "permanent placement" if:

- The IPE is amended, if needed, to reflect the job as the new employment goal;
- Is expected to last at least one year; and
- Is consistent with the individual's primary employment factors.

The case may be moved to employed status and as appropriate closed at this placement consistent with closure policies found in Section 19.

## III. Choosing a Placement Provider

Participants who need a basic level of job search assistance and support will be referred to internal and external resources.

Only those individuals who require extensive supports should be referred to a paid provider for job placement services.

Participants referred to paid providers should, to the extent possible, make an informed choice of the provider to be utilized. Participants should be provided general information regarding the providers, including areas of specialty or other information that will assist the participant to make an informed decision. The participant may interview potential providers if desired, before making a decision.

## IV. Provision of Services by Paid Placement Providers

Job obtainment is a collaborative effort whether or not a paid provider is utilized. The authorizing of a paid provider does not relieve the participant of his or her responsibility to put forth maximum effort to obtain meaningful, sustainable employment consistent with his or her primary employment factors.

All paid providers for placement services must have a Division approved, fully executed, Employment Supports Contract in place and shall meet provider/vendor registration,

qualifications, business license, liability insurance, training and certification requirements (if applicable).

Services and payment for services will be provided in accordance with the provider's current fully executed and signed contract and counselor authorization; and must be consistent with agency polices; internal procedures and agency reporting requirements.

All placements by paid providers must be consistent with referral criteria and be consistent with placement criteria previously outlined.

VR will not pay a placement fee for temporary or seasonal jobs or positions with staffing or employment agencies even if the referral is for a "survival" or "entry-level placement" except as noted below. Survival or entry-level position should be in a position the individual can keep until ready to work in the IPE goal.

- The only exception to payment of any placement fees for a temporary position is in situations where it is the employer's hiring practice to only hire individuals as temporary employees through a staffing agency before hiring them as permanent employees, **if** the temporary job is slated to become permanent after the established probationary period (generally between 30 - 90 days) when the employee meets performance expectations. In these situations, one half of the placement fee will be paid at the time of placement, and the other half at the time the position becomes permanent.
  This exception for temp-to-perm positions does not apply to seasonal or temporary jobs that have the potential to become permanent. The job must be slated to become permanent upon successful completion of the probationary period.

- With prior approval from the counselor, service coordination hours may be authorized for a provider to assist a job seeker to complete an application or register with an employment or staffing agency. VR will not pay a placement fee for a position with a staffing agency, employment agency or temporary agency, even for long-term positions, except 1) For temp to perm positions as noted above. 2.) In rare circumstances with a justifiable reason as approved at the rehabilitation supervisor level or above. These exceptions will generally be limited to circumstances when the provider has expended a great deal of time and resources into assisting the participant to obtain a placement, made numerous contacts on behalf of the participant without success, and the only viable options that remain are long-term positions through staffing or employment agencies.

## V. Job Retention Services

Identifying and alleviating barriers to employment, identifying a good job match and ensuring adequate preparation for employment are often key factors in job retention.

An individual may need additional assistance once employed in order to maintain employment. This may include, but is not limited to:

- Assistance identifying and providing support for reasonable accommodations needed for the particular job;
- Follow along to ensure the job is stable or to provide intervention if needed;
- Short-term job coaching;
- Long-term job coaching and supports if pursing Supported Employment;
- Counseling and guidance to assist the individual in managing workplace stresses and challenges that may arise or logistical concerns; and
- Post-employment services if the individual experiences challenges or other issues arise that could affect employment stability after the case is closed.

**Requirements Once Employment Begins:**

A) Contact between the Participant and Counselor:

In order to identify needs, the counselor, or as appropriate the rehabilitation technician and participant **must stay in contact** and communicate directly with each other during the initial phases of employment as often as needed but not less than one time per month until case closure.

B) Counseling and Guidance:

One important goal of counseling and guidance at this stage in the case is to assist the individual to develop problem-solving skills and/or identifying solutions to the challenges faced in employment. While the counselor may provide the primary guidance, it is important that the participant actively engages in the problem-solving process.

Individuals who refuse to participate in this process or address barriers to long-term employment retention, potentially end up in an endless cycle of job losses which VR has little or no power to prevent.

For individuals who do not understand the importance of good work habits, appropriate social or self-advocacy skills, etc.; counseling and guidance should be offered to help the individual make the connection between these issues and maintaining employment. Counseling and guidance may include identification of options to address these types of barriers and settings in which the participant can practice alternative behaviors. If appropriate counseling is offered, it is incumbent upon the individual to participate in the learning process and be willing to develop and practice the skills needed to sustain employment

C) Extra Level of Support

As applicable and appropriate, particularly if the participant requires an extra level of support the counselor may authorize follow along services from a paid provider in accordance with the contract. Follow along services do not begin until after initial/intensive job coaching is completed and the case has moved to employed status. Follow along milestone payments may only be made for IPE goal placements. A limited number of service coordination hours may be authorized for "survival jobs".

D) If an Individual Leaves or is Terminated from Employment:

The counselor and participant need to:

- Identify the reason the employment was lost; and, as applicable,
- Identify ways to prevent future job losses due to the same issues; and, as applicable,
- Identify methods that will assist the individual in developing the skills, addressing the issues, and/or practicing alternative behaviors that are conducive to future job retention.

For example:

If the job was lost due to attendance issues, the counselor and participant should:

1. Identify the reason for poor attendance; and
2. Develop a plan of action to address the reason for poor attendance; and
3. As applicable and appropriate, prior to the next job placement, put the plan into action. For example, the participant could "practice" good attendance at job club, during a CBA, at a soft skills training class or in another appropriate setting.

If a job was lost due to conflicts with co-workers, the counselor and participant should:

1. Identify the exact issues and triggers that resulted in the conflicts; and
2. Develop an action plan to appropriately address similar types of triggers or issues in future employment (such as; appropriate self-advocacy skills, conflict management, stress management, etc., as applicable to the situation) and;
3. Put the action plan into effect and provide opportunities to practice newly learned skills (such as practicing alternative behaviors; at home, in social settings, in a CBA, in group classes such as a soft skills training class, etc.)

E) Discussion on Post-Employment Services

When a case closes in competitive integrated employment, the counselor and participant must discuss post-employment services, including services that can support the individual in maintaining employment after exit from VR, and how to access these

services. The participant should also be informed of the benefits of keeping in touch with his or her counselor if having difficulty on the job or if his or her job is in jeopardy.

## VI. Job Coaching or Service Coordination

Job coaching services may be authorized if the participant qualifies for supported employment services or if the counselor can document the need for specific job coaching services beyond the customary training provided by the employer. A paid provider may be authorized to provide service coordination hours if the participant requires assistance beyond the participant's own ability and the assistance cannot be readily provided by another appropriate party; such as a family member or the counselor. For example, if an individual would experience significant difficulty completing the procedures to obtain a health card, service coordination hours may be authorized to assist the participant with this activity. However, service coordination hours generally will not be provided for individuals whose functioning is sufficient to independently complete these activities.

All paid providers for job coaching or service coordination must have a Division approved, fully executed Employment Supports Contract in place and shall meet provider/vendor registration, qualifications, business license, liability insurance, training and certification requirements (if appropriate).

Services will be provided in accordance with the provider's current fully executed and signed contract and counselor authorization; and must be consistent with agency polices; internal procedures and agency reporting requirements.

**Important Note Regarding Use of Paid Providers:**

Providers are expected to act in a legal and ethical manner, to act in the interest of the job seeker when providing placement assistance and to be familiar with and follow the general concepts outlined in the Commission on Rehabilitation Counselor Certification (CRCC) code of ethics (available at: CRC Certification - Code of Ethics). Particularly in the areas of the following:

- Ensuring an appropriate level of confidentiality is maintained;
- Ensuring appropriate relationships with participants, including avoiding dual relationships and relationships that involve a conflict of interest, etc.; and
- Accurate and appropriate record keeping.

While the agency requires a fully executed contract, a background check and has the expectation that the provider will act in a legal and ethical manner, the State of Nevada, Nevada Department of Employment, Training & Rehabilitation, the Rehabilitation Division and the Bureau of Vocational Rehabilitation and their officers, agents, employees and elected and appointed officials are not responsible in any manner for damages caused to a client by third-parties; including, but not limited

to vendors on an approved list maintained by the State of Nevada, Nevada Department of Employment, Training & Rehabilitation, the Rehabilitation Division and the Bureau of Vocational Rehabilitation.

Any concerns a participant has regarding his or her provider should be discussed with the counselor. Participants are not required to work with any given provider and should request a change of providers if needed. However, the choice of providers is limited to those with fully executed contracts and generally those in the same geographical area where the service is being provided.

**Contents**

Customized Employment ..... 1
Criteria for Referral for Customized Employment: ..... 2
Customized Employment in Conjunction with Supported Employment ..... 4
Placement Procedures and Provider Requirements ..... 4
Checklist of Requirements for Customized Employment ..... 5

## Customized Employment

Customized Employment is competitive integrated employment, for an individual with a significant disability, for whom traditional job placement methods have not been or are unlikely to be successful. It is designed to assist employment seekers who have traditionally been excluded from consideration for employment due to the pre-set demands of competitive personnel practices, and involves a relationship between an employer and an employee that is negotiated to meet the needs of both parties, is based on specific contributions made by the employee that is paid for by the employer at or above minimum wage.

Essential elements of customized employment typically:

- Begins with a process such as Discovery to determine the job seekers strengths, needs and interests and the contributions the individual can make to an employer;
- Involves a negotiation of individualized job duties. The actual job obtained is specific to the one individual based on his or her unique strengths, needs and interests and the contributions he or she can make to the employer;
- Involves a negotiation of pay based on several factors; such as the target wage set by the job seeker, the entry wage paid by employers and the typical wage paid for positions that contain similar tasks;
- Occurs in a regular business in the community (versus a community rehabilitation program whose primary purpose is to employee individuals with disabilities);

  Note: In some instances; it may also involve individualized business ownership based on information found in the Discovery process regarding the individual strengths, needs, and interests in relation to specific market opportunities found in the community that matches the individual's profile;

- Utilizes the job seekers strengths and interests to benefit the employer by targeting specific tasks to be performed that meet the employer's needs; and

- Utilizes skilled representatives; such as job developers skilled in customized employment, who approach potential employers, explain customized employment, describe the unique features of the job seeker, identify tasks that will benefit the employer, and negotiates a customized job description, job duties and employment expectations, wages and aspects of supervision and employee evaluation.

**See definition of terms for the specific definition of customized employment**

Customized employment goes beyond adapting an existing job to meet the needs of the individual or providing accommodations for an individual to perform an existing job. Customized employment involves an extensive discovery process to identify an individual's strengths, needs and interests and the creation or significant reshaping, and restructuring of a job so that is "customized" to the strengths, needs and interest of the individual and to meet the business needs of an employer.

This might be compared to the difference between:

Buying a track home and making upgrades and changes to the interior of the home to meet the preferences and needs of the owner,
Verses
Planning, preparing, drawing blueprints and building a custom home from the ground up or planning, preparing, drawing new blueprints in order to tear down major portions of an existing home, including exterior walls, and significantly rebuilding it to customize it to meet the needs of the owner.

Just as building a custom home or customizing a home is a much more personal and labor intensive process than the purchase and upgrading or changing of interior elements (such as; tile, carpet, paint color, removing an interior wall to enlarge a room, etc.) of a track home, so customized employment is a much more personal and intensive process than adapting an existing job to meet the preferences and needs of the employee.

<u>Criteria for Referral for Customized Employment</u>:

1. To refer an individual for customized employment the counselor must be ACRE (Association of Community Rehabilitation Educators) certified in customized employment or must consult with a counselor or supervisor who is ACRE certified; and

2. Complete the Checklist of Requirements for Customized Employment; ensuring all required criteria have been met.

This checklist documents the individual meets the criteria to be referred for customized employment as follows:

The individual:

- Must have a significant disability; and

- Has not been able to benefit from traditional job placement methods (traditional placement methods, including traditional supported employment methods, have been ineffective) or traditional job placement services are unlikely to be effective; and

  Note: The basis on which this determination was made must be documented. This may include, but is not limited to information obtained from former VR cases, the individual's school history or the individual has been employed in subminimum wage employment and has attempted, but has not been successful at competitive integrated employment, etc.

- Must require:
  - An individualized assessment (also known as Discovery) or determination of his or her unique strengths, needs and interests. This will be used to "draw the blueprint" of the customized setting best suited to the individual;

  - Flexible strategies to obtain employment designed to meet the specific abilities of the individual and the business needs of the employer. This includes:

    - Job exploration by the individual (for example, determining which employment tasks, settings, etc. align with the individual's unique strengths, needs and interests as "discovered" in the individualized assessment of unique strengths, needs and interests); and

    - Representation by a professional (chosen by the individual) or self-representation in working with the employer while facilitating placement; and

    - The work with the employer to facilitate placement includes:
      - Customizing a job description based on the employer needs; and/or
      - Developing (Customizing):
        - A set of job duties; and/or
        - A work schedule and job arrangements; and/or

- Aspects of and specifics regarding how the individual will be supervised, including how performance evaluations or reviews will be conducted; and/or
- Determining a Job Location.

and

- Provision of services and supports at the job location.

Customized Employment in Conjunction with Supported Employment:

While an individual does not need to meet the criteria for supported employment to be referred for customized employment, in many instances, individuals who qualify for supported employment services will also benefit from customized employment.

If an individual receives both supported employment and customized employment services, aspects of both services will be utilized and blended in order to provide the highest opportunity of employment success for the individual. For example, an individual receiving both customized and supported employment services will be provided:

1. A customized job (an aspect of customized employment),
2. On the job supports (an aspect of both customized and supported employment), and
3. Long-term supports (an aspect of supported employment)

Placement Procedures and Provider Requirements:

Job placements in customized employment must:

- Be in competitive integrated employment where the employer of record is the owner of the business; or
- Customized Self-Employment (See Section 15: Self-Employment).

All internal procedures will be followed when providing customized employment services.

If a paid provider is utilized to provide some or all of the customized employment services, the services will be provided in accordance with the provider's current fully executed and signed contract and counselor authorization.

## Checklist of Requirements for Customized Employment

☐ The participant has a Significant Disability.

☐ Traditional Job Placement Methods (including traditional supported employment methods) have been ineffective. Describe: _____

**Or**

☐ Traditional Job Placement Methods (including traditional supported employment methods) are unlikely to be effective.

Describe justification/reason for this determination:

- ☐ Experience in past cases: Explain_____
- ☐ School history: Explain_____
- ☐ Traditionally employed in subminimum wage and unlikely to benefit solely from supported employment service
- ☐ Other: Explain_____

☐ The participant requires an individualized assessment (also known as discovery process) or determination of his or her unique strengths, needs and interests in order to "draw a blueprint" of an employment setting, factors, duties that will likely to result in successful competitive integrated employment.

☐ The individual requires flexible strategies to obtain employment designed to meet the specific abilities of the individual and the business needs of the employer:

- ☐ Job exploration by the individual (for example, determining which employment tasks, Settings, etc., align with the individual's unique strengths, needs and interests as "discovered" in the individualized assessment of unique strengths, needs and interests); and
- ☐ Representation by a professional (chosen by the individual) or self-representation in working with the employer while facilitating placement; and
- ☐ The work with the employer to facilitate placement includes:
  - ☐ Customizing a job description based on the employer needs; and/or
  - ☐ Developing (Customizing):
    - ☐ A set of job duties; and/or
    - ☐ A work schedule and job arrangements; and/or
    - ☐ Aspects of and specifics regarding how the individual will be supervised including how performance evaluations or reviews will be conducted; and/or
    - ☐ Determining a Job Location;

and

☐ Provision of services and supports at the job location.

**Contents**

I. Overview ..... 3
II. Post-Secondary Training ..... 3
A. Considerations ..... 4
B. Trial Semester ..... 5
C. Funding for Post-Secondary Training ..... 6
1. Overview and Requirements ..... 6
Comparable Benefits ..... 6
Financial Needs ..... 6
Preference for In-State Public Institutions ..... 7
College Selection ..... 7
VR's Contribution ..... 7
Payment Approval ..... 7
CareerConnect Services ..... 7
Full-Time Attendance ..... 7
Audited Classes ..... 8
Change in Majors and Credit Limitations ..... 8
Bachelor's Degrees ..... 9
Advanced Degrees ..... 9
2. Funding: Educational Expenses ..... 11
Tuition ..... 11
Books ..... 11
Supplies ..... 12
Fees ..... 12
Computers ..... 12
Tutoring ..... 13
Transportation ..... 13
Maintenance ..... 13
3. Funding: Private and Out-of-State Institutions and In State Institutions not within Commuting Distance ..... 14
Overview and Requirements ..... 14

Transportation and Maintenance ..... 16
Social Security, SNAP and other government assistance as a comparable benefit ..... 17
Housing ..... 17
Meals ..... 18
4. Funding: Comparable Benefits ..... 18
A) Overview ..... 18
B) Allowed Exceptions ..... 19
C) Required Exploration ..... 19
WIOA Funded Partners ..... 19
CareerConnect ..... 19
Free Application for Federal Student Aid (FAFSA) ..... 20
Exceptions ..... 20
Denials of the Pell Grant ..... 21
D. Distance Learning: Post-Secondary ..... 23
E. IPE Considerations and Participant Responsibilities for Post-Secondary ..... 24
Education ..... 24
Minimum IPE Requirements ..... 25
Minimal Participant Expectations ..... 25
Forms: (See Appendix C) ..... 27
III. Training at a Vocational Training Center or Facility ..... 27
A. Overview and Considerations ..... 27
B. Procedure for Selecting Vocational Training Programs ..... 28
C. Policies and Funding Requirement ..... 28
1. Comparable Benefits ..... 29
2. Training not within Commuting Distance ..... 29
3. VR's contribution ..... 29
4. Payment Approval ..... 29
5. Training and the RXQ Process ..... 29
6. The purchase of tools, equipment, supplies ..... 30
IV. Continuing Education Units or Credits (CEU's/CEC's) ..... 31

## I. Overview

Post-secondary education and vocational training are often a gateway to increased employment opportunities and self-sufficiency. VR may support post-secondary education and vocational training necessary to achieve the employment outcome identified in the IPE. The goal of VR sponsored training is employment rather than education alone.

The majority of post-secondary education and vocational training; including related transportation and maintenance related to training, requires appropriate IPE level review and approval. Refer to Section 18: Purchases and Payment of Goods and Services, Authorizations, Cash Pays and Authority Levels for review requirements.

### Adherence to Policy

The Division has a responsibility to provide services that meet each participant's employment needs. The Division also has a responsibility to ensure that services are provided in a consistent, fair and equitable manner over time and throughout the state. The policies in this section express the general rules that apply unless extenuating circumstances warrant an exception. Such circumstances could include the participant's needs based on his or her disability or otherwise outside their control. Participants requesting exceptions to any part of this policy must submit a written request that documents the extenuating circumstances and provides a detailed rationale for the exception. The District Manager will review and approve or deny the request and, when appropriate, forward for spending authority approval.

The counselor may directly assist (e.g., write the rationale based on information reported by the participant) or provide services to assist a participant (e.g., transcription of a tape-recorded request) who is unable to independently complete a written request for exception due to his or her disability.

### Definitions

For the purposes of this manual all cases that include training by a facility that accepts Federal Student Aid are considered to be Post-Secondary Educational Training cases.

Cases that include training from a vocational school, such as certain for profit career training centers or trade schools that do not accept Federal Student Aid will be considered Training at Vocational Training Facilities.

## II. Post-Secondary Training

## A. Considerations

Prior to the provision of post-secondary training the counselor should assist the participant with a thorough career exploration. This may include encouraging the participant to complete interest inventories, visit job sites and training institutions, participate in job shadowing and volunteer opportunities and using tools such as O-Net to explore training requirements, salary ranges and working conditions. Labor market trends should also be explored. The likelihood of employment in the planned occupation after completion of training should be given utmost consideration. Qualified individuals who already have a Bachelor's Degree, as appropriate, may be encouraged to explore advanced training leading to occupations in STEM fields (science, technology, engineering or mathematics—including computer science)

Factors to take into consideration when exploring the possibility of post-secondary training:

Employment Goal:

- Requirements to develop the basic skills and/or obtain the credentials required for the goal.
- Will post-secondary training prepare the individual for employment in this field?
- The specific skills, certificates, degrees or credentials required to reach the employment goal (certificate program, Associates degree, Bachelor's degree private technical schools, etc.).
- The likelihood of successful employment upon completion of the training.

Participant Factors:

- Is the training being considered conducive to the participant's learning style?
- At what rate does the participant learn?
- Did the participant like school?
- Did the participant graduate from secondary school?
- What were the participant's grades, academic achievement test results, career assessment findings, college assessment findings, SAT scores?
- Will the participant require support to succeed? If so, what support will assist the participant in being successful?
- Are there factors that would hinder the participant from reaching the vocational goal even if the college degree is successfully obtained and can these factors be diminished or eliminated? For example:
    - Legal issues that would prevent the achievement of a specific goal requiring college training.
    - Functional limitations that are inconsistent with the training requirements or that would prevent the individual from performing the job duties of the specific goal requiring college training.

- Previous history, work ethic or behavioral concerns that may derail the individual from achieving the employment outcome.

**B. Trial Semester**

A trial semester may be appropriate in certain situations such as:

- A transition student whose projected employment outcome involves college training, but who requires additional guidance and career exploration to determine a specific vocational goal.
- To assist a participant in determining his or her ability to complete college level course work or to manage the rigors of college.
- When an individual's IPE goal requires college training, but additional research is needed into the feasibility of the goal.

The following policies regarding the funding of college training also apply to funding of a trial semester:

- Financial Participation policies.
- The requirement to apply for comparable benefits and FAFSA.
- The requirement to take classes at the local community college or to pay the cost difference (as described under "funding for post-secondary education") if taken elsewhere.
- Nevada VR does not pay for classes that are audited. Classes must be required to achieve an employment outcome.

In addition, the following policies apply:

- VR generally will not fund a computer for trial classes unless a justifiable exception as to why the individual cannot utilize the college's computer lab or their own computer is approved by the District Manager. (See Adherence to Policy at the beginning of this section.)
- The classes taken must be meaningful core classes such as math, English, science or within the chosen career field.
- Adults may take one trial semester unless a justifiable exception for an additional trial semester is approved by the Rehabilitation Supervisor.
- Transition students may take a second trial semester in situations where the participant was actively engaged and made progress during the initial trial semester, but additional information or exploration is needed.
- All participants who attend a trial semester must register for and receive support and services from CareerConnect where available. In particular:

    - Individuals who need support services must be evaluated and receive these services (as available) through CareerConnect and the Disability Resource Center. Support services may include, but is not limited to:

- Accommodations
- Tutoring
- Other supports needed to succeed in college

- Transition students exploring projected vocational goals must receive additional career guidance and exploration services.
- Individuals who need additional assistance researching the feasibility of the vocational goal should work with CareerConnect staff to assist in this effort.

Trial Semester IPE's

1) An AVRN must be completed, taking into consideration the individual's interests, abilities, resources, priorities etc.
2) The vocational goal chosen:
   a. For transition students: May include either a specific goal or may include a broad projected goal such as "All other health professionals, paraprofessionals and technicians"; "All other professional, professional and technical workers"; etc. (note: if using a projected goal, the IPE must be amended to include the specific goal once decided upon).
   b. For adults must include a specific goal that appears to be feasible based on the participant's background, labor market etc.

However, in both these situations additional research into the feasibility of the goal may be completed during the trial semester.

3) The counselor and participant **must complete** and sign the "Trial Semester Agreement Form **prior to signing the IPE**.

## C. Funding for Post-Secondary Training

1. Overview and Requirements

Once it has been determined that post-secondary education will be provided, the counselor and participant must determine how it will be funded. It is the policy of the Division that:

**Comparable Benefits:** Utmost effort must be made by the participant to obtain comparable benefits as described further, "Funding: Comparable Benefits." (Subsection II.C.4 below).

**Financial Needs:** A financial needs test will be imposed. The family income will be counted when the participant is listed on an income tax return regardless of the age of

the participant. In addition, parental income will be considered until age 24 unless the person has been determined "independent" under FAFSA (Free Application for Federal Student Aid) rules after submitting a FAFSA application **or** the individual's Expected Family Contribution (EFC) under FAFSA is zero.

However, per federal regulation, a financial needs test will not be applied when considering the payment of tuition, books and supplies at an in-state public institution if the participant receives SSI for a disability or SSDI. SSI/SSDI recipients must still complete the FAFSA in order to determine the availability of comparable benefits.

**Preference for In-State Public Institutions:** VR has established a preference for in-state public institutions as described in "Funding: Private and Out-of-State Institutions and In State Institutions not within Commuting Distance" (Subsection II.C.3 below).

**College Selection:** Students must complete all available classes at the most cost effective local public college (such as a community college) or pay the cost difference between the most cost effective local public college and the more expensive program. Exceptions must comply with the "Adherence to Policy" procedures (outlined above in Subsection I and be approved by the District Manager.

**VR's Contribution** = the post-secondary educational expenses consistent with the policies outlined in this manual, minus the total of all applicable grant monies, comparable benefits, and the participant's financial participation amount (if any).

**Payment Approval**: VR will approve payment only for those services that are part of the IPE or assessment of VR needs. VR shall not approve payment for a service unless the counselor authorizes the service in writing before the vendor provides the service and/or before the participant incurs the expense. VR will not make payments on a loan the participant or the participant's family has incurred.

**CareerConnect Services:** All students receiving any type of assistance (including transportation assistance) from VR to attend a Nevada public institution with a CareerConnect Program must be referred to, register with and as needed receive services from the CareerConnect Program where available. VR will not fund services that are otherwise available through CareerConnect. Failure to register with CareerConnect may result in discontinuance of support VR is providing for the student to attend college. Individuals referred to CareerConnect must be eligible for VR services, register at the college, and have a student ID, but do not need to have an IPE at the time of referral.

**Full-Time Attendance**: Participants pursuing a degree program utilizing VR funding will attend full-time. Exceptions can be made under the following conditions:

- The student is unable to attend full-time due to the nature of his or her disability. This exception requires a note from a physician, psychologist or other qualified provider each year the participant attends part-time. The note must document the rationale for determining why, due to the disability, the individual cannot attend full time. As the intent of schooling is employment, the note must also include the physician, psychologist or other qualified provider's assessment of the individual's ability to work once training is completed and recommendations on the number of hours a week the individual may work once training is completed. A note from the disability resource center is not sufficient to meet this need; or
- The student is consistently employed full-time as defined by the employer, or consistently employed 32-40 hours a week, and would have significant difficulty balancing a full-time work and school schedule. In these cases, the individual may reduce the credits taken to six credits a semester. The student will attend at least two semesters per year. Before authorizing classes each semester, the counselor will document in a case note that he or she verified work hours by viewing a pay stub, or a note from the employer, or other appropriate documents).
- If the classes an individual needs to complete his or her degree program are not available during a given semester or if the individual only needs to take a few classes to complete his/her degree requirements.

All other exceptions due to other extenuating circumstances should be rare and must comply with the "Adherence to Policy" procedures (outlined above in Subsection I) and be approved by the District Manager.

**Audited Classes**: Nevada VR does not pay for classes that are audited. All classes taken must be required to reach the vocational goal.

**Change in Majors and Credit Limitations:** Regardless of changes in the employment goal or major, the maximum number of credit hours a person may take and still receive VR funding is limited to125% of the published rate required for a degree. This includes credit hours paid for in previous VR cases, hours paid for by another State VR program and hours paid for by the Pell Grant or similar comparable benefits. However, electives and other courses paid for by the participant, his or her family or similar private resources will not be calculated into this percentage. Exceptions for extenuating circumstances must follow the procedure outlined in "Adherence to Policy" procedures (outlined above in Subsection I) and be approved by the District Manager.

Exceptions, in general, may be limited to the following types of situations:

- A participant utilized VR funding (or exhausted the Pell grant) a number of years ago. The District Manager may choose to exempt some or all of the credit hours that VR or the Pell Grant paid for years ago from the total credit hours used to calculate 125%

- The student declared a major and took classes within that major to prepare for a particular vocational goal, and then acquired a disability that kept him or her from pursuing that particular major or goal. The District Manager may choose to exempt some or all of credit hours taken that are unique to that particular major from the total credit hours used to calculate 125%.

If contemplating a change in school or a change in majors after the 1st year, the student needs to meet with the institution and analyze transcripts, determine what classes are transferable to the new school or major and develop a plan for completing required course work. The analysis and plan must be submitted to the counselor for approval.

**Bachelor's Degrees**: Students seeking a 4 year degree must complete all available classes at the most cost-effective local public college (such as a community college) that offers Associate's degrees until they earn their Associate's degree, transfer degree or equivalent prior to transferring to a university to complete the remainder of their degree program. Students who wish to start at the University may do so if they pay the cost difference between the two programs.

Exceptions must follow the "Adherence to Policy" procedures (outlined above in Subsection I) and be approved by the District Manager. Generally, exceptions will be rare and may be limited to situations where a University, such as Gallaudet, meets specific disability needs.

**Advanced Degrees**: VR may support advanced training in the STEM fields (science, technology, engineering or mathematics, including computer science), if an individual demonstrates:

- Eligibility for VR Services;
- Previous completion of a bachelor's degree program at an institution of higher education or scheduled completion of such a degree program prior to matriculating in the program for which the individual proposes to use VR support;
- Completion of a minimum 120 hours related work experience prior to starting the advanced degree. This could include activities, such as job shadowing, internships, volunteer opportunities and informational interviews.
    - Consideration of past work experience will be given if related to the advanced degree the participant is seeking,
    - The experience specifications will be discussed and agreed upon by both the participant and the VR counselor,

    - The agreed upon work experience must be written into the IPE, and
    - If the participant determines the advanced degree is not for them after participating in the work experience, then the IPE needs to be amended;
- Acceptance by a program at an institution of higher education in the United States, consistent with the State's policy and preference for In-State Public Institutions, that confers a master's degree in a STEM field; and
- Maximum effort has been expended to obtain comparable benefits.

All the conditions above must be met before VR funds an advanced degree in these fields.

Advanced Degrees in Other Fields: The Work Force Innovation and Opportunity Act places an emphasis on advanced training in Stem Fields. However, the agency may assist with advanced degrees in other fields if the advanced degree is a minimum qualification for the employment outcome or the employer requires it in order to advance in employment. The participant must still meet eligibility requirements. If employment in the vocational goal is available with a Bachelor's Degree the counselor and participant must provide a rationale and adequate documentation to demonstrate why an advanced degree is needed to obtain or advance in the employment goal.

**For any vocational goal that requires an advanced degree**:

- Must complete a minimum 120 hours related work experience prior to starting the advanced degree. This could include activities, such as job shadowing, internships, volunteer opportunities and informational interviews.
    - Consideration of past work experience will be given if related to the advanced degree the participant is seeking,
    - The experience specifications will be discussed and agreed upon by both the participant and the VR counselor,
    - The agreed upon work experience must be written into the IPE, and
    - If the participant determines the advanced degree is not for them after participating in the work experience, then the IPE needs to be amended;
- The "IPE Goals that Require Advanced Degrees Agreement Form" must be agreed to and signed by the participant and counselor prior to obtaining IPE signatures; and
- Must document additional research completed by the participant following the "Advanced Degree Decision Making & Research Checklist":
    - The considerations from the Checklist must occur and be documented in order to add an advanced degree to the IPE;
        - Participant will complete a minimum of 120 hours related work experience prior to starting the advanced degree. This could include activities, such as job shadowing, internships, volunteer opportunities

and informational interviews. Consideration of past work experience will be given if related to the advanced degree the participant is seeking. The experience specifications will be discussed and agreed upon by both the participant and the VR counselor.

- Why does the career require an advanced degree?
- Is the advanced degree needed to enter the goal occupation? If no, justify why the graduate degree may be needed in this case. For example, disability related needs.
- What are the graduate degree entry requirements? Does participant have the ability to meet the requirements for entry to an in-state public institution? Is testing needed if insufficient information? Does participant need placement testing?
- Is there a similar field that does NOT require an advanced degree? If so, how is this field more consistent with the participant's primary employment factors than the similar field?

2. Funding: Educational Expenses

VR funded educational expenses must be necessary for the participant to meet the IPE vocational goal. Educational expenses are defined as tuition, books and supplies, fees, a computer, transportation for educational purposes as well as tutoring and maintenance when applicable. Assistive technology, adaptive aids and other disability related needs are considered separately and are not to be calculated into the cost of educational expenses.

**Tuition:** Nevada VR has established a preference for in-state public supported institutions. Nevada VR will support out-of-state and private institutions according to the policies described "Funding: Private and Out-of-State Institutions and In State Institutions not within Commuting Distance" (Subsection II.C.3 below).

VR's tuition assistance will be limited to classes needed to meet the degree or certificate requirements. The participant must obtain and supply the counselor with a list of required courses for the agreed upon certificate or degree program.

**Books:** VR may provide funding for required books as listed by the professor. Participants should purchase used books whenever possible. Refunds made to the participant for returned books will be applied to the purchase of future books. Participants should provide copies of receipts for books purchased and for books returned. In some cases, it may be appropriate for the participant to rent books rather than purchase them.

**Supplies:** Participants may require special supplies to participate in a required class. For example, science courses requiring labs and lab materials. VR may fund these supplies if the class and supplies are needed to meet the degree or certificate requirements for the participant to reach his or her vocational goal. VR will not fund supplies for elective courses (such as supplies for a photography class) when another elective course that does not require additional supplies will meet the participant's graduation/vocational needs. Class supplies will be purchased according to the required list published by the professor as would be required of all students in the same class. VR, as a matter of course, does not fund general supplies such as notebooks, backpacks, paper, pencils etc. However, based on the unique needs and financial considerations of the participant, the counselor may authorize these items.

**Fees:** VR may fund mandatory fees required of students to register for training at a post-secondary institution at a public supported in-state institution. Examples of mandatory fees the agency may support include application fees, technology fees, laboratory fees, library fees and graduation fees. VR may also fund cap and gown fees if necessary, to enable the participant to participate in the graduation ceremony. Examples of fees the agency cannot support include; fees associated with an unpaid parking ticket, fines, social organization fees, entertainment fees, bank fees, court fees, graduation announcements and fees in excess of in-state public institution fees, that are associated with attending a private or out-of-state institution except as noted in "Funding: Private and Out-of-State Institutions and In State Institutions not within Commuting Distance" (Subsection II.C.3 below).

**Computers:** Purchase of a computer for academic purposes is subject to economic need and comparable benefits (e.g., Pell and other financial aid). Generally, a basic standard laptop that will meet the participant's needs may be purchased. A participant may choose, at his or her own expense, to purchase any upgrades that are desired, but not necessary to complete school. Computers which are wholly or partly funded by VR for educational purposes are to be used solely by the participant for that purpose until the completion of school (unless purchased as part of an assistive technology package provided for school, employment and independent living purposes). VR will not repair or replace a computer which has been used by other individuals or which has been used for other than educational purposes (or in the case of assistive technology has been used for purposes other than those intended). Nor will VR replace a computer that was damaged, lost, pawned, or stolen due to misuse or negligence on the part of the participant.

Note: VR generally will not purchase computers for students who are: attending a trial semester; are not attending full time; or who are not enrolled in a degree program. These students may utilize the college's computer lab. In compliance with the "adherence to policy" at the beginning of this section, exceptions to this may be made with District Manager approval if there are extreme undue hardships taking into account the participant's circumstances and resources. For example, a long commute on the bus would

not be an extreme undue hardship if the participant can organize his or her time to utilize the computer lab before or after his or her classes or if the individual does not have other pressing time commitments such as a job or childcare responsibilities that preclude him or her from spending additional time in travel.

Participants must sign an equipment agreement. The counselor or rehabilitation technician must confirm with accounting if any state purchasing or other requirements apply before purchase of the computer. As Wi-Fi access is readily available on most college campuses, VR generally will not fund Internet access for academic purposes unless there are extenuating circumstances justified by the counselor. In such cases, Wi-Fi will only be provided during the academic school year. Access in summer will only be provided if the individual has a need due to participating in academic courses during the summer.

**Tutoring:** Students attending a university with a CareerConnect Program must be referred to CareerConnect if tutoring is needed. If CareerConnect is not available tutoring should be provided by a comparable benefit whenever possible. If a comparable benefit is not available, VR may fund tutoring that is needed as a support service to regular classroom instruction. It should not replace classroom instruction or be provided to the extent or degree that in effect it becomes one on one course instruction for the student.

**Transportation**: VR may provide bus passes, or gas cards in accordance with Subsection 12.6 of this manual, "Scope of Services; Transportation," for the participant to travel to and from his or her home and the training institution when attending a public in-state institution within commuting distance of his or her home.

Students receiving gas cards will use the verified shortest route. Students must use gas cards prudently and plan their travel to get the best use of their mileage allowance. For example, in rural areas where there is a lengthy commute, the participant may receive up to 1000 miles a month, if needed to attend required classes and participate in other VR activities, but may not exceed this amount. Therefore, students should plan to take multiple classes on the same day when feasible in order to minimize the number trips made to the campus.

Funding of travel expenses associated with attending training that is not within commuting distance must follow procedures set forth in "Funding: Private and Out-of-State Institutions and In State Institutions not within Commuting Distance (Subsection II.C.3 below).

**Maintenance:** VR does not fund normal living expenses that an individual would otherwise have incurred if not participating in the VR program. Funding of living expenses to attend training should not be provided if the individual is attending training within commuting distance of his or her home. For training not within commuting

distance, procedures set forth in "Funding Private and Out of State Institutions and In-State Institutions not within Commuting Distance" (Subsection II.C.3 below) must be followed.

3. Funding: Private and Out-of-State Institutions and In State Institutions not within Commuting Distance

**Overview and Requirements**:
VR may fund training at private or out-of-state institutions or in-state training not within commuting distance of the participant's residence at the same level of funding that VR would provide at the most cost effective in-state publicly supported institution that is within commuting distance of the participant's residence.

As the State has established a preference for public in-state training, any additional expenses associated with private or out-of-area training such as room and board, increased tuition or fees, and travel costs become the responsibility of the participant except as noted in A) and B) below.

If the individual chooses to attend a training program that will cost more than VR is funding, the individual must demonstrate that sufficient funds are available from other resources to cover expenses that are not covered by the agency. This information must be documented in the case record by an award letter, a loan confirmation, or other verification that sufficient funding is available. In situations where the counselor has questions about the verification of resources, a budget for the training program may be developed with the participant.

VR may provide funding beyond the rate for in-state public institutions for tuition, books and fees, and as applicable for additional transportation and maintenance costs (for institutions not within commuting distance of the participant's residence) under the following circumstances:

A) An out-of-state or private in-state institution or a public institution not within commuting distance specializes in and is better suited to prepare the individual for employment by meeting specific disability related needs (e.g., a school that has experience and specializes in providing educational services to individuals who are deaf-blind or a college that offers a unique certificate program geared toward meeting the employment needs of individuals with intellectual disabilities). The participant must provide a valid rationale and documentation that demonstrates how another institution is better suited to meet his or her specific disability needs and increase his or her ability to achieve an employment outcome. Approval must be obtained by the District Manager and appropriate spending authority before signing the IPE or IPE amendment, Or;

B) No in-state public institution within commuting distance offers the training program needed to reach the vocational goal.

VR is under no obligation to pay out of state or private rates if an individual does not meet the requirements to gain entrance into an in-state public institution. The participant must research programs within the state and provide documentation that no public in-state institutions or training programs actually offers the training.

Note: Even if B applies, students seeking a 4 year degree must complete all available classes at the most cost effective local public college (such as a community college) that offers Associates degrees until they earn their Associates degree, transfer degree or equivalent prior to transferring to a more expensive University that offers Bachelor's degrees for the remainder of their degree program. District Manager approval is not required when considering all costs (such as transportation and maintenance if applicable) it is more cost effective to the agency for the student to attend an out of area or private institution. Prior to making this determination, bids must be obtained from in-state public and private institutions. Maintenance cost and travel expenses for each option must also be considered. All other exceptions must follow the "Adherence to Policy" procedures (Subsection I at the beginning of Subsection 12.5 above) and be approved by the District Manager. Generally, exceptions will be rare and may be limited to situations where a University, such as Gallaudet, meets specific disability needs.

If B) applies the most cost effective option (considering all applicable expenses including tuition, transportation and maintenance) that meets the participant's rehabilitation needs will be followed. The participant may choose a more expensive option if he/she pays the cost difference between the options.

**Option 1:** VR may fund a private institution within commuting distance. If the student chooses to attend an out of area institution, he or she will be responsible for additional expenses including transportation and maintenance.

Noted Exception: VR may fund the additional expenses for an out of area institution, if considering all applicable expense (including but not limited to, tuition, fees, transportation and maintenance) it is more cost effective for VR to fund an out of area program than to fund a private program within commuting distance.

Prior to authorizing out of state training, bids and expenses for in-state public institutions in other areas of the state, as well as private institutions within the state must be obtained and there must be documentation that this is the most cost effective option for the agency. If it is not the most cost effective option (taking into consideration all applicable expenses including tuition, transportation and maintenance), the participant may choose the out of state option if he/she pays the cost difference between the two programs.

**Option 2:** VR may fund educational expenses at the most cost effective in-state public institution that will meet the participant's needs.

If the student chooses to attend an out of state training or a private institution not within commuting distances, he or she will be responsible for expenses that exceed the in-state costs.

Noted Exception: VR may fund expenses associated with out of state or private institutions not within commuting distance; if considering all applicable expenses (including but not limited to, tuition, fees, transportation and maintenance) it is more cost effective for the agency to do so. Prior to authorizing out of state training bids and expenses for in-state public institutions in other areas of the state, as well as private institutions within the state must be obtained.

**Option 3:** If no public institution within the State or private institution within commuting distance offers the training, VR may fund an out of state, or private training program not within commuting distance, that is most comparable in expenses to what VR would pay for attendance at an in-state public institution, taking into account all educational expenses including but not limited to tuition, fees, maintenance and transportation.

- Participants will take primary responsibility to complete research and obtain information on various alternatives available;
- Documentation must be in the file that both public and private in-state options, correspondence or online options (if appropriate for the participant and field of study), and options from other states, including surrounding or nearby states, were explored. As applicable and appropriate exchange programs that reduce tuition costs should be explored such as the Western Undergraduate Exchange (WUE) program.
- In-state bids (both for public and private training) must be obtained prior to pursuing out of state options.

**Transportation and Maintenance for Training Not Within Commuting Distance**

Overview:
VR does not fund normal living expenses that an individual would otherwise have incurred if not participating in the VR program. VR does not fund maintenance for out of area training unless the participant meets either criteria A) or B) above.

Any government assistance an individual receives toward the cost of housing, food or transportation will be considered a comparable benefit. (Also see note on Social Security and other government benefits as a comparable benefit under "Maintenance" below.)

All services must comply with other policies in this manual, including Subsection 12.8 Scope of Services: Maintenance and Services to Family Members and Section 18: Purchases and Payments of Goods and Services, Authorizations, Cash Pays and Authority Levels.

Transportation:
Additional travel expenses (e.g., airline ticket and gas allowance for students driving their own vehicle) provided to participants who are not within commuting distance of the institution will be limited to one round trip per semester.

VR has established a preference for on-campus housing; therefore, VR generally will not fund transportation to and from campus when a participant who is receiving VR funding for housing, chooses to live off campus.

Maintenance:
Participants receiving VR funding for maintenance or meals will attend the educational institution on a full- time basis.

**Social Security, SNAP and other government assistance as a comparable benefit**:
Although individuals who receive SSI and SSDI or SNAP (food stamps) are exempt from financial participation, they are not exempt from the requirement to utilize comparable benefits. Social Security payments, SNAP and other government assistance are considered a comparable benefit when it comes to paying for living expenses and must be taken into consideration and appropriately utilized before VR pays living expenses. Participants receiving SSI or SSDI will be expected to contribute 75% of their SSI/SSDI allowance to the cost of their living expenses before VR provides maintenance funding for a student to attend a training institution.

Note: This policy applies when maintenance is being provided for a month or longer. It does not apply when the maintenance being provided is a short hotel stay and accompanying meals.

**Housing:** VR has established a preference for on-campus housing. Payment will not exceed the rate for a double occupancy on-campus room unless a single occupancy room is required due to the nature of the participant's disability. Exceptions to on-campus housing may be made if there is a lack of availability of on-campus housing or an exception request is made and approved per the "Adherence to Policy" procedures (outlined above in Subsection I).

Participants may choose off campus housing if it does not exceed the cost of on campus housing as described above and if they pay for their own transportation to and from campus. Off-campus housing expenses will be paid directly to the vendor when practical or if not feasible, reimbursed based on actual costs, not to exceed the cost that VR would pay for on-campus housing.

**Meals:** Meals should be provided per the most cost effective methods that will meet the participant's needs. They will not exceed one half (1/2) the GSA Rate but usually should be less. Rates also will not exceed the rates noted below or in the Section 12.8 Scope of Services; Maintenance. Receipts are not required for meal allowances.

- In circumstances where the participant has the ability to prepare meals (e.g., an apartment/dorm with a kitchen -- stove top, oven, refrigerator, food and dish storage area), the meal allowance will not exceed the amount that a single individual who qualifies for SNAP (food stamps) would receive living in that geographic location.

- A basic college meal plans may be purchased for a participant (students may choose to purchase an upgraded meal plan if they pay the cost difference between the basic plan and upgraded plan):
  - If it is a cost effective means of providing meals to the student; or
  - For a student who does not have the ability to prepare meals because he or she is living in on-campus housing, that does not have appropriate meal preparation facilities, or who due to the nature of his or her disability is not able to prepare meals. Individuals who have access to a kitchen but are not able to prepare meals due to the nature of the disability, must provide medical documentation of the inability to prepare meals.
    Note: If a government agency, insurance or other entity is providing personal care attendant or homemaking services that include meal preparation services; this will be considered a comparable benefit and the individual will be considered as having access to meal preparation facilities.

- If the individual does not have the ability to prepare meals and a meal plan is not feasible, the amount provided for meals will not exceed the amount charged for basic meals on campus by the local state supported institution, nor will they exceed ½ the GSA rate.

- As previously noted, SNAP (food stamps) Social Security Benefits and other government benefits are considered comparable benefits when providing a semester or term meal allowance.

4. Funding: Comparable Benefits

**A) Overview:** Federal Regulations CFR 361.48 (b) (6) Scope of VR services for individuals with disabilities- Vocational and other training services require maximum effort by the state and the individual to secure grant assistance from other sources before paying for 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).

Close communication between VR and the financial aid officer may be needed in order to ensure the participant can take full advantage of comparable benefits and that VR funding does not negatively affect any other funding that may be available. A release of information between VR and the financial aid office at the school should be obtained. The Rehabilitation Technician will take primary responsibility for working with participants and financial aid officers to address financial aid matters.

**B) Allowed Exceptions:**
Scholarships: Monetary awards or scholarships to participants based on merit are not considered as grants or comparable benefits as long as no restrictions are placed by the organization on the use of the money. Even if the award is designated for general educational purposes, it is not considered a comparable benefit and will not be used to calculate VR's assistance.

However, if the participant accepts a scholarship or grant that is specifically earmarked for tuition or a particular college expense, VR will not also duplicate payment for that same expense. The Millennium Scholarship (awarded by the State of Nevada for the payment of tuition and books) is paid directly to the school and will be considered first dollar resources in the payment of tuition and books. Scholarships and grants based on financial need are considered comparable benefits.

Loans: Student loans or any aid that must be monetarily repaid will not be counted as a comparable benefit. While a participant may choose to accept a student loan, the participant should understand the impact of and requirements for repaying the loan and make an educated and informed choice regarding this decision. The participant should be encouraged to study the Department of Education's free publication: Your Federal Student Loans: Learn the Basics and Manage Your Debt or visit U.S. Department Education website.

**C) Required Exploration**:

**WIOA Funded Partners**: As applicable to the training needs of the participant, WIOA funded partners or other comparable benefits that provide assistance with certificate programs or other post-secondary education assistance should be explored.

**CareerConnect:** All students attending a Nevada public institution with a CareerConnect Program will be referred to the CareerConnect Program. VR will not fund services such as tutoring that are otherwise available through CareerConnect

**Free Application for Federal Student Aid (FAFSA):** All participants, except as noted below, attending post-secondary education must apply for financial aid by completing and submitting the Free Application for Federal Student Aid (FAFSA). Utilizing the Student Checklist for College Training (Appendix C) may be helpful.

It is the participant's responsibility to meet all deadline requirements when applying for FAFSA (see Participant Responsibilities for Post-Secondary Training, Appendix C). If the participant fails to complete and submit the FAFSA in time to receive a financial aid, except under circumstances noted below, he or she must wait until the next term before receiving VR funding for post-secondary education. Except as otherwise noted, a copy of the financial aid documentation from the school must be in the file each academic year before funding of post-secondary education for that academic year. Grants, financial aid provided by government agencies and other aid will be the primary funder of educational expenses and will be subtracted from any amount that VR would otherwise pay. However, if the financial aid award letter indicates eligibility for student loans, VR will not calculate this amount when determining VR costs. Nor will VR expect the participant to accept any loan that must be repaid. However, a participant may choose to accept a loan to cover expenses not paid by VR.

Exceptions:

- The FAFSA application may be waived for the following reasons:
  - The participant is only taking a total of one or two courses to refresh or learn a new skill such as a computer class or to obtain Continuing Education Units (CEU's) or Credits (CEC's).
  - The individual is ineligible to receive federal or state financial aid due to graduating from high school with a Nevada adjusted diploma (or equivalent from another state). Federal guidelines usually require a regular high school diploma or GED/ HSE in order for an individual to be eligible for the Pell Grant, and Nevada public institutions use federal criteria for awarding **state funds** as well. If attendance at an out-of-state institution is being considered for a participant with an adjusted diploma, the financial aid office at that school should be contacted directly regarding their criteria for awarding student aid. This must be done before the requirement to complete the FAFSA can be waived.

    Note: Students with intellectual disabilities accepted for enrollment in a comprehensive transition and post-secondary (CTP) program may be eligible for a Federal grant and therefore must complete the FAFSA application.

- Exceptions to the requirement for the financial aid documentation from the school:
  - The counselor may make a one-time only exception to the requirement that the financial aid award letter be in the file before authorizing educational

expenses if the FAFSA was not completed in time to receive due to extenuating circumstances beyond the participant's control. For example, the participant was recently made eligible and was unaware of the FAFSA application requirement. In these cases, the counselor may authorize expenses necessary for the participant to begin training, however the participant will still need to complete the application as soon as possible and refund VR any amounts paid for educational expenses up to the amount of the grant assistance received for that term/semester.

Denials of the Pell Grant:

a) **Defaulted Student Loans or Grant Repayment**: No post-secondary training funds will be authorized for a student who owes a refund on a previous grant or is in default on any student loan, unless it has been documented that the student has made maximum effort (see criteria below) to work out a satisfactory repayment agreement or other action has been taken to restore the participant's eligibility for Title IV federal assistance. Under certain circumstances, this may include a discharge of the debt. However, if the discharge of the debt was due to total and permanent disability and the determination that the individual cannot work, the individual must obtain a certification from a physician that indicates he/she is able to engage in substantial gainful activity.

   Visit the Department of Education's Federal Financial Aid website at Understanding Delinquency and Default to obtain additional information on discharge of debt.

   **Maximum Effort to Repay Defaulted Student Loans:** The counselor must fully inform the participant of his or her responsibility to make maximum effort to restore eligibility for grant assistance and provide information or technical assistance where appropriate.

   The Department of Education's Federal Financial Aid website at Debt Resolution (myeddebt.ed.gov) explains the U.S. Department of Education's Default Resolution Group's commitment to assisting in making debt repayment a simple process.

   The following website provides information on restoring eligibility for federal financial aid: Debt Resolution (myeddebt.ed.gov)

   In certain circumstances, some participants may have such limited resources that a repayment plan is not feasible. The participant must complete a budget or statement of financial disclosure (found at the Department of Education's Federal

Financial Aid Website) Repayment Forms to determine what, if any, resources can be utilized for a repayment effort. The participant must utilize the Department of Education's Federal Financial Aid office for assistance in determining an appropriate repayment amount or making repayment arrangements before the determination that a reasonable payment arrangement cannot be made. However, if after maximum effort has been made, no reasonable payment agreement plan is feasible, the counselor may authorize educational expenses. The participant's budget or financial disclosure, as well as documentation of his or her inability to make reasonable repayment arrangements must be in the file, as well as a case note to explain the counselor's rationale. If there is documentation that a participant has made re-payment arrangements, the counselor may authorize post-secondary educational expenses before the comparable benefits are restored. However, if the participant fails to make payments and reverts back to default status, VR funding will be withdrawn.

**Grant Repayment:** Grant repayment is generally required only if an individual received an over-award or if the individual withdrew early from the program for which the grant was provided. As with defaulted student loans, participants must make maximum effort to restore eligibility for Title IV federal funds before VR funding of educational expenses. Visit the Department of Education's Federal Financial Aid office at: Grants and Scholarships- Repay Grants to obtain information on grant repayment and restoring eligibility for Title IV services. The same general VR policies regarding maximum effort to restore eligibility for Title IV funds due to defaulted student loans also apply to denial of grant aid due to a grant repayment requirement.

**b) Drug Conviction**: No training funds may be authorized for a person who is currently ineligible for federal financial aid due to committing a drug offense.

The Department of Education's student aid provides information ~~on~~ related to drug convictions at Students With Criminal Convictions.

*"Note: The Higher Education Act of 1965 as amended (HEA) suspends aid eligibility for students who have been convicted under federal or state law of the sale or possession of drugs, if the offense occurred during a period of enrollment for which the student was receiving federal student aid (grants, loans, and/or work-study). A participant who has a conviction(s) for these offenses may call the Federal Student Aid Information Center at 1-800-4-FED-AID (1-800-433-3243) to complete the "Student Aid Eligibility Worksheet" to find out how this law applies to them.*

*If you have lost federal student aid eligibility due to a drug conviction, you can regain eligibility if you pass two unannounced drug tests conducted by a drug rehabilitation program that complies with criteria established by the U.S. Department of Education."*

Participants who are denied federal financial assistance based on this criterion must provide proof from the U.S. Department of Education that they have met its requirements and restored eligibility for Title IV funds before VR funds can be authorized for educational expenses. Participants should call The Federal Student Aid Information Center (1-800-433-3243) to obtain additional details on restoring eligibility for Title IV funds.

c) **Failure to Make Reasonable Progress:** VR funds will not replace grant funds or pay educational expenses that would have otherwise been paid by grant funds if the funds are lost due to a participant's failure to make reasonable progress (as defined by the school). A participant may fund his or her own educational expenses until he or she has met the school's requirement for reasonable progress and restored eligibility for Title IV funds.

**D. Distance Learning: Post-Secondary**

This section applies to programs that are primarily correspondence, technology or web-based distance education programs. It does not apply to an individual correspondence course that is taken as part of a traditional campus based program.

VR may authorize the provision of correspondence or technology assisted training (e.g., web-based, distance learning etc.) if, after appropriate exploration, the participant and counselor have come to the conclusion that the training is necessary to and will adequately prepare the individual to reach his or her IPE goal, and this is an appropriate method of training for the particular individual given his or her learning style, ability to work in a less structured environment and disability needs. Providers of the training must be accredited or licensed by the appropriate body and comply with all state and federal requirements. The agency should not sponsor distance learning in subjects that require hands-on training (e.g., air conditioning, electrical, heavy equipment operation, truck driving or similar occupations) unless a viable method of obtaining practical experience has also been agreed upon.

Prior to signing an IPE for distance education, the participant should investigate and discuss with his or her counselor the graduation, employment rates of the prospective institution and the particular course of study. He or she will need to determine if the college under consideration has a high percentage of individuals graduating as well as a high percentage of individuals obtaining employment in the chosen field upon graduation.

Other considerations include:

- Does the distance learning program offer all courses necessary to complete the degree or certificate requirements?
- Are distance learning students required to go to campus?
- What are the technology requirements of the courses?
- Does the program provide academic, career counseling and placement assistance?
- What are the time frames for completing courses?

VR's funding of correspondence and distance education courses will not exceed the rate for in-state public institutions if the training is available at an in-state public institution.

The division may fund internet access as required for participation in distance education. Assistance with transportation generally will not be required when participating in distance education.

All other policies regarding training (e.g., applying for comparable benefits, financial participation, IPE requirements and considerations) also apply to distance learning.

### E. IPE Considerations and Participant Responsibilities for Post-Secondary Education

Prior to completing the IPE, the counselor and participant must:

- As applicable, prior to completing the IPE the participant will research and identify types of jobs they can obtain with the degree they are seeking.

- Review and sign the "Participant Responsibilities for Post-Secondary Training" form and retain a copy in the individual's case file. Although not required, the counselor and participant may find it helpful to utilize the Student Checklist for College Training, especially for first-time students.

- As applicable, negotiate and include on the IPE minimum or special requirements that are not found on post-secondary education agreement form (e.g., higher GPA, attendance requirements etc.).

- Participant is expected to provide the counselor the program curriculum or outline of required courses.

**Minimum IPE Requirements**

**The IPE at a minimum must include**:

- **The specific type of certificate or degree being sought** (the specific major and if VR is supporting a certificate, AA or Bachelor's Degree, etc.).

- A **specific comment** that the participant understands and agrees to abide by all the requirements found on the **"Participant Responsibilities for Post-Secondary Training" form.**

- A description of comparable benefits, the estimated amounts the benefit will pay.

- A description of financial participation amount if any.

- A requirement that the individual must register with and as needed receive services from Disability Resource Center and CareerConnect where available.

- If applicable, the participant's responsibility to reimburse VR for expenses VR fronted which a comparable benefit will subsequently fund (e.g., when VR fronts the tuition for a given semester, but later in the semester the individual is awarded the Pell Grant).

**Minimal Participant Expectations**
As a general guideline, the following will be the minimum expectations of the participant. Exceptions require the counselor to enter a case note rationale that adequately justifies why an exception is appropriate. Some exceptions, as noted, require District Manager approval.

1. A participant pursuing a degree will attend full-time.

   As previously noted, exceptions must be submitted to and be approved by the District Manager as described in the "Adherence to Policy" at the beginning of this section. District Manager approval is not required if part time classes are taken because the specific classes an individual needs to complete his or her degree program are not available during a given semester; if the individual only needs to take a few classes to complete his/her degree program; or if the individual can only attend part-time due to a disability, or is consistently working full time and would have difficulty balancing full time work and school (see note below).

   Note: Exceptions due to a disability require a note from a physician, psychologist or other qualified provider each year the participant attends part-time. The note must document the

rationale for determining why due to the disability, the individual cannot attend full-time. As the intent of schooling is employment, the note must also include the physician, psychologist or other qualified provider's assessment of the individual's ability to work once training is completed and recommendations on the number of hours a week the individual may work once training is completed. A note from the disability resource center is not sufficient to meet this need.

Exceptions for students who are consistently working full-time (32-40 hours a week) requires verification of full-time work (counselor to view and document in case notes). Student will still take at least six credit hours a semester and attend two semesters per year.

2. Prior to including a college degree or certificate on the IPE, the participant will provide the counselor a course outline/program curriculum of all required courses to meet the certificate or degree requirements. VR will only fund courses needed to meet these requirements.

3. The participant will provide the counselor grade reports at the end of each semester and before any funding for additional training is provided.

4. The participant will maintain a minimum of a 2.0 grade point average; however, if the standard for a particular degree is higher, or a higher grade point average is required to continue with training (e.g., the participant is attempting to get into a limited entry degree program and the GPA in core classes is taken into consideration when determining who is accepted into the program), then the higher grade point average must be maintained.

5. VR will not fund the same course a second time including courses the participant must re-take due to a low or failing grade or due to withdrawing from the course after the deadline for receiving a refund has expired.

6. The participant will make satisfactory progress as defined by the training institution.

7. The participant will register with, and as needed receive services from CareerConnect where available (Nevada Public Institutions).

8. The participant will contact the counselor if there are any problems which may impede satisfactory progress in school (such as attendance, problems with accommodations, etc.).

9. As previously noted, students must complete all available classes at the most cost effective local public college (such as a community college). Students seeking a 4 year degree must complete their Associate degree, transfer degree or equivalent prior to transferring to a more expensive University that offers Bachelor's degrees for the remainder of their degree program. Exceptions must

be approved by the District Manager and generally will only be granted when a college, such as Gallaudet, meets specific disability needs. District Manager approval is not required when considering all costs (such as transportation and maintenance if applicable) is more cost effective to the agency to sponsor the student at a University or other college. District Manager approval may be waived if the student pays the cost difference between the two schools.

10. As previously noted, if contemplating a change in school or a change in majors after the 1st year, the student needs to meet with the institution and analyze transcripts, determine what classes are transferable to the new school or major and develop a plan for completing required course work. The analysis and plan must be submitted to the counselor for approval. VR's funding of credits is limited; thus, students should use good judgment and plan appropriately when changing majors.

**Forms:** (See Appendix C)

- Trial Semester Agreement Form: Required when a trial semester is provided
- Participant Responsibilities for Post-Secondary Training Form: Required when VR provides any support for post-secondary education beyond a trial semester
- Student Checklist for College Training Form: Recommended for any student attending post-secondary education
- IPE Goals that Required Advanced Degrees Agreement Form
- Advanced Degree Decision Making & Research Checklist

## III. Training at a Vocational Training Center or Facility

A. Overview and Considerations

While there are many types of vocational training, for the purposes of this manual the term "vocational training" in this section refers specifically to training from a vocational school, such as certain for-profit career training centers or trade schools, that do not accept Federal Student Aid.

**When vocational training is offered at an in-state public post-secondary institution within commuting distance of the participant, the policies regarding funding for post-secondary education will apply even when the participant chooses to attend a private vocational school.** The participant will be responsible for additional costs associated with attending the vocational school (see Subsection II.C.3 Funding: Private and Out-of-State Institutions and In State Institutions not within Commuting Distance for further information).

B. Procedure for Selecting Vocational Training Programs

Appropriate preparation for employment is a key element in determining the vocational training needs of a participant. Prior to the provision of vocational training, the counselor should assist the participant with a thorough career exploration. Once an appropriate vocational goal has been identified that is consistent with the individual's abilities, skills, interests, aptitudes, functional limitations and is supported by a positive local labor market demand, the participant and the counselor must determine who will provide the training and how the training will be funded. In accordance with established financial participation guidelines, VR supports vocational training that is necessary to achieve the employment outcome identified in the IPE.

Higher cost providers do not necessarily produce the best outcomes. Cost-effective providers with good outcomes should be utilized. As part of the selection process, the participant must visit and assess training providers. They should take into consideration factors such as: the rate of attendees who complete the program, the percentage of graduates who obtain employment within six months of completing the program, the average wage of graduates, student satisfaction with the training provider (if available), as well teaching styles as they relate to the student's learning style, and any unique disability related needs the individual has. After this assessment, the participant should submit his/her top three choices. Division Staff (such as the VR Counselor, Technician or Administrative Assistants) will then solicit bids from those three training providers. In addition, after consulting with the participant and taking the above factors into consideration, the agency has the option of soliciting additional bids from other training providers, if there are more cost effective providers who can effectively meet the needs of the participant (e.g., if the participant only selected the most expensive programs as options). As a general rule, the agency will select the training program with the lowest bid unless the VR counselor can articulate and provide a legitimate rationale for selecting a more expensive option that is directly related to the participant's disability. In this situation, the counselor will need to complete a justification as to why this exception is warranted. This justification should be entered as a case note into the case file and submitted to the Rehabilitation Supervisor for review. The supervisor has the ability to approve, reject or ask for more clarifying information regarding the request. The supervisor will enter a case note in response to the VR counselor's request. It is essential and a demonstration of being a good steward of federal dollars that the counselor always considers the reasonableness of the request and how this training will directly lead to a successful employment outcome.

C. Policies and Funding Requirement

General policies regarding post-secondary education (but that are not unique to post-secondary education) also apply to training at vocational training centers or facilities. For example, policies regarding obtainment of a course outline prior to completing the IPE, funding limited to courses needed to meet the course requirements and the

requirement to make satisfactory progress apply to both post-secondary education and training at a vocational training center.

**1. Comparable Benefits**, when available, should be utilized to offset VR's costs. Workforce Development partners who provide funding for training are an example of a comparable benefit that may, totally or partially, cover the cost of vocational training.

**2. Training not within Commuting Distance**: VR's funding for vocational training not within commuting distance of the participant will follow the same basic policies as funding post-secondary education not within commuting distance found under Subsection II.C.3 Funding: Private and Out-of-State Institutions and In State Institutions not within Commuting Distance.

**3. VR's contribution** toward funding will equal the vocational training expenses in accordance with the policies in this manual, minus any comparable benefits and/or financial participation, if applicable.

**4. Payment Approval:** VR will approve payment only for those services that are part of the IPE. VR shall not approve payment for a service unless the counselor authorizes the service in writing before the vendor provides the service or before the participant incurs the expense. VR will not "refund" to participants costs they may have incurred before VR authorization.

**5. Training and the RXQ Process:**
Direct purchase authority is allowed in cases where the school charges separately for individual sessions and each session is less than $5000.00. In this scenario, if the person attended two different sessions each costing less than $5000.00, then each session is a different authorization and there is no need for an RXQ.

If a session costs $5,000.00 or more, the RXQ process in Section 18 must be followed. Every session that is $5,000.00 or more requires a separate RXQ. A session is whatever time frame the school has established (e.g., it might be a semester, or it could be 10 weeks, or it could be for the entire program).

The bill will be paid in one lump sum; therefore, the counselor must be aware of refund policies and request a refund should a student drop out before completing the session.

RXQ IPE Requirement

If signing an IPE prior to the obtainment of an RXQ**, the IPE must clearly state that provision of and VR funding for the training is contingent upon RXQ approval.**

**6. The purchase of tools, equipment, supplies**, training materials etc. that are not included in the cost of the training will adhere to the equipment agreement in Section 17 of this manual when applicable. VR may fund standard supplies, tools, equipment, etc. that are required for all individuals attending the same vocational training. The participant may choose, at his or her own expense, to purchase additional or upgraded supplies, tools, and equipment or training materials.

D. Distance Learning Through Vocational Schools

This section applies to programs that are primarily technology or web-based distance education programs at facilities that do not accept federal financial aid.

If the same course of study is offered at a public in-state institution, policies regarding post-secondary education will apply. If the training is offered through a private training facility, "Procedures for Selecting Vocational Training Programs" (Subsection III.B.) should be followed.

VR may authorize the provision of technology assisted training (e.g. web-based, distance learning etc.) if, after appropriate exploration, the participant and counselor have come to the conclusion that the training is necessary and will adequately prepare the individual to reach his or her IPE goal, and this is an appropriate method of training for the particular individual given his or her learning style, ability to work in a less structured environment and disability needs. Providers of the training must be accredited or licensed by the appropriate body and comply with all state and federal requirements. The agency should not sponsor distance learning in subjects that require hands-on training (e.g., air conditioning, electrical, heavy equipment operation, truck driving or similar occupations) unless a viable method of obtaining practical experience has also been agreed upon.

Prior to signing an IPE for distance education, the participant should investigate and discuss with his or her counselor the graduation and employment rates of the prospective training facility and the particular course of study. He or she will need to determine if the training provider under consideration has a high percentage of individuals completing the program as well as a high percentage of individuals obtaining employment in the chosen field upon completion of training.

Other considerations include:

- Does the distance learning program offer all courses necessary to prepare the participant for employment in the field?
- Are distance learning students ever required to go to a campus?
- What are the technology requirements of the courses?
- Does the program provide career counseling and placement assistance?
- What are the time frames for completing courses?

The Division may fund internet access as required for participation in distance education. Assistance with transportation generally will not be required when participating in distance education.

All other policies regarding training (e.g., applying for comparable benefits, financial participation, limitations in paying for repeat courses, IPE requirements and considerations) also apply to distance learning.

E. IPE Considerations and Participant Responsibilities for Training at Vocational Training Facilities

Prior to completing the IPE, the counselor and participant are to negotiate the individual minimum requirements for successful progress in training and other IPE requirements.

At a minimum, the IPE should include a description of the following:

- The length of training and the specific type of training/certificate being funded;
- Expected progress and the participant's/school's responsibility to provide progress reports;
- Attendance expectations;
- The terms on which continued training may be funded (if applicable);
- Information regarding VR's limits in funding repeat training;
- Participant responsibilities in applying for and obtaining (and a description of) any comparable benefits;
- Amount of financial participation, if applicable;
- Participant's responsibility to contact the counselor regarding any problems that may impede satisfactory progress (attendance, problems with accommodations etc.); and
- Participant responsibility to contact counselor before withdrawing or taking actions that may affect the participant's progress in the training, meeting IPE goals or other agreements with VR.

## IV. Continuing Education Units or Credits (CEU's/CEC's)

Courses taken for CEU's or CEC's should be taken at the local public institution if available. Exceptions to this should be documented and justifiable. Exceptions include, but are not limited to, situations where it would be unreasonable for the participant to wait for the next semester at the local public institution as time frames for obtaining the CEU's/CEC's are critical in order for the participant to start or maintain a job. If more than, one or two CEU's/CEC's are needed; than need to consider public in state institution.

## Contents

Overview ..... 1
Bus Passes, Paratransit Passes and Gas Cards ..... 2
Vehicle Repair ..... 4
Assistance with Initial Costs to Purchase a Vehicle ..... 7

## Overview

Transportation means travel and related expenses that are necessary to enable an applicant or eligible individual to participate in a vocational rehabilitation service, (such as gas allowance or bus passes) including expenses for training in the use of public transportation vehicles and systems: See 34 CFR 361.5 (c) (56) Applicable definitions: Transportation.

The repair of vehicles, assistance with initial costs to purchase a vehicle, and relocation expenses incurred in connection with a job placement that is a significant distance from the eligible individual's place of residence, are also examples of transportation services. In some instances, transportation may include the travel expenses of other individuals whose travel is necessary in order for the participant to complete VR services. For example, a gas card for a parent who is transporting a participant to and from VR related appointments or travel expenses for an aide assisting a participant to travel to and from VR related appointments.

Transportation is a support service that may be provided if needed to complete a VR assessment or IPE service. It is not to be authorized if it is a sole service. (Vehicle modifications are considered rehabilitation technology as opposed to transportation and thus may be provided as a sole service). Transportation may not be authorized for an individual's normal travel expenses such as going to the grocery store, social purposes, routine medical appointments unrelated to VR services, etc. Exception may be made when RTC Paratransit multi-ride passes that expire at the end of the month were purchased in lieu of single ride passes (see below under Paratransit rides).

All policies in Section 18: Purchases and Payment of Goods and Services, Authorizations, Cash Pays and Authority Levels must be followed when providing transportation assistance.

> Note: Long-distance in-state travel, out-of-state travel, automobile repairs (except tires), and assistance with initial costs to purchase a vehicle requires appropriate IPE level review and approval .

Whenever possible, authorization for transportation services must be made directly to the vendor. Any reimbursement of travel expenses is limited to actual costs as evidenced by a receipt. All documentation required by fiscal management must be

provided. Exact costs and the choice of vendors must have been pre-determined and agreed to by the counselor and participant prior to incurring the travel expense. VR will not authorize refundable deposits (such as deposits on rental cars).

The agency may require documentation that the participant actually participated in the activities for which transportation assistance is provided.

**Bus Passes, Paratransit Passes and Gas Cards**

The Division may authorize bus passes, including Paratransit passes, or gas cards for an individual to participate in VR services. In determining the amount and nature of assistance, the counselor and participant must take into consideration the participant's unique needs. Examples include; access to regular bus service, Paratransit services or a vehicle, and the amount and timing of VR services to be provided. In considering bus passes, if the individual is participating in a one day assessment during the month, a one day bus pass will be sufficient; however, if the individual is participating in a three week assessment, a bus pass for the whole month may be required.

Note: If the individual has financial participation:

- For gas cards: VR will only authorize VR's portion of the mileage. The participant must keep a mileage log demonstrating mileage used for both VR and the participant's share, but only needs to submit signed fuel pump receipts for fuel that VR has authorized.
- For bus passes: Financial participation can be split proportionally. For example, if a participant has 50% participation for a total of 6 monthly bus passes, the agency will issue one pass every other month for a total of 3 passes.

Verification of Receipt:

Participants **must** sign RD-87's **verifying the receipt of all bus passes, Paratransit passes or gas cards distributed to them**. However, if call for in for a Paratransit Ride (versus providing the individual with a physical pass) the RD-87 is not required, however, a ride log is still required.

Paratransit rides: Participants receiving Paratransit rides must submit a log for each VR related ride. Additional Paratransit passes or rides will not be issued without logs documenting the use of previously issued passes. All rides funded by VR must be for VR purposes, except that multi-ride passes that expire at the end of each month may be issued (in lieu of single ride passes) if the individual is participating in a sufficient number of VR activities in any given month to make it as cost-effective to purchase a multiple ride pass as it is to purchase single ride passes. In these cases, the participant may utilize the excess rides for personal purposes, but does not need to include personal travel in excess of VR required activities on the log.

The counselor and participant should jointly decide on an alternative method to submit logs, such as submission of an electronic log if an individual is unable to submit a

written log due to a disability.

Logs, including alternative logs, must contain documentation demonstrating a sufficient number of VR related activities participated in to warrant the issuing of a Paratransit pass and include the destination and purpose of the trip.

Other Bus Passes:

At the counselor's discretion activity logs may also be required when a bus pass is issued. Only VR related activity must be included on the log.

Gas cards:

Gas cards and fuel assistance are not automatic or a right, but may be provided to assist an individual to participate in VR activities, particularly in situations where the individual would not be able to participate in the activities without transportation assistance and public transportation is impractical.

- The participant, and if applicable, legal guardian, must agree to and sign the Gas Card Agreement Form.

- Participants must sign an RD-87 acknowledging receipt of the gas card.

- Participants must be present when using a gas card.

- Gas cards and fuel allowances are to be used for the purchase of gasoline only. The gas must be necessary for participation in an assessment or IPE service.

- Participants receiving a gas card/fuel allowance must submit a signed fuel receipt and Gas Card / Mileage Travel Log (which includes dates, mileage and a brief description of VR activities) by the 15th and 30/31st of each month If these dates fall on a holiday or weekend then the receipts will be turned in on the next business day after that date. Failure to do so may result in this service being suspended until the receipts and logs are received.

- The counselor and participant should jointly decide on an alternative method to submit logs, such as submission electronically if an individual is unable to submit a written log due to a disability.

- The signed fuel receipt and signed mileage log must be reviewed to ensure only fuel was purchased and used only for VR related activities. The technician has the primary responsibility to review the logs.

- Misuse of VR funded gas may result in this service being interrupted or terminated.

- Staff will follow internal financial processes for authorizing, issuing, changing fuel amounts or suspending gas cards.

- Fuel allowances must be a realistic amount. In rural areas or other situations with lengthy commutes participants may receive up to, but not over, 1000 miles a month. Allowances over this amount for any participant must be due to extenuating circumstances, be justifiable and be approved by the District Manager. Participants should use gas cards prudently and plan their travel to get the best use of their gas cards. For example, in rural areas or other situations where there is a long commute to attend college classes, students should plan to take multiple classes on the same day when feasible in order to minimize the number trips made to the campus. Participants will use the verified shortest route.

## Vehicle Repair

The Bureau may repair a vehicle for a participant if:

1. It is a vocational rehabilitation need;
2. The feasibility of public and other modes of transportation has been explored and the participant's situation justifies the repair of the vehicle overuse of public or other modes of transportation; and
3. It is an integral part of an approved IPE.

Repair means replacement or adjustment of driveline, mechanical, electrical and/or structural components or tires. The Rehabilitation Counselor must document that the participant meets the following criteria for vehicle repair:

1. The participant is following an agreed upon plan or is demonstrating motivation in training or in other activities which indicate the plan will be successful and lead to an employment outcome; or
2. Has a job offer that requires independent transportation; or,
3. Is working, including self-employment, and requires independent transportation to maintain employment; and
4. The participant's combined potential income and resources are expected to be sufficient to maintain the vehicle and insurance coverage for the vehicle.

Since vehicle repair is contingent upon a vocational goal or sufficient evidence that the participant will complete a program which will lead to an employment outcome, a vehicle generally may only be repaired as part of an IPE and will not be repaired prior to an eligibility determination. An assessment of alternative transportation must be

considered and documented in the progress review notes and must address:

1. The participant's current mode of transportation;
2. The reasonableness of using other modes of transportation or solutions such as:
    a. Taxicabs
    b. Carpools
    c. Paid co-workers, volunteers or attendants
    d. Paratransit, accessible public transit or other community services
    e. Relocation of the participant to where the individual's specialized needs may be met if such a move is cost effective and if the individual is employed; and
3. The Bureau will only participate in repairing essential functions of the vehicle to enable the participant to drive safely or to use the vehicle for transportation as a passenger in order to derive the full benefit of their IPE.

**Required Information**
The "Checklist of Documents Required for a Vehicle Repair" must be completed

Before repair begins, the Rehabilitation Counselor must have the following documentation in the case file:

1. Signed and dated "Affidavit of Understanding" (Form VR-2)
   Proof of registered ownership of the vehicle by the participant or a family member who owns the vehicle and who agrees the primary use of the vehicle--at least 51% of the time--will be for work and activities needed for the participant to obtain/maintain employment. (Repair of vehicles not owned by the participant or family member must be approved by the District Manager and there should be reasonable assurance that the participant will have access to the vehicle for the length of the IPE);
2. Proof of current insurance coverage;
3. Varification of a driver's license by the participant or the individual who will be driving the participant in the vehicle to and from work related activities;
4. If the participant owns a vehicle that has 50,000 miles or more on the odometer, a qualified mechanic must inspect the vehicle to document the condition and reliability of the vehicle's engine and/or other appropriate systems prior to repair; and (Form VR-3)
5. Three estimates of cost or bids from vendor(s). If the vehicle cannot be driven, only one bid or estimate is required. If there are fewer than three vendors providing this service within a 50-mile radius of the Division office, only a single bid is necessary.

**Certifications**
The Bureau may participate in the cost of the repair but does not represent that it is an

expert. Questions will be directed to the equipment dealer, mechanic and/or the installer.

Upon completion of the repairs, the following certifications must be in the file prior to processing the vendor's invoice for payment.

1. Certification of Visual Examination (Form VR-4), signed and dated by the participant that the work has been completed, to the best of the participant's knowledge, by the mechanic and/or installer to the participant's satisfaction; and
2. Installer Affidavit of Completion of Vehicle Repair (Form VR-5) signed and dated by the vendor that the work has been completed in full compliance with the bid, and applicable warranties have been provided to the participant.

**CHECKLIST OF DOCUMENTS REQUIRED FOR A VEHICLE REPAIR**

**For All Repairs:**

_____ Signed and dated Affidavit of Understanding (Form VR-2)

_____ Documentation of registered ownership of the vehicle by the participant, or if the participant is not the owner:

____ Documentation of registered ownership by a family member (Repair of vehicles not owned by the participant or family member must be approved by the District Manager and there should be reasonable assurance that the participant will have access to the vehicle for the length of the IPE)

____Written statement from the family member/owner that the vehicle will be used by the participant approximately 51% of the time for work and related activities necessary for the participant to obtain and maintain employment.

_____ Proof of vehicle insurance coverage

_____ Certificate from a qualified mechanic that the condition of the vehicle, including powertrain, brakes, electrical system, body and safety features warrants repair if the vehicle is over 3 years old or has 50,000 miles or more on the odometer (Form VR-3)

_____ Cost estimates or bids from vendors

**If participant will be the driver**:

_____ Varification of the participant's valid driver's license: State _____ Expiration Date _____

_____ Written statement from the participant if DMV requires that corrective lenses be worn, the participant has the corrective lenses and agrees to wear them while driving.

**If participant will be a passenger only:**

_____ Written statement by the driver that he/she will be transporting the participant to and from work

related activities

_____ Varification of the driver's valid driver's license: State _____ Expiration Date _____

_____ Written statement from the driver if DMV requires that corrective lenses be worn, the driver has the corrective lenses and agrees to wear them while driving.

**After the vehicle repair work is completed:**

_____ Signed and dated Participant Certification of Visual Examination verifying that the work has been completed by the mechanic and/or installer to the participant's satisfaction (Form VR-4)

_____ Signed and dated Installer Affidavit of Completion of Vehicle Repair certifying that the work has been completed in compliance with the authorization and specifications and that written warranties have been provided to the participant (Form VR-5)

## Assistance with Initial Costs to Purchase a Vehicle

This policy applies to any vehicle which is required by law to be licensed and registered **or** requires a valid driver's license to operate, including motorcycles, mopeds and electric bicycles.

Providing assistance to help an individual with the initial costs to purchase a vehicle must be an identified IPE service and in direct relationship to the achievement of an employment outcome. This will also require pre-authorization by the Division Administrator prior to completion of the IPE or IPE amendment. Under no circumstances is assistance to be provided to help the participant with initial costs to purchase a vehicle without pre-authorization by the Division Administrator.

VR will only assist with the initial **start-up costs**. This means the costs for the participant to take possession of the vehicle (a reasonable down payment, registration fees and the initial insurance binders (estimate from insurance carrier) to get it on the road. The participant must be able to absorb the ongoing expenses. Generally, VR's down payment assistance will not exceed 15% of the purchase price of the vehicle up to, but not over, $2,500.00 minus any financial participation the individual may have.

**Note: If the participant requires and is purchasing a modified vehicle the line item modifications needed by the participant are not included as part of the cost of the vehicle and thus are not limited to $2,500.00. Policies on vehicle modifications are followed for these items. Vehicle modifications, but not the vehicle itself, are exempt from financial participation.**

Justification is required when purchasing a new vehicle rather than a reliable used vehicle. In addition, the participant must demonstrate he or she can make the payments for any vehicle when VR assists with the purchase, and particularly the higher payments if a new vehicle is purchased.

Purchases must be made through a licensed business, registered as a vendor for the State of Nevada.

When assisting the participant to purchase a reliable used vehicle, the agency may assist with initial maintenance and repairs needed to get it on the road such as a vehicle emissions test and replacement of tire(s) if needed. The agency will not assist in the purchase of a vehicle that requires major or extensive repairs such as a new engine, a new transmission or vehicles that require a number of repairs to get on the road. The vehicle repair policy must be followed for all repairs.

The Rehabilitation Counselor must review, verify and include documentation in the file of all applicable items including the vehicle's reliability, serviceability, age, mileage, and insurance coverage. The counselor must review, verify and document the participant has a valid driver's license. The "Checklist for Assistance with Start-Up costs to Purchase a Vehicle must be completed.

Before providing assistance to purchase a vehicle is proposed, the Counselor and participant must explore and utilize comparable benefits such as Plans for Achieving Self Support (PASS). Justification must be made as to why the participant cannot utilize public transportation or utilize some other form of transportation (paying a co-worker, taxis, bicycle etc.). The justification should also address whether renting or a vehicle has been considered where appropriate.

## Checklist for Assistance with Start-Up Costs to Purchase a Vehicle

**For all Plans which include assistance purchasing a vehicle, the Rehabilitation Counselor MUST complete this checklist PRIOR TO signing the IPE or IPE amendment.**

____Documentation that a vehicle purchase is needed in order to achieve the employment outcome indicated in the IPE

____Signed and dated Affidavit of Understanding (Form VP-2)

____All other options have been explored including use of the bus, a bicycle, co-workers, family members and taxis, relocation or other transportation alternatives. The counselor has documented why these options are not feasible.

____Comparable benefits have been explored including the use of a PASS Plan for the individual to purchase his/her own vehicle.

_____ Varification of the participant's valid driver's license: State _____ Expiration Date _____

____Certificate from a qualified mechanic regarding the condition of the vehicle, including

powertrain, brakes, electrical system, body and safety features, for any vehicle over 3 years old or with 50,000 miles or more on the odometer (Form VP-3)

____Analysis and documentation of the amount the individual can afford to pay on a monthly basis for payments, gasoline, insurance, maintenance etc.

____Proposed down payment and other expenses to be funded by the agency

____Documentation of or plan for obtaining insurance coverage when required

____Signed statement indicating the vehicle is to be used for employment purposes or directly related to the achievement of an employment outcome

____Submission through the chain of command and approval by the administrator

**After purchase of the vehicle:**

____Documentation of registration and proof of insurance when required

## Contents

IPE Review ..... 1
Vehicle Modification ..... 1
Checklist of Documentation Required for a Vehicle Modification ..... 5
Home Modifications ..... 6
Checklist of Documents Required for a Home Modification ..... 9

## IPE Review

All vehicle and home modifications require appropriate IPE level review and approval. Refer to Section 18: Purchases and Payment of Goods and Services, Authorizations, Cash Pays and Authority Levels for review requirements.

## Vehicle Modification

The Bureau may modify a vehicle for a participant if it is:

1. A vocational rehabilitation need;

2. An integral part of an approved IPE; and

3. The feasibility of public and other modes of transportation have been explored and the participant's situation justifies the modification of the vehicle over the use of other modes of transportation.

Vehicle modifications are exempt from financial participation. While vehicle modifications are exempt from the federal requirement to explore comparable benefits; Independent Living Services, the Veteran's Administration, Medicaid or other resources may be utilized if available.

Vehicle modifications are any mechanical or structural changes to a passenger car or other motor vehicle that permit an individual with a disability to safely drive or ride as a passenger. Modification includes any or all of the following:

1. Installation of a wheelchair or scooter lift;

2. Purchase and/or installation of hand controls;

3. Alteration to the structure of the vehicle such as lowering the floor or raising the roof;

4. Installation of carpeting or paneling in the interior of a vehicle, as prescribed;

5. Specialized equipment such as a Scott's Driving System; and/or

6. Vehicle equipment packages recommended in prescriptions from driver evaluation teams such as air conditioning, navigation system, Bluetooth technology, wheelchair tie-down, power seats, heavy-duty battery, tires, vehicle handling system, etc.

The Rehabilitation Counselor must complete the "Checklist of Documents Required for Vehicle Modification" and document that the participant meets the following criteria for vehicle modification:

1. Has a stable or slowly progressive disability that interferes with normal driving or access to public or private transportation; and

2. Is following a plan as agreed or is demonstrating motivation in training or in other activities which indicate the plan will be successful and lead to an employment outcome; or

3. Has a job offer that requires "independent transportation"; or

4. Is working, including self-employment and requires "independent transportation" to maintain employment; and

5. The participant's combined potential income and resources are expected to be sufficient to maintain the vehicle, any modifications and insurance coverage for the vehicle and equipment.

Since vehicle modification is contingent upon a vocational goal or sufficient evidence that the participant will complete a program which will lead to an employment outcome, a vehicle generally may only be modified as part of an IPE. An assessment of alternative transportation must be considered and documented in the progress review notes and must address:

1. The participant's current mode of transportation;

2. The reasonableness of using other modes of transportation or solutions:
    a. Taxicabs

b. Carpools
c. Paid co-workers, volunteers or attendants
d. Para-transit, accessible public transit or other community services; and/or
e. Relocating participant to where the individual's specialized needs may be met if such a move is cost effective and if the individual is employed; and

3. The Bureau will only participate in modifying essential functions of the vehicle to enable the participant to drive safely or to use the vehicle for transportation as a passenger in order to derive the full benefit of their IPE.

For modifications, adding items like automatic transmissions, power steering, power brakes, air conditioning, power windows, door locks or tilted steering wheels is subject to approval by the Rehabilitation Counselor and must be recommended via the medical or driving evaluation prescription.

Participants who purchase vans are cautioned to ensure the van has appropriate equipment such as power steering, power brakes, sliding doors with windows and heavy-duty electrical system. Generally, the Division will not sanction lowering floors on a uni-body and/or short wheelbase van.

**Driver Evaluation**
Participants requesting a modification to enable them to independently drive the vehicle must be evaluated by a certified driver evaluation unit for safe driving ability and for equipment needed to drive safely. If appropriate, a report from a certified driver evaluation unit will include prescriptive specifications for adaptive driving equipment and vehicle modification (see Exception for Hitch-Mounted Lifts under certain conditions).

**Passenger Evaluation**
A participant who will be a passenger only who is requesting a vehicle modification needs no driver evaluation but must be evaluated by a physical or occupational therapist to identify any necessary modifications. Any installation must meet factory specifications and meet the functional needs of the participant (see Exception for Hitch-Mounted Lifts under certain conditions).

**Cost of Vehicle Modification**
The Division may assist the participant in the arrangements and pay for the cost of an evaluation including transportation and per diem if a qualified evaluation unit is not within commuting distance of the participant. The Rehabilitation Counselor must include a cost estimate for the modification from a certified installer. Financial approval of the IPE will adhere to this manual's spending authority requirements.

**Installation of Equipment or Structural Modification**

If modification is approved, the Rehabilitation Counselor will authorize the approved amount of the modification. The participant will make arrangements with the installer for transporting the vehicle to the installation site and, when fittings are necessary, transporting himself to the installer.

**Training in the Use of the Modified Systems and Devices**
Prior to accepting the vehicle modifications or making payment for the vehicle modification, the participant must receive training in the operation of all modifications, hand controls, and assistive technologies.

**Driver Training**
If the prescription requires driver training, the Rehabilitation Counselor will arrange for and document receipt of the training prior to the Division's paying of the bill. Only driving schools and trainers who are licensed or certified under NRS 483.700-780 may be used.

**Hand Controls**
Hand controls must be installed by a qualified installer. The participant must also be evaluated by a certified professional, such as an occupational therapist or driver evaluator and must be trained in the use of the prescribed hand controls.

**Replacement of Vehicle Modification Equipment**
A statement from a physician made within the prior three (3) months is necessary to document the medical status of the participant, any medical changes since the last installation of equipment, and the physician's opinion on the appropriateness of new equipment recommended by a vendor. If the physician cannot make such a recommendation, an evaluation by an Occupational or Physical Therapist must be completed. If the recommended modification equipment is different from the existing equipment, additional training on the new equipment must be completed.

**The Division may participate in the cost of the modification but does not represent that it is an expert**. Questions will be directed to the equipment dealer, mechanic and/or the installer.

**Certifications**
Upon completion of the modifications, the following certifications must be in the file prior to processing the vendor's invoice for payment:

1. Certification of Visual Examination (Form VM-4) signed and dated by the participant that the work, to the best of the participant's knowledge, has been completed by the mechanic and/or installer to the participant's satisfaction; and
2. Installer Affidavit of Completion of Vehicle Modification (Form VM-5) signed and dated by the vendor that the work has been completed in full compliance with the

prescription and specifications as bid and warranties have been provided to the participant.

**Exception for Hitch-Mounted Lifts**

A driver or passenger evaluation will not be required for the installation of a wheelchair or scooter lift that attaches directly to a hitch, provided all of the following conditions are met:

- The individual does not require adaptive equipment to drive independently or ride as a passenger **and needs only** the means to transport his/her wheelchair or scooter to and from work or to participate in IPE services;
- The participant, the counselor and a mobility equipment specialist (or authorized mobility equipment dealer) approved by the Division has identified the specific lift suitable to meet the needs of the participant and determined that the participant has the ability to properly operate the lift; and
- The lift and the hitch must conform to the vehicle manufacturer's specifications for weight restrictions and capacity. The mobility equipment specialist (or authorized mobility equipment dealer) must ensure the proper hitch is installed by a qualified, reputable hitch installer according to the lift manufacturer's specifications (or that an existing hitch on the vehicle meets the lift manufacturer's specifications).

The Rehabilitation Counselor must review, verify and include in the file the required documentation from the vehicle modification checklist (excluding driver/passenger evaluation and Forms VM-4 and VM-5).

Once installed, the mobility equipment specialist (or authorized mobility equipment dealer) will instruct the individual on the safe and proper operation of the lift.

Before approving payment to the vendor, the counselor must obtain a written statement (Form VM-6 – in lieu of VM-4 and VM-5):

- signed and dated by the participant that, to the best of the participant's knowledge, the lift/hitch has been installed to the participant's satisfaction.
- signed and dated by the vendor that the lift/hitch has been installed according to the lift manufacturer's specifications and complies with the vehicle's weight restrictions.

## Checklist of Documentation Required for a Vehicle Modification

**Prior to signing the IPE or IPE amendment, the Rehabilitation Counselor must have the following documentation in the case service record:**

**For All Modifications:**

_____ Documentation that the participant's medical condition is stable or slowly progressive

_____ Signed and dated Affidavit of Understanding (Form VM-2)
_____ Documentation of registered ownership of the vehicle by the participant or if the participant is not the owner:
____ Documentation of registered ownership by a family member (Modification of vehicles not owned by the participant or family member must be approved by the District Manager) and there should be reasonable assurance that the participant will have access to the vehicle for work related activities
____ Written statement from the family member/owner that the vehicle will be used by the participant approximately 51% of the time for work and related activities necessary for the participant to obtain and maintain employment
_____ Proof of vehicle insurance coverage
_____ Certificate from a qualified mechanic that the condition of the vehicle, including powertrain, brakes, electrical system, body and safety features warrants modification if the vehicle is over 3 years old or has 50,000 miles or more on the odometer (Form VM-3)
_____ Cost estimates or bids from Division approved providers or contractors

**For Participants Who Will Drive**:
_____ Verification of the participant's valid driver's license: State _____ Expiration Date _____
_____ If participant will drive from a wheelchair, the condition and type of the wheelchair
_____ Written statement from the participant if the DMV requires that corrective lenses be worn, the participant has the corrective lenses and agrees to wear them while driving (Form VM-2)
_____ An evaluation from a driver's evaluation unit

**If the participant will be a passenger only**:
_____ An evaluation of access modification needs by a physical or occupational therapist
_____ Written statement by the driver that he/she will be transporting the participant to and from work related activities
_____ Verification of the driver's valid driver's license: State _____ Expiration Date _____

_____ Written statement from the driver if DMV requires that corrective lenses be worn, the driver has the corrective lenses and agrees to wear them while driving (Form VM-2)

**After the vehicle modification work is completed**:
The following documentation must be included in the case service record:
_____ Signed and dated Participant Certification of Visual Examination verifying that the work has been completed by the mechanic and/or installer to the participant's satisfaction (Form VM-4)
_____ Signed and dated Installer/Mechanic Affidavit certifying that the work has been completed in compliance with the prescription and/or specifications and that written warranties have been provided to the participant (Form VM-5)
_____ Photographs of the modified vehicle taken and included in the participant's case file
_____ Documentation that the participant has received training in the use of the modified systems and device

## Home Modifications

The Division may participate in the funding of services to remove physical barriers that interfere with an individual's full participation in rehabilitation services leading to employment. The services must be needed to reach a specific IPE vocational goal. If the individual's primary objective is independent living or self- care rather than

employment, the individual must be referred to independent living services or other community resources available that may be able to meet these needs. Home modification includes fabricating, modifying, designing, and installing to accommodate the participant's disability as required to participate in the VR program. Division funds cannot be used for the acquisition of real property or construction on real property when assisting with home modifications. See Education Department General Administrative Regulations (EDGAR) at 34 CFR 76.533 Acquisition of real property: construction. Thus, the counselor can authorize structural additions or alterations such as adding grab bars to allow for independent use of bathroom facilities, widening a doorway to allow for wheelchair accessibility, building a partition or putting in a ramp. The counselor cannot authorize the purchase of land, building permanent structures or modifying exterior walls.

The following requirements apply:

1. Financial participation requirements apply to the provision of these types of services. The participant must contribute to the cost of the modifications according to the financial participation guidelines in Section 7 of this manual.

2. While home modifications are exempt from the federal requirement to explore comparable benefits; Independent Living Services, the Veteran's Administration, Medicaid or other resources may be utilized if available.

3. Certified Occupational and Physical Therapists, Assistive Technology Specialists, Rehabilitation Engineers, or Independent Living Case Coordinators must recommend and/or assist the counselors with coordination of these services.

4. Home modification costs that exceed the signature authority of the counselor prior authorization/spending authority approval before the participant or counselor sign the IPE or IPE amendment.

5. The counselor must complete the "Checklist of Documents Required for a Home Modification" and the case file must contain documentation the following criteria for home modifications were addressed.

    a. The participant cannot be relocated;

    b. The dwelling is owned and maintained by the participant; or

    c. The participant has the property owner's written permission to modify; and

d. The owner must provide a written statement, and verification must be obtained when possible, that there are no liens and/or obligations against the property other than a standard mortgage;

e. An assessment needs to be completed regarding the property owner's willingness to participate in the cost of the modifications;

f. Before modifications begin, the property owner must provide a written statement to the counselor verifying that there is a lease agreement equal to the length of time required to complete the IPE; and

g. The Division will not restore the property to its original state after modifications have been made (the property owner must provide a written statement acknowledging this).

6. The counselor must obtain bids and recommendations from Division approved providers prior to authorizing the modifications. (Bids should be obtained from all approved providers in the locality. However, if there are more than 3 approved providers only 3 bids need to be obtained). Bids are not required for small inexpensive modifications such as installation of grab bars.

7. All required building permits must be obtained, as required by the City or County Ordinance, prior to beginning the modifications. Home modifications do not fall under the requirements for Public Works Board review as a remodel.

8. The counselor will submit home modification IPE's for additional approval in accordance with signature authority guidelines

9. Upon completion of the modification and prior to paying the bill:

- An inspection must be conducted by local authorities when required.

- If agreed upon by the counselor and participant, authorization may also be done for a third party inspection, paid for by the Division, by a party qualified to conduct such an inspection, to assure that the work is completed properly as authorized.

- The counselor or staff member will complete a visual examination to determine, to the best of the counselor's knowledge, that the work has been completed as authorized and obtain pictures of the completed modifications which will be placed in the participant's case file.

- The participant must complete a visual examination and document that, to the best of his or her knowledge, the work has been completed as authorized and sign off that he or she is satisfied with the work.

10. The building materials used for the modifications need to be comparable to existing building materials. Any upgrades must be justified and pre-approved by the District Manager.

11. A lien release must be provided by the contractors and sub-contractors of all building materials and labor **prior to the** completion of the modifications/**payment of the invoice**.

## Checklist of Documents Required for a Home Modification

**For all Plans which include home modification, the Rehabilitation Counselor MUST complete this checklist PRIOR TO signing the IPE or IPE amendment:**

_____ Documentation that the participant cannot be relocated.

_____ Documentation that the participant's medical condition is stable or slowly progressive.

_____ Signed and dated Affidavit of Understanding (Form HM-2).

_____ Documentation of ownership or lease of the property for the length of the IPE.

_____ Proof of homeowner's insurance coverage on the property.

_____ Assessment of property owner's willingness to participate in the cost of the modification.

_____ Written acknowledgement from the owner that the Division will not restore the property to its original state after modifications have been made.

_____ Proof that no liens have been placed on the property.

_____ All required permits have been obtained.

_____ Three (3) official bids from approved providers. If there are not 3 approved providers in the locality, bids from all approved providers in the locality must be obtained. The bids must address structural soundness of the building to be modified consistent with existing construction quality regarding cabinetry, flooring and countertops.

**After the home modification work is completed and prior to payment of the invoice:**

_____ Signed and dated Participant Certification of Visual Examination verifying that the work has been completed by the contractor to the satisfaction of the participant and the homeowner (if applicable) (Form HM-3).

_____ Signed and dated Counselor Certification of Visual Examination verifying that the work has been completed as authorized, including photographs of the completed modifications (Form HM-4).

_____ Signed and dated Contractor Affidavit of Completion certifying that the work has been completed in compliance with the terms of the contract and/or specifications and that written warranties have been provided to the participant (Form HM-5).

_____ Signed and dated lien release from the contractor and subcontractors.

_____ Documentation of inspection by local authorities, where required.

**Contents**

Maintenance ..... 1
Services to Family Members ..... 4

## Maintenance

Maintenance is monetary support provided to a participant for expenses, such as food, shelter and clothing that are in excess of the normal expenses of the participant and that are necessitated by the individual's participation in an assessment for determining eligibility and vocational rehabilitation needs or the participant's receipt of vocational rehabilitation services under an IPE.

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.

1. The cost of a uniform or other suitable clothing that is required for an individual's job placement or job-seeking activities.
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.
3. The initial one-time costs, such as housing fees that are reasonable and within the law of the relocation area, which are required in order for an individual to relocate for a job placement.
4. The costs of an individual's participation in enrichment activities related to that individual's training program.

See federal regulations at 34 CFR 361.5 (c) (34) Applicable definitions- Maintenance

The following requirements apply to the provision of maintenance assistance:

1. Case notes must include a rationale for all maintenance services and also adequately document the provision and monitoring of these goods and services.

2. Maintenance must be necessary for the participant to complete a specific assessment or IPE service. Maintenance will not be provided as a sole service.

3. Maintenance will not be paid for rent, mortgage, utility bills, groceries or other expenses that an individual would otherwise have incurred if not participating in the VR program. Nor will VR make payments on loans of any sort.

4. Subsidy of a participant's home through payment of any type of maintenance to parents, spouse, relatives, and/or other persons is not allowable. Lodging and per diem should not be provided in the participant's own hometown except as noted below.

5. Maintenance is subject to financial need and participation policy as described in Sections 7: Financial Need and Participation.

6. Comparable benefits must be explored and utilized as described in Section 16: Comparable Services and Benefits.

   **Note: Social Security, SNAP (food stamps) and other government benefits as a comparable benefit:** While individuals who receive SSI and SSDI or SNAP are exempt from financial participation, they are not exempt from the requirement to utilize comparable benefits. Social Security, SNAP and other government benefits are comparable benefits when it comes to paying for living expenses, therefore social security income, SNAP and other government benefits must be taken into consideration and appropriately utilized before VR pays living expenses.

   Note: This policy applies when maintenance is being provided for a month or longer. It does not apply when the maintenance being provided is a short hotel stay and accompanying meals.

7. Maintenance should cease as soon as reasonably possible after the participant is employed, generally when the first paycheck is received. There may be occasions, due to extenuating circumstances, when maintenance may be justified after the receipt of the first paycheck. The counselor must provide a rationale justifying the need for additional maintenance and also detail the specific timelines for the continued provision of maintenance. Generally, the vocational need for additional maintenance should be re-evaluated with each succeeding paycheck received by the participant. Maintenance should not exceed beyond 90 days after the participant is employed.

8. Maintenance <u>should not exceed any</u> of the following:

   - That which is necessary for the participant to complete the assessment or IPE service. For example, while it may be necessary for a participant to have appropriate interview clothing, it is usually not necessary for the participant to have designer clothing to participate in interviews;
   - Usual and customary rates for standard services in the locality where maintenance is provided;
   - The amount that would be paid by an average individual who would be purchasing the service without VR assistance; and
   - Lodging rates paid to state employees. Actual costs needed to complete the assessment or IPE service may be less than this amount.

- Whenever possible lodging should be paid directly to the vendor.
- Any reimbursement of lodging expenses is limited to actual costs as evidenced by a receipt.
- The counselor and participant should work together to research rates.
- The exact costs and the vendor must have been pre-determined and agreed to by the counselor and participant prior to incurring the expense.
- If the lodging is for a hotel, then hotels with a state contract should be considered.
- Lodging for college or vocational training must comply with all policies found in Subsection 12.5.

- Meal allowances/ per diem will not exceed one half (1/2) of the GSA rate, but may be less if a more reasonable rate is available such as a more cost effective college meal plan. Receipts are not required for meal allowances, but must comply with the following:
  - If a college meal plan is provided it should be a basic (versus upgraded) plan (the participant may choose an upgraded plan if he/she pays the cost difference).
  - In circumstances where a meal allowance is provided for an extended period of time and the participant has the ability to prepare meals (e.g., an apartment/dorm with a kitchen -- stove top, oven, refrigerator, food and dish storage area), the meal allowance should not exceed the amount that a single individual who qualifies for food stamps would receive who is living in that geographic location.
  - Counselors should use good judgment when determining meal allowances for shorter periods of time. For example, if the individual has special dietary needs, limited eating options due to his or her disability, or if the only meal options are at restaurants within the hotel, then ½ of the GSA rate may be warranted. If the individual is attending a seminar where discounted meals (lower than ½ the GSA rate) are being offered as part of the seminar, then the discounted meal rate may be funded.

9. Maintenance must comply with all policies outlined in Section 18: Purchases and Payment of Goods and Services, Authorizations, Cash Pays and Authority Levels.

   Note: Maintenance services for food and shelter requires appropriate IPE level review and approval.

10. The agency generally requires documentation that the individual participated in the activities for which maintenance is provided.

**Services to Family Members**

The Division may provide services to members of a participant's family when necessary as part of the participant's rehabilitation program. Family member, for purposes of receiving vocational rehabilitation services, means an individual who is:

- A relative or guardian of an applicant or eligible individual; or
- Lives in the same household as an applicant or eligible individual; and has a substantial interest in the well-being of that individual; and
- Whose receipt of vocational rehabilitation services is necessary to enable the applicant or eligible individual to achieve an employment outcome.

See: 34 CFR 361.5 (c) (22) Applicable definitions- Family member, for purposes of receiving vocational rehabilitation services

Services provided to a family member(s) must be based on a determination that:

1. The eligible participant would be unable to begin or continue the IPE; and/or
2. The program would be jeopardized to the extent that employment would be delayed or could not be achieved; and/or
3. The needed services are not readily available and feasible through existing community agencies.

Examples of services to family members include but are not limited to:

1. Counseling with family members to help them understand the needs of the eligible participant;
2. Daycare services for children to enable an eligible participant to complete the IPE;
3. Foster family care to enable the family to remain a unit to permit an eligible participant to complete an IPE; for example, services to maintain all children within a family unit when an eligible participant must leave home temporarily for vocational training or other services; and
4. Interpreter or reader services when required to effectively communicate with a family member who is appropriately involved in the participant's case.

## Contents

Post-Employment Services ..... 1
Supported Employment Cases ..... 1
Deciding Between Post-Employment Services and a New Case ..... 2

## Post-Employment Services

Post-employment services may be provided after an individual has achieved an employment outcome case if needed for a participant to maintain, regain or advance in employment. The intent of post-employment services is to ensure the employment outcome remains consistent with the participant's strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. The definition of post-employment services may be found in 34 CFR 361.5 (c) (41) Applicable definitions: Post-employment services.

With an emphasis on assisting individuals to maintain employment, it is important that the availability of post-employment services is reinforced throughout the case, and that prior to closing a case with an employment outcome, the participant understands that post-employment services may be available to assist him or her to maintain employment. The counselor must review the availability of post-employment services with the participant, and as appropriate, encourage the participant to contact the counselor if his or her employment is in jeopardy and he/she needs assistance to maintain it.

After closure with an employment outcome, a case may be re-opened into post-employment services by completing a post-employment plan under the Post-Employment page in the electronic case file. **Post-employment plans are considered amendments to the IPE**. Therefore, are subject to the same policies and procedures, and requirements that all other IPE and IPE amendments are subject to.

Note: Post-Employment Plans are cumulative with previous plan costs and subject to appropriate IPE level review and approval. Refer to Section 18: Purchases and Payment of Goods and Services, Authorizations, Cash Pays and Authority Levels for review requirements.

### Supported Employment Cases:

If the case is a supported employment case and the individual has achieved an employment outcome, but the case has not yet closed, the post-employment services

(services provided while the individual is receiving extended services) may be provided by completing an IPE amendment.

Note: A Supported Employment Case may not transition to extended services if the individual is still receiving on-going support services from VR. However, if the individual has achieved an employment outcome, and on-going support services are being provided by an extended services provider, but additional services are required that the extended services provider cannot provide, VR may provide these as post-employment services. For example, if a natural support is providing the extended services but the individual requires a job coach to learn a new job duty, the VR case may provide a job coach as post-employment services.

Deciding Between Post-Employment Services and a New Case:

The advantage of post-employment services is that services can be provided without a new determination of eligibility. However, per federal regulations, post-employment services should be limited in scope and duration. 34 CFR 361.5 (c) (41) Applicable definitions: Post-employment services. If complex or comprehensive services or services requiring a long duration of time are required a new case should be considered.

Examples of when a post-employment plan may be appropriate, including but are not limited to:

- The participant is assigned a new job duty and needs a short-term job coach to learn how to perform the duty
- The participant's job is in jeopardy because of conflicts with supervisors and co-workers and the participant needs counseling to maintain employment
- The participant requires assistive technology to maintain or regain employment (such as when the participant's job is eliminated, and a new placement is required) or to advance in employment when the employment is no longer consistent with his or her primary employment factors.

**Contents**

I. The Supported Employment Process: ..... 1
Step 1. Determine the Need for Supported Employment ..... 2
Step 2. Complete the Individualized Plan for Employment (IPE) ..... 2
Step 3. Provision of IPE Services ..... 4
Step 4. Transition to Extended Services and Employed Status ..... 5
Step 5. Achievement of an Employment Outcome ..... 6
Step 6. Short-Term Basis Period ..... 7
Step 7. Case Closure ..... 7
Step 8. Post-Employment Services ..... 10
II. Use of Supported Employment Funds ..... 10
III. Definitions ..... 11
Supported Employment ..... 11
Supported Employment Services ..... 12
Ongoing Support Services ..... 13
Extended Services ..... 14
Competitive Integrated Employment ..... 14
Customized Employment ..... 15
Extended Employment ..... 16
Youth with a Disability ..... 16
Student with a Disability ..... 16
Pre-Employment Transition Services ..... 17
Transition Services ..... 18

## I. The Supported Employment Process:

The Supported Employment process provides individuals who, due to a most significant disability, have not historically achieved competitive integrated employment, or for whom competitive integrated employment has been interrupted or intermittent, an opportunity to pursue competitive integrated employment through the provision of intensive ongoing support services.

Supported Employment does not apply to individuals in need of short-term job coaching who do not require ongoing support services.

See definitions in subsection III below for a more complete definition of supported employment and supported employment services.

In collaboration with the participant, and applying principles of informed choice as described in Section 3, Supported Employment cases should adhere to the following process:

**Step 1. Determine the Need for Supported Employment:**

Complete assessments of eligibility and of vocational rehabilitation needs. Complete the "Determination of Supported Employment" template below. If all criteria in the template are met the case may be coded as Supported Employment. The template must be entered as a case note into the individual's case file.

---

Determination of Supported Employment

☐ This individual is eligible for VR services and has a most significant disability; and

☐ Competitive integrated employment has not occurred or has been interrupted or intermittent for this individual as a result of a (most) significant disability; and

☐ A comprehensive assessment of vocational rehabilitation needs (AVRN), including an evaluation of rehabilitation, career and job needs, identifies supported employment as the appropriate outcome for the individual; and

☐ This individual requires **intensive** **ongoing** support services to be successful in employment. The specific ongoing support services needed have been identified and will be included in the IPE; and

☐ This individual requires extended services in order to perform the work or maintain stability on the job. An extended service provider has been identified and will be included on the IPE, or the IPE will detail the basis for determining that extended services will become available.

---

See subsection III—definitions for the definitions of ongoing support services and extended services

**Step 2. Complete the Individualized Plan for Employment (IPE)**:

When completing the IPE ensure the following:

☐ The box indicating the case is a supported employment case is checked;

☐ The IPE follows all Policies in Section 10: Counseling and Guidance, Assessment of Vocational Rehabilitation Needs (AVRN) and Individualized Plan for Employment (IPE);

☐ The employment goal and services to obtain the goal are for competitive integrated employment for the maximum hours possible based on the unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice of the individual;

Note: In limited circumstances, an employment goal and services may be for integrated employment utilizing a short-term basis period while working toward competitive integrated employment; for the maximum number of hours possible based on the individual's primary employment factors, interests and informed choice (see "*Explanation of Short-Term Basis"* under the definition of supported employment in subsection III: definitions")

☐ The IPE identifies the specific ongoing support services to be provided:

☐ This must include an assessment of employment stability and the provision of specific services or the coordination of services at or away from the worksite that are needed to maintain stability (for example, follow along and job coaching) based on—

- At a minimum, twice-monthly monitoring at the worksite or
- Under specific circumstances, especially at the request of the individual, offsite monitoring that includes at least twice monthly meetings with the individual.

☐ This may consist of the following services (not all individuals will need all of these services. Choose the specific services that the particular individual requires):

☐ Particularized assessment supplementary to the comprehensive assessment of rehabilitation needs
*For example, an assessment of needs (such as assistive technology or accommodation needs) at a particular worksite to assess and develop the individual's ability to perform in the specific work environment.*

☐ Skilled job trainers who accompany the individual for intensive job skill training at the worksite

☐ Job development and training

☐ Social skills training

☐ Regular observation or supervision

☐ Follow-up services; including regular contact with the employer, the individual, 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

☐ Other services similar to the above services: List: _____

Note: S.E. funds must be utilized, until exhausted, for services, provided after job obtainment, that are needed to stabilize and maintain the individual on the job. Utilize client services (110) funds for services provided prior to job obtainment.

☐ The IPE provides for on-site work or job skills training (to the extent work/job skills training is provided);

☐ The IPE specifies the expected extended services needed and the provider of extended services:

- ☐ Regional Center
- ☐ Employment Network
- ☐ Mental Health Center or provider: List: _____
- ☐ Another program, agency or entity: List: _____
- ☐ Employer
- ☐ Other Natural Supports: List: _____
- ☐ VR (only for a youth with a disability, up to 4 years or until the individual turns age 25, whichever comes first)
- ☐ Cannot identify at the time of IPE, but the IPE indicates basis for determining they will become available prior to transition to extended services

☐ The IPE establishes a weekly work requirement (goal for number of hours an individual will work per week prior to transitioning to extended services) and provides for periodic monitoring to ensure the individual is making satisfactory progress toward meeting the weekly work requirement by the time of transition to extended services;

☐ The IPE identifies services provided in collaboration with other agencies and/or coordination of services under other programs (such as the regional center, schools, etc.), and ensures services are complimentary, not duplicative;

☐ The IPE includes Benefits Planning if the individual is an SSI/SSDI recipient who has not yet received benefits planning; and

☐ The IPE includes pre-employment transition services for students and/or transition services for students and/or other youth if they are needed and were not previously provided.

**Step 3. Provision of IPE Services**:

When providing services:

☐ VR funded services:

- ☐ Utilize client services (110) funds for any services that are provided prior to the individual beginning a job (including job placement fees).

- ☐ S.E. funds must be used first when providing services that are needed to support and maintain the participant on the job (including job coaching) once the individual has begun working. Client services (110) funds may be used once S.E. funds are

exhausted.

☐ Training to develop work or job skills is provided on site.

☐ Based on the needs of the individual, provide supported employment services for up to 24 months before transitioning to extended services.

Note: If additional time is needed, to support and maintain the individual in the position, before transitioning to extended services the participant and counselor may agree to extend this time (in six month intervals) if:

- The reason an extension is needed is documented; and
- The individual is making significant progress toward the weekly work goal and job stabilization; there is a plan of action to stabilize the individual in employment; and time frames are established to transition to extended services. The transition to extended services must occur in a reasonable amount of time.

This agreement and criteria must be documented by completing and signing the "Supported Employment Services Extension Form."

☐ Providers of extended services should be notified when the individual first becomes employed. At the time of employment, the provider should be given an estimated time frame when the case will move to extended services. 30-45 days prior to the actual transition to extended services confirm the time frame with the provider to ensure extended services will be available.

## Step 4. Transition to Extended Services and Employed Status:

When the individual has achieved job stability and VR is no longer providing ongoing support services the case may transition to extended services and move to employed status.

Employment supporting documentation is required at the beginning of employment and at or near case closure, as indicated in Section 19 Closures.

Note: Extended services must be provided by an entity other than VR, except in the case of a youth. VR generally may provide extended services to a youth if there are no other viable sources of extended services available. In these instances, follow the process outlined in: "To Provide Extended Services to a Youth" (see below).

When transitioning to extended services ensure:

☐ The individual received supported employment services to support and maintain the individual on the job. (Cases should not transition to extended services until after VR has provided supported employment services).

☐ The counselor and participant considered extending services beyond 24 months, and as appropriate, determined that no further supported employment services are necessary to support and maintain the individual before the transition to extended

services. (Or if services were needed beyond 24 months, they are no longer necessary to support and maintain the individual before transitioning to extended services. Applicable policies must be followed if extending services beyond 24 months).

☐ The source of extended services has been identified in order to ensure there is no interruption in services.

☐ Move the case to employed status when the individual transitions to extended services.

**To Provide Extended Services to a Youth**:

☐ Explore if other viable sources of extended services are available.
Whenever possible other public and private funds should be leveraged to increase resources for extended services and expand supported employment opportunities.

☐ Extended services may be provided up to 4 years or until the youth turns 25, whichever comes first.
Note: If the youth received, but no longer qualifies for VR funding for extended services (already received extended services from VR for 4 years or turned age 25), identify another source of extended services, if still needed, to ensure there will be no interruption of services.

☐ Transition to extended services funded by an entity other than VR if an appropriate source becomes available prior to the individual meeting the age or time restrictions.

## Step 5. Achievement of an Employment Outcome:

***Important**: "Achievement of an Employment Outcome" should not be confused with "Case Closure with an Employment Outcome." Case closure with an employment outcome must follow the requirements found under "Case Closure" (step 7).*

☐ The individual can be considered to have achieved an employment outcome when:

- ☐ The employment is:
  - ☐ Competitive integrated employment (or the individual is working on a short-term basis toward competitive integrated employment as described in "*Explanation of Short-Term Basis Period"* under the definition of supported employment in subsection III: definitions); **and**
  - ☐ Individualized and customized consistent with the strengths, abilities, interest and informed choice of the individual.

- ☐ The individual:
  - ☐ Completed supported employment services; and
  - ☐ Transitioned to extended services; and
  - ☐ Has maintained employment and achieved stability in the work setting for at least

90 days after transitioning to extended services (employed status).

**Step 6. Short-Term Basis Period** (if applicable):

This step will not apply to the majority of cases. If an individual is working on a short-term basis toward competitive integrated employment (as described in "*Explanation of Short-Term Basis Period"* under the definition of supported employment in subsection III: definitions):

- ☐ Ensure the placement is in an integrated setting
- ☐ Enter a case note documenting the rationale for determining the individual is expected to achieve competitive wages within the prescribed time period
- ☐ Check employment option for short-term basis in the case management system
- ☐ On a monthly basis, document the participant's progress toward competitive integrated employment. This generally includes entering a case note that summarizes reports or feedback from:
  - ☐The extended services provider **or**
  - ☐The employer and/or the employee or a representative/entity that is well acquainted with the employment situation, such as a regional services case manager.
- ☐ Document:
  - ☐ The achievement of competitive integrated employment within six months and move to step 7(A) (d) ("Individuals who worked on short-term basis period: closure with an employment outcome")

**OR**

  - ☐ If the individual did not achieve competitive integrated employment within six months:
    - ☐ If applicable, document:
      - ☐ A rationale why a longer period is necessary based on the needs of the individual; and
      - ☐ The individual has demonstrated progress toward competitive earnings based on information contained in the service record
    - ☐ Continue to follow the individual's progress for up to six more months (not to exceed 12 months total)

**OR**

  - ☐ If the above rationale cannot be provided, or the six month time period was extended, and the individual did not achieve competitive integrated employment within another six months move to step 7(B) (b)-Extended Employment

**Step 7. Case Closure:**

Follow the most applicable procedure from the choices below.

## A) Closures with an Employment Outcome:

Note: If the individual worked on a short-term basis toward a competitive integrated employment outcome (as described in "*Explanation of Short-Term Basis Period*" under the definition of supported employment in subsection III: definitions) follow the procedures outlined under "Individuals who worked on short-term basis period" under (A) (d) below.

**a. Adult**

Closure may occur at the same time the individual achieves an employment outcome if:

- ☐ The outcome is for competitive integrated employment; and
- ☐ The individual is no longer receiving services from VR; and
- ☐ The requirements for case closure outlined in Section 19 (Closures) have been met.

**b. Youth when <u>VR did not provide extended services</u>**

Closure may occur at the same time the individual achieves an employment outcome if:

- ☐ The outcome is for competitive integrated employment; and
- ☐ The youth is no longer receiving any services from VR; and
- ☐ The requirements for case closure outlined in Section 19 (Closures) have been met.

**c. Youth who <u>received extended services</u> from VR**

Closure may occur when:

- ☐ A competitive integrated employment outcome has been achieved; and
- ☐ The youth no longer receives extended services provided by VR because:
  - ☐ The individual turned 25 years old or received extended services funded by VR for 4 years. *Another source of extended services must be identified to ensure there is no interruption in services if extended services are still needed; or*
  - ☐ The individual transitioned to extended services funded by an entity other than VR prior to meeting the age or time restrictions;

  and
- ☐ The youth is no longer receiving any other vocational rehabilitation services from VR; and
- ☐ The requirements for case closure outlined in Section 19 (Closures) have been met.

**d. Individuals who worked on short-term basis period**

Closure <u>with an</u> employment outcome may occur when:

- ☐ The individual achieved competitive integrated employment *(at least minimum wage and comparable to what other employees doing the same type of work are earning)* within the six month short-term basis period or within the additional six month extension; and
- ☐ The individual is no longer receiving any services from VR; and

☐ The requirements for case closure outlined in Section 19 (Closures) have been met; and
☐ If the individual is a youth who received extended services provided by VR, the youth is no longer receiving extended services from VR because:
  ☐ The individual turned 25 years old or received extended services funded by VR for 4 years. *Another source of extended services must be identified to ensure there is no interruption in services if extended services are still needed; or*
  ☐ The individual transitioned to extended services funded by an entity other than VR prior to meeting the age or time restrictions.

## B) Closure without an Employment Outcome:

### a. Disability Too Significant to Benefit From Services

☐ Trial work experiences were provided and clear and convincing evidence was obtained

All policies on ineligibility determinations found in section 8: Eligibility must be followed.

### b. Extended Employment (subminimum wage)

☐ **If a youth,** policies on subminimum wage employment found in Section 14: Students and Youth with Disabilities must be followed

**And/OR**

☐ The individual worked on a short-term basis (as previously described) and **did not** achieve **competitive** integrated employment within the short-term basis period or extension period.

For any case closed in extended employment the agency must complete a review and re-evaluation as noted below:

Re-Evaluation Requirements for Cases Closed In Extended Employment

1. A review must be conducted to reevaluate the individual's interests, priorities, and needs in respect to competitive integrated employment or training for competitive integrated employment. This must be conducted semi-annually for the first two years after the participant's case closes, and annually thereafter.
2. The individual, or as appropriate, his or her representative, must have input into this review and sign the "Extended Employment Re-Evaluation Acknowledgement Form".
3. Maximum efforts must be made to assist the individual in engaging in competitive integrated employment.
   This includes identifying, and if the individual chooses to reapply for VR, providing:
   - Vocational rehabilitation services,
   - Reasonable accommodations, and

- Other necessary support services.

**c. Other Reasons**
Supported Employment cases, like other cases, may be closed "other" for a variety of reasons
☐ Follow the same procedures as followed for non-supported employment cases

**Step 8. Post-Employment Services** (if needed):

Post-employment services may be provided:
☐ After transition to extended services **if**
☐ The services are unavailable from an extended service provider; **and**
☐ The services are necessary in order for the individual to maintain or regain the job placement or advance in employment.

For example, if a natural support is providing the extended services but the individual requires a job coach to learn a new job duty, the VR case may be re-opened in post-employment status to provide the job coach.

☐ Services must comply with policies on post-employment services found in Section 12: Scope of Services

## II. Use of Supported Employment Funds:

Supported Employment (S.E.) funds:

- Must be used to provide supported employment services and on-going support services as follows:
  - The participant must have begun employment and the services are needed to support and maintain the participant in the job
    - The placement must be in an integrated setting based on the unique strengths, resources, interests, concerns, abilities and capabilities of the individual
    - Training to develop work or job skills, to the extent provided, must be provided on site

    Note: S.E. funds may not be used to pay the placement fee or for any other services provided prior to the individual beginning work.
  - Services must be included on the IPE

- Services may be provided for up to 24 months before transitioning to extended services

Note: Up to 24 months is not to be construed as meaning that services will be provided for exactly 24 months. The amount of time is dependent on individualized needs and may be shorter. If additional time (beyond 24 months) is needed to support and maintain the individual in the position before transitioning to extended services, the participant and counselor may agree to extend this time (in six month intervals) if:

- The reason an extension is needed is documented; and
- The individual is making significant progress toward the weekly work goal and job stabilization; there is a plan of action to stabilize the individual in employment; and time frames are established to transition to extended services. The transition to extended services must occur in a reasonable amount of time.

This agreement and criteria must be documented by completing and signing the "Supported Employment Services Extension" Form.

- May not be used to provide extended services except to a youth (receiving supported employment services) for up to 4 years or until the youth reaches age 25, whichever comes first;

Note: The intent if this policy is that VR may provide youth with extended services when other appropriate resources are not available to provide extended services. Whenever possible other public and private funds should be leveraged to increase resources for extended services and expand supported employment opportunities.

- Must be coordinated with other services established under other federal or state programs and be consistent with collaborative agreements with other agencies to ensure services are complimentary and not duplicative; and

- Fifty percent (50%) of Supported Employment funds must be reserved for the provision of supported employment and/or extended services for youth who are eligible for supported employment services.

## III. Definitions:

Supported Employment is competitive integrated employment (including customized employment, or employment in an integrated work setting in which an individual with a most significant disability, including a youth with a most significant disability, is working on a short-term basis* toward competitive integrated employment) that is individualized and customized, consistent with the unique strengths, abilities, interests, and informed choice of the individual, including with ongoing support services for individuals with the most significant disabilities--

- For whom competitive integrated employment has not historically occurred, or for whom competitive integrated employment has been interrupted or intermittent as a result of a (most) significant disability; and

- Who because of the nature and severity of their disabilities, need intensive supported employment services and extended services (after the transition from support provided by the VR agency) in order to perform this work.

Supported Employment does not apply to individuals in need of short-term job coaching who do not require ongoing supported employment services.

***Explanation of Short-Term Basis:** The short-term basis period noted in the definition of supported employment allows a supported employment outcome to be obtained when an individual is working in an integrated setting (but not earning competitive wages) on a short-term basis when it can be reasonably anticipated that the individual will achieve competitive integrated employment earning a competitive wage:*

*(A) Within six months of achieving a supported employment outcome; or*
*(B) In limited circumstances, within a period not to exceed 12 months from the achievement of the supported employment outcome, if a longer period is necessary based on the needs of the individual, and the individual has demonstrated progress toward competitive earnings based on information contained in the service record.*

*The short-term basis period begins after an individual has received up to 24 months of supported employment services (or longer if needed to support and maintain the participant in the position before transitioning to extended services and the counselor and participant complete and sign a supported employment services extension) and the individual is stable in the supported employment placement for a minimum of 90 days following the transition to extended services and thus has achieved a supported employment outcome.*

*The use of the short-term basis provision in Nevada VR will generally be rare. If it is used the counselor must ensure the placement is in an integrated setting and provide an adequate rationale for how it was determined the individual will achieve competitive wages within the prescribed time period.*

**Supported Employment Services** are ongoing support services (which may include customized employment) and other appropriate services needed to support and maintain an individual with a most significant disability, including a youth with a most significant disability, in supported employment that are—

- Organized and made available, singly or in combination, in such a way as to assist an eligible individual to achieve competitive integrated employment;

- Based on a determination of the needs of an eligible individual, as specified in an individualized plan for employment;

- Provided by VR for a period of time not to exceed 24 months, unless under special circumstances the participant and the rehabilitation counselor jointly agree to extend the time to achieve the employment outcome identified in the individualized plan for employment (The counselor and participant must complete and sign a "Supported Employment Services Extension" form. Each extension should not exceed six months and must document significant progress toward the weekly work goal and job stabilization prior to the completion of another extension. The extension must include an action plan to stabilize the individual in employment and time frames to move to extended services. The transition to extended services must occur within a reasonable amount of time.); and

- May be provided as post-employment services, after the transition to extended service that are necessary to maintain or regain the job placement or advance in employment but are unavailable through the extended services provider. For example, if a natural support is providing the extended services, but the individual requires a job coach to learn a new job duty, the VR case may be re-opened in post-employment status to provide the job coach.

**Ongoing Support Services** include services that—

- Are needed to support and maintain an individual with a most significant disability, including a youth with a most significant disability, in supported employment;

- Are identified based on a determination by VR of the individual's need as specified in an individualized plan for employment;

- Are furnished by VR from the time of job placement until transition to extended services, and thereafter by one or more extended services providers throughout the individual's term of employment in a particular job placement;

  Note: In certain situations, VR may provide additional on-going support (after the transition to extended services) as post-employment services if necessary for the individual to maintain, regain or advance in employment and an extended services provider is not able to provide the service (see example under the definition of supported employment services).

- 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—

  - At a minimum, twice-monthly monitoring at the worksite of each individual in supported employment; or

  - 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;

- 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 worksite;
  - 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; or
- Any service similar to the above services.

Note: Although all of the above are ongoing support services, supported employment funds may only be used for services to stabilize and maintain an individual on the job once an individual has begun employment**.** Client services (110) funds should be used for services provided prior to job placement.

**Extended Services** means ongoing support services and other appropriate services that are—

- Needed to support and maintain an individual with a most significant disability, including a youth with a most significant disability, in supported employment;

- Organized or made available, singly or in combination, in such a way as to assist an individual in maintaining supported employment;

- Based on the needs of an individual, as specified in an individualized plan for employment;

- Provided by another entity (other than VR except for a youth as noted below) such as a state agency, a private nonprofit organization, employer, or any other appropriate resource, after an individual has made the transition from support by VR; and

- May be provided to a youth with a most significant disability by VR for a period not to exceed 4 years, or when the youth reaches age 25, whichever comes first. VR may not provide extended services to an individual who is not a youth with a most significant disability.

**Competitive Integrated Employment** means work that—

- Is performed on a full-time or part-time basis (which may include self-employment) and for which an individual is compensated at a rate that–

    - Is not less than the Federal, State or local jurisdiction's minimum wage whichever is higher;

- Is not less than the customary rate paid by the employer for the same or similar work performed by other employees who are not individuals with disabilities and who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills;

- In the case of an individual who is self-employed, yields an income that is comparable to the income received by other individuals who are not individuals with disabilities and who are self-employed in similar occupations or on similar tasks and who have similar training, experience, and skills; and

- Is eligible for the level of benefits provided to other employees; and

- Is at a location—

  - Typically found in the community; and

  - Where the employee with a disability interacts for the purpose of performing the duties of the position with other employees within the particular work unit and the entire worksite; and, as appropriate to the work performed, other persons (such as customers and vendors), who are not individuals with disabilities (not including supervisory personnel or individuals who are providing services to such employee) to the same extent that employees who are not individuals with disabilities and who are in comparable positions interact with these persons; and

- Presents, as appropriate, opportunities for advancement that are similar to those for other employees who are not individuals with disabilities and who have similar positions.

**Customized Employment** means competitive integrated employment, for an individual with a significant disability, that is—

- Based on an individualized determination of the unique strengths, needs, and interests of the individual with a significant disability;

- Designed to meet the specific abilities of the individual with a significant disability and the business needs of the employer; and

- Carried out through flexible strategies, such as—
  - Job exploration by the individual;
  - Working with an employer to facilitate placement, including—

- Customizing a job description based on current employer needs or on previously unidentified and unmet employer needs;
- Developing a set of job duties, a work schedule and job arrangement, specifics of supervision (including performance evaluation and review), and determining a job location;
- Using a professional representative chosen by the individual, or if elected self-representation, to work with an employer to facilitate placement; and
- Providing services and supports at the job location.

See additional information on customized employment in Subsection 12.4 Customized Employment. While customized employment is not limited to supported employment cases, it can be a useful tool for individuals who receive supported employment services

**Extended Employment** (not to be confused with extended services) is work performed 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 Section 14(c).

Extended employment is not considered an employment outcome for VR purposes. Services provided by VR must be for the pursuit of competitive integrated employment. However, certain requirements must be met for youth entering into extended employment at subminimum wage. These procedures are found in Section 14 Students and Youth with Disabilities—Youth Entering Subminimum Wage Employment.

**Youth with a Disability is an individual with a disability** who is no younger than 14 years of age and who is not older than 24 years of age. A youth with a disability includes, but is not limited to, a student with a disability.

**Student with a Disability is an Individual with a Disability Who**

- Is in an educational program (including secondary education programs, non-traditional or alternative secondary education programs including home schooling; postsecondary education programs and other recognized educational programs such as those offered through the juvenile justice system); and
- Is 16 –21 (or 22 per NRS 388.5223) years old; and
- Is either:
  - Receiving transition services under the Individuals with Disabilities Education Act (IDEA); or
  - Is an individual with a disability for purposes of Section 504 of the Rehabilitation Act of 1973, as amended.

**Pre-Employment Transition Services:** are services that help students identify career interests, explore career options and provide them with opportunities to learn the skills that will prepare them for the transition to employment and/or post-secondary education. These services are provided to students with disabilities, in need of such services who are either eligible for VR services or potentially eligible for VR services (students with disabilities who have not applied for or been determined eligible for VR services) **and** include five activities:

- Instruction in self-advocacy. This may include, but is not limited to, instructions in:
  - person-centered planning (which may include peer mentoring from individuals with disabilities working in competitive integrated employment);
  - individual rights and responsibilities;
  - requesting accommodations, services and supports;
  - communicating thoughts, concerns and needs; and
  - participating in youth leadership activities.
- Workplace readiness training to develop social skills and independent living skills necessary for employment. This may include, but is not limited to:
  - communication and interpersonal skills;
  - financial literacy;
  - orientation and mobility skills;
  - job seeking skills;
  - benefits planning; and
  - development of soft skills needed in the workplace.
- Job exploration counseling. This may include, but is not limited to:
  - administration of vocational interest inventories; and
  - providing information on in-demand jobs and industries, non-traditional employment, career pathways and labor market composition.
- Counseling on opportunities for enrollment in comprehensive transition or postsecondary educational programs at institutions of higher education. This may include, but is not limited to:
  - providing information on enrollment, course offerings, curricula and career options;
  - completing the Free Application for Federal Student Aid (FAFSA); and
  - information on academic and occupational training needed to succeed in the workforce.
- Work-based learning experiences. These consist of in-school or after school opportunities, or experiences outside the traditional school setting that are provided in an integrated environment in the community to the maximum extent possible, and may include, but are not limited to:
  - Coordinating a school-based program of job training and informational interviews to research employers;
  - Work-site tours to learn about necessary job skills;
  - Job shadowing;

- Mentoring opportunities in the community;
- On-site work-based experiences (paid or unpaid), i.e., Internships, volunteering, practicums, apprenticeships and fellowships located in the community.

Pre-employment transition services may also include other authorized activities as described in 34 CFR 361.48(a) (3) at Scope of vocational rehabilitation services for individuals with disabilities (pre-employment transition services). The agency must be compliant with these regulations if pre-employment transition services funds are utilized for authorized activities.

Pre-Employment Transition Services as defined in the Workforce Innovation and Opportunity Act (WIOA) are exempt from financial participation, regardless of whether or not the individual is exempt based on financial needs.

**Transition Services**: is a coordinated set of activities for a student or youth with a disability that:

- Is designed within an outcome oriented process that promotes movement from school to post-school activities including postsecondary educational, vocational training, competitive integrated employment, supported employment, continuing and adult education, adult services, independent living or community participation;
- Is based upon the individual's needs taking into account the youth's preferences and interests;
- Includes instruction, community experiences, the development of employment and other post-school adult living objectives, and as appropriate, the acquisition of daily living skills and functional vocational evaluation;
- Promotes or facilitates the achievement of the employment outcome identified in the youth's individualized plan for employment; and
- Includes outreach to and engagement of the parents, or as appropriate, the representative of the youth.

Note: For further stipulations and processes for Pre- Employment Transition Services, refer to Section 14: Students and Youth with Disabilities.

**Contents**

I. Overview/Key Definitions: ..... 1
II. Funds set aside, per federal regulation, for pre-employment transition services ..... 3
III. Financial Responsibility for Pre-Employment Transition Services: ..... 3
IV. Students with Disabilities: ..... 4
1) Pre-Employment Transition Services ..... 4
2) Application and Eligibility: ..... 7
3) Assessment of Vocational Rehabilitation Needs (AVRN) & Individualized Plan for Employment (IPE): ..... 8
V. Youth with Disabilities: ..... 12
Youth Entering Subminimum Wage Employment ..... 12
Procedures for Youth Seeking Employment at Subminimum Wage ..... 13
Step 1: Application for VR Services and Intake ..... 13
Step 2: Obtain Documentation of Pre-Employment Transition or Transition Services ..... 13
Step 3: Complete career counseling and information and referral services ..... 16
Step 4: Determine Eligibility or Ineligibility for Services ..... 16
Step 5: If Determined Ineligible for VR Services ..... 17
Step 6: If Determined Eligible for VR Services ..... 17
Refusal of Services after an Eligibility Determination ..... 19
Step 7: Career Counseling and Information and Referral Services ..... 20
Step 8: Reevaluation Requirements for Cases Closed In Extended Employment . 20
Forms required ..... 20

## I. Overview/Key Definitions:

**A student with a disability is an individual with a Disability who**:

- Is in an educational program (including secondary education programs, non-traditional or alternative secondary education programs including home schooling; post-secondary education programs and other recognized educational programs such as those offered through the juvenile justice system); and
- Is 16 – 21 (or 22 per NRS 388.5223) years old; and
- Is either:

- Receiving transition services under the Individuals with Disabilities Education Act (IDEA); or
- Is an individual with a disability for purposes of Section 504 of the Rehabilitation Act of 1973, as amended.

**A youth with a disability is an individual with a disability who:** is no younger than 14 years of age and who is not older than 24 years of age. A youth with a disability includes, but is not limited to, a student with a disability.

**Pre-Employment Transition Services**: are services that help students identify career interests, explore career options and provide them with opportunities to learn the skills that will prepare them for the transition to employment and/or post-secondary education. These services are provided to students with disabilities, in need of such services who are either eligible for VR services or potentially eligible for VR services (students with disabilities who have not applied for or been determined eligible for VR services) **and,** based on the needs of the individual**,** include five activities:

- Instruction in self-advocacy. This may include, but is not limited to, instructions in:
  - person-centered planning (which may include peer mentoring from individuals with disabilities working in competitive integrated employment);
  - individual rights and responsibilities;
  - requesting accommodations, services and supports;
  - communicating thoughts, concerns and needs; and
  - participating in youth leadership activities.
- Workplace readiness training to develop social skills and independent living skills necessary for employment. This may include, but is not limited to:
  - communication and interpersonal skills;
  - financial literacy;
  - orientation and mobility skills;
  - job seeking skills;
  - benefits planning; and
  - development of soft skills needed in the workplace.
- Job exploration counseling. This may include, but is not limited to:
  - administration of vocational interest inventories; and
  - providing information on in-demand jobs and industries, non-traditional employment, career pathways and labor market composition.
- Counseling on opportunities for enrollment in comprehensive transition or postsecondary educational programs at institutions of higher education. This may include, but is not limited to:
  - providing information on enrollment, course offerings, curricula and career options;
  - completing the Free Application for Federal Student Aid (FAFSA);

  - information on academic and occupational training needed to succeed in the workforce;
  - participating in campus tours; and
  - providing information on Disability Resource Centers as well as participating in tours and meetings.
- Work-based learning experiences. These consist of in-school or after school opportunities, or experiences outside the traditional school setting that are provided in an integrated environment in the community to the maximum extent possible, and may include, but are not limited to:
  - Coordinating a school-based program of job training and informational interviews to research employers;
  - Work-site tours to learn about necessary job skills;
  - Job shadowing;
  - Mentoring opportunities in the community;
  - On-site work-based experiences (paid or unpaid), i.e., Internships, volunteering, practicums, apprenticeships and fellowships located in the community.

**II. Funds set aside, per federal regulation, for pre-employment transition services** may be used for:

- The five required activities noted above when provided to a student with a disability.
- Auxiliary Aids or services, such as interpreters, qualified readers and note takers needed as an accommodation in order for a student to participate in pre-employment transition services.
- Coordination of pre-employment transition service activities. This includes:
  - Working with the local workforce development boards, American Job Center/Job Connect and employers to develop work opportunities for students with disabilities;
  - Working with schools to coordinate and ensure the provision of pre-employment transition services;
  - Attending person-centered planning meetings, when invited, for students receiving SSI or SSDI for a disability; and
  - Attending individualized education program meetings for students with disabilities, when invited.
- At the agency's discretion, other authorized activities in compliance with 34 CFR 361.48 (a) (3) Scope of vocational rehabilitation services for individuals with disabilities: Pre-employment transition services: Authorized activities.

**III. Financial Responsibility for Pre-Employment Transition Services:**

Pre-Employment Transition Services as defined in the Workforce Innovation and

Opportunity Act (WIOA) are exempt from financial participation, regardless of whether or not the individual is exempt based on financial needs.

## IV. Students with Disabilities:

### 1) Pre-Employment Transition Services

Pre-employment transition services must be available to all students with disabilities, Statewide, who need these services.

### Outreach:

- Annually, Nevada VR will work with LEAs so they may identify students with disabilities and potentially eligible students that may benefit from the delivery of pre-employment transition services.
- Nevada VR will provide the necessary forms and templates for required documentation.
- When invited, Nevada VR will attend career fairs, planning meeting and parent's night. Schools will refer students with disabilities for purposes of 504 or at the time the individual begins IDEA services.
- Annually, Nevada VR will send written notice to principals and LEA directors and principals regarding the availability of pre-employment transition services for eligible and potentially students with disabilities and the process to request these services.
- Nevada VR will provide statewide or regional Transition Coordinators to work with LEAs to coordinate identify students and implement the pre-employment transition services.
- Provide accurate information to referral sources regarding vocational rehabilitation services.

### Pre-ETS Process:

VR funded Transition Coordinators, assigned to each region, statewide; work with Local Education Agencies (LEA's) to:

- Identify students with disabilities in need of pre-employment transition services,
- Ensure these services are available Statewide, to all students with disabilities in need of these services, and
- Coordinate provision of these services.

The transition coordinator also coordinates services to other potentially eligible students (students who have not yet applied for or been determined eligible for VR services) who self-refer or are referred by an identity outside of the school.

Pre-employment transition services may be provided individually or in a group setting. In order to determine which pre-employment transition services are needed for a student or group of students, the Transition Coordinator collaborates with the school and/or student or guardian of the student. Also as applicable and appropriate, provide services consistent with the student's IEP per recommendations from school staff or student or parental request.

The transition coordinator will then arrange provision of identified services:

- If a student with a disability referred for Work Based Learning Experience requires more individualized transition services, VR services or supportive services (e.g., travel expenses or job coaching services) under section 103(a) of the Rehabilitation Act and 34 CFR 361.48 (b) Scope of vocational rehabilitation services for individuals with disabilities: Services for individuals who have applied for or been determined eligible for vocational rehabilitation services he or she would need to apply for and be determined eligible for VR services, and have an approved IPE to receive those services funded with non-reserved title I funds.
- Group services per a teacher or staff referral will typically be provided in a classroom setting by a VR funded vendor/provider from an approved provider list. Students who self-refer may be invited to attend a scheduled classroom presentation.
- As appropriate, the transition coordinator may arrange for the services to be provided individually or in smaller group settings by directly providing the services, or coordinating these services with a paid vendor, VR counselor or other appropriate provider.

The vendor or provider of services will ensure documentation regarding each individual student's receipt of services is provided to VR. A record of these services will be entered into VR's case management system following the VR internal tracking procedures (found on SharePoint).

**Requirements to provide pre-employment transition services to potentially eligible students:**

To provide pre-employment transition services to students who are potentially eligible for VR services (students with documented disabilities who have not applied for or been determined eligible for VR services) there must be documentation that the student who receives these services:

1. Is currently enrolled or attending a recognized education program;

2. Is eligible to receive special education services under IDEA or is considered an

individual with a disability under Section 504 of the Rehabilitation Act; and

3. Meets the age requirement for a student with a disability established in Nevada, of ages 16-21 (or 22 per NRS 388.5223).

**Acceptable methods of documentation include one of the following:**

- A written request for class (group) training, completed by secondary education staff, if the class has one or more students who meet the above criteria (payment for the service will be in proportion to the number of students attending who meet the criteria to be considered a student with a disability); or
- A written request for individual training made by educational staff who has personal knowledge that the student meets the above criteria; or
- Other documentation that the individual meets the above criteria such as:
  - A counselor's case note documentation that he/she has reviewed school records or obtained statements from educational staff that verify the individual meets the above criteria, or that documents the counselor's personal knowledge that the individual meets the criteria; or
  - A referral form for pre-employment transition services with the identification of the student's disability, signed by school staff and the parent/guardian (if under age 18); or
- Copy of a student's IEP, SSA beneficiary award letter, school psychological assessment or other documentation of a diagnosis or disability determination or documentation related to 504 accommodations(s).

**Required Information when the services are provided:**

The following information is required for federal reporting requirements:

- A unique identifier or Social Security number (if available)
- Date of birth
- Race
- Ethnicity
- Documentation of a student's disability (see acceptable methods of documentation above)
- Pre-Employment Transition Services Start Date
- The Pre-Employment Transition Services provided
- The type of entity providing the service
- The amount expended for the service

At a minimum, VR must receive a permission form, which includes the student's name, date of birth, and appropriate signature (parent or guardian required if under age 18) and sign in sheet, which includes the student's signature, date of service(s), specific services provided and the provider of those services. In addition, if the student attends elementary or secondary education the above information must include the student's

race and ethnicity. The Pre- Employment Transition Participant Permission form is located on SharePoint.

**Pre-employment transition services for students with disabilities who have been determined eligible for VR services:**

Students who have been determined eligible for VR services may access pre-employment transition services through the same providers and methods as students who are potentially eligible for services. However, counselors will have the responsibility to work with the student to determine which pre-employment transition services are needed and coordinate receipt of additional services as needed.

At the time of the IPE, the counselor must identify which pre-employment transition services were provided prior to the IPE and ensure any remaining pre-employment transition services needed are included on the IPE and provided as part of IPE services. The counselor and student should work together to identify which services are needed.

The case file must contain appropriate backup documentation as evidence that all needed pre-employment transition services were received. For example: school records for services provided by the local educational agency, reports regarding work based learning experiences provided by vendors and case notes regarding job exploration counseling provided by the counselor. A record of these services will be entered into VR's case management system following the VR internal tracking procedures (found on SharePoint).

**Discontinuation of Pre-Employment Transition Services and Case Closure:**

Pre-employment transition services shall be discontinued once an individual:

1. No longer satisfies the definition of a "student with a disability", or
2. No longer needs or wants the service.

Pre-employment transition services shall not be provided to any student past age21 (except 22 per NRS 388.5223).

Closure for students with an open VR case receiving pre-employment transition services refer to Section 19: Closures of this Policy and Procedures Manual.

**2) Application and Eligibility:**

Applications for VR will be processed and intakes completed in a timely manner. Eligibility will be determined within the requirements set forth in Section 8 of this manual. For students/youth seeking to enter subminimum wage employment, the

eligibility policies set forth in the subsection below: "Youth Seeking Subminimum Wage Employment" should also be followed.

**3) Assessment of Vocational Rehabilitation Needs (AVRN) & Individualized Plan for Employment (IPE):**

Regulations:

- For students determined eligible for services, the IPE is developed as early as possible during the transition planning process and is signed before the student leaves the school setting. See 34 CFR 361.22 Coordination with education officials.

- IPE timelines as described in Section 10: Counseling and Guidance, Assessment of Vocational Rehabilitation Needs and Individualized Plan for Employment also apply to transition cases, thus the IPE must be developed within 90 days of eligibility or an exception must be agreed to.

- For a student with a disability receiving special education services, the IPE must be developed in consideration of the student's Individualized Education Program (IEP) and any inter-agency agreements between a local educational agency and Nevada VR. See 34 CFR 361.45 Development of the individualized plan for employment

Transition IPE Worksheet:
In order to determine compliance with these regulations, the optional "Transition IPE Worksheet" (see Appendix C) may be completed and entered into the case at the time of the IPE. The Transition IPE Worksheet should also identify the prior or planned completion of pre-employment transition services, as applicable, to the needs of the individual student. If the optional form is not utilized, the Counselor will adequately document this information in the AVRN/ IPE.

Vocational Counseling, Exploration and IPE Development:
The AVRN should explore, and as appropriate to the student's needs, incorporate into the IPE services that will enable the student to achieve competitive integrated employment such as: vocational and other post-secondary training, rehabilitation technology, supported employment services and disability adjustment services as well as pre-employment transition services.

The counselor's role includes incorporating concepts from person-centered planning and informed choice (such as helping a student discover his or her capabilities and discovering what is really important to that student in relation to his or her vocational choices) to provide students with disabilities vocational counseling, guidance and career

exploration services to assist the student in completing an adequate AVRN and to make informed choices.

The IPE must also incorporate all mandatory components outlined in Section 10: Counseling and Guidance, Assessment of Vocational Rehabilitation Needs and Individualized Plan for Employment under Individualized Plans for Employment.

Consistent with the spirit of the Workforce Innovation and Opportunity Act (WIOA) counseling and guidance should assist the student with career planning, incorporation of steppingstones and building blocks in career development, including as appropriate, integrating concepts from Career Pathways, to assist students in considering long-term objectives.

**Entry Level Jobs**
Youth often learn about the world of work and workplace expectations through participating in work. Many students' first jobs may be entry level. Work skills are often learned or practiced on the job thus work based learning experiences and/or entry-level jobs while working toward the IPE goal may play an important role in preparing the student for long-term employment success and should be considered as IPE services. VR can assist with short-term employment objectives while the individual works toward a long-term IPE goal as noted in Subsection 12.3: Scope of Services; Employment Development, Job Placement, Job Retention, Job Coaching and Service Coordination. However, counseling and guidance should not be limited to “first jobs”. There should also be a focus on assisting the student with "forward thinking" to help students consider future options; be exposed to potential opportunities; and set goals that will assist them with long-term career planning and development.

For example:

- If a student’s first job is as a ticket taker in a movie theatre, the student should be assisted in understanding the value of the position in learning customer service skills, and how the obtainment of customer services skills can be a stepping stone to future jobs or a career that requires these skills.
- If a student begins work as a Certified Nursing Assistant, the student can be assisted to consider how skills learned in this experience could be utilized if the student later decides to pursue a career as a nurse.
- If an individual prefers and/or his or her interests and/or abilities are most suited to entry-level type positions, he or she can be assisted in understanding the range of options available and to make career choices within these types of positions that best fit with his or her skills, interests, priorities and circumstances.

If a student makes an informed choice to only pursue or is only capable of “entry level work” vocational exploration into which “entry level” positions would be good job matches that maximize the individual’s potential, must be explored.

### IPE Goals Requiring Post-Secondary Education or Training

Students who choose to transition into post-secondary education or training leading to employment may be encouraged to explore occupations in science, technology, engineering, mathematics – including computer science (STEM fields).

There may be occasions when a student, the student's family or the counselor are uncertain as to the student's ability to complete the educational requirements or reach a particular vocational goal requiring post-secondary education. In these cases, rather than completing the initial IPE for the entire training, the initial IPE for a student with a disability may be completed for one term or semester to determine the feasibility of meeting the educational requirements or goal. Policies on trial semesters found in Subsection 12.5: Scope of Services; Post-Secondary Education and Other Vocational Training at Vocational Training Facilities must be followed including completion and signing of the "Trial Semester Agreement Form" prior to signing the IPE.

Note: This option is not to be construed as permission to complete college IPE's for only one semester or one year at a time after the initial trial semester.

### Projected Post School Employment Outcomes

While federal regulations require a description of the specific employment that is consistent with the individual's primary employment factors outcomes, a projected post school employment outcome is allowed for students with disabilities.

- The IPE with a projected post-school employment outcome should outline the services and activities that will guide the student's career exploration and facilitate exploration and identification of a vocational goal based upon his or her informed choice.
- The projected goal may be a specific goal, such as a registered nurse, or a broader goal, such as medical practitioner.
- The projected goal may be amended during the career development process, and **it must be revised to a specific vocational goal once this process is completed.**

The use of "All Other Service Workers" as a projected employment outcome:

While vocational counseling and guidance must be provided before IPE development, and a good faith effort should be made to identify a specific goal, or a projected goal within a particular field or area, prior to completing the initial IPE, selection of a goal that is a good job match is not always feasible within required time frames. In these instances, the projected goal of "All Other Service Workers" may only be used while the participant is engaged in work based learning experiences and/or other vocational activities to help identify the specific goal, or a

projected goal within a particular field or area. The goal **must be amended** to a specific goal (or projected goal within a particular field or area) as soon as possible and **before** implementation of certain IPE services such as on-the-job training, college tuition and **job placement services**.

Job Placement Services can only be authorized for IPE goals of "All Other Service Workers" under the following circumstances:

- For customized employment during the discovery process
- If a specific goal, in the service industry, has been selected, but the case management system does not list the goal. In these situations, "All Other Service Workers" may be used only if the specific goal is included in the "customized line.

Additional Exploration of Vocational Goal:

If within the time frame required to develop an IPE it cannot be determined if the student's choice of goal, or projected goal:

- Is consistent with the student's primary employment factors; or
- Has a high probability of leading to sustainable employment

the counselor and student may proceed with the projected goal **on the condition that:**

- Counseling is provided so the student understands that agreeing to the goal does not guarantee continued support of the goal; and
- The counselor and student agree to complete and sign the "IPE Addendum: Additional Exploration of My Vocational Goal" Form" prior to or in conjunction with signing the IPE.
  - The form should then be scanned into the file as part of the IPE.
  - The IPE, reason for selecting the vocational goal, should state "See IPE Addendum: Additional Exploration of My Vocational Goal Form"; and
- The IPE, as applicable, includes services needed to evaluate the appropriateness and feasibility of the goal; and
- The IPE only includes the training and supports (specific to the goal) needed to assess the feasibility of the goal (for example, a trial semester at college versus an entire 4-year degree). The IPE can be amended at a later date (contingent on policy; and appropriate IPE level review and approval) to include the entire training or support services; if it is determined the goal is feasible and likely to lead to sustainable employment for the individual.

Note: The IPE should still include services that will generally be needed (regardless of the vocational goal chosen) such as counseling and guidance and job placement services.

**Transition Services**: is a coordinated set of activities for a student or youth with a disability that:

- Is designed within an outcome oriented process that promotes movement from school to post-school activities including postsecondary educational, vocational training, competitive integrated employment, supported employment, continuing and adult education, adult services, independent living or community participation;
- Is based upon the individual's needs taking into account the youth's preferences and interests;
- Includes instruction, community experiences, the development of employment and other post-school adult living objectives and as appropriate the acquisition of daily living skills and functional vocational evaluation;
- Promotes or facilitates the achievement of the employment outcome identified in the youth's individualized plan for employment; and
- Includes outreach to and engagement of the parents, or as appropriate, the representative of the youth.

## V. Youth with Disabilities:

Youth with disabilities are individuals age 14 to 24.
Students with disabilities are included in the category of youth with disabilities.
However, not all youth with disabilities are also students with disabilities.

- Youth age 22-24 (except when 22 per NRS 388.5223) are not students with disabilities,
- Out of school youth age 14-21 are not included in the category of students with disabilities.

Youth with disabilities who are not students (including groups of youth) may be provided transition services similar to pre-employment transition services. However, funds reserved for "pre-employment transition services" for "students with disabilities" may only be utilized to provide these services to individuals who are students as previously defined.

### Youth Entering Subminimum Wage Employment

Subminimum wage employment is not competitive integrated employment and is not the goal of VR services. VR funds are not intended to be used to facilitate placements that are not integrated or for employment paid at subminimum wage. (See RSA –TAC-02-01: Assessments of Individuals with Significant Disabilities Under the State Vocational Rehabilitation Services Program) VR funds are intended to be used to provide individuals the opportunity to try

and to achieve competitive integrated employment. However, prior to entering subminimum wage employment, a youth must complete certain actions which VR must document. (See 34 CFR 397 Limitations on use of subminimum wage). The following process should be followed when a youth is seeking subminimum wage employment.

Note: Documentation provided to the participant should be in an accessible format.

Procedures for Youth Seeking Employment at Subminimum Wage

The following steps should be taken when a youth is known to be seeking employment at subminimum wage.

**Step 1: Application for VR Services and Intake**

Prior to receiving a "Certificate for a Youth Seeking Employment at Subminimum Wage" the youth must apply for VR services and documentation of required activities, as outlined in the following steps, must be obtained.
During the intake provide the youth and as applicable his or her guardian initial career counseling services and information regarding VR services including; the "Introduction to Vocational Rehabilitation Information Sheet" and discuss VR supports and services available to assist the individual in pursuing competitive integrated employment.

Refer to step 2 to determine if all documentation requirements for pre-employment transition services or transition services have been met; if not this must be completed.

Schedule a follow up appointment to take place within 30 days of the intake **to complete career counseling** and information and referral services. See instructions in Step 3 if an individual refuses these services.

**Step 2: Obtain Documentation of Pre-Employment Transition or Transition Services**

Step 2 may occur before, concurrently or shortly after step 1.
For youth who are also students receipt of pre-employment transition services **or** of transition services received under The Individuals with Disability Education Act (IDEA) must be documented prior to issuing a "Certificate for a Youth Seeking Employment at Subminimum Wage".

If a youth has not received either of these services VR may provide pre-employment transition services, if the youth still meets the criteria to be considered a student with a disability. The requirement to receive pre-employment transition services, or

transition services under IDEA, is waived for a youth who is no longer a student and thus no longer qualifies to receive these services.

Note: Students do not need to complete all pre-employment transition services or transition services, just those needed. In some instances, the student may only need one or two pre-employment transition services, such as job exploration counseling and instruction in self-advocacy. In other instances, the individual may need several or all of the pre-employment transition services.

If a student refuses these services, he or she must be informed this refusal will result in ineligibility for subminimum wage employment with an entity holding a special wage certificate under Section 14(c) of the Fair Labor Standards Act. The counselor must follow the procedures described below and provide documentation that the individual refused these services, but cannot issue a "Certificate for a Youth Seeking Employment at Subminimum Wage."

If receipt of transition services under IDEA is used to meet the above requirement, the educational agency is responsible to provide VR documentation consistent with 34 CFR 397.30 What are the responsibilities of a local educational agency to youth with disabilities who are known to be seeking subminimum wage employment? as outlined below. VR must then provide this documentation to the individual within the time frames noted below.

If VR provides the student pre-employment transition services or directly documents the refusal of these services, the "Receipt or Refusal of Pre-Employment Transition Services" (Youth Form 2) should be completed and signed by the individual, his or her guardian (as applicable) and the VR Counselor or Representative.

Documentation Requirements if Services Were Provided by an Educational Agency

The Educational Agency is required to provide VR documentation when the individual has received transition services under IDEA. This documentation must be provided in a way that complies with confidentiality requirements of the Family Education Rights and Privacy Act. An IEP may be sufficient evidence of transition services if it contains all of the required documentation. Documentation of completed services or activities must at a minimum include:

- The youth's name
- A description of the service or activity completed
- Name of the provider of the service or activity
- Date service or activity completed
- Signature of educational personnel documenting the completion of the service or activity

- Date of above signature
- Signature of educational personnel transmitting documentation to VR
- Date and method the documentation was transmitted to VR
- When the last documentation is provided, the educational agency must also provide VR a cover sheet that itemizes all the documentation provided to VR
- Both the educational agency and VR must retain a copy of all documents

The educational agency is required to provide this documentation as soon as possible upon completion of the required activities, but no later than 30 calendar days after the completion of the activity or 60 calendar days if additional time is necessary due to extenuating circumstances (such as a natural disaster).

Documentation of Refusal of Services from an Educational Agency:

If the educational agency is documenting the youth's refusal of services the documentation must contain:

- The youth's name
- Description of the refusal and reason for the refusal
- Signature of the youth or as applicable the youth's guardian
- Signature of the educational personnel documenting the youth's refusal
- Dates of above signatures
- Signature of educational personnel transmitting documentation to VR
- Date and method the documentation was transmitted to VR

This documentation should be provided from the educational agency to VR within 5 calendar days of the youth's refusal.

Timeframe for VR to Provide Documentation of Services to the Youth

If the youth completes pre-employment transition services or transitions services:

- Documentation must be provided as soon as possible upon completion, but no later than 45 calendar days after the completion of these activities or 90 calendar days in extenuating circumstances (such as natural disasters or an emergency resulting in an unanticipated and lengthy absence of staff responsible for transmitting this documentation).

If the youth refuses pre-employment transition services or transitions services:

- Documentation of the refusal must be provided within 10 calendar days of the youth's refusal.

**Step 3: Complete career counseling and information and referral services** to facilitate independent decision making and informed choice

**At a minimum this should include:**

- An exploration of the pros of competitive integrated employment for that individual including a discussion of the individual's interests and priorities and how these may align with competitive integrated employment.

- Informing the individual that VR services can be provided to eligible individuals in non-integrated or sheltered work settings if necessary for training or otherwise preparing for employment in an integrated setting (if this training cannot be provided in an integrated setting).

- A discussion regarding types of employment opportunities, labor market information, earnings, etc. including information and referral on benefits planning for SSI/SSDI recipients.

- Providing the "Information and Referral for Nevada Community Resources Sheet" to the individual and/or information and referral sources to federal, state and other resources in the geographical area that offers employment-related services and supports designed to assist the individual to explore, discover, experience and attain competitive integrated employment.

Refusal of Career Counseling and Information and Referral Services:

1. If a youth or his/her guardian refuses career counseling and information and referral services, he or she must be informed that per federal regulations this refusal will result in ineligibility for subminimum wage employment with an entity holding a special wage certificate under Section 14(c) of the Fair Labor Standards Act. Complete the "Youth Refusal of Career Counseling, Information and Referral Services" form and provide a copy to the individual. The counselor must not issue a "Certificate for a Youth Seeking Employment at Subminimum Wage."

**Step 4: Determine Eligibility or Ineligibility for Services**

Follow all requirements found in Section 8 (Eligibility Determination for VR) of the P & P manual.

If the individual chooses to pursue competitive integrated employment:

- Determine the individual eligible for services (if he or she meets eligibility criteria) and move to step 6.

**OR**

- In limited circumstances as described in Section 8 (Eligibility Determination for VR) complete a trial work experience plan. After completing the trial work experiences and services outlined in the trial work experience plan determine the individual eligible for services and move to step 6 or determine the individual ineligible for services and move to step 5. If determined ineligible the case will be closed "other" with the closure reason "Ineligible: Disability too severe"

<u>If the individual refuses services and has decided not to pursue competitive integrated employment:</u>

- Determine the individual ineligible for services. The case will be closed "other" with the reason being "Ineligible: Does not require VR services" as the individual does not require VR services because he or she does not intend to achieve an employment outcome. Ensure all documentation requirements have been met and move to step 5.

**Step 5: If Determined Ineligible for VR Services**

- Complete all sections (except for V) of the "Certificate for a Youth Seeking Employment at Subminimum Wage" including the reason for the ineligibility determination.
- Ensure the applicant and if applicable his or her guardian has signed and dated the certificate.
- Ensure the counselor who made the determination has signed and dated the certificate.
- Complete the "Cover Sheet for Documents Provided to a Youth Seeking Employment at Subminimum Wage". The cover sheet must include the name and signature of the staff member providing the certificate to the individual, as well as the date and method the material was provided.
- Documents must be provided to the individual:
  - Within 10 days of the determination, if the reason is due to the individual refusing services
  - Within 30 days of any other determination
- Ensure copies of all documentation are entered into the individual's electronic case management file.

**Step 6: If Determined Eligible for VR Services**

- Complete the Assessment of Vocational Rehabilitation Needs and Individualized Plan for Employment (IPE)

The IPE must:

- Contain the specific employment outcome consistent with a goal of competitive integrated employment, including as appropriate, supported or customized employment.

- Include appropriate accommodations, supports and services to assist the youth in achieving competitive integrated employment.

- Provide IPE services; including appropriate supports, for a reasonable amount of time to assist the individual to obtain competitive integrated employment; including supported employment or customized employment, as applicable.

    - A "reasonable amount of time" must be consistent with the disability related and vocational needs of the individual as well as the anticipated length of time required to complete the services identified in the IPE. If the vocational goal is supported employment, a reasonable period of time is up to 24 months but may be extended beyond 24 months in accordance with policies found in Section 13: Supported Employment.

- If, after being provided IPE services and appropriate supports for a reasonable amount of time, the individual has not been able to achieve an employment outcome and is considering pursuing subminimum wage employment with a 14(c) certificate holder:

    - Close the case "other" with the applicable closure reason which may include, <u>but is not limited to:</u>

        - "Extended Employment" if the individual entered or was working in extended/subminimum wage employment at the time of case closure. The agency must complete re-evaluations as described in step 8

        - "Transfer to another agency" if the case has been referred back to the regional center or another agency for assistance determining further action and the individual was not working in subminimum wage employment at the time of closure

        - "Ineligible" (following the policy previously outlined) if the participant refused further services due to planning to enter subminimum wage employment. If the individual entered or was working in extended/subminimum wage employment at the time of case closure the agency must complete re-evaluations as described in step 8

- "No longer interested in receiving services
- "All other Reasons" for other reasons not specified in the closure choices

- Complete all sections (except for IV) of the "Certificate for a Youth Seeking Employment at Subminimum Wage"
- Ensure the applicant and, if applicable, his or her guardian has signed and dated the certificate
- Ensure the counselor who made the determination has signed and dated the certificate
- Complete the "Cover Sheet for Documents Provided to a Youth Seeking Employment at Subminimum Wage." The cover sheet must include the name and signature of the staff member providing the certificate to the individual, as well as the date and method the material was provided to the individual
- Documents must be provided to the individual within 30 days of the closure determination
- Ensure copies of all documentation are entered into the individual's electronic case management file

**Refusal of Services after an Eligibility Determination:**
A "Certificate for a Youth Seeking Employment at Subminimum Wage" may be issued to a youth determined eligible for services who has not completed IPE services with appropriate supports for a reasonable amount of time when the youth:

- Refuses further IPE services
- No longer intends to achieve a competitive integrated, supported or customized employment outcome
- Seeks to enter subminimum wage employment with an entity holding a special wage certificates under Section 14(c) of the Fair Labor Standards Act

In these situations, the individual would no longer be eligible for services and the procedures in step 5 would be followed. The individual must be provided career counseling and guidance and referral services within 30 days; however, this generally will be provided at the time of the determination. Documentation of pre-employment transition services, or transition services, or refusal of these services must also be in the file.

**Step 7: Career Counseling and Information and Referral Services**

Ensure Career Counseling and Information and Referral Services is provided once every six months during the 1st year of the employment at subminimum wage and annually thereafter as described in **Section 4**: Referral of Participants, under "Referral of Individuals Participating in Subminimum Wage Employment"

**Step 8: Reevaluation Requirements for Cases Closed In Extended Employment**

1. A review must be conducted to reevaluate the individual's interests, priorities, and needs in respect to competitive integrated employment or training for competitive integrated employment. This must be conducted semi-annually for the first two years after the participant's case closes, and annually thereafter.

2. The individual, or as appropriate, his or her representative, must have input into this review and sign the "Extended Employment Re-Evaluation Acknowledgement Form".

3. Maximum efforts must be made to assist the individual in engaging in competitive integrated employment.
   This includes identifying, and if the individual chooses to reapply for VR, providing:
   - Vocational rehabilitation services,
   - Reasonable accommodations, and
   - Other necessary support services.

Note: This review does not apply to cases when the individual had not entered subminimum wage employment at the time of closure. For example:

- Cases closed with a closure reason of "ineligible" if the participant had not yet entered subminimum wage employment at the time of case closure. For example, a youth issued a certificate for subminimum wage employment due to refusing services but who had not entered subminimum wage employment at the time of VR case closure.
- Cases closed with a closure reason of "transferred to another agency. For example, a youth who received IPE services, but did not become employed in competitive integrated employment, and thus was issued a certificate for subminimum wage employment, but was referred back to the regional center for assistance determining further action, and had not entered subminimum wage employment at the time of case closure.

**Forms required:**

**A)** When issuing an initial Certificate for Youth Entering Employment at Subminimum Wage:

1. VR informational sheet for youth
    - This form or similar information must be provided to the youth and/or legal representative

2. Nevada Community Resources ( this or other referral resources must be provided to the youth)
    - This form or other referral information must be provided to the youth and/or legal representative

3. Receipt or Refusal of Pre-Employment Transition Services
    - Provided to the youth and/or legal representative if VR is directly documenting receipt of pre-employment transition services. Not required if the case contains adequate documentation of transition services provided by the local educational agency

4. Cover Sheet of Documents provided to the youth seeking employment at subminimum wage
    - Must be provided to the youth and/or legal representative

5. Certificate for Youth Entering Employment at Subminimum Wage
    - Must be provided to the participant and/or legal guardian

**B)** When a Certificate for Youth Entering Employment at Subminimum Wage **cannot be issued due to** the youth refusing Career Counseling Information and Referral Services

2. Youth Refusal of Career Counseling, Information and Referral Services

**C)** When a Certificate for Youth Entering Employment at Subminimum Wage **cannot be issued due to** the youth refusing pre-employment transition services

1. Receipt or Refusal of Pre-Employment Transition Services

**Contents**

I. Introduction and Definition of Self-Employment ..... 1
II. Exceptions to Certain Self-Employment Policies ..... 2
III. Role of Vocational Rehabilitation Division in Self-Employment ..... 4
IV. Participant Responsibilities and Assessments ..... 4
V. Develop the Business Idea and Explore its Feasibility ..... 6
VI. Credit Checks ..... 7
VII. Participant Training/Education ..... 7
VIII. Business Plan Development ..... 7
IX. Explore and Apply for Resources Available From Other Sources ..... 8
X. Agency/Outside Reviews of Self-Employment Plans ..... 8
XI. IPE or IPE Amendment Related to Self-Employment ..... 9
XII. Financial Participation Requirements ..... 10
XIII. Limitations and Restrictions ..... 12
XIV. Ownership of Goods: ..... 13
XV. Operation of the Business ..... 13
XVI. Payments from the Division ..... 13
XVII. Case Closure and Follow-Up ..... 13
XVIII. COUNSELOR'S CHECKLIST FOR SELF-EMPLOYMENT PLAN APPROVALS 14
XIX. BUSINESS PLAN CHECKLIST FOR SELF-EMPLOYMENT ..... 15

## I. Introduction and Definition of Self-Employment

The Division considers self-employment as a valid employment outcome option and one that can be considered by participants and counselors as they work toward the development of an appropriate vocational goal.

For the purposes of this policy, "self-employment" refers to an employment outcome in which an individual works for profit or fees in "their own" business, profession, or trade. The participant will manage and operate a business they own. Self-employment requires that the business is, at a minimum, 51% owned, controlled and managed by the Division's participant.

"Self-employment" is intended to lead to self-sufficiency and a "livable income" (it is anticipated net income of the business will meet the individual's basic needs). Self-employment and business ventures intended to supplement other income (such as SSI and SSDI) but not lead to self-sufficiency may receive up to $3,000.00 in VR funding towards the self-employment plan. The Division will not support hobbies as defined by Internal Revenue Service (IRS) rules. See: Small Business and Self-Employed Tax Center- Stages of Owning a Business- Starting a Business
Self-employment goals must be achievable within a reasonable amount of time as agreed to by both parties.

## II. Exceptions to Certain Self-Employment Policies

1. Independent Contractors who do not own their own business:

Independent Contractors who are not legally required to have a business license and who do not own their own business (for example, a cosmetologist who leases space from the business owner or a realtor who works under the broker's business license) will be exempt from the remaining self-employment policies in this section except:

- If expenses to VR are expected to exceed $2,000.00 the participant must provide the agency an executive plan which includes all information found in the "Executive Plan Checklist" (found in appendix C). The plan must be approved by the agency.
- All VR expenditures must adhere to policies found in other sections of this manual, including Section 17: Equipment and Tool Purchase/Inventory and Section 18: Purchases and Payment of Goods and Services, Authorizations, Cash Pays and Authority Levels.
- The policies regarding limitations and restrictions, ownership of goods, and payments from the Division (noted later in this section) still apply when VR funds business expenses for independent contractors who do not own their own business.
- The participant must abide by any other legal requirements including local, state, and federal laws. In instances where the IRS considers the individual self-employed, the participant must plan accordingly and follow IRS regulations.

2. Business Enterprise Program: Individuals entering the Business Enterprise Program will follow all requirements of the Business Enterprise of Nevada Program in lieu of the following policies except:

- VR expenditures may be utilized for the business licensing fees, sales tax permit, health inspection fees and workman's compensation insurance fees for the operator, but not to exceed $2,000.

- All other expenditures must adhere to procedures found in other sections of this manual, including Section 18: Purchases and Payment of Goods and Services, Authorizations, Cash Pays and Authority Levels.

3. Customized Self-Employment:

The majority of individuals needing and qualifying for customized employment may find a predictable job and wage preferable to individualized business ownership. However, during the discovery process, it may be determined that customized self-employment is an appropriate or even the best option for the individual. This may include, but is not limited to situations:

- When the individual's strengths, needs, and interests in relation to specific market opportunities found in the community match the individual's profile.
- When the individual possesses a marketable interest, talent and skill, but it is not reasonable to work for an employer.

Customized self-employment must be a recommendation that starts with the Discovery and Planning Process and the individual must be eligible for customized employment services.

Customized self-employment is subject to both customized employment policies and self-employment policies, expect that other individual's, such as the counselor, a paid provider, family members or other individuals provide, significant support, including on the job supports, and may take the lead in completing tasks the individual is not able to complete due to the nature of his or her disability. These tasks are determined based on individual needs and may include assisting the participant to identify appropriate opportunities, completing necessary research on behalf of the participant, identifying and securing needed resources, and completing the market feasibility study.

Customized self-employment includes the "customizing" of job duties, hours, the rate of pay, business management etc. For example, the individual may not have the business acuity to independently operate the business, but a family member may be able and willing to provide those services while the individual performs the job tasks related to the actual business. Thus, the participant may focus on creating a product or delivering a service and administrative work may be delegated to others.

While family members or others may be assisting the individuals, the business must still be at least 51% owned by the participant.

Individuals pursuing customized self-employment may complete assessments and training designed specifically to determine the individual's entrepreneur qualities or to assist with entrepreneurial opportunities within the context of the individual's

disability, in lieu of traditional assessments and self-employment training. (For example, the Spark Program, an on-line curriculum that teaches entrepreneurial skills to young adults up to age 40 who experience developmental disabilities or have unique learning profiles.)

In addition, customized self-employment plans should include built-in on the job supports, and long-term supports for individuals also receiving supported employment services.

3. Other Exceptions to Policy:

Any other requests for exceptions to VR policy on self-employment must be submitted to the Bureau Chief. The requesting participant must provide a thorough written explanation of the extenuating circumstances justifying the exception. In particular, requests for exceptions to VR funding contributions must include a detailed explanation and documentation verifying the individual's efforts to provide his or her share of the contribution. Exceptions will only be granted in rare instances after taking into consideration available resources the individual may be able to leverage such as financial assets, property ownership, personal equipment, ability to complete a Pass Plan, etc.

## III. Role of Vocational Rehabilitation Division in Self-Employment

The participant will take the primary role in developing and implementing a self-employment/business plan with VR taking a secondary and support role, which aids the participant in making informed choices by:

1. Providing relevant information;
2. Reducing or eliminating barriers created by the disability;
3. Providing training regarding small business management and self-employment;
4. Providing assistance in identifying resources;
5. Coordinating services; and
6. Providing support as deemed appropriate in the start-up of the business.

When Division resources are identified as one of the sources for meeting the business start-up costs, the specific guidelines that follow will determine the extent of this involvement. The Division's ability to provide direct financial support for the start-up of a business is limited and should not be considered the primary funding source. Division funds will not be used for the ongoing support of a business.

## IV. Participant Responsibilities and Assessments

The participant should take the primary role in developing and implementing a self-employment plan. Completion of activities such as research, education, identifying and securing resources, and ensuring a viable business plan is completed demonstrate important entrepreneurial skills. Participant responsibilities include, but are not limited to:

1. The information gathering and assessment process,
2. Planning,
3. Decision making,
4. Securing resources,
5. The development of skills and abilities necessary to operate a business,
6. Financial participation, and
7. Business implementation.

Additionally, as the file is considered for closure, the participant will have the responsibility of providing financial documentation to the agency that will demonstrate the success of the venture.

Assessment of Participant's Business Potential

1. Evaluation of the participant's interests, skills, aptitudes and personal qualities as they relate to self-employment. This may include formal vocational assessment to the degree necessary to ensure the individual has the basic skills necessary to operate and manage a small business. Formal assessment may be waived by the counselor if the participant's work and educational history support the pursuit of the proposed self-employment goal.
2. This assessment may include work assessments or work experience to assess the individual's stamina, endurance and ability to complete the physical, emotional and cognitive duties of the job as they relate to the proposed self-employment goal.
3. When available, individuals will attend training on entrepreneurship to affirm advantages and disadvantages of business ownership, preparedness from a personal perspective, and assessment of skills related to the business venture and Division guidelines for receiving technical and financial assistance for business development. On-line training may be available when it is not feasible to attend in person training.
4. Examine the participant's financial goals related to self-employment. Issues such as terminating government benefits, supplementing family income versus the primary source of family support and earning sufficient funds to maintain competitive employment standards should be considered.
5. Participant expectations relative to the financial support they are expecting from the Division should be discussed at the onset. It is important the participant understand that the Division is not in a position to capitalize a new business and any funding directed to the start-up of a business will be limited.

Assess Participant's Disability as it Relates to the Self-Employment Goal

Ensure the viability of self-employment as it relates to the participant's disability. This may require consultation with medical or psychological service providers that have been treating the participant. If clear information is not available reflecting the participant's ability to handle the physical, mental/emotional and cognitive aspects of the selected

goal, additional assessments such as a functional capacity evaluation, work assessments, an assessment of cognitive skills and abilities, mental status evaluations, as well as job site analysis may be provided. As applicable, assistive technology, supported employment or other services that may alleviate a disability related barrier to self-employment should be explored.

**V. Develop the Business Idea and Explore its Feasibility**

Participants will be referred to outside resources for assistance in examining their business ideas and feasibility. The information developed at this stage will provide much of the basic data that will be used in completing the "Business Plan".

The following are questions to be considered in a feasibility study:

1. What is the purpose of the business?
2. Is the idea practical and will it fill a need?
3. Who will make up your client-base?
4. How many customers are projected to use the product or services the first year? Second year?
5. Who is your competition?
6. What is your advantage over the existing business?
7. Can you deliver a better quality service or product?
8. Where will you locate the business?
9. What equipment or supplies will be needed?
10. What financing will be needed?
11. What are your resources?
12. How much money must you make during the first year, the second year?

The feasibility study should be completed from data that exists and does not imply a test market should be completed. The business idea must be formalized through a written Feasibility Assessment which is completed within a reasonable amount of time. The feasibility report must document the following:

1. Concept Feasibility: Clear description of the business idea; individual's background related to the business concept including education, training, direct experience and transferable skill sets; and a summary statement identifying issues of concern regarding the feasibility of the concept.
2. Market Feasibility: Geographic description of market area; description of competitors working in or marketing to potential customers in the geographic area; definition of target markets including size and scope of each market; zoning issues/requirements for establishing a business at the intended location.
3. Financial Feasibility: Capitalization requirements (start-up funding not to exceed 6 months) consistent with individual's business concept; identification of resources for start-up funding and ongoing capitalization.

## VI. Credit Checks

The participant will be required to submit to the rehabilitation counselor a copy of his/her credit report. If the report indicates a poor credit rating, the participant will be required to attend credit counseling.

## VII. Participant Training/Education

All participants will be expected to attend, and complete training and technical assistance services related to self-employment. This could include options such as a training class or seminar through the university/community college system, Small Business Development Centers, or Nevada Micro Enterprise Initiative and consist of subjects such as exploring entrepreneurship, small business development, business plan development, small business management, and business financing. Exceptions to the above requirement may be made with supervisory approval in limited circumstances such as:

1. The individual has previous successful business experience, and/or has developed a business plan and the counselor is comfortable with and can document the participant's skills in this area.
2. Courses cannot be scheduled in a timely fashion or at a location that is accessible to the individual and waiting would jeopardize the participant's ability to pursue the selected goal.

The above courses may be offered as part of the initial IPE, however the initial IPE must clearly indicate that an initial goal of self-employment and provision of these services provide for the exploration of self-employment and does not guarantee the approval of a self-employment plan or goal (See additional requirements under "IPE or IPE Amendment related to Self-Employment" in subsection XI below).

In addition to the above, participants may require business specific skill training to eliminate skill gaps or prepare for the operation of the business. This could include coursework such as accounting/bookkeeping, using computers in business, typing, human resources in business, etc. It is expected that these courses will be built into the IPE as necessary.

## VIII. Business Plan Development

The "Business Plan" is viewed as an essential element in any business venture and will be the document used by the agency to determine the feasibility of the business and whether or not to participate in its development.

1. A comprehensive business plan will be required for all cases in which the agency's cost of participation in the development of the business is expected to exceed $2,000. In those cases where the costs are projected to be below $2,000, a comprehensive business plan will not be required, but is recommended. Either way, the counselor will be expected to cover the various elements of the business plan with the participant and feel comfortable that the

participant has adequately addressed these elements in the Feasibility Assessment. The "Business Plan Checklist" and "Develop Business Idea and Explore its Feasibility" subsection above can be reviewed for guidance on the elements to be covered with the participant. This action should be documented in the case file.

2. The Business Plan Checklist should be used by participants in preparing the business plan and ensuring that all the critical areas are addressed.
3. In preparing the business plan, the counselor will refer the participant to community resources for technical assistance and guidance in development of the plan. It is expected that the business plan will be prepared by the participant, however, in certain instances where significant or unexpected difficulties are encountered in the writing and researching of this plan, services could be purchased from vendors to assist with the completion of this task.
4. The business plan must be developed within a reasonable amount of time, not to exceed one year.

## IX. Explore and Apply for Resources Available From Other Sources

The participant's investment into his/her business is an important reflection of his or her commitment to achieving success. Therefore, the participant will be expected to contribute as much as possible from their own resources. Additionally, it is expected that participants will explore and, where appropriate, apply for funding from other sources and utilize comparable benefits. These might include the micro loan programs, banks, the Abilities Fund, or programs with funds to assist certain populations such as women and minorities, and a PASS PLAN. Generally, there must be a justifiable reason why pass plan not used when feasible.

## X. Agency/Outside Reviews of Self-Employment Plans

All self-employment plans will be reviewed by the Self-Employment Panel. The make-up of this panel includes:

1. Chief of Program Services
2. District Manager of the corresponding District
3. Business Development Manager

The agency will retain the right to have the plan reviewed and obtain recommendations by an outside resource with expertise in small business development. The ultimate decision and approval will rest with the agency and will be dependent on a variety of factors including, but not limited to, total start-up costs, viability of the business plan, potential for other financial resources, the availability of funds and the impact the approval will have on agency programs and services to other participants.

For the purposes of this policy, only the actual costs of initiating the business/business expenses will be included in calculating the cost of the self-employment plan. Other services such as restoration, training etc. are considered separately.

Note: If additional expenditures or services are required on the self-employment plan, it needs to be resubmitted to both the Self-Employment Panel and Committee for approval at the appropriate IPE level following the procedure in Section 18: Purchases and Payments of Goods and Services, Authorizations, Cash Pays and Authority Levels**.**

**Process for Review by Self-employment Panel**

1. The counselor will submit a summary and feasibility statement to the Self-Employment Panel that includes a brief description of the proposed business venture, the projected cost to the agency, why it is expected to be successful, and the counselor's support for or reservations regarding the plan.
2. The counselor will submit a copy of the participant's "Business Plan" along with an unsigned IPE or IPE Amendment to the panel for review.
3. The required documentation must be thorough and submitted 10 days prior to the panel meeting to the Administrative Assistant IV.
4. The panel will convene and conduct its review the first Tuesday of the month. In the event that a required member of the panel is unavailable, the Deputy Administrator or Administrator may appoint a substitute representative to participate on the panel.
5. Should the agency decide to consult with or have individuals outside the agency review the proposal, a "Release of Information" signed by the participant will be submitted.
6. The Rehabilitation Counselor, and as appropriate, the participant and their representative will present the self-employment plan to the panel.
7. The panel will review the Business Plan for viability and probability of success, offer suggestions for improvement, if necessary, and make recommendations for approval or disapproval.
8. The review panel will either approve it or not, if not, the plan will need to be re-submitted for reconsideration at a subsequent meeting. A summary will be documented by the panel.
9. After the Self-Employment Panel review and approval, the counselor will submit the case for Committee approval at the appropriate IPE level following the procedure in Section 18: Purchases and Payments of Goods and Services, Authorizations, Cash Pays and Authority Levels**.**

## XI. IPE or IPE Amendment Related to Self-Employment

All self-employment plans will require an IPE or IPE amendment reflecting the specifics of the self-employment plan. The vocational goal may be listed from the electronic case file drop down menu as the occupation which the individual is pursuing, with a

customized goal added of "self-employment" (for example, a plumber running his/her own plumbing business, would list "plumber" as the goal and a customized goal of "self-employment"). Self-employment will be listed as one of the specific objectives within the IPE and include the business plan expenses. The IPE must also include obtainment of a business license. Other IPE needs (other than the self-employment/business plan expenses) such as restoration services, assistive technology, training etc. will be addressed as separate objectives within the IPE.

Assessing the feasibility of a "Self-employment Plan" may be completed in an initial IPE. It must include a clear explanation indicating the purpose of the IPE is to explore the feasibility of Self-Employment, and in no way obligates the agency to approve the self-employment plan or fund any self-employment expenses. The initial IPE may include classes and seminars with a focus on self-employment issues, feasibility assessment development, business plan development, and other exploratory or preparatory activities that would help evaluate the viability and ensure the success of the self-employment endeavor. In this case, an IPE amendment is drafted when the "Business Plan" is completed by the participant. The IPE or amendment includes the specific services to be provided and the level of agency financial participation in the self-employment effort. The IPE, amendment and Business Plan is then submitted for the necessary agency review and approval.

As applicable, IPE services related to self-employment should be "stacked" with the "next step" being dependent on the successful completion of a previous step.

## XII. Financial Participation Requirements

Participants will be required to make a contribution toward the self-employment venture in cash, materials, or other comparable contributions in an amount consistent with the guidelines set forth below. Personal resources, property critical to the business operation, loans from banks, and loans from micro-lender organizations, or funds derived from a PASS plan are all possible sources of the participant's contribution. Regardless of the type of contribution the participant plans to make, it must be verified by the counselor (for example, site visit of real property, physical inspection of tools or equipment, review of bank statements and/or loan documents, etc.).
VR may contribute toward approved expenses included on a self-employment plan according to the table below, with the remainder being the responsibility of the participant:

Note: this applies to the business/self-employment plan costs only; other disability related needs such as assistive technology, restoration services etc. may be considered as part of the IPE, but are not included as a self-employment/business cost and therefore are not subject to the following guidelines nor counted as either the participant's or VR's contribution toward a self-employment plan).

The following contribution levels supersede the financial participation policy in Section 7 of this manual. The maximum (or baseline) amount VR may contribute is shown in the schedule below, based on an individual having 0% financial participation:

| | | VR Baseline Contribution |
|---|---|---|
| Level 1 | The first $1.00 -- $2,000.00 of costs | Up to 100% |
| Level 2 | $2,001.00 -- $5,000.00<br>(after the first $2,000.00 has been expended) | Up to 90% |
| Level 3 | $5,001.00 -- $10,000.00<br>(after the first $5,000.00 has been expended) | Up to 75% |
| Level 4 | $10,001.00 -- $20,000.00<br>(after the first $10,000.00 has been expended) | Up to 50% |
| Level 5 | $20,001.00 and above<br>(after the first $20,000.00 has been expended) | Up to 25% |

To determine the amount that VR and the participant will each contribute toward approved expenses included in the self-employment plan, follow the steps below:

1. Determine the individual's % of financial participation according to the guidelines in Section 7 of this manual. The remaining % will be VR's contribution rate.
2. Use the threshold levels and percentages in the table above to calculate the baseline amount VR would pay if the participant had 0% financial participation.
3. Multiply the baseline amount by VR's contribution rate. This will be the total amount VR will pay.
4. The participant will pay the difference between the total self-employment plan costs and VR's contribution.

Example #1:

$14,000 Plan Cost  Individual's financial participation = 20%  VR's = 80%

| Level | VR baseline contribution, up to | VR baseline amount |
|---|---|---|
| 1 (the first $2,000) | 100% | $2,000 |
| 2 (the next $3,000) | 90% | 2,700 |
| 3 (the next $5,000) | 75% | 3,750 |
| 4 (the next $4,000) | 50% | 2,000 |
| | | Total = $11,450 |

$11,450 x 80% = $9,160 VR contribution
$14,000 – $9,160 = $4,840 Participant contribution

Example #2:

$5,500 Plan Cost  Individual's financial participation = 0%  VR's = 100%

| Level | VR baseline contribution, up to | VR baseline amount |
|---|---|---|
| 1 (the first $2,000) | 100% | $2,000 |
| 2 (the next $3,000) | 90% | 2,700 |
| 3 (the next $ 500) | 75% | 375 |
| | | Total = $5,075 |

$5,075 x 100% = $5,075.00 VR contribution
$5,500 – $5,075 = $ 425.00 Participant contribution

Note: In example #2, even though an individual may have 0% financial participation according to the guidelines set forth in Section 7 of this manual, the individual will still be required to contribute toward a self-employment plan that has a total cost of over $2,000.00.

## XIII. Limitations and Restrictions

Self-employment services do not include any of the following services:

1. Businesses deemed illegal by the Nevada Attorney General;
2. A business that is speculative in nature such as investments in speculative real estate or stock trading;
3. Refinancing or payment of existing debt (business or personal);
4. Utility deposits that are refundable to the participant or business;
5. Salary or benefits for any owner or employee of the business;
6. The acquisition of real property or construction on real property, per Education Department General Administrative Regulations (EDGAR) 34 CFR 76.533;
7. The Division will not approve a business that sells firearms or other "lethal weapons" and/or will not provide firearms or other "lethal weapons" for occupations that require a weapon;
8. The Division will not approve a business that sells alcohol or tobacco products, or that involves the obtaining, manufacturing, packaging, possessing, using, handling, distribution or selling of marijuana, including medical marijuana, or support any self-employment venture in the marijuana industry;
9. The Division will not support a business involved in prostitution or sex trafficking;
10. Payment of any goods or services purchased prior to the approval of the business plan, the signing of the IPE and a specific "authorization for purchase" being issued;
11. Providing services for an individual in more than one business;
12. Sole source of funding for stocking a retail business with inventory for sale;
13. Subsequent to the initial start-up costs, Division funds may not be used for any on-going (not to exceed six months) operating costs; and
14. The Division will not approve a business that is considered a "hobby" under Internal Revenue Service (IRS) guidelines. See: Small Business and Self-Employed Tax Center- Stages of Owning a Business- Starting a Business

**XIV. Ownership of Goods:**
Materials provided to an individual that were purchased solely with VR funds remains VR property until the case is closed with a successful employment outcome. An inventory of these goods should be part of the case record. Policies in Section 17: Equipment and Tool Purchase/Inventory must be followed, including but not limited to policies regarding completion of an Equipment Agreement and retrieval of property purchased solely with VR funds should the self-employment plan terminate.

**XV. Operation of the Business**:
After the self-employment plan is approved, pursuant to Nevada Revised Statute (NRS) Chapter 76, the participant shall not conduct business, prior to obtaining a state business license or an exemption therefrom. The counselor must verify and include a copy of the business license in the file. VR will not fund any equipment, tools, supplies etc. until after the business license is obtained. In addition, VR will not continue to provide other types of support to the business if the business license is not obtained as soon as reasonably possible.

The business will adhere to all other legal requirements.

The participant will provide the counselor a profit and loss statement and a cash flow statement for each month the business is in operation until case closure. The Division will not continue to provide services if the profit and loss or cash flow statements are not received. They will also be provided and at the end of second and fourth quarters after case closure to ensure VR can accurately report on the common performance indicators.

**XVI. Payments from the Division**
Payment by the Division will be made directly to an approved vendor providing goods or services to the business in accordance with the policies described in Section 18 of this manual. The Division will not advance cash to businesses and does not fund petty cash.

**XVII. Case Closure and Follow-Up**
Cases must be closed within a reasonable amount of time.
Cases closed as having achieved a successful employment outcome will meet the standards identified in Section 19 (Closures) of this manual. Income requirements and additional considerations for cases closed in self-employment are as follows:

1. The business shows reasonable signs of stability as reflected by the profit and loss statements and cash flow statements (statements must be scanned into the case file);
2. The revenues equal or exceed operating costs;

3. The income is comparable to the income received by other individuals who are not individuals with disabilities who are self-employed in similar occupations or on similar tasks and who have similar training, experience and skills;
4. The business must have been operating for a minimum of ninety (90) days, but in many cases, will require a longer period to adequately assess the success of the business (however, cases will not be left open indefinitely, particularly when the business is not making adequate progress toward achieving stability or the ability to operate independently of VR assistance);
5. As agreed in the IPE, services that were necessary to reach the employment goal have been provided; and
6. The participant has been informed of the closure and provided an opportunity to request the case remain open.

## XVIII. COUNSELOR'S CHECKLIST FOR SELF-EMPLOYMENT PLAN APPROVALS

____ Assessment of participant's business potential
- ____ Evaluation of interests, skills, aptitudes and personal qualities as they relate to self-employment
- ____ Work assessments or work experience, as applicable, to assess the individual's stamina, endurance and ability to complete the physical, emotional and cognitive duties of the job as they relate to the proposed self-employment goal.
- ____ Initiate training on entrepreneurship
- ____ Examine financial goals related to self-employment
- ____ Examine participant's expectations as they relate to financial support from the division. Discuss and clarify division policy.

____ Assessment of participant's disability as it relates to self-employment goal to ensure viability of self-employment including, as applicable, assessment of support such as assistive technology

____ Participant's development of business idea and exploration of its feasibility
- ____ Referral of participant to outside resources to examine business ideas and feasibility
- ____ Written feasibility assessment documenting:
  - ____ Concept feasibility
  - ____ Market feasibility
  - ____ Financial feasibility

____ Credit report
____ Completion of training/education related to self-employment
____ Comprehensive Business Plan (use business plan checklist to ensure all critical areas are addressed). If division cost is less than $2,000.00 various elements of

the business plan may be covered in feasibility statement rather than a formal business plan.

____ Explore and apply for comparable benefits and resources available from other sources (participant)

____ Explore and document financial participation requirement

____ Draft the IPE or IPE Amendment reflecting specifics of the self-employment plan and the level of financial participation (to be signed after approval).

IPE services:

- Must include obtainment of a Nevada Business License.
- As applicable, should be "stacked" with the next service being dependent on the successful completion of a previous step.

____ Submission for Self-Employment Panel review

____ Submission for Committee review and approval at the appropriate IPE level

## XIX. BUSINESS PLAN CHECKLIST FOR SELF-EMPLOYMENT

**Must be completed when business costs to VR exceed $2,000.00 and prior to submitting the plan to the Business Development Manager or the Review Panel**

Rehabilitation Counselor Responsibilities

____ Case Summary Feasibility Statement
The Rehabilitation Counselor details the participant's ability to pursue the proposed plan based on academic and personality assessments, customer service skills, and interests. These assessments will also verify the mental/emotional stability to perform the duties required.

Participant Responsibilities

Business plans must include, but are not limited to the following areas:

____ Summary: Statement of facts about the business and summarizing the most important points of the plan.

- Purpose of the plan
- Type of business
- Business objectives
- Ownership loan usage

____ Business Activities: Describes what the business does, its environment and how it will succeed.

- Product description
- Product identification
- Pricing

____ Industry/Business Analysis: An analysis of the current status of the industry in which your business resides. It provides a basis of comparison for your business.

- Definition (description of the economic sector that the industry occupies)
- Industry size and growth rate
- Key growth factors
- Analysis

____ Competition Analysis: The key to determine whether or not you can grab a share of the market and hold it. It is a review/comparison of the five nearest competitors.

- Image
- Location
- Layout
- Products
- Services
- Pricing
- Advertising

____ Marketing Plan: Contains the plan to get the message about the product/service to the customer.

- Product analysis
- Description of product attributes, why the customer will want to purchase it
- Customer profile
- Distribution
- Promotional scheme
- Advertising: Media type, frequency, intensity

____ Management: Includes a description of the management of the organization including position responsibilities and functions.

- Management functional organization chart
- Personnel

____ Financial Information: Need for capital and the ability to repay it

- Financial statements
- Personal financial sheets for all principles of the business
- Capitalization plan
- Statement specifying how loan funds will be utilized
- Profit/Loss Analysis Projections for one (1) year

____ Supporting Documents: Any documents that will strengthen the plan

- Survey results
- Letters of reference
- Contracts
- Leases
- Letters of intent

- Sales agreements
- Resumes
- Personnel policies
- Job descriptions
- Credit reports

| | |
|---|---|
| Rehabilitation Counselor Signature | Date |
| Rehabilitation Supervisor Signature | Date |

**Contents**

Overview of Comparable Services and Benefits ..... 1
Use of Comparable Services and Benefits ..... 1
Exemptions ..... 2
Social Security, SNAP and other government assistance as a comparable benefit: ..... 2
Coordination with Community Partners and Other Work Programs ..... 3
Higher Education ..... 3
Medical Services ..... 4
Exempt Services ..... 4
Exploration of comparable benefits for non-exempt medical services ..... 4
Documentation ..... 5

## Overview of Comparable Services and Benefits

Comparable services and benefits are services and benefits that are:

1. Provided or paid for, in whole or in part, by other Federal, State, or local public agencies, by health insurance, or by employee benefits;
2. Available to the individual at the time needed to ensure the progress of the individual toward achieving the employment outcome in the individual's IPE; and
3. Commensurate to the services the individual would otherwise receive from the Division.

Federal regulations require the use of comparable services and benefits in accordance with 34 CFR 361.53 Comparable Services and Benefits.

## Use of Comparable Services and Benefits

Prior to providing an accommodation, auxiliary aid or service for any vocational rehabilitation service to an eligible individual (except exempt services), the counselor will determine if comparable services and benefits are available unless such a determination would interrupt:

- The individual's progress toward achieving the employment outcome identified in the IPE;
- An immediate job placement; or
- The provision of rehabilitation services for individuals at extreme medical risk, based on medical evidence provided by an appropriate qualified medical professional.

If comparable services or benefits exist and are available to the individual at the time needed to ensure the progress of the individual toward achieving the employment

outcome in the individual's IPE, these comparable services or benefits must be used to meet, in whole or part, the costs of the vocational rehabilitation services.

If comparable services or benefits exist but are not available to the individual at the time needed to ensure the progress of the individual toward achieving the employment outcome in the individual's IPE, the agency will provide those services until those comparable services and benefits become available.

**Exemptions**

The following services are exempt from the comparable benefits requirement (see Services Subject to Financial Participation / Comparable Benefits found in Appendix C of this manual):

- Assessment for determining eligibility and vocational rehabilitation needs;
- Counseling and guidance, including information and support services to assist the participant in exercising informed choice;
- Referral and other services required to secure needed VR services from other agencies; or information and referral services for individuals who do not meet order of selection criteria, if applicable;
- Job related services such as job search and placement assistance, job retention services and follow along services;
- Rehabilitation technology – includes assistive devices including, but not limited to, hearing aids, low vision aids and wheelchairs; and
- Post-employment services consisting of the services listed above.

Note: Although these services are exempt from the comparable benefit requirement, federal regulations do not prohibit the use of comparable benefits if they are readily available. For example, if an individual has insurance that would contribute towards the cost of a hearing aid, the insurance benefit can be used, if it is more cost-effective to do so, but if the individual has no insurance, he or she would not be required to explore and apply for insurance to pay for the hearing aid. On the other hand, for services that are not exempt, federal regulations require the exploration of comparable benefits. For example, if an individual is attending college the exploration of a comparable benefit to fund this service must take place (such as a requirement to apply for the Pell grant).

**Social Security, SNAP and other government assistance as a comparable benefit:**

VR does not pay normal living expenses. However, there are occasions when as described in Subsection 12.8 VR may pay maintenance. Although individuals who receive SSI and SSDI or SNAP (food stamps) are exempt from financial participation, they are not exempt from the requirement to utilize comparable benefits. Social Security payments, SNAP and other government assistance are considered a comparable benefit when it comes to paying for maintenance services that include living expenses, and must be taken into consideration and appropriately utilized before VR pays living expenses. For example, as described in Subsection 12.5 if an individual is attending a

training institution that is not within commuting distance of his or her home for a reason that qualifies him or her to receive assistance with living expenses, a participant receiving SSI or SSDI will be expected to contribute 75% of their SSI/SSDI allowance to the cost of their living expenses before VR provides maintenance funding.

Note: This policy applies when maintenance is being provided for a month or longer. It does not apply when the maintenance being provided is a short hotel stay and accompanying meals.

## Coordination with Community Partners and Other Work Programs

If individuals are co-enrolled in other work programs services must be coordinated in order to ensure comparable benefits are appropriately used and services are not duplicated. For example, individuals involved in a work program through the welfare office may be receiving bus passes, interview clothing, childcare assistance or other services from welfare.

## Higher Education

The policies described in Subsection 12.5 of this manual (Post-Secondary Education and Other Vocational Training at Vocational Training Facilities) will apply to higher education.

In summary:
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 by the Division unless maximum efforts have been made to secure grant assistance in whole or in part from other sources to pay for the training. 34 CFR 361.48 (b) (6) Scope of vocational rehabilitation services for individuals with disabilities: vocational and other training.

Participants attending post-secondary education must complete the **Free Application for Federal Student Aid (FAFSA**) except as noted below or in Subsection 12.5.

As applicable and appropriate **WIOA Funded Partners** that provide assistance with certificate programs or other post-secondary education expenses should also be explored.

Note: The FAFSA application may be waived for participants who are not eligible to receive federal or state financial aid due to graduating from high school with a Nevada adjusted diploma (or equivalent from another state). Federal guidelines usually require a regular high school diploma or GED in order for an individual to be eligible for the Pell Grant, and Nevada public institutions use federal criteria for awarding **state funds** as well. If attendance at an out-of-state institution is being considered for a participant with an adjusted diploma, the financial aid office at that school should be contacted directly regarding their

criteria for awarding student aid. This must be done before the requirement to complete the FAFSA can be waived. Students with intellectual disabilities accepted for enrollment in a comprehensive transition and post-secondary (CTP) program may be eligible for a Federal grant and therefore must complete the FAFSA application.

Pell grants must be applied directly to the cost of tuition, books or supplies. The Division will only fund tuition, books and supplies in excess of the Pell grant award. The Pell grant award amount will be deducted from any amount of tuition, books or supplies the Division would otherwise fund. For example, if a participant chooses a more expensive out-of-state training program as described in Subsection 12.5 of this manual, VR would fund the in-state tuition amount, minus the amount of the Pell grant award. As noted above, student loans and merit-based awards and scholarships paid directly to the student are not considered comparable benefits.

Appropriate action must be taken, as described in Subsection 12.5, if a student is denied a Pell grant due to a defaulted student loan, grant repayment requirements, or a drug conviction.

**Exceptions for Higher Education:**
The following are not considered comparable benefits and should not be used in calculating the Division's participation in the cost of higher education:

- Student loans
- Merit-based awards and scholarships paid to the student

**Medical Services**
Every effort must be made to explore and utilize comparable benefits as required by federal regulation. If Medicaid or another comparable benefit will pay 100% of medical costs, it must be utilized.

Exempt Services:
Assistive technology, including hearing aids, wheelchairs, low vision aids, vehicle modifications and home modifications are not subject to the federal requirements to explore comparable benefits. Therefore, Division negotiated provider rates may be utilized when authorizing these services. However, if it is more cost-effective to utilize a comparable benefit, the comparable benefit may be used per the counselor and participant's discretion.

Note: Glasses are not low vision devices unless they are specialized low vision glasses (e.g. 4 or 5 x magnification).

Exploration of comparable benefits for non-exempt medical services:
During the exploration of comparable benefits, there may be situations when the counselor or technician discovers it is more cost-effective for the Division to fund an

entire service at a rate established by the Division than to utilize a comparable benefit. For example, when the cost of a co-payment, deductible or co-insurance exceeds the rate the Division has negotiated for provision of the entire service under a Division Approved contract.

If an individual has a comparable benefit that will only pay a portion of the service cost the authorization for services will be completed for either the applicable participant responsibility (co-pay, deductible or co-insurance) or for the entire cost using a Division negotiated fee schedule, whichever is most cost-effective for the Division.

Prior to completing the authorization, the rehabilitation technician will obtain and scan into the electronic case file a price quote from the provider regarding the amount the comparable benefit will pay and the remaining amount that would be the Division's portion (co-pay, deductible or co-insurance) if the comparable benefit is utilized. The technician will compare this to the amount the Division would pay for the entire service utilizing the Division's negotiated rate with the provider, and choose the most cost-effective means to pay for the service. The technician will document these actions and both costs in the case file. If a realistic estimate of the Division's cost utilizing a comparable benefit cannot be obtained, the counselor may proceed to complete an authorization utilizing the Division's negotiated fee schedule in order to avoid a delay in services. The reason for this action must be noted in the case file.

If insurance is utilized as a comparable benefit and VR is also paying (such as a co-pay) it will be noted on the authorization and the authorization will include the insurance contact number and the insurance ID number.

**Documentation**

The source of comparable benefits will be documented on the IPE using the "source of comparable benefits" menu found under the estimated service costs tab in the electronic case file. The estimated cost of services provided by a comparable benefit will be included on the IPE when a realistic estimate can be determined (e.g., Pell Grant amount). However, the estimated cost of services provided by a comparable benefit does not need to be included on the IPE when a realistic estimate cannot be obtained (e.g., the value of treatment received at a State Mental Health Center).

## Equipment and Tool Purchase / Inventory

Tools and equipment are provided solely to achieve the goals of the Individualized Plan for Employment (IPE) or in certain circumstances independent living (for example, services included in the Individualized Plan of Service (IPS) for older individuals who are blind). It may not be sold, pawned, disposed of or used for any purpose other than as intended in the participant's (IPE) or for independent living needs. The Division will not be responsible for replacing or upgrading equipment which has been used by other individuals or modified without authorization or knowledge of the counselor.

Participants should take measures to safeguard any equipment purchased. The Division will not replace equipment that is lost or reported as stolen, misused or is used by individuals other than the participant. Exceptions to this policy must be justifiable and approved by the District Manager.

Tools and equipment that are prescriptive in nature such as low vision devices and equipment such as computers, purchased as part of an assistive technology and/or independent living package are exempt from policy listed below. However, an equipment agreement acknowledging the need to safeguard the equipment and the Division's limitations on replacing equipment that has been improperly used, lost or stolen should still be signed for purchases over $500.00

Note: Glasses are not low vision devices unless they are specialized low vision glasses (e.g. 4 or 5 x magnification).

## Tools and Equipment for a Job or Vocational Training

Tools and equipment may be purchased by the Division when tools are needed for training or a job offer has been made to the participant that is contingent upon having tools and/or equipment, if the employer or training provider requires all employees/trainees hired or trained to do the same type of work to provide their own tools or equipment. VR does not purchase equipment or provide capital for businesses or employers except as provided for in an approved self-employment IPE. VR should not purchase tools and equipment that the employer or trainer routinely provides to other employees/trainees or does not require other employees/trainees doing the same type of work to purchase. However, VR may participate in the cost of assistive technology, including modified equipment, necessitated by the individual's disability. Counselors should use good judgment when distinguishing between "business equipment" and "assistive technology". Among other factors, the counselor and participant should take into consideration whether or not an employee that does not have a disability would need the equipment or modified equipment to do the job, if so, it is unlikely the equipment is necessitated by the disability and it may not be assistive technology.

Exception: In compliance Subsection 12.5; computers may be purchased for post-secondary education training even if the college does not require all students to own their own computer.

When tools and/or equipment are provided, the following must be documented:

1. A comparable benefit review to determine whether equipment and tools are provided by the employer or other appropriate entity; and
2. Consultation with the employer or trainer to determine what tools are necessary. The employer or trainer must ensure the list of necessary tools only includes items that all employees/trainees doing the same type of work/training are required to provide for themselves.

An Equipment Agreement will be completed by the counselor and participant prior to the issuance of equipment or tools and maintained in the case file for all equipment with an aggregate value of $500 or higher (e.g. – the aggregate cost of all supplies purchased for a barber or cosmetologist, the aggregate cost of all knives and other cooking equipment for a chef). A copy of the agreement will be provided to the participant.

If a participant no longer needs the equipment/tools because the participant is no longer attending training or working in the area for which the equipment/tools were purchased, the counselor may request, in writing, that the participant return the equipment/tools. Exceptions can be made for justifiable reasons.

No request for the return of the equipment should be made under the following conditions:

1. Recovery of the equipment will have a negative impact on the health of the participant or ability to maintain his/her independence
2. It has been determined unlikely that the item(s) can be used by current or future participants
3. Any technology equipment that is over two years old (e.g. – computers)
4. The value of the equipment has depreciated to less than $500
5. The participant has contributed towards the cost of the item(s)
6. It is infeasible or impractical for the agency to store the item(s) and there are no readily identifiable participants who can use the equipment

Upon recovery of equipment/tools, new equipment or equipment that can be returned for a refund should be. The accounting department will inventory all other items returned and notify counselors of their availability to determine if another participant can use the items. If no response is received, the tools/equipment will be stored, if practical, for a future participant's use.

The accounting department will maintain an inventory of recovered equipment/tools as follows:

1. Date of the original equipment purchase
2. Counselor who purchased equipment
3. Case Master ID of participant to whom the equipment/tools were issued
4. Date tools or equipment were recovered
5. Counselor who is releasing equipment/tools
6. Case Master ID of participant to whom the equipment/tools were re-issued
7. Date equipment/tools were re-issued
8. Current estimated value of equipment/tools

A copy of the RD-87 or other documentation that the re-issued items were received by a participant will be maintained in the participant's case file.

**Contents**

Purchases of Goods and Services ..... 1
SAM 1546-Circumventing ..... 2
Use of Contracted Vendors ..... 2
If Contracted Vendors Cannot Be Used ..... 3
1. To Purchase GOODS ..... 4
Purchase of Goods for $4,999.99 or Less ..... 4
Purchase of Goods Between $5,000 and $24,999.99 ..... 4
Post-Secondary and Other Vocational Training ..... 5
Out of Area Travel Expenses ..... 5
Purchase of Pre-paid Cards ..... 6
2. To Purchase SERVICES ..... 6
3. To Purchase Combined GOODS and SERVICES ..... 7
4. Drafting / Issuing Authorizations and Approval of Payments ..... 7
5. Direct Authorizations (Cash Pays) ..... 9
6. Spending Authority: Vendor Authorization Levels ..... 12
7. Review of IPE's Prior to IPE Signatures ..... 13

## Purchases of Goods and Services

All goods and services must be a part of the IPE and must be necessary to achieve an employment outcome specified in the IPE or the IPE amendment; or be services necessary to complete the assessment of eligibility or vocational rehabilitation needs.

Nevada has a preference for In-State Services. Maintenance, travel costs and per diem etc. will not be provided unless the needed service is not available within the commuting distance of the individual's residence.

VR must be wise stewards of public funds; therefore, goods and services should be provided in cost-effect manners that still meet the vocational needs of the individual. The individual may choose additional or more expensive services if he or she pays the additional expenses incurred.

Per Nevada Revised Statutes (NRS) Chapter 76 all vendors doing business in the State of Nevada, including out-of-state based businesses, are required to have a current Nevada State Business License or a notice of Exemption filed with the Nevada Secretary of State and must be registered with the Nevada State Controller's Office (NRS Chapter 227) Vendor Database.

All state agencies are subject to the requirements of the Nevada State Purchasing Act (NRS Chapter 333, State Administrative Manual (SAM) Chapters: 0300-Cooperative Agreements and Contracts and 1500-Purchasing). The purpose of this Act is to ensure all purchases are made for the State by securing the best value for goods and services. All purchases, when authorized, shall be subject to competitive considerations.

**PLEASE NOTE:**

**SAM 1546-Circumventing:** *Direct purchases shall not be made contrary to the requirements included in SAM, nor shall they be made in such a manner as to circumvent the intent of this chapter, nor shall related or similar items be purchased separately (by splitting purchases or by a series of smaller purchases) as a device to avoid these requirements.*

**NRS 333.810:** *Any purchase and any contract for the purchase of any supplies, materials or equipment, made or entered into by any State officer, department, institution, board, commission or agency contrary to the provisions of the Nevada Revised Statutes, the State Administrative Manual and the rules and regulations of the Purchasing Administrator shall be void. The agency head and the employee who actually made such purchase or entered into such contract shall be personally liable for the cost of any supplies, materials or equipment delivered pursuant to such purchase or contract. Any contract made with any person, firm or corporation shall be void if any member, officer or employee of any using agency taking part in the making of such contract is also an officer or employee or owner of a substantial part of interest in such firm or corporation.*

**Use of Contracted Vendors**

Vendors with a "Good of the State" contract (also known as a Master Service Agreement (MSA)) as established by the Nevada State Purchasing Division are mandatory unless specified as permissive. Mandatory contracts must first be utilized for the purchase of goods and/or services. **For Example:** Good of the State contracts may include vendors such as:

| Example Good / Service | Example Vendor(s) |
|---|---|
| Document Destruction, Shredding & Recycling Services<br><br>"State agency participation is **mandatory** for these contracts." | Green Planet 21<br>Opportunity Village ARC<br>Puliz Records Management |
| Temporary Employment Services<br><br>"Participation is **mandatory** for State Agencies with a need to hire a temporary position." | Marathon Staffing Group<br>Manpower<br>Appleone Employment Services |
| Tires, Tubes and Services.<br><br>"These contracts **can be** used by all State Agencies" | Bridgestone/Firestone North America Tire, LLC<br>Goodyear Tire & Rubber Company<br>Michelin North America, Inc. |

These are examples only and may not be reflective of approved vendors. A **CURRENT COMPLETE** list can be found at Purchasing Division- State Contracts.

If a Good of the State contract does not exist, or the Good of the State contracted vendors are unable to provide the needed good(s) and/or service(s), vendors contracted with DETR at the Department and/or Division level must then be utilized. **For example:**

| Example Good / Service | Example Vendor(s) |
|---|---|
| Assistive Technology Services | Board of Regents – UNR |
| Low Vision Services | Southern California College of Optometry |
| Vehicle Modifications | Ability Center |

These are examples only and may not be reflective of approved vendors.

**If Contracted Vendors Cannot Be Used**

If a Department/Division level contract does not exist, or the Department/Division contracted vendors are unable to provide the needed good(s) and/or service(s), the procurement of goods and the procurement of services follow two different processes.

## 1. To Purchase GOODS

A Good is defined as a tangible item that, once purchased, has an on-going life/existence. Examples of goods are wheelchairs, CCTV's, clothing for work, medical records and tools. A good is usually a product or material. Offsite training and some maintenance and transportation services may also be considered goods.

### Purchase of Goods for $4,999.99 or Less

Shop for the best price available by obtaining three (3) quotes for the goods you are seeking to purchase and document the reason for the choice of vendors in a case note in the electronic case file.

See note below and Subsection 12.5 "Post-Secondary Education and Other Vocational Training at Vocational Training Facilities" regarding procedures for the selection of training programs.

### Purchase of Goods Between $5,000 and $24,999.99

Prior to the purchase of goods costing between $5000 and $24,999.99, **a requisition (RXQ)** will need to be completed by VR Field Support Staff via the following process:

- The VR Counselor/Tech will provide three quotes and the participant information to the VR Field Support Staff. VR Field Support Staff will draft a state agency type of authorization at the appropriate time and will inform the counselor when to issue the authorization.

- The VR Field Support Staff creates the RXQ and obtains the proper signature approvals based on spending authority. The RXQ, along with the three quotes, is then sent to the designated contact person in DETR Financial Management.

- The designated contact person in DETR Financial Management forwards the information to State Purchasing. Once the RXQ is approved, State Purchasing will contact the vendor and provide a purchase order to initiate the purchase. After the purchase is complete State Purchasing will send a Purchase Order Receipt to DETR Financial Management requesting signature that the goods/services have been received. DETR Financial Management will request signature approval from the appropriate VR staff verifying that the goods/services have been received. DETR Financial Management then sends the signed Purchase Order Receipt back to State Purchasing to process and make payment. VR Field Support Staff will submit a copy of the RXQ, along with any additional documentation, for scanning into the electronic case file.

In some cases, the purchase of a service can lead to the purchase of a good over $5,000. If the purchase of the service and the good is from the same vendor, a contract will be required thus eliminating the requirement of the RXQ for that specific purchase. See #3 below: To Purchase Combined GOODS and SERVICES.

**Post-Secondary and Other Vocational Training**

Training such as tuition for college or a vocational training program is considered a good if it is provided at a site other than a VR Office.

a) Tuition and the RXQ (Requisition) Requirement:

   Direct purchase authority is allowed in cases where the school charges separately for individual sessions and each session is less than $5000.00. In this scenario, if the person attended two different sessions each costing less than $5000.00, then each session is a different authorization and there is no need for an RXQ.

   If a session costs $5,000.00 or more, the RXQ process must be followed. Every session that is $5,000.00 or more requires a separate RXQ. A session is whatever time frame the school has established (for example, it might be a semester, or it could be 10 weeks, or it could be for the entire program).

   The bill will be paid in one lump sum; therefore, the counselor must be aware of refund policies and request a refund should a student drop out before completing the session.

b) Training must follow all funding policies outlined in Subsection 12.5 Post-Secondary Education and Other Vocational Training at Vocational Training Facilities. This includes, but is not limited to, requirements found in Subsection II (C) (1), (2), and (3) Funding for Post-Secondary Training, Subsection III (B) Procedures for Selecting Vocational Training Programs and Subsection III (C) Policies and Funding Requirements for Vocational Training.

**Out of Area Travel Expenses**

Whenever possible lodging and transportation (flights, train etc.) should be paid to the vendor directly. Cash payments for travel expenses should follow all applicable maintenance and cash pay policies including the requirement that the specific vendor and costs should be agreed upon before the travel takes place. VR will not authorize

refundable deposits (such as deposits on rental cars). All policies in the "Maintenance" portion of Section 12 must be followed. In addition:

- The counselor or technician should collaborate with the participant in choosing and making flight reservations (jointly look up information on flights and compare costs etc.).

- They should also collaborate when making hotel reservations or lodging arrangements. Hotels with state contracts should be considered. The hotel (or other lodging arrangements) should become a vendor whenever possible.

- Reimbursement for meals do not require a receipt but must never exceed one-half of the GSA rate and in some circumstances may be lower, (see "Maintenance" portion of Section 12: Scope of Services).

**Purchase of Pre-paid Cards**

The purchase of pre-paid credit cards, gift cards or other store credit cards is strictly prohibited without prior approval of the Bureau Chief and only in exceptional circumstances with sufficient justification.

**2. To Purchase SERVICES**

A Service is defined as a helpful, intangible action or activity, used at the time of purchase. Examples of services include but are not limited to medical treatment, dental treatment, counseling, assessments, evaluations, employment supports, labor and interpretation.

Providers or Vendors providing services to participants must have a Division approved, fully executed, contract in place prior to requesting and/or authorizing services.

The contract is a State of Nevada, Board of Examiners-approved contract between the Rehabilitation Division and a vendor to provide services and complies with the State of Nevada's purchasing and contract laws and regulations. An RXQ is not required for the purchase of a service regardless of the cost when there is a contract in place.
(Note: Contracts are not required for the purchase of goods.)

All vendors must be awarded an approved contract before they will be able to be paid for services performed. All requests to have a vendor, placed into contract must be forwarded to the Division Contract Manager for processing. The fee paid

to a vendor for a service will be in accordance with the fee schedule in that vendor's contract.

### 3. To Purchase Combined GOODS and SERVICES

If the good and the service are not being purchased from the same vendor, then the procedure for purchasing a good must be followed and the procedure for purchasing a service must be followed (see #1 and #2 above).

The procedure to follow when purchasing combined goods and services from the same vendor will depend on whether the combined goods and services are driven by the good or the service.

A. A service is driven by the good only when the service is part of receiving the good. Examples: The purchase of an ergonomic chair may include the delivery, or the purchase of automobile tires may include installation. In these examples the service price (delivery/installation) does not stand alone thus the procedure for purchasing goods will be followed.

B. A good is driven by the service only when the service results in the good – such as a visit to an audiologist that results in a hearing aid purchase or a visit to an optometrist that results in the purchase of eyeglasses. When the good is driven by the service, the procedures for purchasing a service will be followed and a contract will be required.

   Since the vendor providing the service must have an approved contract, a RXQ is not required for the purchase of the good when it costs $5,000 or more. NOTE: this only applies when both the service and good are purchased from the same vendor.

### 4. Drafting / Issuing Authorizations and Approval of Payments

When drafting an authorization for services, Rehabilitation Technicians must verify they are entering the correct cost for the service according to the agreed upon fee schedule in the vendor's contract. Contracts can be found on SharePoint. Rehabilitation Technicians and Counselors must be familiar with how to access and utilize the current fee schedules in order to ensure the Division is working within the terms of its contracts.

A detailed description of the steps required to issue an authorization and approve a payment is available in the agency's electronic case management User Manual.

- The Rehabilitation Counselor will issue a written authorization for the purchase of the good or the service prior to the purchase of the good or service. The authorization should clearly document what is to be provided.

- The Rehabilitation Counselor may provide a verbal authorization in exceptional situations. The authorization must be confirmed in writing and forwarded to the vendor within one working day of issuing the verbal authorization. The rationale for the verbal authorization will be documented in a case note in the electronic case file.

- Prior to approving the invoice for payment, the Rehabilitation Counselor:

    - Services: must confirm receipt of and satisfaction that the service was provided as intended and ensure that applicable provider reports are in the participant's file (such as reports from physicians or job developers, work assessment reports, affidavits from contractors or mechanics).

        - For off-site training (for example, college or vocational training), a report from the school (grade report, certificate of completion, etc.) must be in the participant's file in lieu of an RD-87. Off-site training payment is usually due prior to completion of the training; therefore, an exception is allowable to approve the invoice for payment before receiving the report from the school. The counselor is to contact the participant to ensure they started training, making satisfactory progress, and there is no reason to not approve the payment. This needs to be documented in a case note. Staff are required to follow up to obtain the report once training completed.

      Note: Interpreters don't require an RD-87 or report, but the authorization must indicate date, time, and purpose of services. A case note must document if something changes the authorization (date change, more or less time was needed etc.)

      Note: Provider reports are required for services that are funded in whole or part by VR. If VR funds support services needed for an individual to participate in service that is funded by a comparable benefit (such as travel expenses for an individual to receive restoration services) a report or documentation of attendance may also be required.

    - Goods: must confirm receipt of and satisfaction that the good was provided as intended; and ensure that a signed RD-87 and when applicable a copy of the signed receipt has been placed in the participant's file.

- If the good is purchased directly by the participant using an authorization, payment may be processed when the signed receipt is received either from the vendor or the participant. All items listed on the receipt should be reviewed to ensure that the purchases are appropriate and in keeping with the authorization and the IPE. Before approving payment of the vendor's invoice, the invoice should be compared with the receipt for any discrepancies. The participant must submit the signed receipt and RD 87 for the purchase to the rehabilitation counselor (or technician) within 10 days of the purchase. Electronic submission is acceptable.

- If the good is purchased directly by the agency using an authorization, payment may be processed utilizing the receiver (e.g., packing slip or other signed document verifying receipt of items). A signed RD 87 is required at the time of acceptance by the participant.

  *Note: Follow internal process on SharePoint for storage and distribution of participant goods purchased directly by the agency.*

Approval of an invoice payment is acknowledgement that verification has been made regarding receipt of and satisfaction that the good or service was provided as intended and authorized.

**5. Direct Authorizations (Cash Pays)**

Direct Authorizations or cash pays are authorizations which allow funds to be reimbursed or advanced directly to a participant for a one-time purchase of an IPE related item. Direct Authorizations are permitted in rare occurrences due to a unique situation, which may involve the required payment at the time of purchase where a Purchase Order will not be accepted by the vendor. The counselor is responsible for ensuring all requirements, including those on the Cash Pay checklist, are met. Direct Authorizations cannot be used to circumvent the process and procedures outlined in this section.

Direct Authorizations may be used only when the purchase utilizes a vendor who has not been approved by the State of Nevada or a vendor who cannot submit the required paperwork to become an approved vendor.

Cash payments to reimburse or advance payment for out of area travel expenses must follow the policies outlined above (subsection 1) in "Out of Area Travel Expenses".

**When the request for a direct authorization/cash pay is to reimburse a participant** for an approved purchase, the counselor and participant must have previously agreed on the vendor, the exact product(s) to be purchased and purchase price. A receipt, signed by the participant, that documents the amount, date, place and essential characters of the expense (such as what was paid for, when it was paid, how much was paid and who paid for it) is required at the time the cash pay is requested and the receipt must reflect the exact amount of the direct authorization request (RD-09). Receipts must also meet any other requirements set forth by fiscal management. See exception below for meal allowances.

In situations **where the purchase was made by a bank card or credit card**, a copy of the bank or credit card statement must be submitted even if there is a receipt. Reimbursement will be made directly to the participant and the individual who incurred the cost as documented by the statement. For example, if a parent or spouse's credit card was used to make the purchase for which reimbursement is being requested, the payment (check) will be made out to the participant and that parent or spouse. Information on the statement that is unnecessary for the cash pay reimbursement process (non-relevant transactions and other confidential information, etc.) should be redacted before being submitted. The last four digits of the account # must appear on the statement.

Note: VR will not reimburse for any goods or services over $4,999.99. Purchase for services over this amount must be from vendors with an active contract and purchases for goods over this amount must follow the RXQ process.

**When the request is to advance funds** the payee must always be the vendor. Advanced funds are not to be issued directly to the participant or in the form of a two-party check. Any advances directly to the participant requires District Manager approval. The participant is required to provide a signed receipt to the Counselor within10 working days of the transaction and must sign an RD-87. Electronic submission is acceptable. The receipt and the RD-87 will be submitted for scanning and payment into the electronic case file. Failure to submit receipts may result in suspension of further services as outlined in Section 28: Inappropriate or Improper Use of VR Funds or if Fraud Occurs.

**Exception for Meal Allowances**. Meal Allowances do not require receipts, however, must comply with all policies outlined in Subsection 12.8: Scope of VR Services; Maintenance and Services to Family Members. Meal allowances may not exceed one half (1/2) of the GSA rate and in many circumstances may be less as noted in Section 12.

## CASH PAY CHECKLIST

*Counselor is responsible for ensuring all requirements met per checklist:*
Justification:
☐ Case note summary titled *Justification for Direct Pay (Authorization # _____);*
☐ Justification as to why we are not using a vendor authorization and/or what attempts have been made to secure a vendor for this purpose;
☐ Type of documentation we have to support the reimbursement;
☐ The item(s) we are reimbursing;
☐ The total amount of the reimbursement, itemized if necessary;
☐ The IPE planned service it falls under; and
☐ Financial Participation Assessment Form completed and in case record.

Process:
☐ Goes through the Chain of Command up through the **Rehabilitation Supervisor** to ensure minimal requirements met;
☐ Next, it goes through Accounting to ensure financial documents are in order; and
☐ Then it comes to District Manager for final approval.

The Division established spending authorities for direct authorizations for each position are as follows:

**DIRECT AUTHORIZATION LIMITS BY JOB TITLE**

| Rehabilitation Job Title | Direct Authorization Issue Limit | Payment Approval Limit |
|---|---|---|
| Administrator | 5,000 and above | $5,000 and above |
| Deputy Admin., Operations | $4,999.99 | $4,999.99 |
| Deputy Admin., Programs | $4,999.99 | $4,999.99 |
| Rehabilitation Chief | $2,499.99 | $2,499.99 |
| Rehabilitation Manager | $1,499.99 | $1,499.99 |
| Rehabilitation Supervisor | $0.00 | $0.00 |
| Rehabilitation Instructor | $0.00 | $0.00 |
| Public Service Intern | $0.00 | $0.00 |
| Rehabilitation Counselor I | $0.00 | $0.00 |

| | | |
|---|---|---|
| Rehabilitation Counselor II | $0.00 | $0.00 |
| Rehabilitation Counselor III | $0.00 | $0.00 |
| Rehabilitation Technician I | $0.00 | $0.00 |
| Rehabilitation Technician II | $0.00 | $0.00 |
| Accounting Assistant I * | $0.00 | $999.99 |
| Accounting Assistant II * | $0.00 | $1,999.99 |
| Accounting Assistant III * | $0.00 | $4,999.99 |

*Accounting Field Staff are not allowed to approve payment. The payment approval limits listed above are for processing payments only.

## 6. Spending Authority: Vendor Authorization Levels

The purpose of the authority levels for Single Vendor/Provider Authorizations is to implement checks and balances to ensure the appropriate expenditure of participant service funding by requiring a higher-level review based on spending authority levels.

The authority levels indicated for Single Vendor Authorization and Payment Approval set limits on the amount of money that can be authorized by each job title for the purchase of participant goods or services from one vendor. These authority levels are also programmed into the electronic case file. The Division established spending authorities for each position are as follows:

**VENDOR/PROVIDER AUTHORIZATION LIMITS BY JOB TITLE**

| Rehabilitation Job Title | Authorization Issue Limit | Payment Approval Limit |
|---|---|---|
| Administrator | $249,999.99 | $249,999.99 |
| Deputy Admin., Operations | $29,999.99 | $29,999.99 |
| Deputy Admin., Programs | $29,999.99 | $29,999.99 |
| Rehabilitation Chief | $24,999.99 | $24,999.99 |
| Rehabilitation Manager | $14,999.99 | $14,999.99 |
| Rehabilitation Supervisor | $9,999.99 | $9,999.99 |

| | | |
|---|---|---|
| Rehabilitation Instructor | $3,499.99 | $3,499.99 |
| Public Service Intern | $1,999.99 | $1,999.99 |
| Rehabilitation Counselor I | $1,999.99 | $1,999.99 |
| Rehabilitation Counselor II | $2,999.99 | $2,999.99 |
| Rehabilitation Counselor III | $3,999.99 | $3,999.99 |
| Rehabilitation Technician I | $499.99 | $499.99 |
| Rehabilitation Technician II | $499.99 | $499.99 |
| Accounting Assistant I * | $0.00 | $2,999.99 |
| Accounting Assistant II * | $0.00 | $3,999.99 |
| Accounting Assistant III * | $0.00 | $29,999.99 |

***Accounting Field Staff are not allowed to approve payments. The payment approval limits listed above are for processing payments only.

### 7. Review of IPE's Prior to IPE Signatures

The purpose of this review is to ensure that when the services and cumulative costs of an IPE (costs to be paid by the agency) reach the levels indicated, a supervisory/higher level review is performed to ensure that the IPE documentation is complete and the expenditures are appropriate and consistent with the vocational goal.

**The following <u>two charts</u> delineates the requirements for a higher-level review of an IPE <u>before obtaining IPE signatures</u>.**

| Job Title | Cumulative IPE (Costs to the Agency) Spending Limits |
|---|---|
| New Rehab Counselor | $0* |
| Rehab Counselor I, II and III | Up to $19,999 |
| Rehab Supervisor | Up to $24,999 |
| District Manager | Up to $34,999 |

| | |
|---|---|
| Chief of Programs | Up to $39,999 |
| Deputy Administrator | Up to $49,999 |
| Administrator | $50,000 and over |

| Review Level | IPE Approval Limits |
|---|---|
| Committee (Administrator, Program Deputy & Operations Deputy) | • Any plan $40,000 or over<br>• Any graduate training seeking Master's Degree or any post-graduate training beyond a Master's Degree (doctorate level degrees)<br>• Any plan requiring a vehicle or residential modifications<br>• Any residential independent living programs, in or out-of-state<br>• Any Self-Employment Plan (after review and approval by Self-Employment Panel)<br>• Any plan including out-of-state travel<br>• Any 4-year **out-of-state college degree** plan which requests agency funds for tuition<br>• Any plan including assistance with initial costs to purchase a vehicle |
| Bureau Chief (if unavailable Program Deputy Admin) | • Any plan $35,000-39,999<br>• Any plan that includes purchase of a single good or service of $8,000 or more |
| District Manager (if unavailable Bureau Chief) | • Any plan $25,000-$34,999<br>• Any 4-year college degree plan which requests agency funds for tuition<br>• Any plan that includes purchase of a single good or service over $5000-$7,999<br>• Any plan including long-distance in-state travel<br>• Any plan that includes a surgery |
| Rehabilitation Supervisor (if unavailable District Manager) | • Any plan $20,000-$24,999<br>• Any plan with vocational or academic training that is **not** included on the *Eligible Training Provider Listing* (ETPL) that is longer than 12 weeks and results in an industry recognized credential, (NOTE: ETPL trainings for certificates do not need to be approved unless they are for a 2-year AA college degree program) https://www.employnv.gov/vosnet/drills/program/ApprovedPrograms.aspx<br>• Any 2-year/AA degree college degree seeking plan which requests agency funds (tuition)<br>• Any automobile repairs; (Exception for Tires – No approval required)<br>• Any provision of maintenance services for food and shelter |
| **Approval not required for trail semesters | |
| **Counselors:**<br>• Please email all IPE approval requests to AA IV, Javier Fernandez (j-fernandez@detr.nv.gov). | |

- Provide the following documentation to Javier; Client name, Case #, IPE and amount, summary of case, disability and services requested, the level at which the IPE must be approved, any other relevant information you wish to provide.
- Javier will forward it on to the appropriate approving authority and get it back to you.
- When the Committee reviews a case, the counselor will be asked to be present during the meeting to provide a clear overview and answer Committee questions.

**Requests:**

- Will not follow the chain of command but go directly to the person responsible for approving the plan (i.e. if there is a plan involving a 4-year out-of-state college degree, counselor would send the request to Javier; Javier will send directly to the Bureau Chief).
- In some instances, approvals will be by a committee of the Administrator and one program staff (either Bureau Chief or Deputy of Programs) and one operations staff (either Deputy Administrator or MA IV). The committee will meet weekly.
- The approving authority will review the request within 8 business days, enter a case note, and notify the counselor of such. (For all IPE plans not going to the committee) All cases going to the committee will be reviewed on the designated committee meeting day.
- All plans that are submitted to the committee will need to be submitted by COB the day before the meeting which are held on Tuesdays at 2:00pm. Otherwise they'll be reviewed at the following scheduled meeting.

*Note: VR has established a preference for in-state public institutions; all post-secondary, vocational and academic training must adhere to this policy as described in Subsection 12.5 Post-Secondary Education and Training at Vocational Training Facilities.*

The supervisor of the newly hired Rehabilitation Counselor (regardless of classification level) reviews all IPE's until the supervisor is assured that the newly hired rehabilitation counselor is competent to complete the IPE. How soon a new hire is released to sign off on his or her IPE is at the discretion of the supervisor and is based on demonstration of knowledge and understanding of work processes and counseling skills.

*** The supervisor of a Rehab Counselor I must review and sign-off on any IPE or IPE amendment signed by the RC I.

**Contents**

I. Overview and General Procedures ..... 1
II. Rehabilitated Closures ..... 2
Supported Employment ..... 4
III. Other Than Rehabilitated Closures ..... 5
a) Closures from Applicant Status ..... 5
b) Lack of Contact or Failure to Follow Through ..... 5
c) Disability too Significant to Benefit from VR Services ..... 8
d) Closures in Extended Employment ..... 8
e) Fraud or Inappropriate Use of VR Funds ..... 9
f) Threatening, Violent or Harassing Behavior by a Participant ..... 10

## I. Overview and General Procedures

The success of the VR program is largely defined by its ability to provide individuals with disabilities the opportunity to obtain competitive, integrated employment and to develop the tools and skills needed for long-term employment success.

At the time of closure, it is important the counselor remind the participant that VR must collect data regarding the individual's employment, wages, schooling, and similar skills or credentials gained for a year to a year and a half after the case closure. The counselor should emphasize the importance of the participant responding to VR's attempts to collect information and encourage the participant to respond and provide any required documentation. This is especially important if an individual is self-employed, did not provide VR with his or her social security number or in similar situations where wages cannot be tracked through the employment security wage verification process.

Case closures fall into two major categories: “Rehabilitated” also known as closures with an employment outcome or successful closures, and “Other than Rehabilitated” closures which are closures that did not achieve a competitive integrated employment outcome.

Regardless of the type of closure, the following general closure procedures must be adhered to:

- The participant must be notified of their appeal rights and the availability of the Client Assistance Program. This notification is generally provided with the closure letter.

- The participant must be provided a closure letter, which includes the reason for closure, generally at least 10 days prior to the scheduled closure date. In limited circumstances, the10 day requirement may be waived such as when the participant verbally requests immediate closure or when the counselor and participant verbally agree to case closure. In these circumstances, a closure letter indicating the date and reason for closure (for example, per our agreement, or per your request your case was closed on . . .) as well as the notification of appeal rights, is still mailed or provided to the participant.
- The participant is provided the opportunity for full consultation before the closure.
- Documentation that describes the justification for closing the case and supporting documentation must be in the case file.
- Documentation at closure that the rehabilitation counselor discussed the process and need for the agency to obtain post-closure data.
- Closure data entered into the electronic case file must be accurate.

Note: Ticket to Work participants that have their Ticket in-use/ assigned to the agency are to be reminded at closure that they can choose to assign their Ticket to an EN after their VR case is closed. Provide the participant with needed information. Refer to Section 5: Ticket to Work.

## II. Rehabilitated Closures

"Rehabilitated Closures" are cases that close with the achievement of a competitive integrated employment outcome. The employment must be consistent with the individual's primary employment factors (strengths, resources, priorities, concerns, abilities & capabilities), interests and informed choice. In addition, prior to closure, the counselor should have taken steps to assist the individual in acquiring the tools and skills needed to maintain and/or advance in employment. Acquisition of these tools and skills may affect both the individual's career satisfaction and stability, and VR's ability to meet federal performance measures which evaluates employment the 2nd and 4th quarter after the case is closed.

In addition to meeting the federal requirements (detailed below) for rehabilitated closures, it is imperative that quality counseling and guidance and other services have been provided throughout the cases that have:

1. Facilitated the obtainment of meaningful employment consistent with the individual's primary employment factors;
2. Sufficiently addressed barriers to employment, accommodation needs and other needs that will facilitate long-term employment; and
3. Facilitated the development of both hard and soft skills the individual needs in order to maintain or advance in employment.

Federal regulations (34 CFR 361.56 and CFR 361.47) require that cases closed with an employment outcome meet the following criteria and the file contains appropriate documentation: See 34 CFR 361.47 Record of services and 34 CFR 361.56 Requirements for closing the record of services of an individual who has achieved an employment outcome.

- An employment outcome has been achieved:
  1. The participant has achieved the employment outcome that is described in his or her IPE.
  2. The employment outcome is consistent with the participant's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.
- An employment outcome has been maintained:
  1. The participant has maintained the employment outcome for an appropriate period of time, but not less than 90 days, necessary to ensure the stability of the employment outcome.
     Note: There are unique requirements for supported employment closures as noted below and in Section 13: Supported Employment.
  2. The individual no longer needs vocational rehabilitation services.

- Satisfactory outcome: At the end of the appropriate period described above, the participant and the counselor consider the employment outcome to be satisfactory and agree that the individual is performing well in the employment.

- Post-employment services: The individual is informed through appropriate modes of communication of the availability of post-employment services.

- Documentation that demonstrates the services provided under the participant's IPE contributed to the achievement of the employment outcome.

- Competitive integrated employment is compensated at or above minimum wage and the participant's wage and level of benefits is not less than that paid by the employer to employees without disabilities with similar experience who perform similar work. Or, in cases of self-employment, the income is comparable to the income received by other individuals who are not individuals with disabilities who are self-employed in similar occupations or performing similar tasks and who have similar training, experience and skills.

- The participant's file contains supporting documentation for start date of employment in primary occupation and wage information. This documentation is required at the beginning of employment and at or near case closure. At closure need to verify employment status; still working. Examples of supporting documentation:

- Verification of Employment (VOE) and VOE Job Retention forms signed by the employer and participant that includes the participant's start date and hourly wage rate or annual salary.
- Pay Stub identifying the participant's start date and hourly wage rate or annual salary.
- Copy of participant's bank statement verifying electronic payroll deposit from employer and a detailed case notes by the counselor in the case service record that includes the employment start date, hourly wage rate or annual salary and justification for the participant not providing Pay Stub.
- Detailed case notes by the counselor in the case service record that includes the employment start date, hourly wage rate or annual salary, the date verification was received and justification for the participant not providing formal documentation.
- Self- employment worksheets indicating the participant's start date and earnings.
- Verification received from employer (as appropriate) that documents the employment start date and wage information is placed in the case service record; including date of verification or copy of email, fax, or letter.

- Nevada Vocational Rehabilitation requires that employment is legal and pays appropriate federal and state taxes.

The above criteria must be documented in the case file before the case can be closed. Division staff must communicate directly with the participant to obtain accurate information prior to closure. The counselor must personally verify the participant is satisfied with and performing well in employment at or near 90 days prior to closure. A job developer's verification of employment is not a substitute for the counselor having direct contact with the participant. The criteria as indicated above are recorded in the AWARE Closure page and the conversation with the participant will be documented in case notes. Receipt of an employment outcome survey completed by the participant may be considered direct contact from the participant. The survey should be provided to each participant, generally with the successful closure letter. Counselors should encourage participants to complete this form.

**Supported Employment**
Supported employment cases closed with a competitive integrated employment outcome must meet the requirements detailed in Section 13: Supported Employment including:

- The participant must have received supported employment services (for up to 24 months or longer under certain circumstances);
- The individual reached the weekly work requirement identified in the IPE;
- The individual maintained employment and achieved stability in the work setting for at least 90 days after transitioning to extended services;

- The individual is no longer receiving services from VR; and
- VR is no longer providing extended services (for a youth who received extended services directly from VR). Another source of extended services must be identified, if needed, for the participant to maintain employment).

## III. Other Than Rehabilitated Closures

All "other than rehabilitated closures" require a rationale and justification for the decision to close the case without an employment outcome. Cases may be closed for a number of reasons. The counselor will select the most appropriate choice from the drop-down menu in the electronic case file system. Common reasons include unable to locate; no longer interested in receiving services or further services (also used when the individual's actions or lack of action make it impossible to begin or continue a VR program, such as failure to keep appointments); and health/medical (used when the individual is receiving medical treatment that is expected to last longer than 90 days and precludes continued participation in the program).

Special closure requirements apply to the following types of closures:

a) Closures from Applicant Status**:**

Cases can only be closed from applicant status under two conditions (pursuant to 34 CFR 361.44 Closure without eligibility determination):

1. The applicant declines to participate or is unavailable to complete an assessment for determining eligibility. Case records must document that an appropriate number of attempts were made to contact the applicant (as noted under "lack of contact" below) or applicant's representative, to encourage participation.
Note: Applicants who demonstrate threatening, violent or harassing behavior are deemed to be unavailable to complete an assessment for determining eligibility.

**Or**

2. The individual is considered ineligible for services. The counselor must review and follow the criteria for ineligibility determinations described in Section 8: of this manual (Eligibility Determination for VR) before determining an individual ineligible for services.

b) Lack of Contact or Failure to Follow Through:

Before closing a case for lack of contact or follow through, the counselor must make at least two written attempts (e-mail, letters and SARA electronic communication) to contact and provide an opportunity for the individual to contact the counselor and resume active participation. If the participant does not respond to these attempts, then a 10 day closure letter may be sent.

Note: In limited circumstances, there may be exceptions to this requirement for example:

- The participant has a history of not following through and the counselor and participant have signed an agreement that the case will be closed the next time the individual does not show up at an appointment or follow through. In this case, the counselor may send a closure letter that includes information such as "per our agreement signed on (date), your case was closed effective (date) as you neither attended nor called to reschedule your appointment on (date)".

The closure summary must document specific issues and/or concerns and provide recommendations that will enhance the likelihood of obtaining a successful employment outcome in future cases. When practical the counselor should discuss these recommendations with the participant prior to case closure.

One of the following examples should be used to document this discussion:

Counselor discussed with participant:

- "In order to move forward in the future _____"
- "_____ needs to be addressed to promote success in the next case."
- "Recommendations before applying again _____."
- "Plan of action to proceed in future cases _____."
- Other: _____.

c) Closure Based on Repeated, Marked or Pronounced Pattern of Refusing to Cooperate:

This policy applies in cases of repeated, marked or pronounced patterns of refusing to cooperate. This may include, but is not limited to:

- Refusing to work within the agency's policies to achieve an employment outcome; or
- Significant lack of progress, over time, toward achieving an employment outcome in a VR case or over multiple cases (note: if the reason for lack of progress is because the goal is no longer feasible or appropriate, such as when the participant has a worsening medical condition, the participant must be willing to amend the IPE and make reasonable progress toward another goal for the case to remain open); or
- Continued lack of follow through or insufficient action on the part of the participant after being provided multiple opportunities to cooperate, follow through or make progress; or

- Lack of commitment or progress toward an eligibility determination or completing an AVRN or IPE; or
- Refusing to address impediments that are creating significant barriers to employment; such as a substance abuse issues, psychiatric concerns, anger management, other behavioral concerns etc.

In these situations, the case may be closed:
**"Other: No Longer Interested in Receiving Services or Further Services"**
As the individual is not cooperating, and thus not demonstrating an interest in receiving services needed to reach an employment outcome.

The Closure Report would then further clarify:
**"Closed based on a repeated, marked or pronounced pattern of refusing to cooperate"**
If the case is closed due to this reason, opening of a new case is subject to policies found in Section 6: Application and Intake: "Reapplication and Opening of a New Case after Closure Due to a Repeated, Marked or Pronounced Pattern of Refusing to Cooperate"
Prior to making a closure decision based on a repeated, marked or pronounced pattern of refusing to cooperate:

- The participant must have been provided:
    - An opportunity for consultation and to demonstrate an intention to achieve an employment outcome, including the opportunity to complete and follow through on a "Plan for Collaboration and Active Participation in Achieving a Competitive Integrated Employment Outcome" (see sample form in Appendix C--Forms).
        - The "Plan for Collaboration and Active Participation in Achieving a Competitive Integrated Employment Outcome" must be signed by the counselor and participant, with a copy given to the participant and a copy scanned into the case file; and
        - As applicable, include times lines for required actions to take place; and
        - The participant must be informed he or she does not have to sign the agreement, but refusal to do so may result in case closure and a new case will not be opened until the individual agrees to a plan of cooperation. The participant must be provided CAPS and appeals rights;
    - Counseling and services to assist with any disability related barriers to following through must have been offered, and either refused or the individual continued patterns of behavior that demonstrated he or she did not intend to cooperate or achieve an employment outcome; and

- Information informing the participant that if the case is closed for this reason:
  - Opening of another case is contingent upon:
    - The individual's willingness to address the issues that resulted in the previous case being closed; **and**
    - Completing and signing a reasonable plan of cooperation and follow through; **and**
    - The case will only remain open as long as the individual cooperates, follows through and makes progress as agreed upon in the plan of cooperation.

- The closure letter must provide specific information regarding the actions that will be required if another case will be opened. For example, instead of making a generic, unspecific statement such as "you must cooperate with your counselor" it must give specific requirements such as:
  - You must agree to meet with your counselor on a regular basis, schedule appointments in advance, ensure the counselor always have your current phone number and e-mail address; and
  - You must agree to collaborate with your counselor and participate in the problem-solving process in order to identify solutions to employment challenge you face; and
  - You must agree to learn work appropriate methods of interacting with other people and practice these methods when meeting with your counselor and while participating in other VR services.

- The decision must be substantiated by sufficient documentation of repeated, marked or pronounced patterns of behavior that support the premise the individual does not intend to cooperate or to achieve a competitive integrated employment outcome; and

- The decision and the closure letter must have been staffed with and approved by the Rehabilitation Supervisor and the District Manager.

c) Disability too Significant to Benefit from VR Services:

Cases closed due to "Disability too Significant to Benefit from VR Services" must follow policies regarding ineligibility outlined in Section 8: "Eligibility Determinations for VR".

The closure summary must document specific issues and/or concerns to provide guidance during the review that must take place within 12 (twelve) months.

d) Closures in Extended Employment**:**

Extended employment is work in a non-integrated or sheltered setting for a public or private nonprofit agency or organization or entity that holds a special wage certificate under Section 14(c) of the Fair Labor Standards. **These are not considered rehabilitated or successful closures.**

For individuals who were determined eligible and received services under an IPE whose cases were subsequently closed with a closure reason of "extended employment" (used if the individual is working in subminimum wage employment at the time of case closure. The agency must complete a review and re-evaluation as noted below:

Re-Evaluation Requirements for Cases Closed In Extended Employment

1. A review must be conducted to reevaluate the individual's interests, priorities, and needs in respect to competitive integrated employment or training for competitive integrated employment. This must be conducted semi-annually for the first two years after the participant's case closes, and annually thereafter.
2. The individual, or as appropriate, his or her representative, must have input into this review and sign the "Extended Employment Re-Evaluation Acknowledgement Form".
3. Maximum efforts must be made to assist the individual in engaging in competitive integrated employment.
   This includes identifying, and if the individual chooses to reapply for VR, providing:
   - Vocational rehabilitation services,
   - Reasonable accommodations, and
   - Other necessary support services.

Note: This review does not apply to cases where the individual had not entered subminimum wage employment at the time of closure. For example:

- Cases closed with a closure reason of "ineligible" if the participant had not yet entered subminimum wage employment at the time of case closure, such as a youth issued a certificate for subminimum wage employment due to refusing services but who had not entered subminimum wage employment at the time of VR case closure.
- Cases closed with a closure reason of "transferred to another agency" such as an individual who received IPE services, but did not become employed in competitive, integrated employment, and thus was issued a certificate for subminimum wage employment, but was referred back to the regional center for assistance determining further action, and who had not entered subminimum wage employment at the time of case closure.

e) Fraud or Inappropriate Use of VR Funds:

Cases closed for fraud or misuse of VR funds must follow the policies outlined in Section 28: "Inappropriate or Improper Use of VR Funds or If Fraud Occurs."

f) Threatening, Violent or Harassing Behavior by a Participant:

Employers do not tolerate violence, the threat of violence, and other disruptive behavior in the workplace. It is the expectation of the Division that applicants and participants do not engage in such behaviors, as this is consistent with the goal of employment and success in the workplace. In addition, public employees are protected under NRS 199.300 from threats and intimidation.

An applicant or participant who displays disruptive, threatening, violent, or destructive behavior against another applicant or participant, a VR staff member, a VR office, or any other individual involved in the provision of vocational rehabilitation services, may have VR services denied or suspended. This can include case closure when warranted. The decision on whether or not to close a case will be made in consultation with the Administrator or his/her designee. In consultation with the Administrator and the Attorney General representing the Division, a case may also be referred to law enforcement for prosecution. See 27: Workplace Safety, Disruptive Behavior and Expected Code of Conduct when addressing these issues.

**Contents**

Overview ..... 1
Federal Requirements for the Record of Services ..... 1
Measurable Skill Gains and Credentials ..... 4
Intake Summary, Case Notes and Required Contact ..... 4
Case Transfer ..... 6
Case File Organization ..... 7
Electronic (Paperless) Case Files ..... 7
Hard Copy Files ..... 8

## Overview

The Rehabilitation Division will establish and maintain a service record for each applicant and/or recipient of vocational rehabilitation services, that includes to the extent pertinent, the documentation described below in accordance with 34 CFR 361.47 Record of services.

## Federal Requirements for the Record of Services

1. If an applicant has been determined eligible, documentation supporting that determination in accordance with 34 CFR 361.42 Assessment for determining eligibility and priority for services. Also see Section 8: Eligibility for VR Services.

2. Documentation supporting an ineligibility determination in accordance with 34 CFR 361.43 Procedure for ineligibility determination if the participant is found to be incapable of achieving an employment outcome, and, as applicable, a notation of a review of the determination conducted no later than 12 months after such determination was made. Also see Section 8: Eligibility for VR Services.

3. The justification for closing an applicant's or eligible individual's record of services (when the closure is based on reasons other than ineligibility). In addition, when closing the case of an applicant who has not yet been determined eligible for services there must be documentation that either the individual was determined ineligible for service or the individual declined to participate in or was unavailable to complete an assessment for determining eligibility in accordance with 34 CFR 361.44 Closure without eligibility determination, and that VR made a reasonable number of attempts to contact the applicant (or as appropriate his or her representative) to encourage participation.

4. Documentation supporting the determination of a significant or most significant disability. See Appendix A- COE Coding Instructions.

5. Documentation supporting the need for, and the plan relating to, the exploration of abilities, capabilities, and capacity to perform in realistic work situations through the use of trial work experiences, and documentation of the periodic assessment carried out during a period of trial work experience in accordance with 34 CFR 361.42 (e) Assessment for determining eligibility and priority for services - Trial work experiences for individuals with significant disabilities. Also see Section 8: Eligibility for VR Services.

6. The IPE, and any amendments consistent with the requirements under 34 CFR 361.46 Content of the individualized plan for employment (IEP). Also see Section 10: Counseling and Guidance, Assessment of Vocational Rehabilitation Needs (AVRN) and Individualized Plan for Employment (IPE).

7. Documentation describing the extent to which the participant exercised informed choice regarding the provision of assessment services, and in the development of the IPE with respect to the selection of the specific employment outcome, the specific vocational rehabilitation services needed to achieve the employment outcome, the entity to provide the services, the employment setting, the settings in which services will be provided and the methods to procure services. Also see Section 3: Informed Choice.

8. If the IPE provides for services in a non-integrated setting, a justification to support the need for the non-integrated setting.

9. In the event that an individual obtains competitive employment, verification that the individual is compensated at or above the minimum wage and that the individual's wage and level of benefits are not less than that customarily paid by the employer for the same or similar work performed by non-disabled individuals in accordance with 34 CFR 361.5(c)(9) Applicable definitions- Competitive integrated employment.

10. In the event an individual achieves an employment outcome in which the individual is compensated in accordance with section 14(c) of the Fair Labor Standards Act (subminimum wage) or the case closes in extended employment (such as at a sheltered workshop) on the basis that the individual is unable to achieve a competitive integrated employment outcome or that an eligible individual through informed choice chooses to remain in extended employment, documentation of the results of the semi-annual and annual reviews required under 34 CFR 361.55 Semi-annual and annual review of individuals in extended employment and other employment under special certificate provisions of the Fair Labor Standards Act of the individual's input into those reviews, and of the individual's (or if appropriate, the individual's representative) acknowledgment that those reviews were conducted. Also see Section 19: Closures.

11. Documentation concerning any action and decision involving the request by the participant for review of a Rehabilitation Counselor's determination and Fair Hearing or Mediation in accordance with 34 CFR 361.57 Review of determinations made by

designated State unit personnel. Also see Section 22: Fair Hearing and Mediation Procedures.

12. In the event, the participant requests that documentation in the record of services be amended and the documentation is not amended, documentation of the request in accordance with 34 CFR 361.38(c)(4) Protection, use, and release of personal information- release to applicants and recipients of services.

13. In the event, an individual is referred to another program through the Division's information and referral system documentation, including other components of the statewide workforce development system, on the nature and scope of services provided to the individual and on the referral itself, consistent with the requirements of 34 CFR 361.37 Information and referral programs.

14. For cases closed with an employment outcome documentation that demonstrates the services provided under the individual's IPE contributed to the achievement of the employment outcome in accordance with 34 CFR 361.56 Requirements for closing the record of services of an individual who has achieved an employment outcome.

15. In addition to #14, cases closed with an employment outcome are required to contain documentation that:

- The individual achieved the employment outcome described in the IPE and it is consistent with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice.
- The individual maintained employment for an appropriate period of time (but not less than 90 days) to ensure the stability of the employment, and the individual no longer needs VR services.
- At the end of the appropriate period of time, the participant and rehabilitation counselor consider the employment to be satisfactory and agree the individual is performing well in employment.
- The individual was informed through appropriate modes of communication of the availability of post-employment services.

Other important information is required in case files to document compliance with federal regulations and internal policy. These include, but are not limited to:

- Documentation at closure the rehabilitation counselor discussed the process and need for the agency to obtain post-closure data.

- Documentation supporting any decision to provide services to family members.

- Documentation relating to the participant's participation in the cost of services.

- Documentation relating to the eligibility of the participant for comparable services and benefits and their use.

- Documentation the participant has been advised of the confidentiality of all case information and the release of such.

- Documentation of the results of an annual review including the participant's input into the review and acknowledgement of the review, for any case closed in extended employment.

- Documentation via the IPE or IPE modifications of any plans to provide post-employment services after the employment outcome has been achieved, the basis upon which these plans were developed, a description of the services provided, and the outcomes achieved.

**Measurable Skill Gains and Credentials**

Measurable skill gains and obtainment of credentials are important performance indicators on which the agency is evaluated. Therefore, it is important that participants provide VR documentation of any measurable skill gains or credentials obtained and that staff process this documentation; and include it in the electronic case file in accordance with internal policy. See definitions in the definition of terms and a brief definition and example in Section 10: Counseling and Guidance, Assessment of Vocational Rehabilitation Needs (AVRN) and Individualized Plan for Employment (IPE).

**Intake Summary, Case Notes and Required Contact**

A thorough, standardized intake summary, covering all relevant topics, must be completed by the Rehabilitation Counselor or Rehabilitation Technician and entered into the electronic case file in a timely manner.

Case notes, intake summaries, e-mails and other correspondence and/or documents generated by VR staff must be written in a professional manner. Case notes should describe facts and observations and must include an adequate rationale for major decisions made during the case. They must be written in an orderly and logical manner that allows the direction of the case to be followed and refrain from the excessive use of jargon and abbreviations.

Case notes should contain information pertinent to the decisions and flow of the case. Extraneous information and information related to internal procedures (which are unnecessary for the reader to understand the case), should be minimized or avoided. For example, a counselor's work request to a technician would generally not be included in the file nor would a technician need to case note that an authorization had been faxed to a vendor unless a unique situation warranted the inclusion.

Case notes are required at important decision points regardless of the status of the case. A decision point is defined as any judgment or conclusion reached regarding an individual during the rehabilitation process from applicant status through case closure. Case notes must also document who provided any confidential records entered into the case (Note: Records provided directly by the participant should also contain a notation on the actual records that they were provided by the participant). All progress review notes must be entered into the electronic case file and cannot be amended by any authority level after 24 hours, thus becoming a permanent record.

1. Application Status: The Rehabilitation Technician, designated support staff (Administrative Assistants) and the Rehabilitation Counselor has responsibility for contacting the applicant as often as needed but not less than monthly. Results of contacts will be documented by the involved staff in a case note within 2 business days of the contact.

2. Eligibility through Planned Service: The Rehabilitation Counselor and the Rehabilitation Technician have the primary responsibility for contacting the participant as often as needed and <u>at least</u> every thirty (30) days until a case enters into plan status. Once in plan status, the contact must be made, and a case note entered at least every 90 ninety (90) days as well as at important decision points. Decision point contacts and/or actions will be documented by the Rehabilitation Counselor in a progress review note within 2 business days of the contact and will include an assessment of the event(s) and plan of action.

3. Job Ready (Service J) through Employment: The Rehabilitation Counselor and the Rehabilitation Technician have the primary responsibility for contacting the participant as often as needed during this phase of the rehabilitation process and not less than every thirty (30) days. The Rehabilitation Counselor should continue to monitor and stay actively involved in cases referred to job developers to ensure commitments are kept. Contacts will be documented by the Rehabilitation Counselor in a progress review note within 2 business days of the contact and will include an assessment of the event(s) and plan of action.

4. Employed Status: A case note is required at thirty (30), sixty (60) and ninety (90) days to document contacts with the participant and follow along. In addition, there must be documentation in the file that the counselor and participant communicated

at or near 90 days prior to a successful closure and agreed the participant was satisfied with and performing satisfactorily in employment.

5. Closures: Closure letter and contacts will be case noted and the electronic case file Closure statement will be completed accurately and thoroughly.

6. A Transfer Summary will be completed as noted under "Case Transfer" below.

**Case Transfer**

Prior to the file being transferred, the transferring counselor will complete a transfer summary which includes a status update on all planned services and identify any new, ongoing or potential issues, and the disposition of the case at the time of transfer.

Generally casework should be caught up and there should not be an impending case action due at the time of transfer (for example, if an impending eligibility decision is due or an authorization needs to be completed the transfer should take place after these actions have occurred, or if that is not possible, then the receiving supervisor needs verbal and written notification of impending case action).

The counselor's team (counselor, technician or AA) will complete the case transfer checklist form and ensure all required documents are entered into the electronic case file.

The supervisor of the counselor making the transfer will complete a case review and the transferring counselor will make all needed corrections if possible. Corrections that are not possible (such as unalterable records) should be noted.

The supervisor will write a brief case note indicating that the file has been reviewed and that the transfer is appropriate.

The transferring counselor will send a letter informing the participant of the case transfer. This may be waived if the participant has already been informed of the transfer and introduced, in person, to the receiving counselor.

The receiving counselor will meet with or send an introduction letter to the participant within10 days of receiving the case. This may be waived if the receiving counselor has already been introduced to the participant and has an appointment scheduled.

Decisions regarding transfers within the Rehabilitation Supervisor's team may be made directly by the Rehabilitation Supervisor. Transfers to a different team within the same district may be made without District Manager involvement if both the transferring and the receiving Rehabilitation Supervisors' staff the case and agree to the transfer otherwise the District Manager must approve the transfer. Decisions regarding case

transfers between Districts (Northern to Southern or Southern to Northern) must be staffed with and approved by the receiving District Manager.

Note: The requirement for a transfer summary; a case review, impending actions and case corrections being completed prior to transfer may be waived when a caseload was vacated without sufficient notice for the counselor and/or supervisor to complete these activities. In this situation, the provision of timely services to the participant should take priority. As such, the receiving counselor will take responsibility to become familiar with the case and provide appropriate services.

## Case File Organization

Case files with an application date of April 15, 2013 or later are entirely electronic. All other case files are comprised of the existing hard copy (up to 4/15/13) and the electronic (paperless) file from that date forward.

### Electronic (Paperless) Case Files

All case file documents not generated by the electronic case file are scanned into the electronic case file system, by designated staff, and are inserted into the participant's electronic file. Documents in the electronic case file are identified only by "type of document" during the scanning process (e.g., medical documents, vendor invoices, correspondence). Therefore, techs or A.A.'s (or counselors) must consistently and correctly label all scanned documents once they appear in the participant's electronic case file. Labeling must be specific to the document scanned and under the appropriate category type. Original documents must be kept for 30 days before shredding.

- Every effort must be taken to safeguard an individual's social security number. Only the last four digits of the participant's SSN should be on the written application, or on any other documents submitted for scanning into the electronic case file. This may require printing a document and blocking out the social security number before submitting it for scanning.

- Information on other participants (in e-mails, bills etc.) must be redacted prior to scanning into the electronic case file.

- Records that were provided directly from the participant should clearly indicate "Received from the Participant."

- Signature pages for the electronic case file documents that require a written signature should be printed out, signed, and then submitted for scanning.

- Letters and other out-going correspondence generated in the electronic case file should be printed onto letterhead, signed (electronic signatures are acceptable), and a copy of the signed letter should be scanned into the electronic case file.

- E-mails to and from the participant should be scanned into the file. The counselor may choose to only include the "final trail" of an e-mail and its accompanying responses in order to eliminate multiple e-mails with duplicate information.

  If a counselor chooses to cut and paste an e-mail into a case note in lieu of scanning it into the file, the e-mail must be clear, easy to follow and the context apparent. If the e-mail and its context are not clear, the counselor must include an explanation to ensure the case note can be understood and the direction of the case can be followed. Long, streaming e-mails which undermine the reader's ability to follow the direction of the case should not be cut and pasted into the case notes. The counselor should summarize and/or reference the e-mail in a case note and submit it for scanning into the file.

- Internal e-mail and correspondence between staff generally should not be included in the file. Staff members who need to make official comments on the case should enter their own case note (for example, a supervisor should enter a case note approving case expenditures, a technician should enter a case note regarding any contact he/she has with a participant). However, there may be exceptional occasions when it is appropriate to include an e-mail between staff in the case notes, such as when a receptionist or other staff member who does not typically enter case notes have an interaction with a participant that should be noted in the file. The counselor should use good judgment when determining if an internal e-mail is necessary for the reader to understand the rationale for decisions and circumstances of the case.

**Hard Copy Files**

The hard copy file format applies to the existing hard copy portion of BVR and BSBVI case files **or** any file which leaves the unit due to participant request, fair hearing, outside review, etc. (including files which are partially or entirely electronic and have been printed in order to leave the unit). See Appendix D- Hard Copy File Format for file organization information.

The Rehabilitation Technician will ensure that all case file documentation is printed and placed in a hard copy file with all sections having the appropriate descriptive label. Use of the participant's SSN should be limited to the last 4 digits and only when necessary. All case files leaving the unit should be clearly labeled on the front "CONFIDENTIAL." Confidential information on other participants must be redacted.

There may be occasions, in keeping with the policies in Section 21: Confidentiality -- Protection and Release of Information, when a file leaves the unit that certain file information is excluded from the file. In these situations, a "Documents Not Released" form would be completed in accordance with the internal "Documents Not Released

Flow Chart" found on SharePoint, for information not released and included in the section of the file where the information would normally be found.

**Contents**

I. Laws, Regulations and Authorities ..... 1
II. General Provisions ..... 1
III. Release of Information ..... 3
General Provisions ..... 3
Release of Information With Informed Written Consent: ..... 4
Release of Information Without Written Consent: ..... 7
IV. Confidentiality with Electronic Communication ..... 11
V. Group Work (such as internal job seeking skills classes and job clubs) ..... 12

## I. Laws, Regulations and Authorities

This Section relies on the following Federal and State laws and regulations and other authorities:

- The Rehabilitation Act of 1973, as amended and the Workforce Innovation and Opportunity Act of 2014
  - The Rehabilitation Act of 1973, as amended
- 29 United States Code (USC) 709 (c)(1), 711(b)(2) and (b)(3), and 721(a)(6)(A)
  - 29 USC 709 (c)(1) at Administration- Regulations to carry out this chapter
  - 29 USC 711 (b)(2) and (b)(3) at Evaluation-data as property of United States; availability of information
  - USC 721 (a)(6)(A) at Methods for administration- In general
- 34 CFR 361.38 and 367.69
  - 34 CFR 361.38 at Protection, use, and release of personal information
  - 34 CFR 367.69 at Special requirements pertaining to the protection, use, and release of personal information
- Nevada Revised Statutes (NRS) 426.573, 426.610, 432B.220, 615.280, 615.290 and 629.061
  - NRS 426.573 at Persons with Disabilities- Disclosure of information concerning applicant for or recipient of services
  - NRS 426.610 at Persons with Disabilities- Fair hearing before hearing officer; judicial review
  - NRS 615.280 at Vocational Rehabilitation- Hearings; judicial review
  - NRS 615.290 at Vocational Rehabilitation- Misuse of lists or records
  - NRS 629.061 at Healing Arts Generally- Inspection; copies; use in public hearing; immunity of certain persons from civil action for disclosure

## II. General Provisions

Confidentiality rules and standards apply to all BVR/BSBVI staff.

All confidential information should be kept in secure locations and safeguarded from unauthorized disclosure.

All applicants and eligible individuals and, as appropriate, those individuals' representatives, service providers, cooperating agencies, and interested persons are informed of the confidentiality of personal information and the conditions for accessing and releasing this information. The agency's "Information and Disclosure Statement" must be provided to all participants.

Counselors should use good judgment when determining whether or not to disclose sensitive information. The counselor should have a sound rationale to release such information (such as an ethical or legal justification or a requirement by a provider or community partner before they will provide services). For example, the counselor may make a decision to disclose a sexual offense to a provider if the participant will be involved in activities in which children or a vulnerable population could be at risk. Whenever possible the counselor should attempt to obtain informed consent from the participant when disclosing sensitive information, however as noted later in this section (Release of Information Without Written Consent) there may be situations when it is justifiable to release information without a written consent, particularly if there is a potential of immediate harm. The counselor should consult with his or her supervisor regarding any questions he/she may have regarding releasing information. Some situations may require the agency to consult with the Division's legal representative in the Attorney General's Office.

Counselors have the primary responsibility, starting at the initial meeting and throughout the VR process, to educate participants of their confidentiality rights and discuss with them the situations in which their personal information may be released. This information must be provided in the individual's native language or through an appropriate mode of communication.

In addition, each participant must be informed of his or her right to request amendment or removal of information in his or her record of services if he or she believes it is inaccurate or misleading. Requests must be made in writing and provide a justification regarding why the information should be changed. Counselors must consult with the Rehabilitation Supervisor before removing or amending information. If the information is not amended, the request for an amendment and reasons for not amending it must be documented in the record of services.

When gathering confidential information counselors and staff should inform program participants, and if applicable their representative, of:

- The authority under which information is collected;
- The purpose for which VR intends to use or release information;
- Whether the information is mandatory or voluntary and the effects of not providing requested information;
- The situations in which VR does or does not require written consent to release information (Information and Disclosure Statement);
- The identification of other agencies to which information is routinely released; and
- The risks of electronic communication. (See policy for confidentiality with electronic communications in Subsection IV below).

The counselor or rehabilitation technician must document who provided the confidential information to the agency (for example, if the participant brought records in or if the participant signed a release form and records were sent to VR by a third party). Documents provided by the participant must have "Received from Participant" clearly indicated on the document.

All personal information in the possession of the Division must be used only for purposes directly connected with the provision of services and the administration of the vocational rehabilitation program.

## III. Release of Information

### General Provisions

State VR Agencies are not HIPPA covered entities.

Information containing identifiable personal information may not be shared with advisory or other bodies that do not have official responsibility for administration of the program; except (as noted under "release for audit or evaluation") information may be shared with the State Rehabilitation Council as it relates to its role in conducting a review and analysis of the effectiveness of and participant satisfaction with vocational rehabilitation services.

Confidential material released to an individual or entity shall be stamped with or accompanied by a letter indicating "Confidential Information from the records of the Nevada Rehabilitation Division. Federal law and regulations prohibit the further disclosure of this information without the informed written consent of the individual to whom it applies."

When possible and as appropriate, if a request for "all records" is received from an entity that may not be aware of all that is contained in the case file, the individual or entity requesting the information can be contacted in order to clarify the specific information being requested.

Only information specifically requested should be released. When releasing without an express written consent only essential information should be released. Confidential information shall be released only in accordance with state law, federal law and regulations and VR program policy.

Personal information may not be divulged, except under the following circumstances:

**Release of Information With Informed Written Consent:**

Informed Written Consent shall include the purpose for which the information is desired, specific information desired, date of expiration of the consent, and dated signature of the participant or his/her authorized representative. Whenever possible the VR Program Authorization for Release of Information form or the Participant Request for Case File Records form should be used. Information not covered by the Informed Written Consent will not be released.

- Minors or adults lacking the capacity to give voluntary consent to release information: Permission to disclose information should be obtained from parents or legal guardians. However, as appropriate, the participant should be informed consistent with his/her level of understanding.

- Expiration dates for authorizations to release information: Generally authorizations to release information should not exceed one year. Therefore, at the time the Individualized Plan for Employment (IPE) is signed, the counselor and participant should complete new "release forms" to any individual or entity when there is a need for additional sharing of information beyond the eligibility stage of services. Thereafter, at the time of the IPE annual review, the counselor and participant should review all release forms to determine if a new authorization to release information is required.

- The file should not contain any authorization to release information forms signed by the participant which do not include the specific parties involved in the exchange of information. The release forms must specifically indicate to whom information is being released to or requested from.

- Records requested by the participant and/or his/her representative:
  Individuals (or as appropriate the individual's representative) requesting their own records should submit a signed and dated **"participant request for case file records"** form (in lieu of a release of information form). If the counselor of record is no longer employed with the agency, the request will be forwarded to the Rehabilitation Supervisor of the Unit who may assign a staff member to handle the request. Upon receipt of a valid signed and dated request for records form, the Division shall make requested information in that participant's record of services accessible to and shall release the information to the individual or the individual's representative, in accordance with the following conditions: (Note: An individual's representative must be his or her legal guardian or court-appointed representative or the participant and representative must have signed the "Designation of Individual's Representative" form found in Appendix C).

  - Harmful information: Medical, psychological or other information the Division determines may be harmful to the individual will not be released directly to the individual. (If the individual has a court-appointed representative it must be released to the representative. Otherwise, it must be provided to the individual through a third party, chosen by the individual, such as a family member, advocate, qualified medical or mental health professional etc. Prior to withholding information under this criteria, a counselor shall consult with his or her supervisor).

  - Verifying identity: The Division may request documentation to verify the identity of the individual requesting records or as applicable, documentation that a representative requesting records is a legal representative of the individual to whom the records pertain.

  - Information must be released in a timely manner defined as 10 business days from the date a completed and signed "participant request for case file records" form was received by the agency for non-archived records. Archived information must be requested from archives within 8 business days and provided to the individual within 8 business days of receipt of record. If information is requested in a format not readily available, the time frames may be waived by the District Manager in order to convert to the requested format. The District Manager may also make exceptions to the above time period if additional time is needed to verify the identity or signature of the requestor of records.

  - Information previously provided: The Division will provide one copy of the case file and from that date forward will provide copies of new information

only. Exceptions due to extenuating circumstances may be approved by the District Manager. Repeated failure on the part of the individual to make reasonable efforts to properly store, file or safeguard records generally will not be considered extenuating circumstances.

- o Information obtained from third parties: Information obtained from a third party (such as medical records received from a doctor's office after receipt of a release signed by the participant) cannot be released to the participant or to any other party. Participants should be referred back to the original source to obtain this information.

  Note: Records the participant provided to the Division **are not** considered 3rd party records and will be released (for example, when he/she brings records to the intake). Documentation must be in the VR file regarding who provided the requested records. "Received from Participant" must appear on records provided by the participant.

  Note: When VR has purchased an evaluation, assessment or service, reports regarding the evaluation, assessment or service are considered VR records unless the provider/vendor has specifically prohibited release of these records. Records which VR has paid only a copying fee to obtain without actually purchasing the assessment or service are considered records from a third party.

For documents withheld, staff should refer to and follow procedures found on the "Documents not Released Flow Chart" found in the forms menu of SharePoint.

- Records requested by BDA or CAPS:
  The Division may release personal information to the Bureau of Disability Adjudication (for Social Security) or to the Client Assistance Program under the following conditions:

  - o Upon receiving the informed written consent of the participant, or if appropriate, the participant's representative;

  - o Only to the extent that the information could be released to the participant--except that medical or psychological information that may be harmful to the individual may be released if the other agency assures the Division the information will be used only for the intended purpose and that it will not be released to the individual.

  For each document withheld, the counselor or staff member must complete the "Document Not Released" form as outlined in the "Documents Not Released Flow Chart" found in the forms menu of SharePoint.

- Records requested by a third party:
  Records requested from a third party (doctor, attorney, regional center, another VR agency, subpoena, etc.) must first be reviewed by the Division's legal representative in the Attorney General's office. No records may be released to a third party without consent from the agency's legal representative. All staff should refer to the agency's internal "Documents Not Released Flowchart" found in the forms menu of SharePoint for the steps to follow when receiving a request for records from a third party.

**Release of Information Without Written Consent:**

All participants must be provided with the Agency's "Information and Disclosure Statement" explaining when information may be released without written consent.

Information may be released without written consent for the following purposes:

- Administration of the VR program including:
  - Other Employees: An employee may, in the course of providing vocational rehabilitation services, disclose information without the consent of the individual to other agency employees. Each staff member must make effort to ensure the privacy and confidentiality of the participant is maintained.
  - Trainees/Interns/Volunteers/Rehabilitation Specialist and Service Coordinators: The agency may share information on a need-to-know basis. These individuals must be bound by agency policy concerning confidentiality in the same manner as employees.
  - Designated State Agency: Information may be released to the Designated State Agency, the Department of Employment, Training and Rehabilitation, and its sub-units as related to administration of the program.
  - Legal Representative: The Agency may release information to its legal representative at the Attorney General's Office if legal consultation is required.
  - Elected Officials: If the participant makes a complaint or comment to an elected official, the agency may respond to inquiries by the official or his/her office regarding the complaint or comment.
  - Release For Audit or Evaluation:

Personal information may be released to an authorized organization, agency or individual engaged in audit, evaluation or research only for purposes directly connected with the administration of the vocational rehabilitation program if the organization, agency or individual assures that:

- The information will be used only for the purposes for which it is being provided;
- The information will be released only to persons officially connected with the audit or evaluation;
- The information will be managed in a manner to safeguard confidentiality; and
- The final product will not reveal any personal identifying information without the informed written consent of the involved individual or their representative.

o Coordination of Services and Comparable Benefits: Information may be shared for the purpose of purchasing services, coordinating services and securing comparable benefits with VR vendors, community partners, medical and psychological consultants, and other professionals. Each of these entities must be informed of the need to maintain confidentiality. Only information necessary for the provision and purpose of service should be shared. (This may include but is not limited to contact information, confirmation of receipt of services, functional limitations/barriers to employment, disability information, progress updates and other case information deemed necessary.) The sharing of information must be necessary for the purpose of the participant's VR program. If the information is not necessary for VR purposes, a signed release is necessary.

o Job Placement Assistance: Contact information, resume, application and similar information may be provided to employers when providing job placement assistance. Information regarding functional limitations as they relate to the job and possible accommodations may also be discussed with the employer. While the participant may choose whether or not to self-disclose his/her disability to the employer, the agency will not disclose the specific disability to an employer or potential employer unless the participant explicitly requests this disclosure in writing. See RSA TAC 93-01 at The Implications of 504 and the ADA Regarding Client Placement

o Workforce Development Partners: Information may be exchanged with Workforce Development Partners for the purpose of scheduling appointments, collaboration and job placement activities including entering employment related information into the State's Employment Database. BVR/BSBVI may provide specific information to other Workforce

Development Partners when working in collaboration with the partner on behalf of the individual. The Workforce Development Partners sign confidentiality agreements.

- o To The Social Security Administration: Upon written or verbal request of the Social Security Administration or for the purpose of program cost reimbursement from the SSA, effective for an extended period of time beyond case closure.

- Required by Law or Regulation:
  The Division shall release personal information if required by Federal or State laws or regulations. These requests should be forwarded to the designated staff member who will consult with the Deputy Administrator if necessary and will forward the request to the attorney general's office for legal guidance before release of the information.

- Investigations or Court Order:
  The Division must release information in response to investigations in connection with law enforcement, fraud or abuse unless expressly prohibited by Federal or State laws or regulations, and in response to an order issued by a judge, magistrate or other authorized judicial officer.

  - o The Deputy Administrator or designee is the custodian of records. Staff members receiving such a request, including a subpoena, request for records for lawsuits or depositions must immediately (same day) inform the District Manager, or Rehabilitation Supervisor in the absence of the District Manager, who will promptly forward it to the Deputy Administrator or his/her designee and copy the Rehabilitation Bureau Chief. The Deputy Administrator or his/her designee will forward the request to VR's legal representative in the Attorney General's office. Information should not be released until consultation with the Division's legal representative, except in rare circumstances such as when the subpoena is signed by a judge and has a "rush" order that does not allow time for the Division's legal representative to review the case. The Deputy Administrator or in the absence of the Deputy Administrator, the Rehabilitation Bureau Chief, or in the absence of both, the District Manager should be notified and will provide direction in these situations.

    If circumstances make it impossible to obtain prior assistance from legal representation, the staff member will appear at the designated time and place, but advise the persons requesting the testimony or documentation that disclosure is prohibited without the informed written consent of the individual

or a court order. At this point, if a judge or official of the court issues an order, staff members will comply and release the information.

Note #1: No matter how a document is titled, if an attorney (rather than a judge or clerk of the court) signed the document it is not a judicial order and should, through the appropriate channels noted above, be submitted to legal representation for direction. Generally, in these cases, the counselor will attempt to obtain the written consent of the participant.

Note #2: Even if there is a subpoena, documents received from a third party may only be released with a signed release by the third party's office. A "Documents Not Released/Copied Form" will be completed as outlined in the internal "Documents Not Released Flow Chart found in the forms menu of SharePoint".–for any records withheld. Records the participant provided to the Division will be released with a judicial order, however as noted above, these should first be reviewed by the agency's legal representative at the Attorney General's office.

- Testimony: In providing testimony the staff member will testify only within his/her realm of knowledge and expertise, which is vocationally relevant information. The staff member will provide only direct knowledge about the individual and/or situation. Speculations should not be made.

- Fair Hearing:
  If the participant requests a Fair Hearing, case file information will be released to the hearing officer. Documents received from a third party will only be released upon a signed release by the third party's office. The Documents Not Released/ Copied Form should be included in the file for any records withheld under this provision. Any medical records the participant provided to the Division will be released to the hearing officer.

- Protection of Participant or Others:
  The Division may release information in order to protect the individual or others (including program staff) if the individual poses a threat to his or her safety or the safety of others, particularly when required to protect the participant or identifiable others from serious and foreseeable harm.

  Nevada Revised Statue 202.882 requires that a violent or sexual offense against a child who is 12 years of age or younger be reported to a law enforcement agency as soon as reasonably possible, but no later than 24 hours of becoming aware of or having reasonable belief that another individual has committed such offense.
  Unless there is a potential of immediate harm, the staff member should consult with a Rehabilitation Supervisor or the District Manager before making a report to a law enforcement agency.

## IV. Confidentiality with Electronic Communication

The following procedures should be followed when corresponding electronically (such as e-mail, fax etc.) with participants or with vendors and community partners regarding a participant:

- The individual must be informed that electronic communication is not secure. (For example, correspondence may inadvertently be sent to the wrong recipient, an unauthorized individual may intercept the message, technology staff at the department may legally screen the e-mail to ensure compliance with e-mail policies, an authorized or unauthorized individual such as a household member of the participant may have access to the participant's technology.) Informed consent should be obtained for the use of electronic communication.
- Staff must take reasonable precautions whenever possible to ensure the confidentiality of information communicated through the use of computers, e-mail, facsimiles, telephones, voicemail, answering machines or other technology.
- Staff should use only DETR password protected e-mail to communicate with the participant through e-mail.
- Counselors should educate participants on how to prevent and address potential misunderstandings arising from the lack of visual cues and voice intonations when communicating electronically.
- Electronic communication with the participant is considered part of the case records and should be kept according to agency policy.
- E-mails, faxes and other forms of electronic communication, like other aspects of the case record, should be written professionally and with respect for the participant.
- In general faxes and internal e-mail or e-mails to participants, vendors and community partners should be kept as general as the situation allows and staff should take steps to protect it from unauthorized persons. All faxes coversheets and e-mail correspondence regarding participants must include the uniform statement regarding the confidentiality of the information:
  Confidentiality Notice: "This communication, including any attachments, may contain confidential or privileged information and is intended only for the individual or entity to which it is addressed. Any review, dissemination or copying of this communication by anyone other than the intended recipient is prohibited. If you are not the intended recipient you have received this in error; please immediately contact the sender and delete all copies of the original message. The use, dissemination, distribution or reproduction of this message by unintended recipients is not authorized and may be unlawful."

## V. Group Work (such as internal job seeking skills classes and job clubs)

Participants referred to group settings should be informed of the potential risks to confidential information and make an informed choice as to how much information to share in such a setting. The group should be informed of the importance and parameters of confidentiality.

**Contents**

Fair Hearings and Mediation Overview and Authority ..... 1
Requests for a Fair Hearing ..... 2
Other Methods to Resolve Disputes ..... 2
Completion of the Fair Hearing Process ..... 3

## Fair Hearings and Mediation Overview and Authority

The legal requirements to assure fundamental fairness to an individual (participant) applying for or receiving vocational rehabilitation services who is dissatisfied with the denial of services or the manner in which services are provided are contained in the following:

- Rehabilitation Act Amendments of 1973, as amended
- Workforce Innovation and Opportunity Act
- Federal Regulations
  - 34 CFR 361.57 Review of determinations made by designated State unit personnel
  - NRS 233B.121 through 233B.150 Adjudication of Contested Cases
  - NRS 426.610 Fair hearing before hearing officer; judicial review
  - NRS 615.280 Hearings; judicial review

All participants requesting a review of the Rehabilitation Divisions determinations will be provided an opportunity to informally resolve their concerns through meeting(s) with the Rehabilitation Counselor, a Rehabilitation Supervisor, and/or a District Manager. The participant may also request mediation, an impartial due process hearing (fair hearing) or both.

At the time of application for services, all participants will be advised of the availability of assistance from the Client Assistance Program (CAP) and will be provided a copy of the Information and Disclosure Statement form which includes a Fair Hearing Process Informational Statement.

CAP and Fair Hearing information is also provided to participants in writing:

- At the time of IPE development (included under terms and conditions of the IPE), and
- Whenever services are reduced, suspended or terminated.

In addition, participants will be advised that the CAP can offer technical assistance and further offers advocacy in the context of alternative dispute resolution; whether informally or during mediation, and during the fair hearing process. The extent of

technical assistance and/or advocacy, if any, is determined by the Program Director of the Client Assistance Program.

**Requests for a Fair Hearing**

A participant can request a fair hearing at any time there is a dispute. A request for a hearing must be made in writing no later than 60 calendar days from the date of receiving notice of the disputed determination.

A hearing will be held within 60 calendar days* of receipt of a participant's request. The request must:

1. Be in writing;
2. Identify the occurrence which resulted in the dissatisfaction; and
3. Identify the resolutions desired.

An impartial hearing officer from the Department of Administration will be selected to conduct the fair hearing regarding disputes.

At the request of the participant, the Rehabilitation Division may extend the 60-calendar day time limit for a specific time, if determined by the Administrator or designee, to be for good cause. The designees for approving extensions are the Deputy Administrators and the Bureau Chief. An extension beyond 60 calendar days may be approved if both the participant and the Division agree and it is approved by the Hearing Officer.

*While it is policy that the hearing is held within 60 days of the request, the Division does not have control over the hearing officer's schedule, therefore delays which are beyond the control of the agency may occur due to scheduling conflicts.

**Other Methods to Resolve Disputes**

Participants may also wish to exercise their rights to use other methods to resolve disputes. The following options apply:

**Option 1**

A participant, who is aggrieved by a decision of the Rehabilitation Division, may request to resolve the dispute with advocacy assistance from the Client Assistance (CAP) Program using informal Alternative Dispute Resolution (ADR). A written request must be received by the Administrator no later than 30 calendar days after the participant receives notice of the aggrieved decision. The Administrator may waive the 30-calendar day timeline at his or her discretion. The ADR process is:

1. Voluntary on the part of both the participant and the Division;
2. Not used to deny or delay the right of an individual to a fair hearing or to deny any other right afforded under the Rehabilitation Act of 1973, as amended;

3. Conducted with the assistance of the CAP Program Director to informally resolve disputes between the participant and the Division; and
4. May be conducted without the advocacy assistance of CAP at the discretion of the participant.

**Option 2**
A participant, aggrieved by a decision of the Rehabilitation Division, may also request to resolve the dispute using mediation. As with informal ADR, the participant may request advocacy assistance through the CAP. A written request must be received by the Administrator no later than 30 calendar days after the participant receives notice of the decision. The Administrator may waive the 30 calendar day timeline at his/her sole discretion. The formal mediation process is:

1. Voluntary on the part of both the participant and the Division;
2. Not used to deny or delay the right of an individual to a hearing or to deny any other right afforded under the Rehabilitation Act of 1973, as amended;
3. Conducted by a qualified and impartial mediator who is trained in effective mediation techniques to resolve disputes between a participant and the Division; and
4. The mediator is paid by the Division.

Neither of these two options relieves the participant of the responsibility to request a hearing in writing within 60 calendar days from the date of receiving notice of the disputed determination. If a participant also wants a hearing, they have to request a hearing in writing within 60 calendar days of the determination.

**Completion of the Fair Hearing Process**
Unless the participant or an authorized representative so requests, pending a final determination of a hearing or other final resolution of appeal, the Rehabilitation Division shall not institute a suspension, reduction or termination of services being provided under the Individualized Plan for Employment (IPE), unless the services have been obtained through misrepresentation, fraud, collusion or other criminal conduct on the part of the participant.

The hearing officer will make a decision based on the provisions of the approved State Plan, and applicable Laws and Regulations; including the Workforce Innovation and Opportunity Act, and the Nevada policies and laws that are consistent with Federal requirements (as listed on page 1 of this section). The hearing officer will provide the participant or the participant's representative and the Administrator of the Rehabilitation Division a written decision; setting forth findings of facts, conclusions of law, and an order (decision) within 30 calendar days of the completion of the hearing. The decision of the hearing officer is final for the purposes of Judicial Review, although, the Nevada

Rehabilitation Division reserves the right to seek Judicial Review pursuant to NRS 233B.

If the participant files a petition for judicial review of the decision of the hearing officer, the Division will make a record in accordance with the Nevada laws listed on page 1 of this section. The participant may obtain copies of the record from the Division upon written request to the Administrator. The participant may request advocacy services through the Client Assistance Program for the fair hearing process.

**Contents**

Cooperation with Other Agencies ..... 1
NRS277.090 Purpose ..... 1
NRS277.100 Definitions ..... 1

## Cooperation with Other Agencies

Employees of the Division will abide by any cooperative agreements, third-party cooperative arrangements and inter-local agreements the Division has entered into with another public agency. Employees will execute all agreements and arrangements while ensuring all state contracting rules and regulations are met.

A cooperative agreement is an agreement between two or more public agencies for the "joint exercise of powers, privileges and authority," including, but not limited to law enforcement. (NRS 277.080 to 277.170).

**NRS 277.090 Purpose.** It is the purpose of NRS 277.080 to 277.180, inclusive, to permit local governments to make the most efficient use of their powers by enabling them to cooperate with other local governments on a basis of mutual advantage and thereby to provide services and facilities in a manner and pursuant to forms of governmental organization which will best accord with geographic, economic, population and other factors influencing the needs and development of local communities. (Added to NRS by 1965, 1332)

**NRS 277.100 Definitions.** As used in NRS 277.080 to 277.180, inclusive, unless the context otherwise requires:

1. "Public agency" means:
   (a) Any political subdivision of this State, including without limitation counties, incorporated cities and towns, including Carson City, unincorporated towns, school districts and other districts.
   (b) Any agency of this State or of the United States.
   (c) Any political subdivision of another state.
   (d) Any Indian tribe, group of tribes, organized segment of a tribe, or any organization representing two or more such entities.
2. "State" includes any of the United States and the District of Columbia.

(Added to NRS by 1965, 1332; A 1969, 327; 1973, 260; 1983, 128)

All state agencies are subject to the requirements of the Nevada State Purchasing Act (NRS Chapter 333, State Administrative Manual (SAM) Chapters: 0300-Cooperative Agreements and Contracts and 1500-Purchasing).

The Nevada Revised Statutes can be found at NV Legislature NRS.

The Rehabilitation Division may enter into a third-party cooperative arrangement (TPCA) for providing or contracting for the provision of vocational rehabilitation services with another State agency or a local public agency that is providing part or all of the non-Federal share in accordance with paragraph (c)..." 34 CFR 361.28(a) at Third-party cooperative arrangements involving funds from other public agencies.

Where available TPCA (that are fully operational/actively providing the required service) will be the 1st choice as the service provider and must be referred (such as job placement through Career Connect). VR will not fund another provider unless there is a justification and rationale on why the TPCA cannot fill the need for the particular individual. It must be documented in a case note.

## Formal Case Review Process

The case file review system is an internal control mechanism for quality service provision and compliance with all applicable regulations. This policy applies to Vocational Rehabilitation cases. The supervisors for the Older Individuals Who Are Blind (OIB) program and Evaluation Services will coordinate and ensure appropriate formal case file reviews are conducted for these respective programs pursuant to instructions from Administration.

A District Wide and a State Wide case review will take place annually, approximately six months apart. Exceptions to this review schedule must be approved by Administration.

Electronic files will be reviewed through the electronic case file. The Quality Control Team will organize the review process and select the cases to be reviewed. This information will be relayed to rehabilitation counselors, technicians and administrative assistants in sufficient time to ensure that all documents not generated by the electronic case file (e.g., reports, medical records, social security information) have been submitted to designated staff for scanning into the electronic case files. All documents must be in the files prior to the review.

The Division's Case Review Instrument will be used to complete all reviews. The Quality Control Team will tally review results and complete a summary report of findings which will be submitted to the Deputy Administrator of Program Services, the Chief of Program Services and the respective District Managers within 15 business days of the completion of the review.

Management and others designated by management, with technical assistance from the Quality Control Team when requested, will develop and implement an action plan when necessary for quality improvement.

Review teams will consist of the following staff members:

1. The District Managers
2. Rehabilitation Supervisors
3. Rehabilitation Counselor(s) III (optional)
4. Rehabilitation Counselor(s) II (optional)
5. Administration (optional)
6. The Quality Control Team

With the exception of the Quality Control Team and Administration, reviewers will review cases from their own district during the district wide case reviews. However, during the state wide case reviews, reviewers may review cases from either district, but will not review their own cases.

Reviewers will be versed in the review instrument and provided instructions on review protocol. Reviewers are responsible for completing each review instrument in a consistent, accurate and conscientious manner in order to ensure the integrity of the review. Counselors who are not well versed in policies or review questions may sit in on the review process as observers and jointly review cases with another experienced staff member. However, to protect the integrity of the review process, inexperienced staff will not independently review cases.

**Contents**

Assessment of Eligibility ..... 1
Eligibility Determination ..... 1
Assessment of Independent Living Needs for Older Individuals Who Are Blind ..... 1
Scope of /Services for Older Individuals Who Are Blind ..... 2
Financial Need and Determination of the Availability of Comparable Benefits ..... 2
Individual Plan of Service (IPS) ..... 2
Plan Rationale ..... 3
Case File Review ..... 3
Closures ..... 3
Case Record ..... 5

The Older Individuals who are Blind (OIB) Program is a federally funded program that provides independent living services to visually impaired individuals, aged 55 and older to assist them in maintaining their independence.

## Assessment of Eligibility

Determination of eligibility is required and must be completed within forty-five (45) days from the date of the receipt of the application.

The determination of eligibility for the OIB Program services is based on a review of existing information. If additional data is necessary, assessments will be scheduled. Medical documentation of the visual impairment is required to determine eligibility.

## Eligibility Determination

An individual is eligible for OIB Program services if the individual:

1. Is legally blind or severely visually impaired (severely visually impaired defined as 20/70 best corrected and/or 50% or less field); and
2. Is age 55 or older; and
3. Is in need of Independent Living Rehabilitation services to maintain their independence.

Eligibility letter must be sent to the participant.

## Assessment of Independent Living Needs for Older Individuals Who Are Blind

As soon as eligibility has been determined and to the extent necessary, the identified staff person, as designated by the District Manager, conducts an assessment of independent living needs to determine the nature and scope of needed services.

Independent Living Services may be available and used as a comparable benefit if appropriate.

The assessment should consist of a comprehensive assessment of the participant's unique strengths, resources, priorities, interests and needs. A comprehensive assessment is limited to information that is necessary to identify the participant's independent living needs and to develop the Individualized Plan of Service (IPS). An Orientation and Adjustment assessment is required to determine the participant's Activities of Daily Living needs.

Assessments completed by the Rehabilitation Instructor or Orientation and Mobility Instructors will be submitted to the identified staff person, as designated by the District Manager, within ten (10) working days upon completion of the assessment.

**Scope of /Services for Older Individuals Who Are Blind**

It is a Division policy that all services:

1. Must be pre-authorized for payment;
2. Are subject to the policies in Section 18 of this Manual (Purchases and Payments of Goods and Services, Authorizations, Cash Pays and Authority Levels);
3. Must be part of the Individualized Plan for Service and relate to the goal of increased independence and self-sufficiency; and
4. Must be performed by personnel qualified, and/or licensed, and/or certified in their respective professional disciplines.

**Financial Need and Determination of the Availability of Comparable Benefits**

OIB participants are exempt from financial participation in the costs of independent living services. If comparable services and benefits are available, they must be utilized to meet in whole or in part the cost of independent living services (such as Veteran's Administration, Independent Living Services, Medicare or Medicaid etc.).

**Individual Plan of Service (IPS)**

A written, signed Individualized Plan of Service will be developed within forty-five (45) business days of application, for each eligible participant of the OIB Program. Services provided will be developed jointly by the designated staff person and the participant. Guardians and authorized representatives should be included as appropriate and other suitable professionals and informed advisors may also be included. A copy of the IPS and any amendments will be provided to the participant and/or representative. To the maximum extent possible, the IPS should be provided in the participant's native language or mode of communication in accessible formats such as Braille, large print or audiotape.

## Plan Rationale

Defines how the Individualized Plan of Service identifies and meets the nature and scope of needed services in support of independent living and self-sufficiency outcomes.

The Plan may include the following specific services related to attainment of independent living and self-sufficiency:

1. Orientation and mobility evaluation and training;
2. Daily living skills evaluation and training;
3. Communication skills and devices;
4. Low vision evaluation;
5. Special independent living aids;
6. Initial diagnostic examination for visual problems or related medical problems;
7. Transportation for IL services in accordance with the Plan;
8. Leisure services; and
9. Education and counseling to family members.

In addition, the Plan will include the following:

1. Projected dates for the initiation of each service and anticipated duration of each service;
2. Evaluation criteria;
3. Participant and BSBVI staff responsibilities; and
4. Participant and BSBVI staff signatures.

## Case File Review

If the anticipated length of the case extends beyond twelve (12) months, it requires supervisory review. Utilization of a Rehabilitation Instructor and/or Orientation and Mobility services extending beyond six (6) months requires supervisory review. If future reviews are specified and follow up activity is required, case note documentation must reflect this activity.

## Closures

All closures require documentation of the reason for closure. A closure letter must be sent to the participant and/or their representative for any type of closure (including ineligibility) at least 10 days prior to the close of the case.

The closure letter must explain the reason for closure, provide notification of appeal rights and the availability of the Client Assistance Program. Exception to the 10 day requirement may be waived if the participant has verbally agreed to an earlier date. However, a closure letter with the date of closure is still sent with the same information noted above.

1. Closure for reasons other than ineligibility – A case may be closed when the participant is unavailable to participate or to complete an assessment of eligibility and the designated staff person has made a minimum of two written (e-mails, letters etc.) attempts to contact the individual. If the participant does not respond to these attempts, then a 10 day closure letter may be sent. When a case is closed prior to a determination of eligibility, the closure reason must be documented in a progress review note.

2. Closure from applicant status when eligibility requirements are not met:
   a. The individual does not have a visual disability;
   b. The individual cannot benefit from services;
   c. The individual has an unfavorable medical prognosis;
   d. The individual is able to obtain or retain gainful employment; and/or
   e. The individual does not meet age criteria.

   A closure reason must be documented, and the case closed in a timely manner. Ineligible participants should be referred to other appropriate programs.

3. Successful closures occur when a participant has received services resulting in independent living, the criteria for which are:
   a. The participant must live alone and have decreased reliance on assistance from outside sources through provision of IL services; or
   b. Have a spouse or other family member who has difficulty caring for them and whose difficulty has been relieved through provision of IL services; or
   c. When a participant has successfully completed the services on the Individualized Plan of Service

   The closure reason must be documented, and the case closed within thirty calendar days of completion of the Plan.

4. Cases may be closed unsuccessfully when:
   a. The participant refuses services;
   b. Evidence indicates the individual cannot benefit from services;
   c. Relocation of applicant and/or recipient of services, eliminating availability for participation;
   d. Whereabouts is unknown;
   e. Medical condition rapidly progressing or terminal;
   f. Death; or
   g. Institutionalization

   The case must be closed in a timely manner, once the determination has been made.

## Case Record

A case record for each applicant and/or recipient of services will be established and maintained by the designated staff person. The case record will contain, as applicable:

1. Intake summary;
2. Documentation the participant has been advised of the confidentiality of all case information and the release of such;
3. Documentation supporting eligibility or ineligibility;
4. Assessment of eligibility;
5. Assessment of independent living needs;
6. Rationale for IL services;
7. Individual Plan of Services;
8. Documentation of comparable services and benefits and their use, if available;
9. Documentation and analysis of any evaluations and training provided by staff or outside consultants;
10. Documentation of any action or decision involving review of a determination and Fair Hearing or Mediation. See Section 22: Fair Hearing and Mediation Procedures;
11. Documented case notes/progress review notes (PRN's) as necessary, regarding the participant's IPS progress:
    - Notes, correspondence and or documents generated by staff must be written in a professional manner
    - Ensure notes are entered at important decision points such as eligibility
    - Describe facts and observation and include rationale for major decisions
    - Written in an orderly and logical manner
    - Limit jargon, abbreviations and extraneous information
    - Document who provided any confidential records
        - Note: Records provided directly by the participant should also contain a notation on the actual records that they were provided by the participant
    - Documentation must occur at a minimum every ninety (90) calendar days as well as at important decision points. Decision point contacts and/or actions will be documented by the case manager in a progress review note within 2 business days of the contact and will include an assessment of the event(s) and plan of action; and
12. Case closure documentation.

**Contents**

Implementation of New Policies ..... 1
Examples of when application of the new policy may apply ..... 1
Examples of when application of the new policy may not be required ..... 2

## Implementation of New Policies

For all cases in applicant or eligible status, changes and updates to policies will become effective the date they are included in the manual. Policy changes made due to a State or Federal Law or requirement; audit exceptions or recommendations; recommendations from the Rehabilitation Services Administration (Federal over-site agency for the VR program); or other pertinent changes deemed necessary due to similar circumstances, or as determined necessary by VR management, will become effective immediately for all cases.

Implementation of any other new policies for an individual with a completed and signed IPE will need to be determined on a case by case basis. Some new policies, as directed by management, may become effective at the time of the IPE annual review, however as a general rule, if a policy changes in regard to a planned service that has already been included on an agreed upon IPE, except in the situations previously noted, the plan will proceed under the policy which was in place at the time the plan was developed and signed. However, if significant amendments are made to the IPE such as when a vocational goal is changed, additional services are added, or there is a significant change in costs the new policy would be effective for those changes.

Examples of when application of the new policy may apply:

> Example #1: An individual has begun a plan that includes college training, however decides to change his or her vocational goal after a new policy has been implemented. The new policy would take effect because there is a major change to the goal.
>
> Example #2: An individual has a plan that includes 4 services. After a policy change takes place a 5th service is added to the plan. While the previous policy would apply to providing the 4 services already in place; the new policy would apply to the 5th service that was added.
>
> Example #3: An individual has begun a plan that includes college training up to an AA degree. After a policy change it is decided to amend the plan to include a Bachelor's degree; however, the vocational goal has not changed. While the previous policy would be in effect until completion of the AA degree; the new

policy would take effect for the additional training (beyond the AA degree) needed to obtain a Bachelor's degree.

Example#4: An individual has begun a plan that includes college training. The participant relocates and wants to attend a different college which is closer to his/her new residence, but which has significantly higher tuition and fees. The vocational goal remains the same. As there is a significant change in cost, the new policy would apply to the funding of the tuition and fees at the new college.

Examples of when application of the new policy may not be required:

Example #1: An Individual has begun a plan that includes college training. There is a change in policy regarding the funding of college training. If there are no changes to the vocational goal, cost of the plan or services, training would be provided in accordance with the provisions of the IPE that are consistent with the policy that was in place when the IPE was developed and signed.

Example #2: An individual's IPE service and service costs remain the same, but the plan is amended to change the vendor providing the services.

Example #3: There is a minor change to the way the service is provided without a significant change in costs such as the change from a regular bus pass to a para-transit card.

Example #4: There is a slight increase to the estimated service costs. For example, the college raises tuition costs by $5.00 a credit hour.

**Contents**

I. Overview ..... 1
II. Workplace Violence and Personal Safety ..... 1
III. Other Disruptive Behaviors ..... 2

**I. Overview**:
Individuals, including VR participants, employees, vendors, community partners, employers and the general public who enter a VR office or do business with VR should be able to do so in a safe and respectful environment.

Interactions or behaviors which take place in a VR office or during the provision of VR services that are not conducive to a safe and respectful environment should be addressed appropriately.

**II. Workplace Violence and Personal Safety:**
Violence, threats, harassment, intimidation and other incidents (as defined below) or acts of aggression and disruptive behavior in the workplace by anyone will not be tolerated. Acts of aggression can include oral or written statements, gestures, or expressions that communicate a direct or indirect threat of physical or mental harm or, indirect acts such as damage to personal property.

Public employees are protected under NRS 199.300 Intimidating public officer, public employee, juror, referee, arbitrator, appraiser, assessor or similar person from threats and intimidation. In consultation with the Attorney General and Administrator, a case may be referred for prosecution.

Individuals, who commit acts of workplace violence will be subject to disciplinary action (if a state employee), may be removed from the premises, and/or subject to criminal actions by the appropriate legal authority. A participant who displays violent or destructive behavior may be refused service and/or as noted in Section 19 (Closures) in consultation with the Administrator and/or his or her designee the case may be closed.

The Agency adheres to both:

- **The Department of Employment Training and Rehabilitation's (DETR's) Property and Personal Safety Policy** available on the Department's Intra-net and,
- **The State of Nevada's Workplace Violence Prevention Policy** found at Department of Administration- Risk Management (Workplace Violence)

**These policies should be followed when responding to and/or reporting workplace violence and personal safety issues**.

Definition of Incidents

- Assault: The intentional use or threatened use of physical injury (impairment of physical condition or substantial pain) to another person, with or without a weapon or dangerous instrument.
- Criminal Mischief: Intentional or reckless damaging of the property of another person without permission.
- Disorderly Conduct: Intentionally causing public inconvenience, annoyance or alarm or recklessly creating a risk thereof by fighting (without injury) or violent numinous or threatening behavior or making unreasonable noise, shouting abuse, misbehaving, disturbing an assembly or meeting or persons or creating hazardous conditions by an act which serves no legitimate purpose.
- Harassment: Intentionally striking, shoving or kicking another or subjecting another person to physical contact, or threatening to do the same (without physical injury). Harassment may also consist of threats to cause damage to the property of another person, or any act intended to substantially harm the person threatened in his or her physical or mental health or safety. It may involve using abusive or obscene language or following a person in about a public place or engaging in a course of conduct which alarms or seriously annoys another person.
- Larceny: Wrongful taking, depriving or withholding property from another (no force involved). The victim may or may not be present.
- Menacing: Intentionally places or attempts to place another person in fear of imminent serious physical injury.
- Reckless Endangerment: Subjecting individuals to danger by recklessly engaging in conduct, which creates a substantial risk of serious physical injury.
- Robbery: The forcible stealing of another's property by use of threat of immediate physical force. The victim is present and aware of the theft.
- Sex Offense: Defined in the State of Nevada's Workplace Violence Prevention Policy

**III. Other Disruptive Behaviors**:
Other disruptive behaviors may include but are not limited to:

- Bullying (for example: actions that create an intimidating or hostile environment or place a person in reasonable fear of physical harm or fear of damage to personal property or pervasive taunting, belittling or demeaning humor, or

pervasive nonverbal threats or intimidation such as use of aggressive, menacing or disrespectful gestures);
- Explosive expressions of anger or hostility;
- Drunken or disorderly conduct or exhibitionism;
- Loud talking or other noisy activities that seriously disturbs others or the ability for work to get completed;
- Possession of a firearm, suggestion, use or display of weapons in a threatening or intimidating manner, other than by a paid security guard explicitly hired to provide these services; law enforcement in connection with their duties; or other individuals as legally allowed and provided for by law;
- Possession or use of illegal substances; and
- Coercion of agency participants for money or undue or excessive pressure with the intent to solicit business from the participant.

When there are no immediate safety concerns and the above behaviors occur, staff, in consultation with a Rehabilitation Supervisor, may ask offenders to leave the office and solicit the assistance of security or law enforcement if needed.

If the offender is a participant, the rehabilitation counselor has a responsibility to provide counseling and guidance regarding disruptive behaviors and provide the participant opportunities to calm down, learn coping strategies and to encourage participation in services that will promote work appropriate behaviors. This is especially true in situations when the behavior is a direct result of the disability. However, this does not obligate the counselor or another staff member to continue an inappropriate conversation or interaction with the participant or to allow the participant to bully, intimate or engage in other inappropriate behaviors toward another participant, vendor, or member of the public. Staff should attempt to solicit a behavior change, if feasible, before ceasing the conversation or interaction and advise the individual that continuation of the behavior will result in a discontinuation of the interaction or conversation. As applicable and appropriate the participant should also be informed that services may be delayed or suspended if the behavior continues.

As disruptive behaviors are generally not tolerated in the work environment, the agency may suspend, delay or interrupt services for participants who refuse to take steps required to develop work appropriate behavior. A behavioral agreement may be initiated if needed and continuation of services may be contingent upon compliance with the agreement. Services may be placed on hold until the participant can behave in an appropriate manner. However, during this suspension, the agency may, at its discretion, provide or continue services that assist the individual to diminish behavioral barriers to employment, particularly those that are a result of a disability. Decisions to suspend services must be staffed with the Rehabilitation Supervisor and District

Manager prior to the suspension of services. If the participant does not cooperate or make progress in developing work appropriate behavior the case may be closed.

If the offender is an advocate or representative of a participant, he or she will need to cease representing the individual until he/she can interact in an appropriate manner.

If the offender is a vendor, the business relationship may be interrupted or terminated as determined appropriate by administration.

**Contents**

Inappropriate or Improper Use of VR Funds or If Fraud Occurs ..... 1
Procedures ..... 2
Inappropriate or Improper Use of VR Funds or If Fraud Occurs With a Cumulative Value Under $100.00 ..... 2
Inappropriate or Improper Use of VR funds or If Fraud Occurs Over $100.00 Or Repeat Offenses ..... 3
Serious cases of fraud, intent to commit fraud or numerous repetition of fraud ..... 4
Future Cases ..... 4

## Inappropriate or Improper Use of VR Funds or If Fraud Occurs:

Public funds should be used as intended by laws, regulations and policies.

When requesting funding for goods and services from VR, participants are expected to be honest and to utilize all services and goods provided in a responsible manner for VR purposes, and with the intent to complete an Individualized Plan for Employment (IPE) leading to successful employment or for the Older Individuals who are Blind program, the intent to achieve Individualized Plan of Services (IPS) objectives and goals.

Participants should not use or allow others to use, goods and services purchased by VR in a manner that would make them unavailable for VR use or that would compromise the ability to use them in the manner intended.

The agency can recover funds for goods and services that are misused, purchased without authorization or agency approval, or that are obtained through fraud.

If VR pays for part of or in full for goods or services that the participant has financial participation responsibility, they are required to reimburse VR the costs. Failure to do so may be considered fraud.

If fraud occurs, it can damage the public trust in the VR program and in State Government. Fraud may exist when an individual knowingly and deliberately withholds, conceals or misrepresents information to obtain or attempt to obtain VR services or funding. Fraud includes but is not limited to intentionally reporting inaccurate income or sources of income, knowingly acquiring goods or

services funded by VR without the intent to use them primarily to meet IPE or IPS goals and theft of items purchased by VR.

If goods and services are used inappropriately, improperly obtained or obtained through fraud, the participant will be required to return items or to reimburse VR funds spent on those goods or services. Failure to do so may result in suspension of services or case closure. In serious cases of fraud or intent to commit fraud, a report to law enforcement may be filed seeking criminal prosecution.

**Procedures:**

In applying for services, the participant agrees to provide accurate financial information and abide by VR policies related to the use of funds on his or her behalf.

When authorizing or providing goods or services to participants, counselors are responsible for explaining documentation requirements and any other requirements pertaining to the purchase or use of the goods or services. As applicable and appropriate, it is also recommended these requirements be included on the IPE.

Documentation is required to demonstrate funds were used properly and as intended. Receipts or other required documentation of goods or services should be provided in a timely manner. If a participant refuses or fails to provide receipts or required documentation in a timely manner, the counselor should make a written request for these documents and include a reasonable timeline by which they must be provided. Continued refusal or failure to provide the required receipts or documentation, may be indicative of fraud or improper use of VR funds and is subject to the following policies, including the possible suspension of services (including services unrelated to the goods or service requiring the receipt), or case closure.

**Inappropriate or Improper Use of VR Funds or If Fraud Occurs With a Cumulative Value Under $100.00**

For the first offense under $100.00 the counselor will:

- Review information from the application indicating the participant's responsibilities in these areas.
- Show or provide the participant a copy of the documentation used to determine funds were misused;
- Suspend the service until the participant has reimbursed VR for the misused funds;
- Provide the participant the Fair Hearing Informational Sheet and information on the Client Assistance Program;
- Inform the participant of the potential consequences if there are any additional

occurrences of inappropriate or improper use of VR funds or if fraud occurs; and
- Report instances of obvious fraud to the Bureau Chief.

This discussion and any reimbursements made must be documented in the case notes. If reimbursement is not feasible alternative arrangements may be made with documented approval from the Rehabilitation Supervisor.

Repeat occurrences will be handled the same way misuse of funds or fraud over $100.00 is handled

**Inappropriate or Improper Use of VR funds or If Fraud Occurs Over $100.00 Or Repeat Offenses**

Counselor Responsibilities:
- Staff the case with the Rehabilitation Supervisor (or in serious cases of fraud or repeated offenses staff the case with the Supervisor and District Manager, ensuring that the supervisor has received and reviewed documentation supporting the conclusion that funds were used inappropriately or that fraud has occurred.
- Review information from the application indicating the participant's responsibilities in these areas.
- Review with the participant the supporting documentation confirming the inappropriate use of VR funds or that fraud has occurred.
- Offer the participant the opportunity to provide additional information or documentation regarding the obtainment or use of the funds.
- Provide the participant the Fair Hearing Informational Sheet and information on the Client Assistance Program.
- Report the improper use of VR funds to the Administrator, who must approve all recommended actions prior to completion of the "Inappropriate Use of VR Funds Discussion and Agreement Form".
- Complete the "**Inappropriate Use of VR Funds Discussion and Agreement Form"** which will be signed by the counselor or appropriate staff person and the participant. This form and all supporting documentation will be scanned into the electronic case file as one document.

The participant will be expected to follow through with all agreements.

Refusal to respond to a request to meet with the counselor to discuss the form and/or to agree, in writing, to return items or reimburse VR when funds have been misused, and/or failure to follow through with the agreements may, in consultation with the Rehabilitation Supervisor, result in suspension of all services or case closure. Generally

the 10 day closure letter should state the specific reason for the closure and allow the participant time to comply. However, there may be cases of serious fraud or intent to commit fraud that results in immediate case closure as noted below.

**Serious cases of fraud, intent to commit fraud or numerous repetition of fraud:**
Serious cases of fraud or intent to commit fraud or numerous repetitions should be reported to the District Manager through the Rehabilitation Supervisor. The Rehabilitation Supervisor and the District Manager should be provided supporting documentation and if they ascertain that serious fraud, intent to commit fraud or numerous repetitions of fraud have occurred they must inform the Bureau Chief, Deputy Administrator of Program Services and the Administrator. Some serious cases of fraud or intent to commit fraud may result in immediate case closure as approved by the Administrator or Deputy Administrator. Cases may also be reported to law enforcement for prosecution. Only the Administrator or Deputy Administrator, in consultation with the agency's legal representative at the Attorney General's Office, may make a determination to report to law enforcement.

**Future Cases:**
Participants who reapply for services after having a case closed due to improper use of VR funds or fraud may do so. However, if funds are still owed to VR all future expenditures and services may be placed on hold until funds have been repaid or in extenuating circumstances, with District Manager approval, alternative arrangements have been made. If a previous case was closed for serious or numerous repetitions of fraud the Bureau Chief, Deputy Administrator and the Administrator must be notified, provide direction for the case and be kept informed of any suspicious activities that might indicate a reoccurrence of fraud.

# Certificate of Eligibility (COE) Coding Instructions

To complete the Certificate of Eligibility (COE) the following must be processed in AWARE:

1. Disability Section on the Application Page
2. Disability Priority on the Eligibility Page
3. Eligibility Determination on the Eligibility Page

## Disability

The disability is entered into the AWARE electronic case file. Ensure that:

- The impairment and "impairment due to" listed on the application are accurate.
- Documentation of the disability is in the file (as noted in Subsection B.3. of Section 8: Eligibility Determination for VR)
- Indicate if the disability is primary or secondary.
- The impairment and "impairment due to" are as specific as the AWARE electronic case file allows. For example, use respiratory disorder due to respiratory conditions, or psychosocial disorder due to depression and other mood disorders, when applicable, versus other physical conditions due to physical disorders/conditions, or other mental impairments due to mental illness.
- The impairment accurately reflects the impairment experienced by the specific individual. Individuals with the same disability may experience different impairments.
- Utilize specific impairment to list a more specific impairment.
- If the impairment listed is not obviously related to the "impairment due to" reason (disability), justify the impairment on the comments section. For example, it is not obvious how a psychosocial impairment is due to arthritis or how blindness is due to an anxiety disorder.

## Disability Priority

The disability priority is entered into the AWARE electronic case file.

A. Disability Priority- Significance: The selection must be supported by the items coded in item B below (Functional Limitations). The AWARE case management system automatically calculates the disability priority after completion of the section based on the following criteria to determine the significance of disability:

**Not Significantly Disabled**
**The Participant**

- Does not receives social security benefits
  - Under Title II or Title XVI of the Social Security Act

**And**

- Does not have a **severe** physical or mental impairment **or**
- Does not have **comparable substantial functional limitation** as the disabilities listed in the federal regulations
  - See: 34 CFR 361.5 (c) (30) (iii) Applicable definitions- Individual with a significant disability- comparable substantial functional limitation **or**

- Does not require **multiple** rehabilitation services; **or**
- Does not require an **extended period of time** for services **or**

**Significantly Disabled (SD)**

**The Participant**

- Has a **severe** physical or mental impairment, **and**
- One or more functional limitation
  - in a major life activity that creates a substantial barrier to employment; **and**
- Requires multiple rehabilitation services
  - (Not including secondary services such as bus pass and interview clothing); **and**
- Requires an extended period of time for services
- Has one or more physical or mental disabilities as defined in 34 CFR 361.5(c) (30) Applicable Definitions- Individual with a significant disability or a combination of disabilities that cause comparable functional limitations.
  - Who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, intellectual disability, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation.

**OR**

- Receives Social Security benefits under Title II or Title XVI of the Social Security Act
  - Regardless of whether or not the individual requires multiple services over an extended period of time

**Most Significantly Disabled (MSD)**

**The Participant**

- Meets criteria for a significant disability **and**
- Has at least two or more functional limitations in a major life activity that create a substantial barrier to employment; **and**
- Requires multiple rehabilitation services; **and**
- Requires an extended period of time for services
  - Defined as six months or longer

B. Functional Limitations:
   1. Choose only limitations that create a substantial barrier to employment due to the impairment listed under the disability section on the AWARE application page.

Other limitations such as communication limitations due to a language barrier can be noted in the intake summary or case notes but does not belong in this section.

2. Indicate if the participant's disability/combination of disabilities is severe. Yes if:
    a. Has a severe physical or mental impairment, and
    b. Has one or more physical or mental disabilities as defined in 34 CFR 361.5(c) (30) Applicable Definitions- Individual with a significant disability or a combination of disabilities that cause comparable functional limitations.
3. Estimate the number of primary or significant rehabilitation services needed. Primary services are those services that, independent of other services provided, lead the participant toward the employment goal (e.g. college training, restoration services, assistive technology, and job placement). Secondary services are services that are necessary for the provision of primary services (e.g. bus passes, gas cards and interview clothing) and may not meet the requirement of multiple rehabilitation services.
4. Estimated the months of service from the date of plan.

## Eligibility Determination

### Section 1: Determination

The eligibility determination is the last phase to completing the COE in the AWARE electronic case file. If section 5 (financial) in the intake on the application page in AWARE was not previously entered, the presumed eligibility options will not show up in the eligibility determination.

A. Eligibility date: This is the date the counselor determines the applicant eligible for services. Appropriate documentation must be in the file on or before this date.
B. AWARE case management system automatically populates the following items from section 5-financial from the intake on the application page; make updates if necessary:
    1. Presumed Eligibility: Indicate “yes” whenever applicable and follow the documentation requirements contained in Subsection B.3. of Section 8 (Eligibility Determination for VR).
    2. Presumption Status Confirmation Date
    3. Presumed Eligibility Rational

### Section II: Disability

The AWARE electronic case management system automatically populates this field from the disability section on the application page; update if necessary.

### Section III: Impediments to Employment

Choose impediments to employment that are a direct result of the impairment and “impairment due to” listed in Section II: Disability above. There are serious ethical concerns when entering options are entered that don’t apply to that specific individual. If the individual has an impediment not caused by the listed disability, document this in the case notes or intake summary but do not list it in this section.

**Section IV: Documentation**

At least one eligibility rational option or a narrative must be entered into the AWARE electronic case file. This is where the counselor documents that the applicant requires VR services. Ensure that VR services that are anticipated to reduce, eliminate, accommodate or otherwise alleviate the applicant's impediment to employment are required. If the applicant does not require services to reduce, eliminate or accommodate the impediment (e.g. only support services not related to the impairment such as gas cards or interview clothing are required), the counselor must determine if the applicant meets eligibility criteria (see Subsection B.2. of Section 8: Eligibility Determination for VR).

**Section V: Other Comments**

This is not a required field and generally does not need to be completed. However, it is useful to provide explanations when needed.

## SUBSTANTIAL BARRIERS TO EMPLOYMENT CHECKLIST

Does the individual have a functional limitation that creates a substantial barrier to employment? This requires taking a good look at how a disability affects the individual in their activities and documenting their functional limitations. Examples of serious limitations in each of the major life activities listed in the electronic case file include, but are not limited to:

| | | |
|---|---|---|
| **Communication: The ability to use, give and/or receive information.** | | |
| ☐ | No serious limitation in terms of an employment outcome has been determined for this functional capacity at this time. | |
| ☐ | A serious limitation in terms of an employment outcome is indicated when, as a result of the physical and/or mental impairment: | |
| | ☐ | Requires an accommodation not normally provided to persons without a disability to use, give and/or receive verbal/auditory information including rehabilitation technology such as speech devices and screen reading software, hearing aids, video phone, and interpreter. |
| | ☐ | Requires an accommodation not normally provided to persons without a disability to use/give and/or receive visual forms of communication such as low vision aids; Braille/tactile labels, rehabilitation technology such as screen reading software. |
| | ☐ | Limited to single words, short phrases or simple non-verbal concepts. |
| | ☐ | Speech is unclear, illogical, obscure or unintelligible. |
| | ☐ | Unable to speak, hear or understand oral communication in the dominant language. |
| | ☐ | Unable to use written materials without the use of adaptive aids. |
| | ☐ | Unable to express or understand oral, written, verbal, tonal and postural communication. |
| | ☐ | Other serious limitation in terms of an employment outcome (specify): |
| **Independence in the Home:** | | |
| ☐ | No serious limitation in terms of an employment outcome has been determined for this functional capacity at this time. | |
| ☐ | A serious limitation in terms of an employment outcome is indicated when, as a result of the physical and/or mental impairment: | |
| | ☐ | Requires an accommodation not normally provided to persons without a disability to manage the household such as home management aids/tools (reaching tools, checklists, cleaning aids, home modification), home care assistance (cooking, laundry etc.). |
| | ☐ | Other serious limitation in terms of an employment outcome (specify): |
| **Interpersonal Skills: The ability to establish and/or maintain appropriate interactions with others** | | |
| ☐ | No serious limitation in terms of an employment outcome has been determined for this functional capacity at this time. | |
| ☐ | A serious limitation in terms of an employment outcome is indicated when, as a result of the physical and/or mental impairment: | |
| | ☐ | Requires an accommodation not normally provided to persons without a disability to establish and/or maintain appropriate interactions with others such as specialized training and/or personal assistance services and/or prescribed medication. |
| | ☐ | Unable to initiate and/or maintain appropriate interpersonal relationships in the work place. |
| | ☐ | Unable to behave in a socially acceptable manner (frequent conflicts, excessive talking etc.) |
| | ☐ | Unable to exercise good judgment in relationships. |
| | ☐ | Experiences significant difficulty coping with fear, anxiety and frustration. |

| | | |
|---|---|---|
| | ☐ | Difficulty relating to co-workers. |
| | ☐ | Other serious limitation in terms of an employment outcome (specify): |
| **Mobility: The ability to move from place to place** | | |
| ☐ | No serious limitation in terms of an employment outcome has been determined for this functional capacity at this time. | |
| ☐ | A serious limitation in terms of an employment outcome is indicated when, as a result of the physical and/or mental impairment: | |
| | ☐ | Requires an accommodation not normally provided to persons without a disability to move from place to place such as a wheelchair, vehicle modification, service animal, prosthesis, mobility training, mobility aid, personal assistant, assistance using public transportation or reading sign posts. |
| | ☐ | Unable to travel long distances for extended periods of time/limited in distance or terrain that can be traveled. |
| | ☐ | Unable to process environmental cues and warnings when traveling. |
| | ☐ | Other serious limitation in terms of an employment outcome (specify): |
| **Self-Care: The ability to plan and/or perform activities of daily living** | | |
| ☐ | No serious limitation in terms of an employment outcome has been determined for this functional capacity at this time. | |
| ☐ | A serious limitation in terms of an employment outcome is indicated when, as a result of the physical and/or mental impairment: | |
| | ☐ | Requires an accommodation not normally provided to persons without a disability to plan or perform activities of daily living including personal assistance services, rehabilitation technology, assistive devices (braces, prosthetics, walker etc.), or specialized training to independently plan and/or perform ADL's. |
| | ☐ | Unable to perform component skill areas in eating/drinking; hygiene/toileting; grooming/dressing, personal health care, taking medications. |
| | ☐ | Other serious limitation in terms of an employment outcome (specify): |
| **Self-Direction** | | |
| ☐ | No serious limitation in terms of an employment outcome has been determined for this functional capacity at this time. | |
| ☐ | A serious limitation in terms of an employment outcome is indicated when, as a result of the physical and/or mental impairment: | |
| | ☐ | Requires an accommodation not normally provided to persons without a disability to control and regulate his/her personal, social and work life. |
| | ☐ | Becomes confused or disoriented in performing routine job tasks. |
| | ☐ | Needs on-going help or intervention for activities related to task completion, socialization or behavior management. |
| | ☐ | Lacks skills in money management, time management, maintaining a schedule/ managing time to complete job duties. |
| | ☐ | Limitations in setting goals and developing action plans. |
| | ☐ | Limitations in understanding the responsibility and consequences of choices. |
| | ☐ | Limitations in self-monitoring/follow through. |

| | | |
|---|---|---|
| | ☐ | Requires medication or on-going treatment to control or reduce the symptoms of a disorder that impacts decision-making. |
| | ☐ | Requires constant supervision in a work setting. |
| | ☐ | Requires on-going guidance, motivation and support by professional staff. |
| | ☐ | Other serious limitation in terms of an employment outcome (specify): |

**Work Skills: The ability to learn and/or perform work functions.** (Note: the lack of work skills in and of itself does not meet the criteria for seriously limited capacity in the ability to learn or perform work skills)

| | | |
|---|---|---|
| ☐ | No serious limitation in terms of an employment outcome has been determined for this functional capacity at this time. | |
| ☐ | A serious limitation in terms of an employment outcome is indicated when, as a result of the physical and/or mental impairment: | |
| | ☐ | Requires an accommodation not normally provided to persons without a disability to learn or perform work functions such as a job coach, note taker, prescribed medication, specialized training, personal assistance services, job modifications (job restructuring, modified work area, additional time to learn or perform work functions) or rehabilitation technology to learn or perform work functions. |
| | ☐ | Requires an accommodation not normally provided to persons without a disability to plan, problem-solve and/or organize work functions such as rehabilitation technology, personal assistance services, specialized training or a job coach. |
| | ☐ | Due to the disability, has few job skills or job skills are largely unusable. |
| | ☐ | Other serious limitation in terms of an employment outcome (specify): |

**Work Tolerance: The ability to sustain the required level of work function**

| | | |
|---|---|---|
| ☐ | No serious limitation in terms of an employment outcome has been determined for this functional capacity at this time. | |
| ☐ | A serious limitation in terms of an employment outcome is indicated when, as a result of the physical and/or mental impairment: | |
| | ☐ | Requires an accommodation not normally provided to persons without a disability in order to sustain the required level of work function such as an adjusted work schedule to meet continuing medical treatment or medical needs, prescribed medication to sustain required levels of work function, modified job duties or assistive devices to perform job duties, frequent rest breaks not typically required for others in the work place. |
| | ☐ | Lacks the strength, stamina or capacity to perform effectively and efficiently job duties that require various levels of physical or psychological demands such as working poorly under stressful conditions or unable to perform labor-intensive job duties. |
| | ☐ | Conditions that affect tolerances in the work place such as weakness/fatigue, impaired bladder/bowel control, seizures, environmental/multiple chemical sensitivities, involuntary inattentiveness, obsessive compulsive habits, pain, side effects of medications, physical tolerances |
| | ☐ | Other serious limitation in terms of an employment outcome (specify): |

## Definitions Applicable to the Vocational Rehabilitation Program Including Supported Employment Services

Applicant

An individual who submits an application for vocational rehabilitation services in accordance with the description below. An individual is considered to have submitted an application when the individual or representative:

1. Has completed and signed an agency application form or through another modality has otherwise requested services;

2. Has provided information necessary to initiate an assessment to determine eligibility and priority for services; and

3. Is available to complete the assessment process.

Appropriate Modes of Communication

Specialized aids and supports that enable an individual with a disability to comprehend and respond to information that is being communicated. Appropriate modes of communication include, but are not limited to, the use of interpreters, open and closed captioned videos, specialized telecommunications services and audio recordings, Braille and large print materials, materials in electronic formats, augmentative communication devices, graphic presentations and simple language materials.

Assistive Technology Device

Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain or improve the functional capabilities of an individual with a disability.

Assistive Technology Service

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

1. The evaluation of the needs of an individual with a disability including a functional evaluation of the individual in their customary environment;

2. Purchasing, leasing or otherwise providing for the acquisition by a participant of an assistive technology device;

3. Selecting, designing, fitting, customizing, adapting, applying, maintaining,

repairing or replacing assistive technology devices;

4. Coordinating and using other therapies, interventions or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;

5. Training or technical assistance for a participant or their family members, guardians, advocates or representatives necessary to achieve an employment outcome; and

6. Training or technical assistance for professionals (including individuals providing education and rehabilitation services), employers or others who provide services to employ or who are otherwise substantially involved in the major life functions of participants, to the extent that training or technical assistance is necessary to the achievement of an employment outcome.

AWARE

The electronic case management system utilized by the Division.

Case File

A hard copy file or electronic file (or combination), whichever is appropriate.

Community Rehabilitation Program

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 them to maximize their opportunities for employment, including career advancement:

1. Medical, psychiatric, psychological, social, and vocational services that are provided under one management;
2. Testing, fitting, or training in the use of prosthetic and orthotic devices;
3. Recreational therapy; physical and occupational therapy;
4. Speech, language and hearing therapy;
5. Psychiatric, psychological and social services, including positive behavior management;
6. Assessment for determining eligibility and vocational rehabilitation needs;
7. Rehabilitation technology;
8. Job development, placement and retention services;
9. Evaluation or control of specific disabilities;
10. Orientation and mobility services for mobility impaired participants;
11. Extended employment;
12. Psychosocial rehabilitation services;
13. Supported employment services and extended services;

14. Services to family members, if necessary, to enable the applicant or eligible individual to achieve an employment outcome;
15. Personal assistance services; and

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

Services and benefits including accommodations and auxiliary aids and services that are:

1. Provided or paid for, in whole or in part, by other Federal, State, or local public agencies, by health insurance or by employee benefits;

2. Available to the participant at the time needed to ensure the progress of the individual toward achieving the employment outcome in the individual's IPE; and

3. Commensurate to the services that the participant would otherwise receive from the vocational rehabilitation agency.

For the purposes of this definition, comparable services and benefit do not include awards and scholarships based on merit.

Competitive Integrated Employment

Means work that—

- Is performed on a full-time or part time basis (which may include self-employment) and for which an individual is compensated at a rate that–
  - Is not less than the Federal, State or local jurisdiction's minimum wage whichever is higher; and
  - Is not less than the customary rate paid by the employer for the same or similar work performed by other employees who are not individuals with disabilities and who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills; and
  - In the case of an individual who is self-employed, yields an income that is comparable to the income received by other individuals who are not individuals with disabilities and who are self-employed in similar occupations or on similar tasks and who have similar training, experience, and skills; and
  - Is eligible for the level of benefits provided to other employees; and

- Is at a location—
  - Typically found in the community; and

  - Where the employee with a disability interacts for the purpose of performing the duties of the position with other employees within the particular work unit and the entire work site, and, as appropriate to the work performed, other persons (such as customers and vendors), who are not individuals with disabilities (not including supervisory personnel or individuals who are providing services to such employee) to the same extent that employees who are not individuals with disabilities and who are in comparable positions interact with these persons; and

- Presents, as appropriate, opportunities for advancement that are similar to those for other employees who are not individuals with disabilities and who have similar positions.

Contract

A written agreement for services between a vendor, acting as an independent contractor, and the Rehabilitation Division in order to comply with State of Nevada purchasing and contract laws and regulations contained in the Nevada Revised Statute Chapter 333, Nevada Administrative Code Chapter 333, and State Administrative Manual § 0300. Services requiring a signed contract include, but are not limited to, communication, interpretation and translation services; medical; counseling; services to family members; assessment services; and employment supports. If a vendor does not have a signed contract in place, services cannot be authorized. (Note: Contracts are not required for the purchase of goods/commodities).

Customized Employment

Means competitive integrated employment, for an individual with a significant disability, that is—

- Based on an individualized determination of the unique strengths, needs, and interests of the individual with a significant disability;

- Designed to meet the specific abilities of the individual with a significant disability and the business needs of the employer; and

- Carried out through flexible strategies, such as—
  - Job exploration by the individual;
  - Working with an employer to facilitate placement, including—
    - Customizing a job descriptionbased on current employer needs or on previously unidentified and unmet employer needs;
    - Developing a set of job duties, a work schedule and job arrangement, and specifics of supervision (including performance evaluation and review), and determining a job location;

- Using a professional representative chosen by the individual, or if elected self-representation, to work with an employer to facilitate placement; and
- Providing services and supports at the job location.

Decision Point

Any judgment or conclusion reached regarding a participant during the rehabilitation process from applicant status through case closure.

Employment Outcome

With respect to an participant entering, advancing in or retaining full-time or, if appropriate, part-time competitive integrated employment including customized employment, self-employment, telecommuting or business ownership or supported employment that is consistent with an individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice

Extended Employment

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 is not considered to be a successful closure.

Extended Services (for supported employment)

On-going support services and other appropriate services, needed to support and maintain an individual in supported employment that:

- Are provided, organized and made available in such a way to assist an individual in maintaining supported employment
- Are based on the determination of the needs of the individual as specified in the individualized plan for employment
- Are provided by an entity (other than VR) such as a State agency, a nonprofit private organization, the employer or any other appropriate resource after the individual has made the transition from support provided by the State VR Agency
- May be provided by the State VR agency to a youth with a most significant disability for a period not to exceed 4 years or when the youth reaches as age 25 (and therefore no longer meets the definition of a youth with a disability) whichever comes first.

Extreme Medical Risk

A probability of substantially increasing functional impairment or death if medical services, including mental health services, are not provided expeditiously.

Impartial Hearings Officer

Is an individual who:

1. Is not an employee of a public agency (other than an administrative law judge, hearings examiner, or employee of an institution of higher education);
2. Is not a member of the Vocational Rehabilitation Council for the Rehabilitation Division;
3. Has not been involved previously in the vocational rehabilitation of the applicant or recipient of services;
4. Has knowledge of the delivery of vocational rehabilitation services, the State plan, and the Federal and State regulations governing the provision of services;
5. Has received training with respect to the performance of official duties; and
6. Has no personal, professional or financial interest that would be in conflict with the objectivity of the individual.

NOTE: An individual may not be 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 hearings officer.

Individual Who Is Blind

Any person whose visual acuity with correcting lenses does not exceed 20/200 in the better eye, or whose vision in the better eye is restricted to a field of twenty degrees or less. An individual who is blind also means any person who by reason of loss or impairment of eyesight is unable to provide himself with the necessities of life, and who has not sufficient income of his own to maintain himself. (NRS 426.082 and 426.520 applicable Nevada law).

Individual With a Disability

For the purposes of vocational rehabilitation eligibility, means an individual:

1. Who has a physical or mental impairment;

2. Whose impairment constitutes or results in a substantial impediment to employment; and

3. Who can benefit in terms of an employment outcome from the provision of vocational rehabilitation services.

Individual With A Most Significant Disability

As defined by the Division, an individual with a physical or mental disability which seriously limits functional capacity in two or more major life activities and who requires multiple services over an extended period of time.

Individual With A Significant Disability

Is an individual with a disability:

1. 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;

2. Whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time; and

3. Who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation; or

4. Who is a recipient of SSI or SSDI benefits.

Individual's Representative

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.

If a participant chooses to have another person act as his/her representative, the "Designation of Individual's Representative" form, which can be found in Appendix C, must be completed and signed by both the participant and named representative.

Informed Choice

Informed choice means that applicants and individuals eligible for Vocational Rehabilitation (VR) services are active and full partners throughout the VR process, making meaningful choices. Informed choice by its very nature implies that decisions are "informed", meaning participants obtain sufficient information regarding the range of options available and an understanding of the pros and cons of various options, as well as an understanding of the limitation of the Division as they make decisions throughout

their VR cases. An individual's Informed Choice is not binding but must be seriously considered in establishing an employment outcome, needed vocational rehabilitation services, the entity providing services and the methods to be used in procuring services.

Institution of Higher Education

Has the meaning given the term in section 1201(a) of the Higher Education Act of 1965 (20 U.S.C. 1141(a)).

Job Ready

Is when the participant has all the necessary training and tools needed with supports in place to begin seeking employment in his or her chosen vocational goal. This is different for each participant, because each participant has different skills, abilities, interests, and vocational goals.

Legal Representative

An individual who has the legal authority to act on behalf of a participant, such as a parent, a legal guardian or one who has power of attorney.

Major Life Activities

Are activities regarding mobility, communications, self-care, interpersonal skills, self-direction, work tolerance/acceptability to employers, work skills and learning ability.

Maintenance

Monetary support provided to an participant for expenses, such as food, shelter and clothing that are in excess of the normal expenses of the participant and that are necessitated by the individual's participation in an assessment for determining eligibility and vocational rehabilitation needs or the participant's receipt of vocational rehabilitation services under an IPE.

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 Rehabilitation Counselor judgment.

Example 1: The cost of 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 the 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 the individual to relocate for a job placement.

Ongoing Support Services (for supported employment)

Services needed to support and maintain an individual in supported employment which includes an assessment of the employment stability and provision of specific services or coordination of services at or away from the worksite that are needed to maintain stability. They are based on at least twice monthly monitoring at the work site (or off site, under specific circumstances, especially at the request of the participant and as provided for in the IPE) and may consist of:

- A particularized assessment supplementary to the comprehensive assessment of vocational needs
- The provision of skilled job trainers who accompany the individual for intensive job skills training at the worksite
- Job development, job retention and placement services
- Social skills training
- Regular observation or supervision of the individual
- Follow-up services such as regular contact with the employer, the individual, the individual's representative and other appropriate individuals in order to reinforce and stabilize the job placement
- Facilitation of natural supports at the worksite
- Other services noted or services similar to those noted in Section 12 "Scope of VR Services" that are needed to achieve or maintain competitive integrated employment.

Participant

The federal regulations cited above frequently refer to "eligible individuals or, as appropriate, the individual's representative." For the sake of brevity, the term "participant" is used with the assumption that its use includes the phrase "or, as appropriate, the individual's representative."

Person-Centered Planning

An approach to discovering an individual's capabilities and discovering what is important to that individual in relation to his or her vocational choices.

Personal Assistance Services

A range of services provided by one or more persons designed to assist a participant 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 participant's control in life and ability to perform everyday activities on or off the job. The services must be necessary to participating in assessment or eligibility or an employment outcome and may be provided only while the participant is receiving other vocational rehabilitation services. The services may include training in managing, supervising and directing personal assistance services.

Physical and Mental Restoration Services **/** Diagnosis and Treatment of Impairment

1. Corrective surgery or therapeutic treatment necessary to correct or modify a physical or mental condition that constitutes a substantial impediment to employment, but is of such a nature that such correction or modification may reasonably be expected to eliminate or reduce such impediment to employment within a reasonable length of time;

2. Diagnosis of and treatment for mental or emotional disorders by qualified personnel in accordance with Nevada licensure laws;

3. Dentistry;

4. Nursing services;

5. Necessary hospitalization (either inpatient or outpatient care) in connection with surgery or treatment and clinic services;

6. Drugs and supplies;

7. Prescription of prosthetics and/or orthotics related to the individual's diagnosed disability and is necessary for the achievement of the employment outcome;

8. Prescription of eyeglasses and visual services, contact lenses, microscopic lenses, telescopic lenses and other special visual aids, prescribed by personnel who are qualified in accordance with State Licensure laws, and including visual training, related to the individual's diagnosed disability and necessary for the achievement of the employment outcome;

9. Podiatry;

10. Physical therapy;

11. Occupational therapy;

12. Speech or hearing therapy;

13. Mental health services;

14. Treatment of either acute or chronic medical complications and emergencies that are associated with or arise out of the provision of physical and mental restoration services, or that are inherent in the condition under treatment;

15. Special services for the treatment of participants with end-stage renal disease, including transplantation, dialysis, artificial kidneys, and supplies;

16. Non-traditional medical or psychology treatment such as acupuncture and homeopathic treatments; and

17. Other medical or medically related rehabilitation services.

Physical or Mental Impairment

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

Post-Employment Services

One or more of the services that are provided subsequent to the achievement of an employment outcome and that are necessary for an individual to maintain, regain or advance in employment, consistent with the individual unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice.

Pre-Employment Transition Services

Services which the Work Force Investment and Opportunity Act (WIOA) indicates are available to students with disabilities who are eligible or potentially eligible for VR services. The State VR agency and local educational agencies cooperate to provide or arrange for provision of these services. The five required services are job exploration counseling, work based learning experiences, counseling on opportunities for enrollment in comprehensive transition or post-secondary educational programs at institutions of higher education, work place readiness training to develop social skills and independent living skills, and instruction in self-advocacy which may include peer mentoring (see Section 14: Students and Youth with Disabilities).

Qualified Personnel

Those individuals whom the State has determined meet the definition of "qualified personnel" in light of State licensure laws and State standards (or who meet nationally recognized standards as applied to the profession or discipline) for providers of

services.

Example 1: State certifications for substance abuse counselors, or interpreters for individuals who are deaf, licensure for psychologists, physicians, dentists, or other licensed or certified personnel.

Qualified Rehabilitation Counselor

Those individuals whom the State has determined meet the definition of "qualified rehabilitation professional" in light of Federal laws and regulations and State standards (or who meet nationally recognized standards as applied to the profession or discipline).

For the purposes of this manual a qualified rehabilitation counselor is a counselor employed by the agency who is qualified to perform core functions of the Rehabilitation Counselor position such as determining eligibility and signing Individualized Plans for Employment.

Rehabilitation Engineering

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.

Rehabilitation Technology

Rehabilitation technology is defined as 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, recreation, home and vehicular modification, and other assistive devices including, but not limited to hearing aids, low vision aids and wheelchairs. Glasses are not low vision devices unless they are specialized low vision glasses (e.g. 4 or 5 x magnification). This includes rehabilitation engineering as well as assistive technology devices and services.

Rehabilitation technology includes only those devices or services required to overcome the functional limitations imposed by an individual's disability. Devices or services required solely for training or employment that are not required as a result of the individual's disability are considered equipment, not rehabilitation technology.

Services Contributing to an Employment Outcome

Any service that is a part of an IPE, which is delivered in the context of a counseling and

guidance relationship, and contributes in an identifiable and positive way to the vocational rehabilitation of the individual.

Student with a Disability

A student with a disability is an individual with a disability in a secondary, postsecondary, or other recognized education program who is not younger than the earliest age for the provision of transition services under Section 614 (d)(1)(A)(i)(VIIII) of the Individuals with Disabilities Education Act (IDEA), or

- If the State elects to use a lower minimum age for receipt of pre-employment transition services under this Act, is not younger than that minimum age
  **And**
- Is not older than 21 (except 22 per NRS 388.5223) years of age; or
- If State law provides for a higher maximum age for receipt of services under the Individuals with Disabilities and Education Act (IDEA), is not older than that maximum age

And is either:

- Eligible for, and receiving, special education or related services under part B of IDEA or
- A student who is an individual with a disability for purposes of Section 504 of the Rehabilitation Act.

In order to clarify the lower age limit for the purposes of this manual, an individual may be considered a student with a disability if he/she is a secondary education student receiving transition services from a local educational agency (see note below)

*Note: IDEA 614 (d)(1)(A)(i)(VIIII) references the first IEP to be in effect when the individual is 16. However Nevada Administrative Code (NAC) 388.133 indicates transition services are based on the needs of the pupil and states if the pupil is 14 year of age or older, includes the courses of study of the pupil; and If the pupil is 16 years of age or older, or the pupil will attain 16 years of age during the period in which the individualized educational program will be in effect, includes, without limitation Instruction; Related services; Community experiences; The development of employment and other objectives for living as an adult after the completion of school; and If appropriate, acquisition of daily living skills and functional vocational evaluation

Substantial Impediment to Employment

Where a physical or mental impairment (in light of attendant medical, psychological, vocational, educational, and other related factors) hinders an individual from preparing for, entering into, engaging in, retaining or advancing in employment consistent with the individual's abilities and capabilities.

Supported Employment

Competitive integrated employment (including customized employment, or employment in an integrated work setting in which individuals are working on a short-term basis toward competitive integrated employment) that is individualized and customized, consistent with the strengths, abilities, interests and informed choice of the individuals, including ongoing support services for individuals with the most significant disabilities:

- For whom competitive integrated employment has not historically occurred or
- For whom competitive integrated employment has been interrupted or intermittent as a result of a significant disability

And

- Who because of the nature and severity of their disability, need intensive supported employment services and extended services in order to perform this work

Supported Employment Services

Ongoing support services, including customized employment, and other appropriate services, needed to support and maintain an individual with a most significant disability in supported employment that:

- Are provided, organized and made available in such a way as to assist the individual to achieve competitive integrated employment;
- Are based on a determination of the needs of the individual as specified in an IPE; and
- Are provided by the State VR agency for a period of no more than 24 months (this period may be extended, if necessary, in order to achieve the employment outcome identified in the IPE) and
- Following transition to extended services, are provided as post-employment services that are unavailable from an extended service provider but that are necessary for the individual to maintain or regain the job placement or advance in employment.

Timeliness

Services are provided without any undue delay or interruption.

Transition Services

A coordinated set of activities for a student designed within an outcome-oriented process that promotes movement from school to post-school activities including post-secondary education, vocational training, competitive 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 student's needs, taking into account the individual'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 or youth's IPE and includes outreach to and engagement of the parents, or as appropriate, the representative of such a student or youth with a disability.

Transportation

Travel and related expenses that are necessary to enable a participant to participate in a vocational rehabilitation service including the provision of training in the use of public transportation systems.

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 Rehabilitation Counselor judgment.

All expenses are paid or reimbursed to the participant at State per diem rates.

Example1: Travel and related expenses for a personal care attendant if the services of that person are necessary to enable the participant to travel to participate in any vocational rehabilitation service.

Example 2: Short-term travel-related expenses, such as food and shelter, incurred by an applicant participating in evaluation or assessment services that necessitates travel.

Example 3: Relocation expenses incurred by a participant in connection with a job placement that is a significant distance from the individual's current residence, per SAM 0200.

Example 4: The purchase and repair of vehicles, including vans, but not the modification of these vehicles because modification would be considered rehabilitation technology.

Youth with a Disability

An individual with a disability who is no younger than 14 years of age and who is not older than 24 years of age.

## APPENDIX C -- Forms Index

Advanced Degree Decision Making and Research Checklist
Authorization and Consent to Release Information
Auxiliary Aids for Effective Communication
Bus Pass and Paratransit Pass Activity Log
Business Plan Checklist for Self-Employment
Case Transfer Checklist
Cash Payment Forms
CBA Agreement
Certificate for Youth Entering Employment at Subminimum Wage
Checklist of Requirements for Customized Employment
Counselor's Checklist for Self- Employment Plan Approvals
Cover Sheet for Youth Entering Employment at Subminimum Wage
Designation of Individual's Representative
Document Not Released / Copied
Employment Outcome Survey
Equipment Agreement with Participant
Executive Plan Checklist for Independent Contractors
Extended Employment Re-Evaluation Acknowledgement Form
Financial Participation Assessment Addendum Fillable Form
Financial Participation Tables A, B and C
Form A - Verification of Career Counseling, Information and Referral Services
Form B - Refusal of Career Counseling, Information and Referral Services
Gas Card Agreement Form
Gas Card / Mileage Travel Log
Home Modification Forms (5)
Inappropriate Use of VR Funds Discussion and Agreement Form
Ineligibility Information Statement
Ineligibility Letter Template
Information and Disclosure Statement
IPE Addendum: Additional Exploration of My Vocational Goal
IPE Goals that Require Advanced Degrees Agreement Form
Legal Guardian Consent Form -- Adult
On-the-Job Training Forms (4)
Parental or Legal Guardian Consent Form -- Transition Student
Participant Request for Case File Records
Participant Responsibilities for Post-Secondary Training
Publication and Media Consent Form
RD-87 Verification of Services Received
RD-87 Verification of Services Received - Gas Card
Receipt or Refusal of Pre-Employment Transition Services
Sample Plan for Collaboration and Active Participation in Achieving a

Competitive Integrated Employment (CIE) Outcome
Services Subject to Financial Participation / Comparable Benefits
Student Checklist for College Training
Supported Employment Services Extension Form
Ticket to Work -- Beneficiary Fact Sheet
Ticket to Work -- Checklist for VR Counselors
Transition IPE Worksheet
Trial Semester Agreement Form
Vehicle Modification Forms (6)
Vehicle Purchase Forms (3)
Vehicle Repair Forms (5)
Work Experience and WBLE Forms (2)
Youth Refusal of Career Counseling, Information and Referral Services

## Advanced Degree Decision Making & Research Checklist

Participant Name:_____

Employment Goal: _____

☐ Participant will complete a minimum of 120 hours related work experience prior to starting the advanced degree. This could include activities, such as job shadowing, internships, volunteer opportunities and informational interviews. Consideration of past work experience will be given if related to the advanced degree the participant is seeking. The experience specifications will be discussed and agreed upon by both the participant and the VR counselor.

Specify:_____

☐ Why does the career require an advanced degree?

_____

☐ Is the advanced degree needed to enter the goal occupation? If no, justify why the graduate degree may be needed in this case. For example, disability related needs.

_____

_____

☐ What are the graduate degree entry requirements? Does participant have the ability to meet the requirements for entry to an in-state public institution? Is testing needed if insufficient information? Does participant need placement testing?_____

_____

_____

☐ Is there a similar field that does NOT require an advanced degree? If so, how is this field more consistent with the participant's primary employment factors than the similar field? _____

_____

# REHABILITATION DIVISION

DETR
Nevada Department of Employment, Training and Rehabilitation

## AUTHORIZATION AND CONSENT TO RELEASE INFORMATION

To: _____
_____
_____

Bureau Name: _____
Address: _____
Telephone: _____

I, _____ (name of participant), authorize the above entity and the Rehabilitation Division to **exchange** the following protected health or other information as specified below:

_____ Medical Records
_____ Dental Records
_____ Psychological/Psychiatric Records
_____ Other (Specify in detail the information to be released): _____

_____ High School Transcripts
_____ University/College Transcripts
_____ Employment Records

**Date Range: From:** _____ **To:** _____

_____ **(initial)** I acknowledge, and hereby consent to such, that the released information may contain alcohol or drug abuse, psychiatric, HIV or AIDS, hepatitis and/or other infectious disease, sexually transmitted disease or genetic testing content.

_____ **(initial)** I ☐**do** ☐**do not** authorize use of e-mail and/or other electronic exchange of information; if I do authorize its use, I understand it is not secure.

If any information is to be specifically excluded from release by or to the Rehabilitation Division you must specify in detail here:
_____

**Reason for Release of Information**

_____ **(intital)** 1) The information will be used for the purpose of determining eligibility for vocational rehabilitation services and is in accordance with the Federal Privacy Act.

_____ **(intital)** 2) Other: (Specify in detail) _____

Pursuant to federal law, specifically 34 CFR 361.38(c)(2), the Rehabilitation Division can withhold medical or psychological information from a participant if it determines that the information may be harmful to the participant. In such a case, the Division can release information to a third party chosen by the participant.

Pursuant to federal law, specifically 34 CFR 361.38(c)(3), 34 CFR 367.69 and 367.70, if the Rehabilitation Division obtains personal information from another agency or organization, it may be released only by, or under the conditions established by, that agency or organization.

Pursuant to federal law, the Rehabilitation Division is authorized to release information for purposes directly connected with the provision of services and/or the administration of the rehabilitation program under which services are provided; if the Rehabilitation Division believes that release is necessary to protect the participant or others; if the participant poses a threat to his or her own safety or to the safety of others; and as otherwise provided by law.

**PUBLIC VOCATIONAL REHABILITATION PROGRAMS ARE NOT CONSIDERED A COVERED ENTITY AND ARE EXEMPT FROM 45 CFR 164.512 REQUIREMENTS.**

I do not have to sign this authorization. However, refusal in some instances affects the Divisions ability to determine eligibility or provision of services.

NOTE: If a fee for copies is required, the Rehabilitation Division can pay $.60 per page for a maximum of $10.00. For any questions, please call prior to making copies.

I understand that the specified information is necessary and related to my program services. If the Rehabilitation Division receives information, that information will be kept confidential as allowed and required by law. If the Rehabilitation Division releases information upon my Request to a third party, the Rehabilitation Division will not guarantee the confidentiality of the information and will not be legally responsible for any misuse of that information by the third party. I understand that my records are protected under Federal regulations governing confidentiality of Alcohol & Drug Abuse Patient 42 CFR Part II and cannot be disclosed without consent unless provided for in the regulations.

Also, I may revoke this consent at any time by submitting a written request to the Rehabilitation Division except to the extent that action has been taken in reliance on it and that this consent expires (must not exceed one year from date of participant's signature): _____

Executed this date: _____
Participant Signature: _____

Witness Signature: _____

Soc. Sec. # (if needed): XXX- XX-_____ DOB: _____
(full Soc. Sec when required)

Other name(s) under which I have been known:

_____

# AUXILIARY AIDS
# FOR EFFECTIVE COMMUNICATION

Name: _____ Date: _____

Address: _____ VR Counselor: _____
_____
_____

Phone: _____
E-mail: _____

Type of Aid(s) preferred:

- ☐ ASL Interpreter
- ☐ Certified Deaf Interpreter
- ☐ Personal listening device
- ☐ C.A.R.T.
- ☐ Materials in written format
- ☐ Materials in large print
- ☐ Braille format
- ☐ Materials in audio format
- ☐ Note taker
- ☐ Qualified reader
- ☐ Braille teletouch

☐ Other type of aid (specify): _____
_____

☐ Initial here if you prefer to provide your own interpreter or other auxiliary aid. However, Nevada Rehabilitation Division is not able to ensure the quality or provision of effective communication when you choose to use your own aids. You may subsequently request and elect to use auxiliary aids provided by the Division any time during your case.

_____ _____
Signature Date

# REHABILITATION DIVISION

DETR
Nevada Department of Employment, Training and Rehabilitation

**Name:**_____ **Case #** _____

**Counselor:** _____ **Technician:** _____

**ACTIVITY LOG MUST BE COMPLETED AND BE TURNED IN PRIOR TO ANY ADDITIONAL PARATRANSIT PASSES CAN BE AUTHORIZED. MAY ALSO BY REQUIRED FOR BUS PASSES UPON REQUEST.**
**PERSONAL TRAVEL DOES NOT NEED TO BE INCLUDED IN PARATRANSIT OR BUS ACTIVITY LOGS.**

| DATE | DESTINATION | PURPOSE: ACTIVITY/ JOB SEARCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Signature: _____ Date: _____

# BUSINESS PLAN CHECKLIST FOR SELF-EMPLOYMENT

**Must be completed when business costs to VR exceed $2,000.00 and prior to submitting the plan to the Business Development Manager or the Review Panel**

Rehabilitation Counselor Responsibilities

____ Case Summary Feasibility Statement
The Rehabilitation Counselor details the participant's ability to pursue the proposed plan based on academic and personality assessments, customer service skills, and interests. These assessments will also verify the physical and mental/emotional stability to perform the duties required.

Participant Responsibilities

Business plans must include, but are not limited to the following areas:

____ Summary: Statement of facts about the business and summarizing the most important points of the plan.
- Purpose of the plan
- Type of business
- Business objectives
- Ownership loan usage

____ Business Activities: Describes what the business does, its environment and how it will succeed.
- Product description
- Product identification
- Pricing

____ Industry/Business Analysis: An analysis of the current status of the industry in which your business resides. It provides a basis of comparison for your business.
- Definition (description of the economic sector that the industry occupies)
- Industry size and growth rate
- Key growth factors
- Analysis

____ Competition Analysis: The key to determine whether or not you can grab a share of the market and hold it. It is a review/comparison of the five nearest competitors.
- Image
- Location
- Layout
- Products

- Services
- Pricing
- Advertising

____ Marketing Plan: Contains the plan to get the message about the product/service to the customer.

- Product analysis
- Description of product attributes, why the customer will want to purchase it
- Customer profile
- Distribution
- Promotional scheme
- Advertising: Media type, frequency, intensity

____ Management: Includes a description of the management of the organization including position responsibilities and functions.

- Management functional organization chart
- Personnel

____ Financial Information: Need for capital and the ability to repay it

- Financial statements
- Personal financial sheets for all principles of the business
- Capitalization plan
- Statement specifying how loan funds will be utilized
- Profit/Loss Analysis Projections for one (1) year

____ Supporting Documents: Any documents that will strengthen the plan

- Survey results
- Letters of reference
- Contracts
- Leases
- Letters of intent
- Sales agreements
- Resumes
- Personnel policies
- Job descriptions
- Credit reports

_____ _____

Participant Signature Date

_____ _____

Rehabilitation Counselor Signature Date

# Case Transfer Checklist

| CLIENT INFORMATION | |
|---|---|
| Name | |
| Case Number | |
| Case Status | |
| Assigned VR Counselor | |
| Reason for Transfer | |
| Reviewed & Transferred by Rehabilitation Supervisor | |

| CHECKLIST | | |
|---|---|---|
| ☐ | Written Application | Date scanned |
| ☐ | Financial Participation Assessment Form | Date scanned |
| ☐ | Medical record to determine eligibility. | Date scanned |
| ☐ | ROI (Authorization to release Information) | Date scanned |
| ☐ | Comparable Benefits: _____ | Date scanned |
| ☐ | IPE Signed: | Date scanned |
| ☐ | Correspondence: Eligibility /Contact letter | Date scanned |
| ☐ | Other Referrals and Report | Date scanned |
| ☐ | Wage information | Date scanned |
| ☐ | Educational & other Training Documents | Date scanned |
| ☐ | Verification completed through the Raison Local Interface- Response Browse **or** Social Security Documents received from Participant | Date case note entered **or** Date documents scanned |

# CASH PAY CHECKLIST

*Counselor is responsible for ensuring all requirements met per checklist:*

Justification:

☐ Case note summary titled *Justification for Direct Pay (Authorization # _____);*

☐ Justification as to why we are not using a vendor authorization and/or what attempts have been made to secure a vendor for this purpose;

☐ Type of documentation we have to support the reimbursement;

☐ The item(s) we are reimbursing;

☐ The total amount of the reimbursement, itemized if necessary;

☐ The IPE planned service it falls under; and

☐ Financial Participation Assessment Form completed and in case record.

Process:

☐ Goes through the Chain of Command up through the **Rehabilitation Supervisor** to ensure minimal requirements met;

☐ Next, it goes through Accounting to ensure financial documents are in order; and

☐ Then comes to District Manager for final approval.

**REHABILITATION DIVISION**
**DIRECT AUTHORIZATION REQUEST FORM**

**CLIENT REQUESTING DIRECT PAYMENT**

**CLIENT NAME**_____ **PAYEE NAME**_____

_____ _____
**CLIENT SIGNATURE** **DATE**

| DESCRIPTION | DATES OF SERVICE | AMOUNT |
|---|---|---|
| | | |

**DO NOT USE BLACK INK ON THIS FORM**
**RECEIPT ON FILE WITH AGENCY**

**AUTHORIZATION TO ISSUE CHECK**

_____
**COUNSELOR SIGNATURE** **DATE**

_____
**DISTRICT MANAGER** **DATE**
**DO NOT WRITE IN BOX (FM USE ONLY)**

PAID

**DATE**_____

**WARRANT#**_____

**IF CLIENT IS PAYEE OR CO-PAYEE, THE FOLLOWING MUST BE COMPLETED:**

**I HAVE RECEIVED WARRANT#**_____

**IN THE AMOUNT OF$**_____

**SIGNATURE**_____

**DATE**_____

**IF CLIENT IS CO-PAYEE, CLIENT MUST ENDORSE CHECK FIRST.**

**RD-09 BVR BSB (REVISED 03/24/10)**

DATE: _____

CLIENT: _____

CASH PAY CHECK #: _____ AMOUNT: _____

DISTRIBUTED AS: (check one)

PICKED UP CHECK _____

MAILED CHECK _____

DELIVERED CHECK _____

BY: _____

RD-31
Complete and attach to signed RD-09

**RD 31**

# BVR/BSBVI
## VERIFICATION OF SERVICES RECEIVED

My signature acknowledges that I have received/not received the services and/or goods listed below. I understand that if I refuse to sign this receipt or fail to return it, no further services or goods will be authorized.

| Vendor Name | Service/Goods Description | Authorization # |
|---|---|---|
| | | |

☐ I have received the above listed goods/services.

☐ I have not received the above listed goods/services.

| Participant Name | Participant Signature | Date |
|---|---|---|

## NOTES/COMMENTS

RD 87

# Community Based Assessment (CBA) Agreement

(when site is developed by a job developer)

Participant: _____ Work Site: _____
Case ID#: _____ Supervisor: _____
BVR Counselor: _____ Address: _____
Job Developer: _____ _____
Phone: _____ Phone: _____

Type of Assessment/Position: _____

Participant will be assessed in the following areas: _____
_____

Specific tools, clothing, documents, or other items needed for assessment at the work site location:
_____

Participant's transportation to/from worksite: _____

Mutually agreed upon work schedule:_____

This agreement is entered into the _____ day of _____ 20___, for a work assessment of _____ hours, beginning on _____.
Note: CBA's are 4-6 hours per day not to exceed 30 hours per week. No overtime is allowed.

This agreement will not become effective until signed below by the Rehabilitation Counselor, as representative of the Division.

This agreement in no way obligates the work site to hire the participant. During the assessment, worker's compensation and wages will be paid by the Rehabilitation Division through a temporary staffing agency. The supervisor/worksite representative agrees to provide appropriate supervision to the participant and weekly progress reports to the job developer or counselor. Participants are not considered employees of the assessment site. However CBA wages are wages are considered wages for the purposes of income tax and may affect calculation of some benefits or entitlements thus the participant must plan accordingly.

**All parties signing below may exchange information pertaining to this CBA only**.

This agreement is made in good faith and is not legally binding. It may be modified or terminated in writing by any of the concerned parties. My signature on this document indicates agreement with the stated conditions.

_____ _____
Participant Date Worksite Representative Date

_____ _____
Rehabilitation Counselor Date Job Developer Date
Phone: _____

**In case of emergency, if the job developer or counselor cannot be reached, please call _____ Monday-Friday (except holidays) and ask for the counselor's supervisor or the supervisor in charge.**

# Vocational Rehabilitation (VR)
# Certificate for Youth Entering Employment at Subminimum Wage

**Name of Individual**: _____ **VR Case Number**: _____

**Date Applied for VR Services**: _____

*This certificate documents the named individual has completed all activities **that are checked** on this form and may be used to document the completion of required activities in compliance with the Workforce Innovation and Opportunity Act of 2014, prior to a youth entering into subminimum wage employment with entities holding special wage certificates under Section 14(c) of the Fair Labor Standards Act of 1938, as amended.*

## I. Provision of Career Counseling, Information and Referrals

☐ The Individual was provided career counseling, information and referrals to facilitate independent decision making and informed choice including:

- ☐ An exploration of the potential benefits of competitive integrated employment including a discussion of the individual's interests and priorities and how these may align with competitive integrated employment.
- ☐ The individual was provided the "Introduction to Vocational Rehabilitation Information Sheet" and a discussion occurred regarding VR supports and services available to assist the individual in pursuing competitive integrated employment occurred.
- ☐ The individual was informed VR services can be provided to eligible individuals in non-integrated or sheltered work settings if necessary, for training or otherwise preparing for employment in an integrated setting (if this training cannot be provided in an integrated work setting).
- ☐ A discussion occurred regarding types of employment opportunities, labor market information, earnings, etc. including information and referral regarding benefits planning for SSI/SSDI recipients.
- ☐ The individual was provided the "Information and Referral for Nevada Community Resources Sheet" and/or referral to federal or state programs and other resources in the geographical area that offer employment-related services and supports designed to assist the individual to explore, discover, experience and attain competitive integrated employment.

Date Completed: _____

**II. Provision of Pre-Employment Transition Services or Transition Services** for students with disabilities

The Individual:

☐ Completed Pre-Employment Transition Services
Date Completed: _____

**OR**

☐ Transition Services (provided by the educational agency)
Date Completed: _____

**OR**

☐ Youth is not a student and thus not eligible for pre-employment transition services (is over age 21 or is an out of school youth under 21)
Date of Birth: _____

**III. Eligibility Determination -** The individual was:

☐ Determined Eligible for VR Services ☐ Determined Ineligible for VR Services

Date of Determination: _____

**IV. If Determined Ineligible**

Reason:

☐ Insufficient documentation of a disability that creates a substantial barrier to employment.

☐ Disability too severe to benefit from services. The individual was provided trial work experiences and clear and convincing evidence was obtained

☐ Does not require (or refused) VR Services - Reason:
- ☐ Does not intend to achieve an employment outcome or
- ☐ Other: Explain_____

**V. If Determined Eligible**

☐ The Individual worked toward an employment outcome specified in the Individualized Plan for Employment (IPE), with reasonable accommodations, appropriate supports and services, which may have included supported and/or customized employment services, for a reasonable period of time without success and the case was closed in accordance with federal regulations.

Date VR Case Closed: _____

## VI. Signatures and Acknowledgements

By signing this document I acknowledge the information on this certificate is correct to the best of my knowledge.

_____ _____
Individual's Signature Date

_____ _____
Legal Guardian Signature Date

_____ _____
Signature of Counselor/Individual Who Made the Determination Date

_____
Printed Name of Counselor/Individual Who Made the Determination

## Checklist of Requirements for Customized Employment

☐ The participant has a Significant Disability.

☐ Traditional Job Placement Methods (including traditional supported employment methods) have been ineffective. Describe: _____

**Or**

☐ Traditional Job Placement Methods (including traditional supported employment methods) are unlikely to be effective.

Describe justification/reason for this determination:

- ☐ Experience in past cases: Explain_____
- ☐ School history: Explain_____
- ☐ Traditionally employed in subminimum wage and unlikely to benefit solely from supported employment service
- ☐ Other: Explain_____

☐ The participant requires an individualized assessment (also known as discovery process) or determination of his or her unique strengths, needs and interests in order to "draw a blueprint" of an employment setting, factors, duties that will likely to result in successful competitive integrated employment.

☐ The individual requires flexible strategies to obtain employment designed to meet the specific abilities of the individual and the business needs of the employer:

- ☐Job exploration by the individual (for example, determining which employment tasks, Settings, etc., align with the individual's unique strengths, needs and interests as "discovered" in the individualized assessment of unique strengths, needs and interests); and

- ☐ Representation by a professional (chosen by the individual) or self-representation in working with the employer while facilitating placement; and

- ☐ The work with the employer to facilitate placement includes:
  - ☐ Customizing a job description based on the employer needs; and/or
  - ☐ Developing (Customizing):
    - ☐ A set of job duties; and/or
    - ☐ A work schedule and job arrangements; and/or
    - ☐ Aspects of and specifics regarding how the individual will be supervised including how performance evaluations or reviews will be conducted; and/or
    - ☐ Determining a Job Location;

And

☐ Provision of services and supports at the job location.

## COUNSELOR'S CHECKLIST FOR SELF-EMPLOYMENT PLAN APPROVALS

(see narrative in manual for specifics regarding each component)

____ Assessment of participant's business potential
- ____ Evaluation of interests, skills, aptitudes and personal qualities as they relate to self-employment
- ____ Work assessments or work experience, as applicable, to assess the individual's stamina, endurance and ability to complete the physical, emotional and cognitive duties of the job as they relate to the proposed self-employment goal.
- ____ Initiate training on entrepreneurship
- ____ Examine financial goals related to self-employment
- ____ Examine participant's expectations as they relate to financial support from the division. Discuss and clarify division policy.

____ Assessment of participant's disability as it relates to self-employment goal to ensure viability of self-employment including, as applicable, assessment of support such as assistive technology

____ Participant's development of business idea and exploration of its feasibility
- ____ Referral of participant to outside resources to examine business ideas and feasibility
- ____ Written feasibility assessment documenting:
  - ____ Concept feasibility
  - ____ Market feasibility
  - ____ Financial feasibility

____ Credit report

____ Completion of training/education related to self-employment

____ Comprehensive Business Plan (use business plan checklist to ensure all critical areas are addressed). If division cost is less than $2,000.00 various elements of the business plan may be covered in feasibility statement rather than a formal business plan.

____ Counselor's summary and feasibility statement (if required for panel review)

____ Explore and apply for comparable benefits and resources available from other sources (participant)

____ Explore and document financial participation requirements

____ Draft IPE or IPE Amendment reflecting specifics of the self-employment plan (to be signed after approval).

IPE Services:
- Must include obtainment of Nevada Business License
- As applicable, should be "stacked" with the next service being dependent on the successful completion of a previous step.

____ Submission for Self-Employment Panel review

____ Submission for Committee approval at the appropriate IPE Approval Limits

## Cover Sheet

## Vocational Rehabilitation (VR) Documents Provided to a Youth Seeking Employment at Subminimum Wage

Name of Individual: _____

Vocational Rehabilitation Case Number: _____

**A)** Documents Provided:

☐ Vocational Rehabilitation Informational Page

☐ Information and Referral Information
- ☐ Nevada Community Resources
- ☐ Other Specify: _____

☐ Documentation of receipt or refusal of pre-employment transition services or transition Services.
- ☐ Dated Documentation from the Local Educational Agency documenting the Provision of Transition Services or Refusal of These Services; and/or
- ☐ VR's "Receipt or Refusal of Pre-employment Transition Services" Form and/or
- ☐ Student already in possession of documentation. Specify: _____

☐ Certificate for Youth Seeking to Enter Subminimum Wage Employment

☐ Other: Specify: _____

**B)** Method Material Provided to the Individual:

☐ Hand delivered ☐ Faxed ☐ Mailed ☐ E-mailed ☐Other: Specify: _____

**C)** Date Material Provided to the Individual: _____

_____ _____

Staff Member Providing Information to the Individual Signature

# Designation of Individual's Representative

(Other than the parent/guardian or court-appointed representative)

*An individual's representative is defined as 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.*

I request that _____ act as my representative regarding the
(name of representative)
following aspects of my vocational rehabilitation case.

___ Communicating with VR staff and service providers regarding case status, case progress, etc.

___ Developing and signing my IPE

___ Requesting a copy of my VR case service record, or that information from my file be provided to another entity

___All aspects of my case

___ Other (specify)

In addition to signing below, I understand I must also sign the Division's "Authorization and Consent to Release Information" form allowing the Division to exchange information with my representative.

I understand I can revoke this request at any time by notifying my VR counselor in writing.

_____ _____
Participant's Signature Date

I agree to act as the individual representative for _____.
(name of participant)

I have been informed of the Division's requirement to collect personal information and the conditions for accessing and releasing information, and agree to abide by these policies.

_____ _____
Representative's Signature Date

DOCUMENT NOT RELEASED/COPIED

Records Requested By:_____ Date of Request:_____

Participant Name:_____ Case ID #_____

Provider:

Document Type:

Date(s) of Service:

Number of Pages:

Reason:

☐ 34 CFR § 361.38(c) (2)
**Information requested may be harmful to the individual and may not be released directly to the individual*

☐ 34 CFR § 361.38 (c) (3)
**Information was obtained from another agency, organization or third party. Request records directly from the third party.*

☐ Other (specify)
**For example, the consent to release information does not include this document; the document was previously released to the requesting entity; attorney-client privilege*

This form is to be provided to the requester. A copy must be included in the case file.

A separate form must be used for each document withheld
**For example if both a medical report and case notes are withheld one form would be used for the medical report and another for the case notes*

Custodian of Records:_____ Date:_____
(Deputy Administrator)

# EMPLOYMENT OUTCOME SURVEY

Date: _____

To: _____

_____

_____

To help ensure your success at work, we are seeking your feedback. Your response to this survey will provide information regarding your current job status and will be used to determine if additional assistance may be needed. After completing this survey, please sign, date and return as soon as possible in the enclosed self-addressed stamped envelope.

Name of Employer: _____

Address: _____

Work Phone: _____ Start Date: _____

Job Title/Position: _____

Wage Per Hour: _____ Hours Worked Per Week: _____

Will medical insurance be available to you? ☐ Yes ☐ No
If yes, when will benefits begin? _____

Overall, are you satisfied with your job? ☐ Yes ☐ No
***If no, please comment below**.

Do you feel you are performing well on the job? ☐ Yes ☐ No
***If no, please comment below.**

**Comments:** (you may also provide positive feedback regarding your job in this section)

_____

_____

_____

_____

Participant's Signature: _____ Date: _____

Thank you for your cooperation. Please contact me at, if you have any questions.

_____ _____

Rehabilitation Counselor's Signature & Phone Number Date

## EQUIPMENT AGREEMENT WITH PARTICIPANT

**Participant Name:** _____ **Case ID:** _____

This form is to be completed by Bureau staff and signed by the participant whenever equipment or tools are provided to the participant. The term 'equipment' as used here includes any durable item such as but not limited to tools, supplies, a computer etc. or combination of items (for example, the combined cost of all equipment purchased for a cosmetologist or combined cost of all tools purchased for a carpenter) valued at $500.00 or more.

The listed equipment is provided solely to achieve the goals of an Individualized Plan for Employment (IPE) or for independent living. It may not be sold, pawned, disposed of or used for any purpose other than as intended in the participant's IPE (except that assistive technology may also be used for independent living purposes if the participant takes appropriate steps to safeguard the equipment).

BVR/BSBVI may require return of the equipment or other goods when the purpose for issuance no longer exists and/or when the equipment is no longer needed to achieve the vocational goal. **Exception:** BVR/BSB will not require the return of tools or equipment that are prescriptive in nature, or needed for independent living.

***NOTE**: The participant should take measures to safeguard the equipment. The Division will not replace equipment which has been lost or reported as stolen; nor will the Division be responsible for replacing, repairing or upgrading equipment which has been used by other individuals, used for purposes other than intended, or modified without the written authorization of the Rehabilitation Counselor.*

| Item | Autho Number | Price / Value | Serial / Model # | Purchase Date | Description (Brand / Trade Name) | IPE / Goal |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |

If the equipment was not purchased for this participant, but is only leased or loaned, was taken from existing stock and/or transferred from another participant, please explain:

I understand that the above listed equipment or other goods is provided based on compliance and agreement with these provisions.

Participant Signature _____ Date _____

Counselor Signature _____ Date _____

# Executive Plan Checklist for Independent Contractors

(**Only** for independent Contractors **who do not own** their own business. Independent contractors who own their own business must complete a business plan and other requirements as described in Section 15: Self-Employment)

_____ Summary: Statement of facts about the occupation summarizing the most important points including, but not limited to:

- Type of occupation and service to be provided
- Labor market need for this occupation (Nevada Career Information System, surveys etc.)
- Typical or average pricing for the services to be provided (in the locality in which this service will be provided)
- Typical profit/income and/or range of income (for individuals who do not own their own business but are providing this service)

_____ Marketing Plan: How will clientele be obtained?

- Promotional scheme
- Advertising

_____ Management:

- How will legal requirements, taxes and other financial management issues be addressed? (Will an accountant, consultant or other specialist be needed? If so, include in expenses.)

_____ Projected Expenses and Justification:

- Tools and equipment needed, including a justification for the specific tools requested (for example, a list from a cosmetology school of the basic supplies needed by a cosmologist or a document from a broker on the minimum supplies needed by a beginning realtor that are not paid for by the broker)
- Required licenses (such as cost of a cosmetology or realtor license)
- Marketing expenses (business cards, advertising costs etc.)
- Rent space
- Broker's fees
- Accountant, consultant or other specialist fees (if applicable)
- Other expenses (must provide detailed explanation of the expense and why it is needed)

Note: VR will only fund expenses that are listed on the executive summary and included on an IPE agreed upon and signed by the counselor and participant. If additional expenses are later identified, the participant must submit an addendum to the executive summary justifying the additional expenses. The IPE must then be amended to include any additional expenditure the agency agrees to fund.

_____ Projected Revenue including but not limited to:

- Documentation of average fees paid for the same or similar services in the locality
- Projected clientele, amount of business (including an explanation of how this was determined)

## Extended Employment Re-Evaluation Acknowledgement Form

☐ **Semi Annual Review** ☐ **Annual Review**

**Today's Date: _____** **Next Review Due By: _____**

**My name is: _____ _____ _____**
Last Name First Name: Middle Initial

**My Guardian or Representative (If applicable) is: _____**
First and Last Name

**My employer (who I work for) is: _____**

**I acknowledge:**

**My Counselor, or Rehabilitation Specialist, and I have reviewed and re-evaluated my needs, priorities and interests in relation to competitive integrated employment or training for competitive integrated employment.**

**We have identified vocational rehabilitation services, reasonable accommodations and support services that may assist me with competitive integrated employment.**

**At this time, I have decided:**

☐ **To re-apply for Vocational Rehabilitation Services with the intent to obtain competitive integrated employment.**

**Or**

☐ **To remain in extended employment. I understand I can re-apply for vocational rehabilitation services at any time if I change my mind.**

_____
**Participant or Guardian/Representative Signature**

_____
**VR Representative Name**

_____
**VR Representative Signature**

**REHABILITATION DIVISION**

# FINANCIAL PARTICIPATION ASSESSMENT ADDENDUM

Participant Name: _____ Case ID : _____

Cost for each service that requires financial participation:

| IPE Service # and Description | Service Cost | % of Participation | Required Service Participation Amount | Participant Initial |
|---|---|---|---|---|
| | | | $0.00 | |
| | | | $0.00 | |
| | | | $0.00 | |
| | | | $0.00 | |
| | | | $0.00 | |
| | | | $0.00 | |
| | | | $0.00 | |
| | | | $0.00 | |
| | | | $0.00 | |
| | | | $0.00 | |

Total Sevice Costs: $0.00

Total Participation Amount $0.00

## FINANCIAL PARTICIPATION TABLES

### TABLE A: EXCLUSION TABLE

**Based on 250% of the 2020 Federal HHS Poverty Guidelines. Guidelines are updated each January.**
**View guidelines for the current year at https://aspe.hhs.gov/poverty-guidelines**

| Family Size * | Income Exclusion Allowance (poverty guideline x 2.5 = 250%) |
|---|---|
| 1 | $31,900.00 |
| 2 | $43,100.00 |
| 3 | $54,300.00 |
| 4 | $65,500.00 |
| 5 | $76,700.00 |
| 6 | $87,900.00 |
| 7 | $99,100.00 |
| 8 | $110,300.00 |
| Each additional person, add | $11,200.00 |

*** Number of tax exemptions on family tax return**

### TABLE B: PARTICIPATION TABLE

| Applicable Income | Percent Participation |
|---|---|
| $ 100 – 1,999 | 10% of service costs |
| 2,000 – 3,999 | 15% |
| 4,000 – 5,999 | 20% |
| 6,000 – 8,499 | 25% |
| 8,500 – 10,999 | 30% |
| 11,000 – 13,999 | 35% |
| 14,000 – 16,999 | 40% |
| 17,000 – 19,999 | 50% |
| 20,000 –24,999 | 60% |
| 25,000 – 29,999 | 70% |
| 30,000 – 39,999 | 80% |
| 40,000 and above | 100% |

### TABLE C: DEMONSTRATION TABLE: Financial Participation Assessment (based on 2020 figures)

| | | | | Based on $2,000 Planned Service Cost |
|---|---|---|---|---|
| Income | Family Size | Exclusion Allowance | Applicable Income | Participant Contribution |
| $72,500 | 4 | $65,500 | $7,000 | *$500.00 (25%)* |
| $46,222 | 2 | $43,100 | $3,122 | *$300.00 (15%)* |
| $31,000 | 1 | $31,900 | $0 | *$0* |

## Form A: Verification of Career Counseling, Information and Referral Services

**My name is:** _____ _____ _____
Last Name First Name: Middle Initial

**My Guardian or Representative (If applicable) is**: _____
First and Last Name

**My employer (who I work for) is:** _____

**The Services I Received Today are:**

***Career counseling, information and referral services; which included, but was not limited to:***

- *Information on competitive integrated employment.*
- *Information to help me make decisions and informed choices about employment.*
- *Information on how Vocational Rehabilitation (VR) supports and services may be able to assist me to get and keep a competitive integrated job.*
- *Information and referral for benefits planning, if I receive Social Security payments.*
- *Information on other community resources or agencies that may help me with competitive integrated employment.*

**Proof of My Services Today:**
This form provides proof that the Nevada Rehabilitation Division of the Department of Employment, Training and Rehabilitation, provided me with career counseling and information and referral services on:
_____ **(Date)**

_____ _____
**My Signature:** **Date**
Or if applicable my guardian or representative may sign for me

_____ _____
**Provider/Presenter (print)** **Company (print)**

_____ _____
**Provider/Presenter Signature** **Date**

**The original or a copy of this documentation was provided to the above named individual who received services by the following method:**

☐ Hand delivered ☐ Faxed ☐ Mailed ☐ E-mailed ☐ Other: Specify: _____

**By:** _____
**Name and Company (print)**

_____ _____
**Signature** **Date**

## Form B: Refusal of Career Counseling, Information and Referral Services

**My name is**: _____ _____ _____
Last Name First Name: Middle Initial

**My Guardian or Representative (If applicable) is**: _____
First and Last Name

**My employer (who I work for) is:** _____

**By signing below I am indicating I do not want Career Counseling, Information and Referral Services.**

**I understand by refusing Career Counseling, Information and Referral Services, I cannot enter in or continue working in subminimum employment with an entity holding a special wage certificate under Section 14(c) of the Fair Labor Standards Act.**

**The reason I do not want these services is**: _____
_____
_____

_____ _____
**My Signature:** **Date**
Or if applicable my guardian or representative may sign for me

**Individual Documenting Refusal:**

_____
**VR Personnel Printed Name &Title OR Representative's Printed Name & Organization**

_____ _____
**VR Personnel/Representative Signature** **Date**

**The original or a copy of this documentation was provided to the above named individual who refused services by the following method:**

☐ Hand delivered ☐ Faxed ☐ Mailed ☐ E-mailed ☐ Other: Specify: _____

**By:** _____
**Name and Company (print)**

_____ _____
**Signature** **Date**

# BVR/BSBVI
# GAS CARD AGREEMENT FORM

Date: _____ Name: _____ Case #: _____ Card #: _____ Pin #: _____

I, _____(Participant) have been provided a _____ (Vendor) Gas Card by Vocational Rehabilitation for Job Search/School/VR-Related Activities. It is my responsibility to use the gas provided for these activities only.

Initial Each Line:

____ I understand if I lose or damage the card, Vocational Rehabilitation will not replace or reissue another one for 30 days.

____ I understand that if I lose my pin number that it could be up to 14 business days before a new card is issued.

____ I understand that if I have any problems with my gas card, I will contact my VR Counselor or Technician. I will only contact vendor if directed to do so by my Rehabilitation Counselor or Technician.

All signed mileage logs and signed receipts must be turned in on 15th and 30/31st of every month. If these dates fall on a holiday or weekend then the receipts will be turned in the very first business day after that date. If they are not turned in, my card will be **suspended** until the signed receipts and log are received.

Consequences of missing receipts (Incidents are cumulative):

Initial Each Line:

____ Two incidents of missing receipts in a three (3) month period, gas card privileges will be revoked for One (1) month.

____ Four (4) incidents of missing receipts in a six (6) month period, gas card privileges will be revoked for three (3) months.

____ Six (6) incidents of missing receipts in an eight (8) month period will result in permanent revocation Of gas card privileges.

I understand and agree that if the card is used by any person other than me or for other purposes other than activities noted above, my gas privileges may be suspended or revoked.

Participant Name: _____ Participant Signature: _____

Legal Guardian Name: _____ Legal Guardian Signature: _____

Counselor/Tech Signature: _____

# REHABILITATION DIVISION

DETR
Nevada Department of Employment, Training and Rehabilitation

**Name:** _____ **Case #** _____

**Counselor:** _____ **Technician:** _____

**GAS/TRIP LOG MUST BE COMPLETED AND ALL RECEIPTS MUST BE SIGNED AND TURNED IN BEFORE YOUR GAS CARD WILL BE REFILLED. NO EXCEPTIONS. FUEL USE IS FOR VOCATIONAL REHABILITATION PURPOSES ONLY. MAP QUEST MAY BE REQUIRED UPON REQUEST.**

| DATE | DESTINATION | PURPOSE OF TRIP (Not to be used for unauthorized travel such as to the grocery store, personal errands, vacations, doctor appointments unrelated to Vocational Rehabilitation, etc.) | TOTAL MILES | FUEL AMOUNT (OPTIONAL) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Signature: _____ Date: _____

# CHECKLIST OF DOCUMENTS REQUIRED FOR A HOME MODIFICATION

**For all Plans which include home modification, the Rehabilitation Counselor MUST complete this checklist PRIOR TO signing the IPE or IPE amendment:**

_____ Documentation that the participant cannot be relocated.

_____ Documentation that the participant's medical condition is stable or slowly progressive.

_____ Signed and dated Affidavit of Understanding (Form HM-2).

_____ Documentation of ownership or lease of the property for the length of the IPE.

_____ Proof of homeowner's insurance coverage on the property.

_____ Assessment of property owner's willingness to participate in the cost of the modification.

_____ Written acknowledgement from the owner that the Division will not restore the property to its original state after modifications have been made.

_____ Proof that no liens have been placed on the property.

_____ All required permits have been obtained.

_____ Three (3) official bids from approved providers. If there are not 3 approved providers in the locality, bids from all approved providers in the locality must be obtained. The bids must address structural soundness of the building to be modified consistent with existing construction quality regarding cabinetry, flooring and countertops.

**After the home modification work is completed and prior to payment of the invoice:**

_____ Signed and dated Participant Certification of Examination verifying that the work has been completed by the contractor to the satisfaction of the participant and the homeowner (if applicable) (Form HM-3).

_____ Signed and dated counselor certification of visual examination and satisfaction verifying that the work has been completed as authorized, including photographs of the completed modifications (Form HM-4).

_____ Signed and dated Contractor Affidavit certifying that the work has been completed in compliance with the terms of the contract and/or specifications and that written warranties have been provided to the participant (Form HM-5).

_____ Signed and dated lien release from the contractor and subcontractors.

_____ Documentation of inspection by local authorities, when required.

**Form HM-1**

## PARTICIPANT AFFIDAVIT OF UNDERSTANDING FOR A HOME MODIFICATION

In requesting the Rehabilitation Division to assist with the cost of a modification to my residence, which will enable me to pursue my rehabilitation program and live more independently, I have been informed and fully understand that all such modifications will be authorized in full reliance upon:

1. Recommendations from a qualified professional, occupational therapist, physical therapist, assistive technology assessment, additional assessments and inspections as deemed necessary by the Rehabilitation Counselor or other Division staff; **and**

2. Certification by the contractor that modification has been completed in compliance with the evaluation recommendations from consulted qualified professionals.

Acceptance of the modifications made to my residence is the sole and exclusive responsibility of the resident and property owner, and I understand that the Rehabilitation Division, its agents or employees have neither the expertise nor the professional qualifications to prescribe or certify to the specifics of residential modification. I acknowledge that no representation or recommendation with respect to the proposed modifications have been made by any such agent or employee on behalf of the Division.

I acknowledge that the Rehabilitation Division **will not restore** the property to its original state after modifications have been made.

**CAUTION:** The participant/homeowner must wait until after the residential modification plan has been approved by the Division before beginning the home modifications.

**Any participant/homeowner who pursues home modifications prior to approval by the Division does so at the individual's own financial risk.**

_____

Participant Signature Date

_____

Property Owner Signature Date
(if other than the participant)

**Form HM-2**

## PARTICIPANT CERTIFICATION OF VISUAL EXAMINATION AND SATISFACTION

I hereby certify that I have visually examined the modifications completed by:

Contractor name: _____

_____

On my residence at: _____

_____

I further certify that the modifications, to the best of my knowledge, have been completed to my satisfaction; that the modifications are acceptable to me, and that all manufacturers' warranties have been provided to me by the contractor.

_____

Participant Signature Date

_____

Property Owner Signature Date
(if other than the participant)

**Form HM-3**

## COUNSELOR CERTIFICATION OF VISUAL EXAMINATION AND SATISFACTION

I hereby certify that I have visually examined the modifications completed by:

Contractor name: _____

_____

On the property located at: _____

_____

I further certify that, to the best of my knowledge, the modifications have been completed as authorized, based on recommendations of the qualified professionals.

_____ _____

Signature of Rehabilitation Counselor Date

**Form HM-4**

## CONTRACTOR AFFIDAVIT OF COMPLETION OF HOME MODIFICATION

I hereby certify that all modifications have been completed in accordance with the terms of the contract and the authorized recommendations of the qualified professionals on behalf of:

Participant/Homeowner _____

I certify that all manufacturers' warranties for the materials utilized in the modification construction have been furnished to:

Participant/Homeowner _____

If I have deviated from the factory specification in installing equipment, which may void the warranties, I have made full disclosure to and received authorization from:

Participant/Homeowner _____

_____

Contractor Signature Date

_____

Name of Contractor License Number

_____

Address

_____

City State Zip Code

**Form HM-5**

## Inappropriate Use of VR Funds Discussion and Agreement Form

Participant Name: _____ Case #: _____

**Part I.** To be completed by Counselor/Staff

**A.** It has determined the following goods or services funded by VR have been used inappropriately and/or obtained by fraud:

**B**. The following information and documentation supports this determination:

**C**. Other Counselor/Staff Comments if any:

**Part II.** To be completed by the participant after: The participant and counselor have reviewed the above information; And, the Administrator has approved the proposed actions

**A**. I understand if I disagree with this determination, I have the right to request assistance from the Client Assistance Program and/or request a fair hearing. Requests for fair hearings must be submitted within required time frames and as described in the "Fair Hearing Informational Statement".

**B**. I agree that I will:

- ☐ Return said goods by: _____ (date)
- ☐ Reimburse VR for the cost of said good(s) or service(s) by: _____ (date)
- ☐ Other: Explain: _____

I also agree that I will cease and desist from participating in any additional inappropriate use of VR funds, misuse of goods and services funded by VR or if applicable fraudulent obtainment of goods or services.

**C.** Other participant comments if any:

**Part III.** Conditions of Agreement:

**A.** All VR services are suspended until conditions agreed to above are met (exceptions must be approved by the administrator) and,

**B.** My case may be closed if I do not meet the above conditions or for repeat offenses and,

**C.** Services in future cases may be suspended if I do not repay or return equipment as required and,

**D.** Serious incidences of fraud or intent to commit fraud may result in immediate case closure or be referred to law enforcement and/or prosecuted in a court of law.

Counselor/Staff Signature: _____ Date: _____

Participant Signature: _____ Date: _____

Representative or Legal Guardian Signature: _____ Date: _____

## Ineligibility Informational Statement

Per Federal Regulations found in 34 CFR 361.43 if the agency determines you ineligible for services or no longer eligible for services the agency must:

- Provide you (or your representative) the opportunity for full consultation; and

- Inform you in writing, supplemented as necessary by other appropriate modes of communication:
    - Of the ineligibility determination, and
    - The reasons for the determination, and
    - The means by which you may express and seek remedy for any dissatisfaction; and

- Provide you a description of services available from the Client Assistant Program (CAP); and

Refer you to either:

- Other programs that are part of the one-stop delivery system (American Job Centers) that may address your training or employment needs; or

- To other service providers best suited to meet your rehabilitation needs such as independent living programs or extended employment providers if you are determined ineligible due to the finding that you have chosen not to pursue or are incapable of achieving a competitive integrated employment outcome; and

- If the decision is based on the finding you are incapable of achieving an employment outcome:
    - The decision must be reviewed within 12 months, and annually thereafter if requested by you or your representative. This review may be waived if you refuse it, you are no longer present in the State, your whereabouts is unknown, or your medical condition is rapidly progressive or terminal.

    - The agency will contact you, in writing, within the next 12 months, to schedule this review. It is your responsibility to notify the agency of any change in address or contact information. If you do not respond to the agency's attempt to contact, you it will be assumed you are either refusing this review or that your whereabouts is unknown.

Dear:

This letter is to inform you of the planned closure of your case on_____because you have been determined ineligible for services or you are being determined no longer eligible for services for the following reason:

☐There is insufficient evidence to document:
- ☐You have a physical or mental impairment; or
- ☐Your physical or mental impairment creates a substantial barrier to employment; or
- ☐You require VR services to prepare for, secure, retain, advance in or regain employment that is consistent with your unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice

OR

☐ You do not intend to achieve a competitive, integrated employment outcome consistent with your unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice and thus you do not require VR Services

OR

☐There is clear and convincing evidence you are incapable of achieving a competitive, integrated employment outcome consistent with your unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice due to the severity of your disability

Specifically:

_____

_____

☐ You were provided an opportunity for full consultation regarding this decision on_____;
Or
☐ If you would like the opportunity for full consultation, please contact me at _____ by _____

I am referring you to the following program(s) to determine if they can assist you in meeting your employment, independent living or rehabilitation needs:

Program: _____ Contact: _____
Program: _____ Contact: _____

Attachments:
Ineligibility Informational Statement
Determination Disagreement (Fair Hearing and Client Assistance Program Information)
Nevada Community Resource List

## Information and Disclosure Statement

Welcome to The Bureau of Vocational Rehabilitation and Bureau of Services to the Blind and Visually Impaired Vocational Rehabilitation Services.

The purpose of Vocational Rehabilitation services is to help individuals with disabilities obtain and/or maintain employment consistent with their strengths, resources, priorities, concerns, abilities and interests. If you have applied for services for any other reason please discuss the reason with your counselor so that he/she can assist you to identify other appropriate resources that may meet your needs.

The following information is intended to provide professional disclosure and help you understand what to expect during the VR experience and covers the following topics:

**I. SKILLS AND QUALIFICATIONS OF REHABILITATION COUNSELORS AND SPECIALISTS .....2**

**II. INFORMED CHOICE.....2**

**III. THE PROCESS AND TECHNIQUES .....3**

**IV. EQUAL OPPORTUNITY .....5**

**V. AUXILIARY AIDS AND SERVICES .....5**

**VI. LIMITATION OF SERVICES .....5**

**VII. POTENTIAL RISKS OF SERVICES .....6**

**VIII. FREQUENCY AND LENGTH OF SERVICES .....6**

**IX. CONTINUATION OF SERVICES IF YOUR ASSIGNED COUNSELOR IS UNAVAILABLE .....7**

**X. COSTS AND FINANCIAL PARTICIPATION.....7**

**XI. CONFIDENTIALITY: PROTECTION, USE AND RELEASE OF PERSONAL INFORMATION .....7**

**XII. CONFIDENTIALITY RISKS ASSOCIATED WITH THE USE OF TECHNOLOGY.....9**

**XIII. IF YOU DISAGREE WITH A DECISION MADE BY THE AGENCY.....9**

**FAIR HEARING PROCESS INFORMATIONAL STATEMENT .....9**

**THE ROLE OF THE CLIENT ASSISTANCE PROGRAM .....10**

**MEDIATION .....11**

**ALTERNATIVE DISPUTE RESOLUTION .....11**

**FAIR HEARING PROCESS .....11**

**XIV. YOUR BILL OF RIGHTS AND RESPONSIBILITIES .....12**


Applicants or Representative's Initial_____

Discuss any questions you have with your counselor, initial each page and sign at the end. Your counselor will provide you a copy of this document.

**I. SKILLS AND QUALIFICATIONS OF REHABILITATION COUNSELORS AND SPECIALISTS EMPLOYED BY THE AGENCY**

Rehabilitation Counselors and Specialists employed by the agency either

- have a graduate degree (such as Master's or Doctorate) Degree in Rehabilitation Counseling or a related field or have a Bachelor's Degree and are supervised by a counselor who has a graduate degree in Rehabilitation Counseling or a related field
- Each counselor is also either a Certified Rehabilitation Counselor (CRC), or possesses the skills and experience that would qualify him/her to be eligible to sit for the CRC Examination; or he/she is supervised by a counselor with these skills

**II. INFORMED CHOICE**

Informed choice means that applicants and individuals eligible for Vocational Rehabilitation (VR) services are active and full partners, making meaningful choices, throughout the VR process. Informed choice by its very nature implies that decisions you make are "informed" – meaning you will obtain sufficient information regarding the range of options available and an understanding of the potential pros and cons of each option, as well as an understanding of the limitations of the Division as you make decisions throughout your VR case.

Informed choice does not imply unlimited choices or that the Counselor must agree with "any" choice you make. Although your choices are given serious consideration, they are not binding obligations.

Informed choice increases your responsibilities as a VR participant. These include but are not limited to:

- Work jointly with your Counselor, and as appropriate, with other people important in your life in order to make decisions that are supported by the policies, procedures and practices of the Division.
- Make decisions about the options for developing your Individualized Plan for Employment (IPE), the extent of technical assistance needed for exercising the various options and the extent to which others are to be involved in the IPE planning process.
- Gather and use information and explore options. To the extent possible, take responsibility for obtaining information from a variety of sources that will help you make choices.
- Work with your VR Counselor to discover your strengths, abilities, capabilities and interests and to determine an employment outcome in line with these criteria.
- Seek or identify needed resources in order to make and implement decisions, within regulatory boundaries and the agency's policies, procedures and practices, about the selection of the employment outcome, the VR services, service providers, service and employment settings and methods for procuring services.

- Participate in planning and problem solving.
- Once the IPE has been signed by you and your Counselor, assume the responsibilities identified in the IPE for implementing the decisions and achieving the employment outcome.

**III. THE PROCESS AND TECHNIQUES**

Your counselor will use his/her counseling skills, knowledge and experience to help you through the VR process. The following is a summary of the process:

1. Assessment of Eligibility

Your counselor will review available information to determine if you meet eligibility requirements for VR services. If existing information is insufficient the agency may arrange for further evaluations at the agency's expense. The agency has up to 60 days to make an eligibilty determination, but will generally do so much sooner if sufficient documentation is available. You and your counselor may also agree to an extension beyond 60 days if needed due to extenuating circumstances.

2. Assessment of Vocational Rehabilitataion Needs (AVRN)

If you are determined eligible for services you and your counselor will identify the barriers to employment created by your disability and explore ways to eliminate, diminish or accommodate these barriers. Your counselor will also guide and assist you in exploring and choosing a vocational goal that is in line with your strengths, resources, priorities, concerns, abilities and interests, and assist you in identifying specific services you may need to reach the chosen vocational objective.

Commonly provided services include physical or mental restoration services, counseling and guidance, supported employment, assistive technology needed to help perform job tasks, vocational or college training and job development and placement. You may not need all of these services, only those necessary to reach your vocational goal. In addition the agency may be able to provide you other services you need to be successfully employed that are not listed above. All services provided are determined based on each individual's employment needs.

3. Development of an Individualized Plan for Employment (IPE)

You and your counselor will need to identify and agree to:

- A vocational goal or objective (employment outcome)
- The services you will need to reach the goal, and who will provide those services
- Both your and the agency's responsibility in assisting you to meet the goal
- Expected time frames to meet objectives and goals
- Criteria for evaluating progress in meeting your objectives and goals
- Agency costs, costs shared by others and, if applicable, costs shared by you

You and your counselor will then develop an individualized plan for employment (IPE) that will delineate these terms. You may also choose to develop your own IPE without assistance from your counselor. However your counselor must enter the IPE onto agency forms and you and your counselor must both agree to and sign the IPE before it becomes effective. Per federal regulation, the IPE must be developed within 90 days from the time you were determined eligible for services unless you and your counselor agree to an extension of time due to extenuating circumstances. The IPE is not a contract, but rather an agreement made in good faith which serves as a roadmap to a successful employment outcome.

4. Provision of Services

Once the IPE has been signed by you and a counselor employed by the agency, you and the agency will begin carrying out the services delineated on the IPE. If your circumstances change your IPE may be amended if needed. Both you and your counselor will need to agree to the changes and sign an amended IPE before it can take effect. Failure to follow through on your responsibilities may result in loss of IPE services or case closure. In some instances, additional information may come to light after signing your IPE that brings the potential success of your IPE into question resulting in the need to change your goal or services. The agency will not continue with an IPE goal or services that are not anticipated to result in successful employment.

5. Job Search (if applicable)

If you are not already employed in an appropriate job you will begin engaging in a job search once you have become "job ready". You will be expected to do all you can to find employment. However if you require extra assistance the agency may assist in your job search. Your counselor may provide this assistance to you directly or you may be referred to an internal employment specialist, a community partner, employers, a paid provider, or other employment resources.

6. Employment

Once you have obtained appropriate employment in your vocational goal your case is moved to "employed status". You may also find employment that is different from your vocational goal if you and your counselor both agree this is appropriate employment for you and you both sign an amendment to the IPE agreeing to this change. You and your counselor will need to stay in contact for at least the first 90 days of your employment. This will help your counselor follow your progress on the job and provide assistance if you experience difficulties on the job or require further services to keep your job.

7. Closure

After your case is moved to employed status it is typically closed in 90 days. If it is agreed that additional services are necessary to promote job stability, your case may be kept open longer. A case may close without employment if you fail to follow through, become unavailable to or refuse to participate in services, move out of state, if significant services were not provided to

you, if you become too severely disabled to benefit from services in terms of employment, if you request your case be closed or for other valid reasons.

8. After Closure

If your case is closed after having achieved a successful employment outcome it may be reopened in limited circumstances to help you obtain, maintain or advance in employment; or you may re-apply for VR services. One of the Federal performance indicators VR is evaluated on is the number of individuals still working six months and one year after case closure. Therefore VR or a representative may contact you after case closure to determine if you are still employed.

**IV. EQUAL OPPORTUNITY**

I will not be discriminated against by Rehabilitation Division on any prohibited basis. Refer to the Equal Opportunity is the Law notice.

**V. AUXILIARY AIDS AND SERVICES**

Auxiliary aids and service are available in order to provide equal access to service for individuals who require aids and services due to a disability. Inform your counselor of the need for these services and the type of auxiliary aid or service that you prefer.

**VI. LIMITATION OF SERVICES**

- Not all individuals who apply for services will be determined eligible for services. An individual may not be found eligible for services if he or she does not have a disability or a disability does not create a substantial impediment to employment; or if he or she does not require VR services to be successful in employment; or if the individual cannot, even with the provision of VR supports and services, be successful in employment due to the severity of the disability.
- Not all eligible individuals will be provided with all services. Services are individualized and provided according to the employment needs of the specific individual.
- Only services needed to obtain successful employment will be provided. The agency may consider and provide cost-effective ways to meet employment needs.
- Goods and services provided must be compliant with agency policies and procedures and with federal regulations.
- The agency will not pay for goods or services that are not pre- authorized by the counselor.

  In most cases the agency pays for goods and services by completing an “authorization for purchase” to an approved vendor. The agency will not reimburse anyone for goods or services purchased directly by the individual without an “authorization for purchase”. The only exception to this is certain limited circumstances where an “authorization for purchase” is not feasible. To be reimbursed for the item the individual and counselor must agree upon the specific good(s) to be purchased, the vendor that will be used and

the specific cost of the goods before the purchase is made. Inclusion of a good or service on the IPE is not considered pre- authorization.

- The agency will not pay any outstanding debt, including student loans, an applicant or program participant has incurred prior to the current case being opened or any debt incurred during the case.
- Not all individuals who are found eligible for services will achieve an employment outcome. Factors such as your cooperation and motivation, labor market conditions, employer factors, your emotional and physical stability, available transportation, resources and other factors may affect your ability to obtain employment.

**VII. POTENTIAL RISKS OF SERVICES**

You have a choice whether or not to enter into or remain in a rehabilitation counseling relationship and whether or not to participate in any rehabilitation assessment or service. Your counselor can review with you potential consequences of choosing not to participate in any particular assessment or service.

Not all risks associated with services can be identified. Potential risks of services may include:

- Employment may reduce or result in the loss of benefits you receive including social security benefits. If you receive social security or any other benefits, it is recommended that you obtain benefits planning or research how working may affect these benefits before proceeding with a plan for employment. Your counselor may be able to refer you to appropriate resources to help you explore this further.
- BVR financial assistance with college may affect the amount of other federal financial aid you receive when attending an institute of higher education.
- There is the possibility that you will not be satisfied with services provided or have a complaint regarding your counselor, those who provide services or the services themselves.
- The agency may refer you to third party providers or vendors. You have a choice whether or not to use the vendor in question. Potential risks of using a vendor cannot all be anticipated. However the agency does not take responsibility for any damages caused by the third party (see disclaimer on the application for services). If you have any concerns regarding the use of a vendor discuss them with your counselor.
- While all other risks cannot be anticipated, applicants and eligible individuals are encouraged to explore how participation in the VR program and ultimately employment may affect other aspects of their lives including family responsibilities, opinions of significant others or required life style changes.

**VIII. FREQUENCY AND LENGTH OF SERVICES**

You and your counselor will decide on the length and frequency of services when you develop your IPE. The frequency and length of services is dependent on many factors including the employment goal chosen and services needed to reach the goal.

Prior to development of the IPE you and your counselor will meet as often as needed to complete an assessment of eligibility and/or an assessment of vocational needs. If adequate information is not already available you may be involved in numerous activities during this time period such as doctor's office visits, vocational testing, a work experience, vocational exploration activities etc.

**IX. CONTINUATION OF SERVICES IF YOUR ASSIGNED COUNSELOR IS UNAVAILABLE**

Counselors work in teams and a team member is often available to assist you if your counselor is temporarily unavailable to assist you. If your assigned counselor leaves the agency or otherwise becomes unable to fulfill his/her commitments to you, your case will be assigned to an alternate counselor employed by the agency. In some cases a qualified rehabilitation specialist employed through a staffing agency by the State of Nevada may assist to oversee your case while the agency fills a vacant position or during extended leaves of absence.

**X. COSTS AND FINANCIAL PARTICIPATION**

The agency receives both federal and state funds and does not charge a fee to participants for services provided directly by the agency. However, depending on a participant's financial status (sliding scale), some individuals may be required to contribute all or part of the costs of goods or services purchased from other entities. This may include goods or services for things such as hearing aids, prosthesis, wheelchair, tuition, vocational training program or other goods and services that must be paid to a third party vendor or provider providing the goods or service. In addition all individuals are expected to apply for and secure comparable benefits to be the payer of first resort. Comparable benefits that may pay the cost of goods and services include but are not limited to health insurance, community mental health agencies, other assistance programs, the Pell grant, etc.

Some services, including assistance obtaining employment, are exempt from the comparable benefits requirement and/or the requirement that individuals assist with the cost of services.

**XI. CONFIDENTIALITY: PROTECTION, USE AND RELEASE OF PERSONAL INFORMATION**

The agency will collect personal information about you, either from you or from third parties, which will be used by the agency for purposes directly connected with the provision of services and the administration of the VR program. Personal information related to your rehabilitation services may be recorded in your file. The agency will keep this information confidential except under the following conditions:

- You or your designated representative signs a release of information requesting or allowing the agency to share information. Your signature is voluntary, however there may be some circumstances where refusing to sign may affect the agency's ability to proceed with or complete services. (*Note: If you have a court appointed representative or legal guardian that individual is your designated representative. Otherwise you may choose someone to represent you by completing and signing a "Designation of Individual Representative" form).*

- When necessary to protect you or identified others (including program staff) from serious and foreseeable harm if it is believed you are a danger to yourself or others, or to report a violent or sexual offense against a child age 12 or under.
- If you are a minor or not your own legal guardian then the information in your file may be available to your legal guardian or advocate.
- If there is a court order or properly issued subpoena to release information, or in response to investigations in connection with law enforcement, fraud or abuse.
- For reasons in accordance with the stated regulations and/or any other applicable federal law, state law, policy or regulation.
- For purposes directly connected with the provision of services and/or the administration of the rehabilitation program under which services are provided. This may include but is not necessarily limited to:
    - Audits, evaluation and research only to persons officially connected with the audit, evaluation and research. The information will be managed in a manner to safeguard confidentiality and the final product will not reveal personal identifying information.
    - Sharing of information among other agency employees, trainees, interns, volunteers, rehabilitation specialists and service coordinators. All staff members, trainees, interns, volunteers, rehabilitation specialists and service coordinators must abide by the agency's confidentiality policies.
    - Information may be released to the Designated State Agency, the Department of Employment, Training and Rehabilitation and its sub units as it relates to the administration of the VR Program.
    - Coordination of Services and Comparable Benefits: Information may be shared for the purpose of purchasing services, coordinating services and securing comparable benefits with VR vendors, community partners, government entities, medical and psychological consultants, and other professionals. Each of these entities is informed of the need to maintain confidentiality. Only information necessary for the provision and purpose of service will be shared. (This may include but is not limited to contact information, confirmation of receipt of services, functional limitations/barriers to employment, disability information, progress updates and other case information deemed necessary). If the information is not necessary for VR purposes a signed release is necessary.
    - When providing job search assistance, information regarding functional limitations that may affect your ability to perform job duties as well as possible accommodations may be shared.
    - Exchange of information with State and Community Partners within the State Workforce Development System for the purpose of scheduling appointments at Workforce Development Sites, collaboration and job placement activities and entering employment related information into the State's Employment Database. BVR/BSBVI may provide specific information to other Workforce Development Partners when working in collaboration with the partner on behalf

of the individual. These partners sign confidentiality agreements in which they agree to keep all information provided to them confidential.

- To The Social Security Administration upon written or oral request of the Social Security Administration or for the purpose of program cost reimbursement from the SSA, effective for an extended period of time beyond case closure.
- If you file a complaint or request a Fair Hearing, information may be released to the Hearing Officer and/or Client Assistance Program.
- If you make a complaint or comment regarding services to an elected official, the agency may respond to inquiries regarding the complaint or comment made by the elected official or his/her office.
- To the Division's legal representation in the Attorney General's Office if the agency requires legal guidance or representation regarding your case.

**XII. CONFIDENTIALITY RISKS ASSOCIATED WITH THE USE OF TECHNOLOGY**

Electronic communication while often preferred due to its convenience is not secure. (For example, correspondence may inadvertently be sent to the wrong recipient, an unauthorized individual may intercept the message, technology staff at the department may legally screen the e-mail to ensure compliance with e-mail policies, and an authorized or unauthorized individual such as a household member of the participant may have access to the participant's technology). You may choose to communicate electronically with your counselor, however you assume the above risks in doing so.

**XIII. IF YOU DISAGREE WITH A DECISION MADE BY THE AGENCY**

If you disagree with, or are in some manner aggrieved by a decision of the Division, the following options are available to you:

- Discuss your concerns with your counselor, and if still not satisfied discuss your concerns with your counselor's supervisor and/or the Rehabilitation Supervisor over your counselor's unit; and/or
- Request a Fair Hearing (**pay attention to any timelines** because failure to meet them may preclude you from the fair hearing process); and/or request Mediation and/or Alternative Dispute Resolution as discussed in the Fair Hearing Informational Statement below.

<u>FAIR HEARING PROCESS INFORMATIONAL STATEMENT</u>

You may appeal the agency's decision by requesting a fair hearing as follows:

1. **Within 60 calendar days** after you receive notice from the Division of a decision over which you have a disagreement, you may request a fair hearing. The request must be in writing. The written request for a fair hearing can be hand delivered, mailed, or faxed as follows:

Rehabilitation Bureau Chief
Rehabilitation Division

751 Basque Way
Carson City, NV 89706
Telephone: 775-687-6860
Fax: 775-684-4184

When requesting a fair hearing, you must make the written request to the contact persons specified in this informational statement and not to your assigned counselor.

2. While the Division can grant an extension of time for you to file a request for a fair hearing for good cause beyond the 60 calendar day time limit, such a decision rests solely with the Division and may be denied. Therefore, you should always file requests for a fair hearing in a timely manner.
3. Please remember that you can always attempt to work out your differences with the Division informally. However, even if you are attempting to work out your differences informally, you must still request a fair hearing within the 60 calendar day time period.
4. The written request for a fair hearing must put the Division on notice of the issue that you wish to appeal, and should set forth in detail your argument as to why you disagree with the decision of the Division.
5. In addition to, or in lieu of requesting a fair hearing, you may request either mediation or alternative dispute resolution. Requests for mediation or alternative dispute resolution must be received in writing within 30 calendar days after you receive notice from the Division of a decision over which you have a disagreement. The Division has sole authority to determine whether to grant an extension to the 30 calendar day requirement for requesting alternative dispute resolution.
   Remember: If you request mediation or alternative dispute resolution with the Division, you must still request a fair hearing in writing within 60 calendar days if you desire to pursue such an option.
6. At any time in the process you may be represented by a person of your choosing. The person does not have to be an attorney. Your representative will be at your own expense.

**THE ROLE OF THE CLIENT ASSISTANCE PROGRAM**

The Client Assistance Program (CAP) is a required program under federal law. The program offers technical assistance, and can offer advocacy in the context of alternative dispute resolution (both informal and mediation) and during the Fair Hearing process. These services are provided at no cost to you, but the extent of technical assistance and/or advocacy, if any, is determined by the Client Assistance Program.

You may contact the Client Assistance Program at the Nevada Disability and Advocacy Law Center as follows:

| Southern Nevada | Northern Nevada | Rural Nevada |
|---|---|---|
| 2820 W Charleston Blvd | 1875 Plumas Street | 905 Railroad Street |
| Suite 11 | Suite 1 | Suite 104B |
| Las Vegas, NV 89102 | Reno, NV 89509 | Elko, NV 89801 |
| 702-257-8150 | 775-333-7878 | 775-777-1590 |
| Toll Free: 1-888-349-3843 | Toll Free: 1-800-992-5715 | Toll Free: 1-800-992-5715 |
| Nevada Relay: 711 | Nevada Relay: 711 | Nevada Relay: 711 |

**MEDIATION**

Mediation is a form of dispute resolution where a trained and neutral third party attempts to bring the parties together to resolve their disputes. Under federal law, the Division must provide mediation as an option to resolve disputes. However, both parties must agree to mediation. If either party is unwilling to engage in mediation, the mediation process will not go forward. Here are some facts about mediation:

- Mediation is confidential and nothing said by either party can be used in any future legal proceedings. The parties will be required to sign a confidentiality agreement prior to mediation.
- The Division will pay for the cost of the mediator.
- The Division will have a list of mediators and will randomly select a mediator.
- At your own cost, you may be represented by an attorney or other person of your choosing at the mediation. You may also request advocacy assistance from the Client Assistance Program. However, the Client Assistance Program has the discretion to determine whether to afford you advocacy services.
- The location and time of the mediation will be set at a time and location convenient to the parties.
- The mediator may ask both parties to submit confidential statements prior to the mediation to assist him/her with the mediation process.

**ALTERNATIVE DISPUTE RESOLUTION**

Alternative dispute resolution (ADR) is a general term that implies the use of procedures other than formal hearings to resolve disputes. In the context of the Federal Rehabilitation Act, alternative dispute resolution is a process that involves an aggrieved person using the Client Assistance Program. The Client Assistance Program is implemented and staffed by employees of the Nevada Disability Advocacy & Law Center and will work with an aggrieved person and discuss possible options for alternative dispute resolution if those are appropriate.

**FAIR HEARING PROCESS**

If you request a fair hearing in writing, that request will be forwarded by the Division to a separate and neutral state agency for assignment to a hearing officer. The Division will refer the cases to the Hearings Division of the Department of Administration. A fair hearing will be held within 60 calendar days of receipt by the Rehabilitation Division of your fair hearing request. With the written approval of the assigned hearing officer, both you and the Division

can agree to continue the hearing beyond 60 calendar days. Some additional facts about the fair hearing process are:

- The hearing officer may require the parties to submit pre-hearing statements that set forth the factual and legal issues of the case.
- At your own cost, you may be represented by an attorney or other person of your choosing at the hearing. You may also request advocacy assistance from the Client Assistance Program. However, the Client Assistance Program has the discretion to determine whether to afford you advocacy services.
- The Client Assistance Program can also provide you with legal services at no cost to you if such services are necessary in your case. However, the Client Assistance Program has the discretion to determine whether to afford you legal services.
- You will present your case first, followed by the Division. Each party shall have the opportunity to cross-examine witnesses as allowed by the hearing officer.
- The hearing officer will issue a written decision not later than 30 calendar days after the hearing.
- Either party may appeal the decision of the hearing officer by requesting judicial review by the appropriate state district court. You also have the option of filing a lawsuit to challenge the decision of the hearing officer in either state or federal court.

**XIV. YOUR BILL OF RIGHTS AND RESPONSIBILITIES**

Participants are responsible for and should actively participate in, their own rehabilitation. Rehabilitation staff assists participants to reach their goals by helping them explore their options and supporting them with appropriate services.

<u>As a participant, you can expect</u>:

- To have reasonable access to Rehabilitation staff;
- To receive returned communications in a timely manner;
- To have commitments honored;
- To have complete and accurate information about the application process, eligibility, VR program goals, and planning and service policies;
- To be treated fairly (see pg 5 of Information Disclosure Statement under Equal Opportunity);
- To have all decisions, and the rationale for these decisions , communicated in an understandable manner using an appropriate mode of communication;
- To have the process for resolving problems fully explained, and to receive assistance in accessing this process, if necessary; and
- To have Rehabilitation staff follow the Rehabilitation Division Code of Ethics which requires Rehabilitation Counselors to conduct themselves in a legal, ethical and moral manner with respect, courtesy, honesty and fairness.

<u>Participants determined eligible for services can also expect</u>:

- To be actively and fully involved in the entire rehabilitation process;

- To receive assistance from the Rehabilitation Counselor in identifying interests, aptitudes and skills;
- To know the range of available service options, and to be supported in your choices within the range of service options available based on program policy;
- To be provided opportunities for adjusting to your disability and for exploring work options before being asked to set vocational goals or make employment commitments; and
- To have decisions made, plans developed and services provided in a timely manner.

As a participant, Rehabilitation staff expects me:

- To actively participate in my own rehabilitation program;
- To explore options to meet my rehabilitation needs;
- To make meaningful, informed choices, within agency guidelines, regarding assessment and rehabilitation services, service provision and the selection of a vocational objective;
- To follow through and honor the commitments I have made;
- To work towards goals and objectives that have been chosen and agreed on, and to put forth appropriate effort into preparing for and looking for work;
- To develop and maintain a positive and effective working relationship with Rehabilitation staff;
- To communicate honestly and give complete and accurate information;
- To respond to communications from Rehabilitation staff in a timely manner;
- To cooperate with Rehabilitation staff regarding rules and procedures under which they have to work;
- To resolve problems honestly and openly, using the existing problem resolution options (mediation, informal review, impartial hearings); and
- To conduct myself appropriately with Rehabilitation staff. I also recognize that I am expected to conduct myself in a legal, ethical and moral manner with respect, courtesy, honesty and fairness in accordance with the Agency's expected code of conduct.
- To be honest regarding vocational rehabilitation needs and financial information I may be required to provide documentation; and not to mis-use VR funds or fraudently obtain services.

**I have received the Information and Disclosure Sheet and have reviewed any information I do not understand with rehabilitation staff. I understand I may ask my counselor for any additional clarification if needed.**

_____ _____

Participant Signature Date Parent/Guardian/Legal Rep Signature Date

**IPE Addendum: Additional Exploration of My Vocational Goal**

Selection of an employment goal is an important milestone in the VR process. VR congratulates you on your desire and initiative to pursue your chosen vocational goal.

The goal of VR services is for you to obtain competitive, integrated employment that is sustainable Therefore in providing you support to achieve your goal, it is incumbent upon VR to assist you in exploring if your choice: is feasible; a good job match for you; provides you a good chance of getting hired; and provides a high probability of you being able to maintain employment once hired.

While my counselor and I have agreed to a goal of: _____

**I understand** (initial by each line and sign at the end of the page)

_____ Additional exploration is needed to determine if this goal is a good job match for me and if it is likely to lead to sustainable employment:

- That is consistent with my primary employment factors (strengths, resources, priorities, concerns, abilities and capabilities); and
- For which there is a good labor market or high probability of me being hired; and
- Which there is a high probability I can maintain once hired
- Other _____

_____ The specific exploration needed is:

**1.**
**2.**
**3.**
**4.**

_____ Once these things have been sufficiently explored, and other factors that come to light (that may affect the likelihood of my goal being a good job match that leads to sustainable employment for me) have been taken into consideration my counselor and I will decide:

- To continue with my IPE goal and amend my IPE for additional services needed to reach my chosen goal; or
- Amend my IPE for a new goal that is consistent with my primary employment factors and that has a high probability of leading to sustainable employment.

_____ I understand VR is in no way obligated to continue to support me in, or provide services specific toward, the achievement of the above listed IPE goal (such as, but not limited to, training or tools needed for the specific goal or job placement into the goal) until this exploration is completed and both my counselor and I agree that the goal is: feasible; a good job match for me; and has a high probability of leading to sustainable employment for me. During this exploratory time period VR may continue to provide me with other vocational rehabilitation services not specific to the above goal (such as, but not limited to, information on IPE development; assessment services, job seeking skills instruction etc.).

_____ I also understand that VR funding of any service must comply with policies, state laws and federal regulations.

_____ _____

Participant Signature Date VR Counselor Signature Date

_____

Legal Guardian Signature Date

**IPE Goals that Require Advanced Degrees Agreement Form**

Obtainment of an advanced degree, particularly a degree in a STEM Occupation (Science, Technology, Engineering or Math) may be a smart vocational choice potentially leading to long-term, higher paying and stable employment.

A large portion of the population chooses not to pursue these types of occupations due to the time, cost and other demands involved. For these and other reasons, some individuals who begin with goals in these areas may face detours or change their mind regarding their choice of goals.

It is therefore important you understand and agree to the following:

- While my IPE is being completed for a goal of _____ this is a long-term objective, requiring that many milestones be met.
- Inclusion of this goal on my IPE in no way obligates VR to continue to provide services to assist me to reach that goal if these milestones are not met.
- If employment in my vocational goal is available with a Bachelor's degree my counselor and I must provide a rationale and adequate documentation to demonstrate why an advanced degree is needed to obtain or advance in the employment goal.
- I agree that I must complete a minimum of 120 hours related work experience prior to starting my advanced degree. This could include activities, such as job shadowing, internships, volunteer opportunities and informational interviews. I understand consideration of past work experience will be given if related to the advanced degree I'm seeking. I understand the experience specifications will be discussed and agreed upon by both myself and my VR counselor. If I determine the advanced degree is not for me after participating the work experience then I agree to amend my IPE.
- My IPE services are being "stacked" meaning one service is dependent on the successful and timely completion of another service. For example, proceeding with an advanced degree is usually dependent upon successful completion of a Bachelor's degree and acceptance into graduate school.
- All other policy requirements must still be followed. For example, VR has a preference for in-state public institutions. If I fail to meet the requirement to get accepted into an <u>available</u> in-state public institution for my advanced degree VR is not obligated to pay for me to attend an out of state or private institution, in which case I may need to pay for the additional expenses myself.
- All the costs of achieving this long-term goal cannot be anticipated at this time, or estimated service costs may significantly increase. Services provided by VR toward this goal are subject to spending authority approval, based on the cost of the services at the time they are provided. There is a possibility some services included on my original IPE will not be approved.
- I will agree to an IPE amendment to change my vocational goal and/or services if I change my mind regarding this goal, or it is determined the goal is not likely to result in long-term sustainable employment for me, or if I am not making adequate progress toward reaching the goal.

Participant Signature _____ Date _____

VR Counselor Signature _____ Date _____

Legal Guardian Signature _____ Date _____

## LEGAL GUARDIAN CONSENT FORM -- ADULT

**(must be signed when an adult, age 18 or over, has a court-appointed representative)**

Name of Applicant: _____

Name of Guardian: _____

I understand the above mentioned applicant has been referred to the Bureau of Vocational Rehabilitation for vocational rehabilitation services. I further understand that the goal of services is competitive integrated employment.

Services provided to achieve an employment goal may include but are not limited to, vocational evaluation and guidance, vocational, college or on the job training, work experience, job seeking skills, job placement assistance, job coaching, and assistance with utilizing public transportation.

In giving my consent for the above mentioned individual to participate in Vocational Rehabilitation Services, I understand employment income received from a job or a work assessment or work experience may affect any benefits the above named individual may receive including Social Security, Medicaid, Welfare, and Food Stamps. I also understand the individual may be asked by employers to take a drug test as a condition of hire.

If you have any questions or need additional information prior to signing this consent, please contact _____ at (_____) _____-_____.
(counselor's phone #)

I hereby give consent for the above mentioned individual to participate in vocational rehabilitation services including competitive integrated employment.

_____

Signature of Legal Guardian Date Phone Number

## ON-THE-JOB TRAINING AGREEMENT

This is an agreement between _____ (counselor) with the Rehabilitation Division and _____ (employer) for the provision of an on-the-job training opportunity for _____ (participant).

IPE Objective Number: _____ Job Title: _____

Essential Functions of Job: _____

_____

_____

The participant will be trained in these specific areas to ensure attainment of key job skills to perform the duties of this position and be provided with appropriate supervision.

Training Start Date: _____ Training End Date: _____

Specific hours of instruction are to be determined between the employer and the participant; however, the hours of instruction will not exceed forty (40) hours per week. Wages to be paid to the participant by the employer are the usual and customary wage for an entry-level position within this job title.

Reimbursement may be provided to the employer for any portion of the participant's wages and salary, usually averaged over the length of the training period. The Rehabilitation Counselor may also reimburse the employer for workers' compensation insurance premiums, but the premiums must be paid directly to the employer. The reimbursement rate and schedule is as follows:

_____

_____

_____

During the period of this agreement, the employer will ensure the participant, deemed an employee of the employer, is covered under workers' compensation insurance, unemployment insurance, health insurance and other fringe benefits at the same level and same extent as the other employees of the employer.

Weekly progress reports will be completed by a designee of the employer and provided to the Bureau along with a weekly time sheet and invoice for weekly reimbursement of fees. Invoices will not be paid unless accompanied by the current progress report and time sheet. In no event will the total payments exceed the total authorized amount or the prorated obligation over the training period in which a terminated trainee was paid wages.

No payment to the employer is made for services initiated prior to the signatures of the parties to the Agreement and the written authorization of the Bureau. This agreement is not a legally binding contract but rather is an agreement made in good faith. It may be modified in writing or terminated by any of the parties concerned at any time. My signature on this document indicates agreement with all stated conditions.

_____ _____

Signature of Employer Date

_____ _____

Signature of Rehabilitation Counselor Date

_____ _____

Signature of Participant Date

## ON-THE-JOB (OJT) TRAINING BUDGET AND CERTIFICATION

Employer Name: _____

State of NV Vendor ID # (required): _____

Participant Name: _____ Case ID #: _____

Training Start Date: _____ Training End Date: _____

Hours per Week: _____ Pay Period: _____

The Division's total reimbursement of the OJT costs based upon the following agreed upon rate or percentage of the actual wages paid to the participant for the training received while employed by the Employer during the term of this agreement.

| | Hourly Rate | Hours per Week | Percentage | Weekly Obligation |
|---|---|---|---|---|
| Total | | | | $ |
| The Division | | | | $ |
| Employer | | | | $ |

| | Other Actual Costs | Employer Responsibility | Division Responsibility |
|---|---|---|---|
| Workers' Comp | | $ | $ |
| Unemployment | | $ | $ |
| Health Insurance | | $ | $ |
| Total | $ | $ | $ |

I understand the terms of this agreement and will comply with the OJT Agreement and General Provisions. I am authorized to commit _____ to this OJT agreement.

_____ _____
Signature and Title of Employer's Authorized Representative Date

I understand the terms of this agreement and will comply with this OJT Agreement as described herein.

_____ _____
Signature of Participant/Trainee Date

_____ _____
Signature of Rehabilitation Counselor Date

## ON THE JOB TRAINING PROGRESS REPORT

(Must be accompanied by weekly time sheet)

Participant Name: _____
Trainer Name: _____
Date of Report: _____

1. **Attendance:**
   - _____ No Time Lost
   - _____ Time Lost Reason: _____

2. **Progress This Period:**
   - _____ Accelerated
   - _____ Average
   - _____ Slow Reason: _____
   - _____ No Progress Reason: _____

3. **Quality of Work:**
   - _____ Excellent
   - _____ Good
   - _____ Fair Reason: _____
   - _____ Poor Reason: _____

4. **Problem Areas and Remediation:**

   _____
   _____
   _____
   _____

5. **Cooperation in Training:**
   - _____ Cooperative
   - _____ Fairly Cooperative Reason: _____
   - _____ Indifferent Reason: _____
   - _____ Not Cooperative Reason: _____

6. **Will Training be Completed on Schedule?**
   - _____ Yes
   - _____ No Reason: _____

7. **Additional Comments:**

   _____
   _____
   _____
   _____

8. **Participant Successfully Completed OJT on:** _____

_____ _____
Signature of Trainer or Authorized Representative Date

Please forward report and invoice to: _____
_____
_____

# On-the-Job Training – Weekly Time Sheet

(To be submitted with weekly progress report)

| | |
|---|---|
| | **Week of:** |
| Employer Name:<br><br>Address: | |
| Name of<br>Trainer/Auth. Rep: | Name of<br>Participant/Trainee: |
| Phone #: | Trainee Job Title: |

| Date | Start Time | Meal Time In | Meal Time Out | End Time | Regular Hours |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | |
|---|---|
| Trainer/Auth. Rep.<br>Signature: Date: | **Total Regular Hours Worked:** _____ |
| Participant/Trainee<br>Signature: Date: | |

## TRANSITION STUDENT

## PARENTAL OR LEGAL GUARDIAN CONSENT FORM

STUDENT NAME: _____

I understand that my son/daughter has been referred to the Bureau of Vocational Rehabilitation for transition services. I further understand that the goal of the Transition Program at Vocational Rehabilitation is to help youth with disabilities move from school to work and adult life.

I give my consent for my son/daughter to participate in Vocational Rehabilitation. In providing this consent I understand:

- Services provided to achieve an employment goal may include but are not limited to vocational evaluation and guidance, college training, work experience, job seeking skills, job placement assistance, job coaching, and assistance with utilizing public transportation.

- The employment income my child receives may affect any benefits my child and/or family currently receive including Social Security, Medicaid, Welfare, and Food Stamps.

- My son/daughter will require proper identification to work including a social security card, an original birth certificate or a Department of Motor Vehicles identification card or driver's license. I agree to obtain a work permit for my son/daughter if he/she is under the age of 16.

- My son/daughter may be asked by employers to take a drug test as a condition of hire.

Please check any of the following which apply:

_____ I would like to be present at the intake interview.
_____ I do not need to be present at the intake interview.
_____ My son/daughter is not ready for employment at this time.

If you have any questions or need additional information prior to signing this consent, please contact the counselor for the Transition Program at (_____) _____-_____.

(counselor's phone #)

Signature of Parent/Legal Guardian Date Phone Number

# REHABILITATION DIVISION

DETR
Nevada Department of Employment, Training and Rehabilitation

## PARTICIPANT REQUEST FOR CASE FILE RECORDS

Participant's Name: _____

Address: _____

Phone / e-mail: _____

Representative's Name (if applicable): _____

Address: _____

Phone / e-mail: _____

I, _____ (name of participant), request a copy of the following information from my vocational rehabilitation case file.

_____ Application for Services
_____ Intake Summary
_____ Eligibility Determination
_____ Individualized Plan for Employment (IPE)
_____ Case Notes
_____ Medical Records
_____ Dental Records
_____ Other (Specify in detail the information to be released): _____

____ Psychological/Psychiatric Records
____ Job Search / Job Development Records
____ Vocational Assessment Report
____ Work Assessment Reports
____ Vocational Training Reports
____ Academic / College Grade Reports
____ Entire Record

**Method of Delivery:**

___ Participant will pick up
___ Mail to participant at address above
___ Designated Representative will pick up
___ Mail to designated representative at address above

☐ Check here if accessible format is required. A Division representative will contact you.
Phone / e-mail: _____

Pursuant to federal law, specifically 34 CFR 361.38(c)(2), the Rehabilitation Division can withhold medical or psychological information from a participant if it determines the information may be harmful to the participant. In such a case, the Division can release information to a third party chosen by the participant.

Information previously provided: The Division will provide one copy of the case file and from that date forward will provide copies of new information only. Exceptions due to extenuating circumstances may be approved by the District Manager. Repeated failure on the part of the individual to make reasonable efforts to properly store, file or safeguard records generally will not be considered extenuating circumstances.

Information obtained from third parties: Information obtained from a third party (such as medical records received from a doctor's office after receipt of a release signed by the participant) cannot be released to the participant or to any other party. Participants must request these records from the original source to obtain this information.
34 CFR 361.38(c)(3), 34 CFR 367.69 and 367.70

The Division may request documentation to verify the identity of the individual requesting records or as applicable, documentation that a representative requesting records is a legal representative of the individual to whom the records pertain.

Information will be released in a timely manner defined as 10 business days from the date a signed request for records form was received by the agency for non-archived records. Archived information will be requested from archives within 8 business days and provided to the individual within 8 business days of receipt of record. If information is requested in a format not readily available, the time frames may be waived by the District Manager in order to convert to the requested format. The District Manager may also make exceptions to the above time period if additional time is needed to verify the identity or signature of the requestor of records.

Request expires on: _____ (date)

_____
Participant's Signature

Date

_____
Individual's Representative Signature (if applicable)

Date

Note: An individual's representative must be his or her legal guardian or court appointed representative; or there must be a current Designation of Individual's Representative form signed by the participant and representative.

For Division Use only:
Received by: _____
Date: _____
ID Verified by: _____

## Participant Responsibilities for Post-Secondary Training

**Initial by each number and sign below**

1. _____ If it has been determined that you are required to financially participate in the cost of your training program; you will be expected to fulfill this obligation. You must report any changes in your financial status to your VR counselor.

2. _____ Each year you must apply for financial aid by submitting the Free Application for Federal Student Aid (FAFSA). This may be waived in some instances if you graduated from high school with an adjusted diploma. Provide VR with a copy of Financial Aid documentation from your school. Accept any grants offered (Pell Grant, e.g.); however, VR does not require that you accept any student loan that must be repaid. Inform your VR counselor of any additional grants, comparable benefits or scholarships you receive that are earmarked for a particular educational expense (e.g. Millennium Scholarship paid directly to the school for tuition).

3. _____You are responsible to reimburse VR for expenses if VR fronts training related expenses which a comparable benefit will subsequently fund (for example, when VR fronts the tuition for a given semester, but later in the semester the individual is awarded the Pell Grant).

4. _____ If you are pursuing a degree program, you must attend training full-time*.* See policy manual requirements for exceptions.

5. _____ You must not change your major or program of study without prior approval from the VR counselor.

6. _____ You must take only those courses that count toward your degree/diploma/certification. VR will not pay for elective, other courses or additional credit hours than required for your program. You must provide the Educational Plan/Program Outline to your VR counselor prior to beginning your studies and submit a class schedule each semester (or term) before VR will pay for any classes. VR will not pay to re-take a class due to a low or failing grade or after withdrawing from a class after the deadline for receiving a refund has expired.

7. _____ The maximum number of credits VR will fund is limited, even if you have changed your major. If you exceed the maximum amount of credits allowed by VR and/or the Pell grant, you will need to take responsibility to provide or find funding for the additional credit hours taken.

8._____ You must maintain at least a 2.0 Grade Point Average. If the standard is higher for a particular degree or a higher GPA is necessary to continue training (e.g., for acceptance into a limited- entry program), then the higher GPA must be maintained. You must make satisfactory progress as defined by the training institution. You must provide the VR counselor with grade reports at the end of each semester (or grading term) and before any funding for additional training is provided.

9._____ You must contact your VR counselor if there are any problems which may impede satisfactory progress in school (such as medical problems, excessive absences, failing grades or problems with accommodations).

10._____ You must complete all available classes at the most cost effective local public college (such as a community college) or pay the cost difference between the programs. If you are seeking a 4 year degree you must earn your Associates or transfer degree at the most cost effective local public college prior to transferring to the University for a 4 year degree (or pay the cost difference). Exceptions to this must be approved through the District Manager as noted in the "Adherence to Policy" at the beginning of "Scope of Services; Post-Secondary Education and Training at Vocational Training Facilities" Subsection 12.5 of the policy manual.

11._____ If attending a Nevada Public Institution you must register with, and as needed receive services from the CareerConnect Program when available. VR will not pay for any service that is otherwise provided through the CareerConnect Program.

**Comments:**

_____

_____

_____

I understand that VR funding of post-secondary education must comply with Subsecection 12. 5 Scope of Services; Post-Secondary Education and Training at Vocational Training Facilities of the Policies and Procedures Manual. I have read the above information and requirements, and I understand my responsibilities. I also understand that if I do not comply with my responsibilities VR may discontinue further funding of my training program.

_____ _____

Participant Signature Date VR Counselor Signature Date

_____

Legal Guardian Signature Date

# PUBLICATION AND MEDIA CONSENT / RELEASE FORM

I, _____, authorize the exchange of information between the Rehabilitation Division and the media, and/or for Division Publications to use the following information regarding my Rehabilitation Experience as specified below:

_____
_____
_____
_____

**Authority for the Division to Release Information to the Media for Publication (Please Initial)**

_____ 1. By initialing this box and signing below, I am specifically authorizing the Division to release the information expressly stated above, to any media source or outlet of any type or nature, and I understand that the information will then be distributed to the general public.

_____ 2. By initialing this box and signing below, I am specifically authorizing the Division to release my photograph, to any media source or outlet of any type or nature, and I understand that the information will then be distributed to the general public.

If the Rehabilitation Division receives information, that information will be kept confidential as allowed and required by law. If the Rehabilitation Division releases information upon my request to a third party, the Rehabilitation Division will not guarantee the confidentiality of the information and will not be legally responsible for any misuse of that information by the third party. If the Division releases information to a media outlet upon my request, the Division will not guarantee the accuracy of any media news coverage and/or stories, will not be legally responsible for any such media news coverage and/or stories, and will not guarantee that the information will be properly used.

**Date, event, or condition upon which this consent expires:** _____

Signature: _____ Date: _____
(Parent or Guardian, as appropriate)

Witness Signature: _____ Date: _____

# BVR/BSBVI
# VERIFICATION OF SERVICES RECEIVED

My signature acknowledges that I have received/not received the services and/or goods listed below. I understand that if I refuse to sign this receipt or fail to return it, no further services or goods will be authorized.

| Vendor Name | Service/Goods Description | Authorization # |
|---|---|---|
| | | |

☐ I have received the above listed goods/services.

☐ I have not received the above listed goods/services.

| Participant Name | Participant Signature | Date |
|---|---|---|

## NOTES/COMMENTS

# BVR/BSBVI

## VERIFICATION OF SERVICES RECEIVED – GAS CARD

My signature acknowledges that I have received/not received the Gas card listed below. I understand that if I refuse to sign this receipt or fail to return it, no further services or goods will be authorized.

| Vendor Name | Service/Goods Description | Gas Card # | Authorization # |
|---|---|---|---|
| | | | Note: For issuance of gas card. |

☐ I have received the above listed goods/services.

☐ I have not received the above listed goods/services.

| Participant Name | Participant Signature | Date |
|---|---|---|

## NOTES/COMMENTS

**RD 87**

## Receipt or Refusal of Pre-Employment Transition Services

My name is**:** _____ _____ _____
Last Name First Name Middle Initial

My Guardian or Representative (If applicable) is: _____

My Vocational Rehabilitation Counselor/Representative is: _____
First and Last Name

My VR Case Number is: _____

*I understand if I am a student with a disability that in order to receive a certificate to enter subminimum wage employment I must either receive pre-employment transition services or receive transition services. Transition services are offered through my school under the Individual's with Disabilities Education Act (IDEA). This form documents my receipt or refusal of pre-employment transition services through VR. The school is responsible to provide VR documentation regarding the receipt or refusal of transition services provided by the school.* ***If I refuse pre-employment transition services and did not receive transition services under IDEA, I may not be able to enter subminimum wage employment with an entity holding a special wage certificate under Section 14(c) of the Fair Labor Standards Act at this time****.*

This form certifies that I received the following services as checked below:

☐ Pre-Employment Transition Services through
- ☐ Job Exploration Counseling Date Completed: _____
- ☐ Work Based Learning Experiences Date Completed: _____
- ☐ Counseling on Higher Education Date Completed: _____
- ☐ Workplace Readiness Training Date Completed: _____
- ☐ Instruction in Self-Advocacy Date Completed: _____

**Note: Students do not have to complete all of the services listed, only those needed.**

**OR**

☐ I refused pre-employment transition services.
List the reasons for your refusal: _____

_____ _____ _____ _____
Individual's Signature Date Legal Guardian Signature Date

_____ _____
VR Counselor/Representative Signature Date

The original or a copy of this documentation was provided to the above named individual by the following method:

☐ Hand delivered ☐ Faxed ☐ Mailed ☐ E-mailed ☐ Other: Specify: _____

_____
**By: Name Signature Date**

**Sample: Plan for Collaboration and Active Participation in Achieving a Competitive Integrated Employment Outcome**

The goal of VR services is to help you achieve sustainable, competitive, integrated employment. Obtainment of this goal requires commitment and action on your part. The purpose of this form is to document you agree to take action needed to progress with your VR case and employment. We are asking you to complete this agreement because of a pattern of not making reasonable progress toward an employment objective or a pattern of not cooperating with VR. You may refuse to sign this agreement; however if you do so your case will be closed, or a new case will not be opened. You may appeal the decision to close your case or not re-open a new case (see attached appeal rights)

**I agree to follow through on the following actions or expectations within the required time frames:**

| Required Action/ Expectation: | Time Frame: |
|---|---|
| Required Action/ Expectation: | Time Frame: |
| Required Action/ Expectation: | Time Frame: |
| Required Action/ Expectation: | Time Frame: |
| Required Action/ Expectation: | Time Frame: |
| Required Action/ Expectation: | Time Frame: |

**I understand if I fail to complete the required actions or comply with the above expectations my case may be closed and/or a new case will not be opened.**

**Participant Signature**_____ **Date**_____

**Counselor Signature**_____ **Date**_____

Provide one copy to the participant and enter another copy into the case file.

## Services Subject to Financial Participation / Comparable Benefits

| Service | Subject to Financial Participation | Requires Exploration of Comparable Benefits** |
|---|---|---|
| Assessments for determining eligibility (**except for** non-assessment services provided during a trial work experience plan) | No | No |
| Assessments- Services used for determining rehabilitation needs | No | No |
| Assistive/Rehabilitation Technology (other than vehicle modifications) includes assistive devices such as hearing aids, prosthetics, low vision aids, wheelchairs | Yes | No |
| Auxiliary Aids (interpreter, reader, etc.) | No | Yes |
| Books and supplies | Yes | Yes |
| Computers and computer-related equipment and software | Yes | Yes |
| Counseling & Guidance (provided by a Counselor employed by the Division) | No | No |
| Dental services | Yes | Yes |
| Discretionary training fees not included in tuition (campus parking, graduation fees, etc.) | Yes | Yes |
| Home modifications | Yes | No |
| Incidental expenses | Yes | Yes |
| Job Development, Placement and Retention services | No | No |
| Maintenance | Yes | Yes |
| Occupational Licenses/Certifications | Yes | Yes |
| Occupational Tools/Supplies/Equipment/Uniforms | Yes | Yes |
| Personal assistance services | No | Yes |
| Physical/Mental Health Restoration (includes treatment, medications, corrective lenses) | Yes | Yes |
| Pre- Employment Transition Services (Pre-ETS) | No | Per agreement with LEA's |
| Referrals to other agencies | No | No |
| Self-Employment services (including business related expenses ) | Yes | Yes |
| Services to family members | Yes | Yes |
| Transportation | Yes | Yes |
| Tuition and course-related fees for college/vocational training | Yes | Yes – **requires maximum effort** to secure grant assistance |
| Vehicle Modifications | No | No |
| Vehicle Purchase Assistance | Yes | Yes |
| Vehicle Repair | Yes | Yes |

***Note:** Although some services, like assistive technology, are exempt from the comparable benefit requirement, federal regulations do not prohibit the use of comparable benefits if they are readily available.*

## Student Checklist for College Training

Participant: _____Case ID#: _____VR Counselor: _____

School: _____Semester/Qtr._____Year: _____

| | Tasks | To Do | Done |
|---|---|---|---|
| 1 | Apply for admission to college as soon as possible. | ☐ | ☐ |
| 2 | Apply for a Personal ID Number (PIN) at www.pin.ed.gov . A PIN will allow you to access your personal information in various U.S. Dept. of Education systems and it also serves as an electronic signature. Do this **before** completing a FAFSA online. | ☐ | ☐ |
| 3 | Apply for financial aid. You can fill out the Free Application for Federal Student Aid (FAFSA) online at http://fafsa.ed.gov/ . This can be done on your own computer **or** at the college you are attending. You can also get a paper copy from the financial aid office at the school. This application must be completed each year you attend college. | ☐ | ☐ |
| 4 | Check for scholarships and other financial aid with the college and/or on the website www.fastweb.com . | ☐ | ☐ |
| 5 | Upon receipt of your FAFSA results, submit to BVR a copy of your **Student Aid Report** and a copy of the **Financial Aid Award /Denial Letter** from the college. | ☐<br>☐ | ☐<br>☐ |
| 6 | Register with the Disability Resource Center (DRC) and CareerConnect where available at your college/university. Provide DRC contact information to your counselor and discuss signing a release form in order to share information. | ☐ | ☐ |
| 7 | Request transcripts and give BVR a copy. | ☐ | ☐ |
| 8 | Meet with an advisor at the school.<br>Obtain Educational Plan/Degree Outline and provide a copy to BVR. | ☐<br>☐ | ☐<br>☐ |
| 9 | Take the placement tests (Reading, Math and Writing) | ☐ | ☐ |
| 10 | Register for classes and give BVR a copy of your class schedule. | ☐ | ☐ |
| 11 | Review books & supplies policy, terms and conditions. If alternate formats are needed, inform the DRC and your counselor as soon as possible. | ☐ | ☐ |
| 12 | Before you can receive assistance for the following semester/quarter, you must provide BVR with a copy of your grade report for the completed term. | ☐ | ☐ |

Additional comments or items that may need to be completed:

_____

_____

_____

## Supported Employment Services Extension

May be completed (in six month intervals) if the individual requires more than 24 months of supported employment services to support and maintain the individual in employment before transitioning to extended services. There must be documentation the individual is making significant progress toward the weekly work goal and job stabilization, and that the transition to extended services will occur within a reasonable amount of time.

**Participant**: **Case #**:

1. Describe the progress the participant has made toward the weekly work goal and job stabilization:

2. Describe the reason an extension is needed:

3. Describe the action plan to stabilize the participant in employment and the expected time frame for the transition to extended services:

4. We agree to extend supported employment services until: _____ (not to exceed 6 months at a time).

| Counselor Signature | Date | Participant Signature (Parent, Guardian, or Representative) |
|---|---|---|

# Ticket to Work Program - Beneficiary Fact Sheet

The Social Security Administration's (SSA) Ticket to Work (TTW) program is a free and voluntary work incentive program for Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) beneficiaries who are between the ages of 18 and 64 and interested in going to work. The goal of the TTW program is to assist beneficiaries in obtaining employment and working toward self-sufficiency.

If you are interested in working, the TTW program can help you with accessing vocational rehabilitation, training, and placement services, as well as other services and support to help you reach your employment goals.

- You and your NV Vocational Rehabilitation (VR) counselor will develop your Individualized Plan for Employment (IPE). Your IPE will identify a specific employment goal and include the services and supports that are necessary to reach your employment goal. Once your IPE is approved and signed by you and your counselor, your Ticket will be placed "In-Use" with NV Vocational Rehabilitation (VR).

## Timely Progress Reviews (TPR) / Continuing Disability Reviews (CDR)

While your Ticket is "In-Use", SSA will excuse you from medical Continuing Disability Reviews (medical CDRs) as long as you are actively participating in the program and meeting SSA's Timely Progress benchmarks (see Timely Progress Guidelines on page 3).

- SSA will send you a TPR letter annually. If you feel you are unable to meet SSA's TPR benchmarks you can still continue to receive services from VR. Please note however that you will not be excused from medical CDRs if you are unable to meet the benchmarks.

- When your VR case is closed, you have 90 days to "assign" your Ticket to an Employment Network (EN) if you want to continue to be excused from medical CDR's. Assigning your ticket to an EN is voluntary. ENs are great resources because they can provide you with ongoing support services, job retention services and supports to help you keep your job and increase your earnings.

To learn more about the Ticket to Work Program

- **Ticket to Work Beneficiary Help Line:**
  1-866-968-7842 (Voice) or 1-866-833-2967 (TTY)
  support@choosework.ssa.gov
  www.chooseworkttw.net

Employment Networks (EN)

- ENs can help you with free career counseling, job placement, and then ongoing support once you have started working. If you think you are ready to return to work or make more money at a job you already have, you should contact several ENs who provide the services you need until you find the right one for you.

Work Incentives Planning and Assistance (WIPA)

- Social Security's WIPA project helps beneficiaries with disabilities to make informed choices about work, by providing in-depth counseling about benefits and the effect of work on those benefits, to help support working beneficiaries to make a successful transition to financial independence.

Protection and Advocacy for Beneficiaries of Social Security (PABSS)

- Social Security's P&A Program, known as Protection and Advocacy for Beneficiaries of Social Security (PABSS), serves Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) beneficiaries with disabilities who want to work with legal based advocacy services.

- **Social Security Administration (SSA)**
  1-800-772-1213 (Voice) or 1-800-325-0778 (TTY)
  http://www.ssa.gov/

- **Client Assistance Program**
  http://www.ndalc.org

| Las Vegas | Reno | Elko |
|---|---|---|
| 2820 W. Charleston Blvd #11<br>Las Vegas, NV 89102 | 1875 Plumas St #1<br>Reno, NV 89509 | 905 Railroad St #104B<br>Elko, NV 89801 |
| Phone: 702-257-8150<br>Toll-Free: 1-888-349-3843<br>Nevada Relay: 711<br>Fax: 702-257-8170<br>**lasvegas@ndalc.org**<br>**Se *Habla Español***| Phone: 775-333-7878<br>Toll-Free: 1-800-992-5715<br>Nevada Relay: 711<br>Fax: 775-786-2520<br>**reno@ndalc.org**<br>**Se *Habla Español*** | Phone: 775-777-1590<br>Toll-Free: 1-800-992-5715<br>Nevada Relay: 711<br>Fax: 775-753-1690<br>**elko@ndalc.org** |

## Timely Progress Guidelines
## During Each 12-month Progress Review Period

**1st - 12 month review (**after 12 months of Ticket use)
- Complete 3 months of work at Trial Work Level (TWL), OR
- Complete a GED or high school diploma, OR
- Complete 60% of a full-time course load for an academic year in a college or technical/trade/vocational training program, OR
- Complete a combination of this work and education requirement

**2nd - 12 month review (**13-24 months of Ticket use)
- Complete 6 months of work at Trial Work Level (TWL), OR
- Complete 75% of a full-time course load for an academic year in a college or technical/trade/vocational training program, OR
- Complete a combination of this work and education requirement

**3rd - 12 month review (**25-36 months of Ticket use)
- Complete 9 months of work at Substantial Gainful Activity (SGA) level, OR
- Complete an additional full-time academic year of study, OR
- Complete a 2-year or 4-year college program, OR
- Complete a 2-year technical/trade/vocational training program, OR
- Complete a combination of this work and education requirement

**4th - 12 month review (**37-48 months of Ticket use)
- Complete 9 months of work at Substantial Gainful Activity (SGA) level, OR
- Complete an additional academic year of full-time study, OR
- Complete a combination of this work and education requirement

**5th - 12 month review (**49-60 months of Ticket use)
- Complete 6 months of work at Substantial Gainful Activity (SGA) level with no SSDI and/or SSI cash benefits in months worked, OR
- Complete an additional academic year of full-time study, OR
- Complete a 4-year degree program

**6th - 12 month review (**61-72 months of Ticket use)
- Complete 6 months of work at Substantial Gainful Activity (SGA) level with no SSDI and/or SSI cash benefits in months worked**,** OR
- Complete a 4-year degree program

**7th - 12 month review (**73-84 months of Ticket use)
- Complete 6 months of work at Substantial Gainful Activity (SGA) level with no SSDI and/or SSI cash benefits in months worked

***Note: The guidelines for any subsequent 12-month Progress Review are the same as for the 7th 12-month Progress Review.*

# Ticket to Work – Checklist for VR Counselors

☐ **Application/Intake/Eligibility:**

- Provide the participant with the Beneficiary Fact Sheet on the Ticket to Work (TTW) program. Use this fact sheet as talking points when explaining TTW to the participant.
- Inform the participant of the availability of benefits counseling from Nevada's Work Incentives Planning and Assistance (WIPA) project. The WIPA directory is available at www.chooseworkttw.net**.**

☐ **IPE Approval:**

- Once the IPE is developed and signed/approved:
- Explain medical Continuing Disability Review (medical CDR) protection & Timely Progress Reviews (TPRs) to the participant. This information is also included in the Beneficiary Fact Sheet on the TTW program.
    - **Behind the scenes:** Once the participant's IPE is approved, VR Program Officer Staff sends monthly IPE data files to Maximus to place SSI/SSDI participants' tickets "In-Use SVR" status.

☐ **Employment: Employed Ticket to Work Holder letter**

- Once the participant has achieved Employed status send Employed Ticket to Work Holder letter

☐ **Case Closure: 10 Day Closure Letter - Ticket To Work**

- Remind the participant that they can choose to assign their Ticket to an EN for retention/ongoing support services and to continue medical CDR protection. A directory of ENs can be found at www.chooseworkttw.net and send 10 Day Closure Letter – Ticket to Work Letter

☐ **Case Closure:**

- Remind the participant that they can choose to assign their Ticket to an EN for retention/ongoing support services and to continue medical CDR protection. A directory of ENs can be found at www.chooseworkttw.net.
    - **Behind the Scenes:** VR Program Officer Staff sends monthly case closure data files to Maximus so the ticket can be made available for assignment to an EN after case closure. After this is completed, VR Program Officer Staff will submit claims to SSA based on services provided to the participant.

**Questions?**
Contact VR Operations - Program Officer Staff

**TRANSITION IPE WORKSHEET**

**Name: _____ Date: _____**
**Date or anticipated exit date** _____

**I. IPE REQUIREMENTS**

**1. The IPE was Signed Before the Student Exited the School System:**
At time of IPE:

**a)** Was the student in school? ☐ yes ☐ no **If no:**
**b)** Did the student exit school before an eligibility determination was made? ☐ yes ☐ no

**2. The IPE was developed in consideration of the school IEP:**
Applicable if the plan was completed before the student exited the school system. This is not applicable if the IPE was developed after the student graduated, unless the student is still receiving services under an IEP.

**a)** Did the counselor review the IEP with the student? ☐ yes ☐ no
**b)** Did the counselor explore the pros and cons of various options (including the pros and cons of the vocational goals and services listed on the IEP)? ☐ yes ☐ no
**c)** Did the counselor and student decide to incorporate aspects of the IEP into the IPE? ☐ yes ☐ no

**If yes,** please list and explain aspects incorporated: (for example vocational goal, training objectives etc.)

_____

_____

**If no:**
Did the student make an informed choice to proceed in a different direction? ☐ yes ☐ no

**Explain:** _____

**II. PRE-EMPLOYMENT TRANSITION SERVICES NEEDS:**
*Documentation Note: All pre-employment transition activities should include appropriate back up documentation in the case file. For example, a statement from the school district for activities provided by the district, case notes regarding dates and type of C & G provided by the VR counselor, vocational exploration reports, dates and name of employer if a student job shadowed or participated in informational interviews, Work Experience reports, etc.*

**1. Job Exploration Counseling Yes ☐ No ☐ If no, Explain:**_____
**If yes:**
**Service already provided:** ☐ yes ☐ no ☐ Additional needed **IPE Obj. # if applicable:** _____

**If yes:**
Provided by: ☐ VR ☐ School District ☐ Other (specify) _____
Dates Provided: _____
Tools used (choose all that apply):
☐ Counseling and Guidance provided by VR counselor and/or School District
☐ Vocational assessments (results reviewed with student)
☐ Assistance with vocational research and reviewing results (such as Nevada Career Information System)
☐ Job Shadowing or Informational Interviewing
☐ Other: Specify_____

**2. Work Based Learning Experiences ☐ Yes ☐ No If no, Explain:**_____

**If yes:**

**Service already provided:** ☐ yes ☐ no ☐ Additional needed **IPE Obj. # if applicable:** _____

**If yes:**

Provided/Funded by: ☐ VR ☐ School District ☐ Other (specify) _____

Dates Provided: _____

Type: _____

Specify site and type of work: *(use back of sheet or additional pages if needed for more than 3 sites)*

Site 1:_____ Type of Work: _____

Site 2: _____ Type of Work: _____

Site 3: _____ Type of Work: _____

**3. Counseling on Opportunities for Enrollment in Comprehensive Transition or Post-Secondary Educational Programs at Institutions of Higher Education**

**☐ Yes ☐ No If no, Explain:** _____

**If yes:**

**Service already provided:** ☐ yes ☐ no ☐ Additional needed **IPE Obj. # if applicable:** _____

**If yes**:

Provided/Funded by: ☐ VR ☐ School District ☐ Other (specify) _____

Dates Provided: _____

Outcome:

☐ Student planning to enroll at an institution of higher education

☐ Student undecided about enrollment at an institution of higher education

☐ Student made an informed choice not to enroll at an institution of higher education

☐ Other (explain): _____

**4. Work Readiness Training to Develop Social Skills and Independent Living**

**☐ Yes ☐ No If no, Explain :** _____

**If yes:**

**Service already provided:** ☐ yes ☐ no ☐ Additional needed **IPE Obj. # if applicable:** _____

**If yes:**

Provided/Funded by: ☐ VR ☐ School District ☐ Other (specify) _____

Dates provided: _____

Name of vendor if VR funded, but did not provide directly:

_____

Comments:

_____

**5. Instruction in Self-Advocacy ☐ Yes ☐ No If no, Explain:** _____

**If yes:**

**Service already provided:** ☐ yes ☐ no ☐ Additional needed **IPE Obj. # if applicable:** _____

**If yes:**

Provided/Funded by: ☐ VR ☐ School District ☐ Peer Mentoring ☐ Other (specify):_____

Dates provided: _____

Name of vendor if VR funded, but did not provide directly:_____

Comments:

_____

## Trial Semester Agreement Form

**I understand that if my Individualized Plan for Employment (IPE) includes a "trial semester" of post-secondary education:** (Initial by each number and sign below)

1. _____ The vocational goal on my IPE is a proposed goal. VR is in no way obligated to provide support or continue to assist me to achieve the IPE goal once my trial semester is completed.

2. _____ After completion of the trial semester my counselor and I will reassess my vocational needs and make a determination to either:
   - Amend my IPE to continue with the projected/proposed IPE goal and services needed to reach the goal; or
   - Explore and choose a different IPE goal.

3. _____ I must register with the Disabilty Resource Center and CareerConnect (where available) and as needed receive:
   - Support services, to help me be successful in my trial semester. This may include but is not limited to an accommodation evaluation, tutoring and other support services.
   - Additional career guidance and exploration to help me in determining the feasibility of my vocational goal and/or exploring other vocational goals.
   - Other services available through CareerConnect.

4. _____ I must use the college computer lab or provide my own computer during the trial semester.

5. _____ I must utilize comparable benefits, consistent with the agency's policies, prior to VR paying college tuition and expenses. This includes submitting the Free Application for Federal Student Aid (FAFSA) and utilizing the Pell Grant if awarded.

6. _____ If it has been determined that I am required to financially participate in the cost of my training program; I agree to fulfill this obligation.

7. _____ I must take my trial classes at the most cost effective local community college, consistent with other policies on post-secondary education.

8. _____ My counselor and I will jointly determine the classes I will take during the trial semester. The classes must be meaningful core classes; such as math, English, science and/or classes that are directly related to my vocational goal.

I understand that VR funding of post-secondary education, including the trial semester, must comply with Subsection 12.5 Scope of Services; Post-Secondary and Training at Vocational Training Facilities of the Policies and Procedures Manual and all other policies. Any exceptions to the above conditions or other policies must be due to extenuating circumstances, be justifiable and approved by the District Manager as noted in Subsection 12.5 under "Adherence to Policy".

_____ _____

Participant Signature Date VR Counselor Signature Date

_____

Legal Guardian Signature Date

# CHECKLIST OF DOCUMENTS REQUIRED FOR A VEHICLE MODIFICATION

**For all Plans which include vehicle modification, the Rehabilitation Counselor MUST complete this checklist PRIOR TO signing the IPE or IPE amendment:**

**All Modifications:**

_____ Documentation that the participant's medical condition is stable or slowly progressive

_____ Signed and dated Affidavit of Understanding (Form VM-2)

_____ Documentation of registered ownership of the vehicle by the participant or if the participant is not the owner:

____ Documentation of registered ownership by a family member (Modification of vehicles not owned by the participant or family member must be approved by the District Manager) and there should be reasonable assurance that the participant will have access to the vehicle for work related activities

____ Written statement from the family member/owner that the vehicle will be used by the participant approximately 51% of the time for work and related activities necessary for the participant to obtain and maintain employment

_____ Proof of vehicle insurance coverage

_____ Certificate from a qualified mechanic that the condition of the vehicle, including powertrain, brakes, electrical system, body and safety features warrants modification if the vehicle is over 3 years old or has 50,000 miles or more on the odometer (Form VM-3)

_____ Cost estimates or bids from Division approved providers or contractors

**For Participants Who Will Drive**:

_____ Verification of the participant's valid driver's license: State _____ Expiration Date _____

_____ If participant will drive from a wheelchair, the condition and type of the wheelchair

_____ Written statement from the participant that if DMV requires corrective lenses to be worn, the participant has the lenses and agrees to wear them while driving (Form VM-2)

_____ An evaluation from a driver's evaluation unit

**If the participant will be a passenger only**:

____ An evaluation of access modification needs by a physical or occupational therapist

_____ Written statement by the driver that he/she will be transporting the participant to and from work related activities

_____ Verification of the driver's valid driver's license: State _____ Expiration Date _____

_____ Written statement from the driver that if DMV requires corrective lenses to be worn, the driver has the lenses and agrees to wear them while driving (Form VM-2)

**After the vehicle modification work is completed:**
The following documentation must be included in the case service record:

_____ Signed and dated Participant Certification of Visual Examination verifying that the work has been completed by the mechanic and/or installer to the participant's satisfaction (Form VM-4)

_____ Signed and dated Installer/Mechanic Affidavit certifying that the work has been completed in compliance with the prescription and/or specifications and that written warranties have been provided to the participant (Form VM-5)

_____ Photographs of the modified vehicle taken and included in the participant's case file

_____ Documentation that the participant has received training in the use of the modified systems and devices

**Form VM-1**

# AFFIDAVIT OF UNDERSTANDING FOR VEHICLE MODIFICATION

In requesting the Rehabilitation Division to pay for the cost of a modification of my vehicle to enable me to legally drive or ride as a passenger, I have been informed and fully understand that all such modifications will be authorized in full reliance upon:

1. Prescription and specifications for **modifications** recommended by _____ (a certified driver evaluation unit), if I will be the driver; or evaluation by a physical or occupational therapist experienced in and knowledgeable about vehicle modification and add-on equipment, if I will be a passenger; **and**

2. Certification by the vendor that **modifications** have been completed in compliance with the prescription/evaluation and with factory specifications for add-on equipment.

Acceptance of the modifications made to my vehicle is my sole and exclusive responsibility, and I understand that the Rehabilitation Division, its agents or employees have neither the expertise nor the professional qualifications to prescribe or certify to the specifics of vehicle modification. I acknowledge that no representation or recommendation with respect to those prescriptions or certifications have been made by any such agent or employee on behalf of the Division.

**CAUTION:** The participant should wait until after the vehicle modification plan has been approved by the Division before purchasing a vehicle.

**Any participant who purchases a vehicle prior to the driver evaluation and Division approval of the plan in anticipation of the subsequent approval of a vehicle modification request does so at the individual's own financial risk.**

_____ _____

Participant Signature Date

_____ _____

Signature of Vehicle Owner (If other than the participant) Date

**Driver's Statement:** *(participant will sign if participant is the driver)*

The DMV **does** / **does not** require me to wear corrective lenses. If the DMV requires that I wear corrective lenses, I certify that I possess the lenses and agree to wear them while driving.

_____ _____

Signature of Vehicle Driver Date

**Form VM-2**

## Mechanical Evaluation for Vehicles over 3 years old or with 50,000 miles or more on the odometer

**Instructions:** Please evaluate the following mechanical areas to determine if each is functioning sufficiently to assume safe operation of this vehicle. If an area passes, no comment is necessary. If an area fails, please state specifically the work needed to correct the problem. To receive payment for this evaluation, please return this completed form with a company invoice.

| Name of Owner | License Plate Number |
|---|---|
| | |
| Make/Model | Mileage |
| | |

| Mechanical Areas | Pass | Fail | Comments |
|---|---|---|---|
| | | | |
| Battery | | | |
| Battery Cables | | | |
| Charging System | | | |
| Engine Cranking System | | | |
| Brake System | | | |
| Fluid Leaks | | | |
| Brake Pads/Linings, etc. | | | |
| Transmission | | | |
| Fluid Leaks | | | |
| Shifting Mechanism | | | |
| Power Steering | | | |
| Operation | | | |
| Fluid Leaks | | | |
| Condition of Drive Belts | | | |
| Condition of Hoses | | | |
| Tires | | | |

Additional Comments

| Mechanic's Signature | Date | Phone |
|---|---|---|
| | | |

Name and Address of Business

**Form VM-3**

## PARTICIPANT CERTIFICATION OF VISUAL EXAMINATION AND SATISFACTION

I hereby certify that I have visually examined the modifications completed by:

Installer/Mechanic _____

_____

Vehicle Make _____

Vehicle Model _____

Vehicle Year _____

Vehicle ID Number _____

I further certify that the modifications, to the best of my knowledge, have been completed to my satisfaction; that the modifications are acceptable to me, and that all manufacturers' warranties have been provided to me by the installer/mechanic.

_____

Participant Signature Date

_____

Vehicle Owner Signature Date
(If other than the participant)

**Form VM-4**

## INSTALLER AFFIDAVIT OF COMPLETION OF VEHICLE MODIFICATION

I hereby certify that all prescribed or authorized equipment has been obtained and installed, all work performed, and all vehicle modifications completed on behalf of:
_____ (participant),
in accordance with the prescription or evaluation from:
_____, dated _____.

I further certify that all modifications have been fitted to the measurements of:
_____ as required by the specifications of that prescription or evaluation and that all manufacturers' warranties for the parts used on the modification have been furnished to:
_____ (participant).

If I have deviated from the factory specifications in installing equipment which may void the warranties, I have made full disclosure to and received authorization from:
_____ (participant).

_____
Vendor Representative Signature Date

_____
Company Name of Vendor Business License Number

_____
Address

_____
City State Zip Code

**Form VM-5**

## AFFIDAVIT FOR HITCH-MOUNTED SCOOTER/WHEELCHAIR LIFTS

**Participant Affidavit**:

I hereby certify that I have visually examined the scooter/wheelchair lift and the appropriate hitch for my vehicle and, to the best of my knowledge, the installation has been completed to my satisfaction, is acceptable to me, and that all manufacturers' warranties have been provided to me by the vendor/installer.

Vendor/Installer: _____
Vehicle Year, Make and Model: _____
Vehicle ID Number: _____

_____ _____
Participant's Signature Date

**Vendor/Installer Affidavit:**

I hereby certify that the hitch has been installed in accordance with the lift manufacturer's specifications and that the hitch and lift together comply with the above vehicle manufacturer's weight restrictions. All manufacturers' warranties have been furnished to _____ (participant) and any deviations from factory specifications which may void the warranties have been disclosed.

_____ _____
Vendor/Installer Signature Date

_____ _____
Company Name Business License Number

**Form VM-6**

# Checklist for Vehicle Start-Up Costs to Purchase a Vehicle

**For all Plans which include assistance purchasing a vehicle, the Rehabilitation Counselor MUST complete this checklist PRIOR TO signing the IPE or IPE amendment.**

____Documentation that a vehicle purchase is needed in order to achieve the employment outcome indicated in the IPE

____Signed and dated Affidavit of Understanding (Form VP-2)

____All other options have been explored including use of the bus, a bicycle, co-workers, family members and taxis, relocation or other transportation alternatives. The counselor has documented why these options are not feasible.

____Comparable benefits have been explored including the use of a PASS Plan for the individual to purchase his/her own vehicle.

____ Verification of the participant's valid driver's license: State _____ Expiration Date _____

____Certificate from a qualified mechanic regarding the condition of the vehicle, including powertrain, brakes, electrical system, body and safety features, for any vehicle over 3 years old or with 50,000 miles or more on the odometer (Form VP-3)

____Analysis and documentation of the amount the individual can afford to pay on a monthly basis for payments, gasoline, insurance, maintenance etc.

____Proposed down payment and other expenses to be funded by the agency

____Documentation of or plan for obtaining insurance coverage when required

____Signed statement indicating the vehicle is to be used for employment purposes or directly related to the achievement of an employment outcome

____Submission through the chain of command and approval by the administrator

<u>After purchase of the vehicle:</u>

____Documentation of registration and proof of insurance (when legally required)

**Form VP-1**

## PARTICIPANT AFFIDAVIT OF UNDERSTANDING FOR VEHICLE PURCHASE ASSISTANCE

In requesting the Rehabilitation Division to assist with the purchase of a vehicle to enable me to pursue my rehabilitation program, I have been informed and fully understand that:

1. The agency's primary objective is to assist with start-up costs to allow me to take possession of the vehicle and get it on the road. It will then be my responsibility to absorb the on-going costs.

2. The agency will not assist with the purchase of a vehicle that requires major or extensive repairs such as a new engine or a new transmission, or a vehicle which requires numerous repairs.

Acceptance of the purchased vehicle is my sole and exclusive responsibility, and I understand that the Rehabilitation Division, its agents or employees have neither the expertise nor the professional qualifications to make any certifications regarding the vehicle. I acknowledge that no representation with respect to the vehicle has been made by any such agent or employee on behalf of the Division.

_____ _____

Participant Signature Date

**Form VP-2**

## Mechanical Evaluation for Vehicles over 3 years old or with 50,000 miles or more on the odometer

**Instructions:** Please evaluate the following mechanical areas to determine if each is functioning sufficiently to assume safe operation of this vehicle. If an area passes, no comment is necessary. If an area fails, please state sprecifically the work needed to correct the problem. To receive payment for this evaluation, return this completed form with a company invoice.

| Name of Owner | License Plate Number |
|---|---|
| | |
| **Vehicle Make/Model** | **Mileage** |
| | |

| Mechanical Areas | Pass | Fail | Comments |
|---|---|---|---|
| | | | |
| Battery | | | |
| Battery Cables | | | |
| Charging System | | | |
| Engine Cranking System | | | |
| Brake System | | | |
| Fluid Leaks | | | |
| Brake Pads/Linings, etc. | | | |
| Transmission | | | |
| Fluid Leaks | | | |
| Shifting Mechanism | | | |
| Power Steering | | | |
| Operation | | | |
| Fluid Leaks | | | |
| Condition of Drive Belts | | | |
| Condition of Hoses | | | |
| Tires | | | |

Additional Comments

| Mechanic's Signature | Date | Phone |
|---|---|---|
| | | |

Name and Address of Business

**Form VP-3**

# CHECKLIST OF DOCUMENTS REQUIRED FOR A VEHICLE REPAIR

**For All Repairs:**

_____ Signed and dated Affidavit of Understanding (Form VR-2)

_____ Documentation of registered ownership of the vehicle by the participant, or if the participant is not the owner:

- _____ Documentation of registered ownership by a family member (Repair of vehicles not owned by the participant or family member must be approved by the District Manager and there should be reasonable assurance that the participant will have access to the vehicle for the length of the IPE)
- _____ Written statement from the family member/owner that the vehicle will be used by the participant approximately 51% of the time for work and related activities necessary for the participant to obtain and maintain employment.

_____ Proof of vehicle insurance coverage

_____ Certificate from a qualified mechanic that the condition of the vehicle (including powertrain, brakes, electrical system, body and safety features) warrants repair if the vehicle is over 3 years old or has 50,000 miles or more on the odometer (Form VR-3)

_____ Cost estimates or bids from vendors

**If participant will be the driver**:

_____ Verification of the participant's valid driver's license: State _____ Expiration Date _____

_____ Written statement from the participant that if DMV requires corrective lenses to be worn, the participant has the corrective lenses and agrees to wear them while driving

**If participant will be a passenger only:**

_____ Written statement by the driver that he/she will be transporting the participant to and from work related activities

_____ Verification of the driver's valid driver's license: State _____ Expiration Date _____

_____ Written statement from the driver that if DMV requires corrective lenses to be worn, the driver has the corrective lenses and agrees to wear them while driving

**After the vehicle repair work is completed:**

_____ Signed and dated Participant Certification of Visual Examination verifying that the work has been completed by the mechanic and/or installer to the participant's satisfaction (Form VR-4)

_____ Signed and dated Installer/Mechanic Affidavit certifying that the work has been completed in compliance with the authorization and specifications and that written warranties have been provided to the participant (Form VR-5)

**Form VR-1**

## AFFIDAVIT OF UNDERSTANDING FOR VEHICLE REPAIR

In requesting the Rehabilitation Division to assist with the cost of repair to my vehicle to enable me to pursue my rehabilitation program, I have been informed and fully understand that all such repairs will be authorized in full reliance upon:

**1.** Specifications for **repairs** recommended by: _____

_____

(certified mechanic, estimate for repair); **and**

2. Certification by the vendor that **repairs** have been completed in compliance with the mechanic estimate and with factory specifications for any necessary add-on equipment.

Acceptance of the repairs made to my vehicle is my sole and exclusive responsibility, and I understand that the Rehabilitation Division, its agents or employees have neither the expertise nor the professional qualifications to prescribe or certify to the specifics of vehicle repair. I acknowledge that no representation or recommendation with respect to those prescriptions or certifications have been made by any such agent or employee on behalf of the Division.

_____

Participant Signature Date

_____

Vehicle Owner Signature Date
(if other than the participant)

**Driver's Statement:** *(participant will sign if participant is the driver)*
The DMV **does** / **does not** require me to wear corrective lenses. If the DMV requires that I wear corrective lenses, I certify that I possess the lenses and agree to wear them while driving.

_____ _____

Signature of Vehicle Driver Date

**Form VR-2**

## Mechanical Evaluation for Vehicles over 3 years old or with 50,000 miles or more on the odometer

**Instructions:** Please evaluate the following mechanical areas to determine if each is functioning sufficiently to assume safe operation of this vehicle. If an area passes, no comment is necessary. If an area fails, please state specifically the work needed to correct the problem. To receive payment for this evaluation, please return this completed form with a company invoice.

| Name of Owner | License Plate Number |
|---|---|
| | |
| Make/Model | Mileage |
| | |

| Mechanical Areas | Pass | Fail | Comments |
|---|---|---|---|
| | | | |
| Battery | | | |
| Battery Cables | | | |
| Charging System | | | |
| Engine Cranking System | | | |
| Brake System | | | |
| Fluid Leaks | | | |
| Brake Pads/Linings, etc. | | | |
| Transmission | | | |
| Fluid Leaks | | | |
| Shifting Mechanism | | | |
| Power Steering | | | |
| Operation | | | |
| Fluid Leaks | | | |
| Condition of Drive Belts | | | |
| Condition of Hoses | | | |
| Tires | | | |

Additional Comments

| Mechanic's Signature | Date | Phone |
|---|---|---|
| | | |

Name and Address of Business

**Form VR-3**

## PARTICIPANT CERTIFICATION OF VISUAL EXAMINATION AND SATISFACTION

I hereby certify that I have visually examined the repairs completed by:

Installer/Mechanic _____

_____

Vehicle Make _____

Vehicle Model _____

Vehicle Year _____

Vehicle ID Number _____

I further certify that, to the best of my knowledge, the repairs have been completed to my satisfaction; the repairs are acceptable to me; and that all manufacturers' warranties have been provided to me by the installer/mechanic.

_____

Participant Signature Date

_____

Vehicle Owner Signature Date
(if other than the participant)

**Form VR-4**

## INSTALLER AFFIDAVIT OF COMPLETION OF VEHICLE REPAIR

I hereby certify that all authorized equipment has been obtained and installed. All work has been performed and completed on behalf of:

Participant Name _____

In accordance with the Division authorization dated _____

I further certify that all repairs have been completed in accordance with factory requirements, unless specified below, and that all manufacturers' warranties for the parts used to repair the vehicle have been furnished to:

Participant Name _____

If I have deviated from the factory specification in installing equipment which may void the warranties, I have made full disclosure to and received authorization from:

Participant Name _____

_____

Vendor Representative Signature Date

_____

Vendor Name Business License Number

_____

Address

_____

City State Zip Code

**Form VR-5**

## Work Experience/ Work Based Learning Experience Agreement

This is an agreement between _____ (counselor) with the Rehabilitation Division, _____ (work site), and the participant for the provision of a work experience or WBLE opportunity for _____ (participant).

Work Site: _____ Phone number: _____
Address: _____
Supervisor: _____ Supervisor's phone #: _____
Position: _____

The participant will participate in a ☐ work experience or
☐ work based learning experience in the _____vocational field.

The participant will explore the following job tasks:

_____
_____
_____

Start Date: _____ End Date: _____ Hours per week: _____

The supervisor or work site representative agrees to provide appropriate supervision and training to the participant, and weekly progress reports to the assigned VR staff.

The Rehabilitation Division will use the following third party to fund a training stipend/wage and workers compensation cost: _____

The participant will not exceed _____ (total) hours of work, and will not work more than _____ hours in any given week without prior written approval from the Rehabilitation Counselor.

*Note: Work Experiences/ WBLE are 4-6 hours per day not to exceed 30 hours per week. No overtime is allowed.*

The participant is not considered an employee of the worksite, and this agreement in no way obligates the worksite to hire the participant.

This agreement is made in good faith and is not legally binding. It may be modified or terminated in writing by any of the concerned parties. My signature on this document indicates agreement with the stated conditions.

_____ _____
Participant Date Worksite Rep. Date

_____
Rehabilitation Counselor Date

**In case of emergency, if the counselor cannot be reached please call _____ Monday thru Friday (except holidays) and ask for the counselor's supervisor or the supervisor in charge.**

## Work Experience/ Work Based Learning Experience Progress Report

Participant Name: _____
Trainer Name: _____
Date of Report: _____

1. **Attendance:**
   - _____ No Time Lost
   - _____ Time Lost Reason: _____

2. **Progress This Period:**
   - _____ Accelerated
   - _____ Average
   - _____ Slow Reason: _____
   - _____ No Progress Reason: _____

3. **Quality of Work:**
   - _____ Excellent
   - _____ Good
   - _____ Fair Reason: _____
   - _____ Poor Reason: _____

4. **Problem Areas and Remediation:**

   _____
   _____
   _____
   _____

5. **Cooperation in Training:**
   - _____ Cooperative
   - _____ Fairly Cooperative Reason: _____
   - _____ Indifferent Reason: _____
   - _____ Not Cooperative Reason: _____

6. **Will Training be Completed on Schedule?**
   - _____ Yes
   - _____ No Reason: _____

7. **Additional Comments:**

   _____
   _____
   _____
   _____

8. **Participant Successfully Completed Work Experience on:** _____

_____ _____
Signature of Trainer or Authorized Representative Date

Please forward weekly report to: _____
_____
_____

# REHABILITATION DIVISION

**Youth Refusal of Career Counseling, Information and Referral Services**

My name is**:** _____ _____ _____
Last Name First Name Middle Initial

My Guardian or Representative (If applicable) is: _____

**By signing below I am indicating I do not want Career Counseling, Information and Referral Services***.*

I understand that if I do not receive these services I will not be eligible to enter subminimum wage employment with an entity holding a special wage certificates under Section 14(c) of the Fair Labor Standards Act.

**The reason I do not want these services is**: _____

_____

_____ _____
My Signature Date
Or if applicable my guardian or representative may sign for me

Individual Documenting Refusal**:**

_____
VR Personnel Printed Name &Title OR Representative's Printed Name & Organization

_____ _____
VR Personnel/Representative Signature Date

The original or a copy of this documentation was provided to the above named individual who refused services by the following method:

☐ Hand delivered ☐ Faxed ☐ Mailed ☐ E-mailed ☐ Other: Specify: _____

_____
By: Name Signature Date

## Hard Copy File Format

Open case file labels will contain the following information:
Participant's name and Case ID #
Application Date
Closed case file labels will contain the following:
Participant's name and Case ID #
Closure date and type of closure

**Section 1: Accounting**

All duplicate copies of fiscal paperwork (authorizations, PO's etc.) and related invoices, RD09's, RD87's, and any other documents for each specific transaction are to be stapled together and placed in date order (most recent document on top).

a. Authorization Register
b. Authorizations (must show actual signature or have electronic signature notation)
c. Paid invoices
d. RD09 – Cash Payment Request Form
e. RD87 – Verification of Receipt of Goods and Services
f. Para-transit documents and logs
g. Gas card agreement, receipts, and gas mileage logs
h. Bus pass receipts and logs, if applicable

**Section 2: Application / IPE / Case Notes and Related Documents**

a. Participant's entire signed application
b. Intake summary
c. Electronic case file forms applicable to the case
   (1) Application report from Aware
   (2) Trial Wok Plan
   (3) Eligibility Determination Extention
   (4) Certificate of Eligibility (Eligibility Determination report in Aware)
   (5) IPE Extention
   (6) IPE, IPE amedments, and PES
   (7) Annual Reviews
   (8) Job Ready
   (9) Job Search Activity report from Aware
   (10) Employment report from Aware
   (11) Closure Report/Ineligibility Statement
d. Case Notes
f. Case Transfer Summary

**Section 3: Medical and Psychological**

a. Medical / Dental / Psychological consultations
b. Psychological testing and reports
c. Medical records (most recent, according to date received, always at the top)

d. School IEP, if related to determining eligibility
e. Medical release returned with no information on participant
f. Worker's Compensation medical / psychological exams and evaluations
g. Referral letters for medical / psychological exams and evaluations
h. Letters from physicians and medical staff regarding participant's medical and/or psychological condition and medical reports in letter format
i. NA and AA progress reports; all medical and psychological reports

**Section 4: Case Documentation**

a. Vocational and testing requests and reports
b. OJT agreements and reports, and other training progress reports
c. Transcripts, grade reports, GED Certification (HS Diploma, Certificate of Completion, etc.)
d. Agreements and Reports for: Work Based Learning Experiences, Situaltional Assessment and Community Based Assessment
e. Financial aid report, award letter, and related documents
f. WOTC, Schedule A and 700 Hour documents
g. SNAP information
h. General Assistance
i. Para-transit Application
j. Assistive Technology (AT) referrals and reports
k. Job placement program reports (labeled "Job Placement Reports")
l. Recreational therapy reports
m. Participant's resumes and applications
n. Job analysis
o. Letters of reference
p. Non-medical Workers Compensation information
q. Certificates
r. Labor market survey
s. E-mail from school vendors, the vocational evaluation unit and job developers

**Section 5: Participant Background Data**

a. SSA documents provided by the participant
b. Reports from Parole and Probation
c. Financial Participation Assessment Form
d. Releases (all) and copies of letters requesting medical records
e. Subpoena protocol
f. Military information
g. Judgment reports from court and Parole Certificate
h. Civil papers from Judge, Court and/or Attorney

**Section 6: Correspondence and E-mail**

a. Correspondence, memos and letters to/from participant
b. Memos, para-transit letters, introduction letters, etc.
c. CAP reports, releases and letters

## INDEX AND CROSS REFERENCE

**A**
Acute Conditions, see
Eligibility (Assessment and Requirements), Sec. 8, p. 2-3
Medical/ Psychological Treatment, Subsec. 12.1
Administrator, see
Duties of, Sec.1, p. 3
Service Coordination, see
Job Coaching and Service Coordination, Subsec. 12.3, p. 10
Alternative Dispute Resolution, see
Fair Hearing and Mediation Procedures (Other Methods to Resolve Disputes), Sec. 22
Annual Reviews (IPE), see
IPE Reviews, Sec. 10
**Application and Intake, Sec. 6**
**Eligibility Determination for VR**, **Sec. 8**
**Assessment of Vocational Rehabilitation Needs (AVRN), Sec. 10**
Determining the Employment Outcome/ Vocational Goal, p. 3
Determining VR Services, p.6
Informed Choice and Limitations on Vocational Goals, p. 5
Assessment Services, see
Scope of VR Services, Sec. 12
Assistive Technology Device, Definition in Appendix B, p.1
Assistive Technology Service, Definition in Appendix B, p.1 - 2
**Authority, Mission, Equal Rights and Residency, Sec. 1**
Duties of the Administrator, p. 3
Mission, Vision, and Core Values, p. 3-4
Equal Rights, p. 4
Residency, p. 4-5
Authorizations, Sec. 18, p. 7
Authorization and Consent to Release Information, Appendix C, see also
Confidentiality – Protection and Release of Information, Sec. 21
Individualized Plan for Employment (IPE), Sec. 10, p. 20
Auxiliary Aids, see
Auxiliary Aids for Effective Communication, Appendix C
Effective Communication, Sec. 2
AWARE, Appendix B, p. 2

**B**
Bioptic Telescopic Devices, Subsec. 12.1, p. 7
Blindness or Visual Impairment, Subsec. 12.1, p.7
Bus Passes, see
Bus Pass and Paratransit Pass Activity Log, Appendix C
Financial Participation, Sec. 7, p. 7
Transportation, Subsec. 12.6, p.2

Post- Secondary Education and Training at Vocational Training Facilities Subsec. 12.5, p. 13

**C**

Case File Organization, see
Participant's Service Record, Sec. 20, p.7 - 8
Hard Copy File Format, Appendix D
Older Individuals Who Are Blind, (case record) Sec. 25, p.5
Case Notes,
To document required contact, Sec. 20, p.4 - 8
Case Review, see
Formal Case Review Process, Sec. 24
Older Individuals Who Are Blind, Sec. 25, p. p.3
Case Transfer, Sec. 20, p. 6 -7
Cash Pays (Direct Authorization), Sec. 18, p.9- 11
Cash Pay Checklist, Appendix C
CBA's / Situational Work Assessments/ Work Based Learning Experiences, see Subsec. 12.2
Community Based Assessment (CBA), p. 3 - 4
Overview, p. 1
Situational Assessment (SA), p. 2- 3
Work Adjustment, p. 3
Work Based Learning Experiences, p.4- 7
Work Hardening, p. 3
Certificate for Youth Entering Subminimum Wage Employment, see
Appendix C
Students and Youth with Disabilities, Sec. 14, p. 13 – 20 (Steps)
Clear and Convincing Evidence, see
Ineligibility Determinations, Sec. 8, p. 6-7
Client Assistance Program (CAP), see
Fair Hearing and Mediation Procedures, Sec. 22, p.1- 2
Ineligibility Determinations, Sec. 8, p.6
Referral of Participants, Sec. 4, p.1
**Closures, Sec. 19**, **see also**
Case Closure (TTW), Sec. 5, P. 4
Discontinuation of Pre-ETS services and case closure, Sec. 14, p. 7
Older Individuals Who Are Blind, Sec. 25, p.3- 4
Reapplication after Closure, Sec. 6, p. 2 – 3
Self-Employment, sec. 15, p. 13 - 14
Supported Employment, Case closure Sec. 13, p. 7 - 10
COE Coding Instructions, Appendix A
Collaboration between State VR Agencies, see
Application for Services, Sec. 6, p. 5
Communication, see
Effective Communication, Sec. 2
Substantial Barriers to Employment Checklist, Appendix A
CBA's/Situational Work Assessments/ Work Based Learning Experiences, see Subsec. 12.2
CBA Agreement, Appendix C
Community Rehabilitation Program, Definition in Appendix B, p.2

**Comparable Services and Benefits, Sec. 16**, **see also**
Determination of the Amount of Financial Participation, Sec. 7
Maintenance, Subsec. 12.8, p. 2
Post-Secondary and Vocational Training, Subsec. 12.5
Services Subject to Financial Participation -- Comparable Benefits, Appendix C
Competitive Integrated Employment, see
Definition, Appendix B, p. 3 - 4
Assessing if a Placement is in Competitive Integrated Employment, Subsec. 12.3, p. 2 - 3
Supported Employment, Sec. 13, p. 14 - 15
**Confidentiality and Protection and Release of Information, Sec. 21 and Appendix C**
Authorization and Consent to Release Information, Appendix C
Document Not Released/ Copied Form, Appendix C
Harmful Information, p.5
Participant Request for Case File Records Form, Appendix C
Release of Information, General Provisions, p. 3- 4
Third-Party Records, p. 5-7 & 10
With Informed Written Consent, p. 4 -7
Without Written Consent, p. 7- 10
Confirming Requisitions (RXQ), see
Purchase and Payments of Goods between $5,000 and $24,999.99 Sec, 18, p. 4 -5
Tuition and the RXQ (Confirming Requisition) Requirement Sec. 18, p. 5
Continuing Disability Review (CDR), see
Ticket to Work Program, Sec. 5
TTW Beneficiary Fact Sheet, Appendix C
Contracts (Good of the State), see
Definition in Appendix B, p. 4
Purchase and Payments of Goods and Services, Authorizations, Cash Pays and Authority Levels, Sec. 18, p. 2- 3
**Cooperation with Other Agencies, Sec. 23, see also**
Core Values, Sec. 1, p.3- 4
Corrective Surgery, Subsec. 12.1, p. 1
**Counseling and Guidance, Assessment of Vocational Rehabilitation Needs (AVRN) and Individualized Plan for Employment (IPE) Sec. 10**
Assessment of Vocational Rehabilitation Needs (AVRN), p. 2- 11
Individualized Plan for Employment (IPE), p.11- 20
Credit Checks, see
Self-Employment, Sec. 15, p. 7
**Customized Employment**, **Subsec. 12.4, p.4, see also**
Checklist of Requirements for Customized Employment, Appendix C
Customized Self- Employment Sec. 15, p. 3- 4
Supported Employment, Sec. 13, p. 4

**D**

Definition of Terms / Acronyms, Appendix B
Dental Services, Subsec. 12.1, p. 2 - 3
Diagnosis and Treatment of Impairment, Subsec. 12.1, p. 8 -9, see also
Definition in Appendix B, p.10- 11
Direct Authorizations (Cash Pays), Sec. 18, p. 9- 10

Cash Pay Checklist, Appendix C
Direct Purchases, Sec. 18, p.2
Disability Too Significant to Benefit, see
Closures, Sec. 19, p.8
Ineligibility Determinations, Sec. 8, p.6- 7
Driving Evaluation, Subsec. 12.7, p. 3
Drug Conviction (related to training funds) Sub Sec 12.5, p. 22- 23
Drug Testing,
for substance use, Subsec. 12.1, p.9- 10
for an O-J-T and CBA, Subsec. 12.2, p. 2 - 4

**E**
**Effective Communication, Sec. 2**
Electronic Communication, see
Information and Disclosure Statement, Appendix C
Protection and Release of Information, Sec. 21, p. 3 and p. 11
**Eligibility Determination, Sec. 8 and Appendix A**
Certificate of Eligibility and Coding Requirements, p.4
(See also, Eligibility Determination in Application and Intake, Sec. 6, p. 5)
COE Coding Instructions, Appendix A
Eligibility Extension, p.4- 5
Ineligibility Determinations, p.6- 7
Presumptive Eligibility, p.3- 4
Requirements for, p.1- 3
Substantial Barriers to Employment Checklist, Appendix A
Timeline, p. 1
Trial Work Experiences, p.5- 6
**Employment Development, Job Placement, Job Retention, Job Coaching and Advocacy Services, Sec. 12.3**
Employment Network (EN), see
Ticket to Work Program, Sec. 5
TTW Beneficiary Fact Sheet, Appendix C
Employment Outcome Survey, see
Appendix C
Receipt of Survey, Sec. 19, p. 4
Equal Rights, Sec. 1, p. 4
**Equipment and Tool Purchase / Inventory, Sec. 17, see also**
Equipment Agreement w/Participant, Appendix C
Extended Employment, see
Extended Employment Re-Evaluation Acknowledgement Form, Appendix C
Students and Youth with Disabilities, Sec. 14
Supported Employment, Sec. 13
Closures, Sec. 19, p. 8 - 9
Extended Services, see
Supported Employment, Sec. 13,
Extreme Medical Risk, Subsec. 12.1, p. 2

**F**
FAFSA (Free Application for Federal Aid), Sec. 7, p.2 and Subsec. 12.5, p. 20- 22
**Fair Hearing and Mediation Procedures, Sec. 22 see also**
Information and Disclosure Statement form, Appendix C
Family Members,
Services to, Subsec. 12.8, p. 4
Federal Regulations, Sec. 1, p.1- 2
**Financial Need and Participation, Sec. 7**
Determination of, p.4
Exemptions and Limitations, p.1-3
Vendor Authorizations (guideline), p. 6- 7
Financial Participation Tables A, B and C, Appendix C
Financial Needs Test,
for Post-Secondary Training, Sec. 12.5, p.6-7
Financial Participation,
for Self-Employment, Sec. 15, p.10- 12
**Formal Case Review Process, Sec. 24**
Forms Index, Appendix C
Functional Limitations, see
COE Coding Instructions, Appendix A
Substantial Barriers to Employment Checklist, Appendix A

**G**
Gas Cards, see
Financial Participation, Sec. 7, p. 6
Transportation, Subsec. 12.6, p. 3-4
Post- Secondary Education and Training at Vocational Training Facilities Subsec. 12.5, p. 13
Gas Card Agreement Form, Appendix C
Gas Card / Mileage Travel Log, Appendix C
Groups of Individuals, see
Services for Groups of Individuals, Sec. 12, p. 5 - 6
Guardians,
Court Appointed, Sec. 6, p. 5
Parents and Legal Guardians of Students, Sec. 6, p. 5

**H**
Hearing Loss / Hearing Aids, Subsec. 12.1
Evaluations, p.4
Exception to the Requirement for an ENT Evaluation, p.6
Hearing Aids and Employed Status, p. 6
Purchase of Hearing Aid(s), p. 4- 6
Hobby Occupations, see
Self-Employment, Sec. 15, p. 12
Home Modification, Subsec. 12.7, p. 6 – 10, see also
Home Modification Forms, Appendix C

**I**

Impediments to Employment, see
COE Coding Instructions, Appendix A
Substantial Barriers to Employment Checklist, Appendix A
**Implementation of New Policies, Sec. 26**
**Inappropriate or Improper Use of VR Funds or If Fraud Occurs Sec. 28**
Independence in the Home, see
Substantial Barriers to Employment Checklist, Appendix A
Independent Contractors, see
Self-Employment, Sec. 15, p. 2- 3
Executive Plan Checklist for Independent Contractors, Appendix C
Independent Living Needs, see
Older Individuals Who Are Blind, Sec. 25
Individual's Representative, see
Application for Services, Sec. 6, p. 4 - 5
Designation of Individual's Representative, Appendix C
Ineligibility Determinations, Sec. 8, p.6 - 7
Information and Disclosure, see
Application and Intake, Sec. 6
Information and Disclosure Statement, Appendix C
**Informed Choice, Sec. 3, see also**
Assessment of Vocational Rehabilitation Needs (AVRN), Sec. 10, p. 2- 11
Individualized Plan for Employment (IPE), Sec. 10, p. 11- 20
Information and Disclosure Statement, Appendix C
Interpersonal Skills, see
Substantial Barriers to Employment Checklist, Appendix A
Interpreters, see
Effective Communication, Sec. 2
Scope of VR Services, Sec. 12
Individualized Plan for Employment (IPE) Sec. 10
Mandatory Components, p 14- 16
Mandatory Procedures, p. 14
Nevada Requirements, p. 16- 20
Timeline, Sec. 10, p. 15
IPE Review Levels, Sec. 18, p.13- 15
IPE Considerations for Post-Secondary Training, Subsec. 12.5, p.24- 25
IPE Considerations for Vocational Training, Subsec. 12.5, p.31

**J**

Job Coaching / Service Coordination, Sec. 12.2 Subsec. 12.3, p. 10- 11
Job Development and Placement, Subsec. 12.3
Placement Fee Payment, p. 5 & 7
Referral, p. 1 & 7
Job Readiness, see
Employment Development, Job Placement, Job Retention, Job Coaching and Service

Coordination, Subsec. 12.3, p. 1 - 2
Survival jobs, Subsec.12.3, p. 4 - 6

**K- L**

Laws, Regulations and Authorities, Sec. 1, p.1- 2
Legal Representative, Definition in Appendix B, p. 8
Lethal Weapons, see
Scope of Services, Sec. 12, p.3
Self-Employment, Sec. 15, p.12

**M**

**Maintenance and Services to Family Members, Subsec. 12.8, see also**
Scope of services available and restrictions on maintenance, Sec. 12, p. 2- 4
Post-Secondary Education and Training Vocational Training Facilities, Sec. 12.5
Mediation Procedures, see
Fair Hearing and Mediation Procedures, Sec. 22
Marijuana, see
Scope of Services, Restrictions, Sec. 12, p. 3- 4
Self-Employment, Limitations and Restrictions, Sec. 15, p.12
Substance Use in Conjunction with another Qualifying Disability, Subsec. 12.1, p. 11
**Medical-Psychological-Dental-Hearing Loss-Blindness-Substance Abuse, Subsec. 12.1**
Medical / Psychological Treatment, Subsec, 12.1
Acute Conditions, p. 2
Extreme Medical Risk, p. 2
Non-Traditional Treatment, p. 1
Prohibition on Funding Changes to Sexual Characteristics, p.2
Measurable Skill Gains and Credentials, Sec. 10, p. 8
Milestone Payments, Sec. 12.3, p. 9
Mission Statement, Sec. 1, p. 3
Mobility, see
Substantial Barriers to Employment Checklist, Appendix A
Most Significantly Disabled,
for determining eligibility, Appendix A
for Order of Selection purposes, Sec. 9

**N**

Nevada Administrative Code, Sec. 1, p. 2
Nevada Revised Statutes, Sec. 1, p. 2
Non-Traditional Treatment, Subsec. 12.1, p. 1
Not Significantly Disabled, Appendix A

**O**

Obvious, Visible Physical Impairment,
for determining eligibility, Sec. 8, p. 2
**Older Individuals Who Are Blind (OIB), Sec. 25**
On-the-Job Training, Subsec. 12.2, p. 7-9, see also

OJT Forms, Appendix C
**Order of Selection, Sec. 9**
Level of Severity of Disability, p.4
Orientation & Mobility, see
Scope of VR Services, Sec. 12, p. 2
Older Individuals Who Are Blind, Sec. 25
Other than Rehabilitated Closures, Sec. 19, p. 5- 10
Outstanding Debt, see
Information and Disclosure Statement, Appendix C, p. 6
Scope of Services, restrictions, Sec. 12, p.3

**P**
Paratransit passes, see
Bus Pass and Paratransit Pass Activity Log, Appendix C
Financial Participation, Sec. 7, p. 7
Transportation, Subsec. 12.6, p.2- 3
Post- Secondary Education and Training at Vocational Training Facilities Subsec 12.5, p. 13
**Participant's Service Record, Sec. 20**
Case File Organization, p. 7 - 8
Case Transfer, p. 6 - 7
Required Contact, p.4 - 7
Passenger Evaluation, Subsec. 12.7, p. 3
Pell Grant, see
Comparable Services and Benefits, Sec. 16
Post-Secondary Education and Training at Vocational Training Facilities, Subsec. 12.5
Person-centered planning, see
Definition in Appendix B, p.9
Application and Intake, Sec. 6, page 3
Personal Assistance Services, see
Definition in Appendix B, p.9
Scope of VR Services, Sec. 12, p. 2
Physical and Mental Restoration Services, see
Definition in Appendix B, p. 10- 11
**Post-Employment Services, Sec. 12.9, see also**
Definition in Appendix B, p.11
Scope of VR Services, Sec. 12
**Post-Secondary Education and Training at Vocational Training Facilities, Subsec. 12.5 and Appendix C**
Advanced Degrees, p. 9 – 11
Advanced Degree Decision Making & Research Checklist, Appendix C
Change in Majors/Credit Limitations, p. 8- 9 & 27
Comparable Benefits, (throughout the subsection)
Continuing Education Units or Credits (CEU's/CEC's), p. 31- 32
Distance Learning, p. 23- 24
Financial Needs Test, p. 6- 7
Full Time Attendance, p. 7- 8 & 26
Funding: Comparable Benefits, p.18 - 23
Funding for Post- Secondary, p.6 – 14

Funding Private and Out of State Institutions and In State Institutions not within Commuting Distance, p. 14 - 18
IPE Considerations and Participant Responsibilities, p. 24
IPE Goals that Required Advanced Degrees Agreement Form, Appendix C
IPE Minimum Requirements, p. 25
Participant Responsibilities for Post-Secondary Training, Appendix C
Procedure for Selecting Vocational Training Programs, p. 28
Student Checklist for College Training, Appendix C
Training at a Vocational Training Center or Facility, p.27- 31
Trial Semester Agreement Form, Appendix C
Social Security as a Comparable Benefit, p. 17
Transportation and Maintenance for Training not within Commuting Distance, p. 16- 17
Poverty Guidelines, see
Financial Need and Participation, Sec. 7
Financial Participation Tables, Appendix C
Pre-Authorized, see
Scope of VR Services, Restrictions, Sec. 12, p. 3
Purchases and Payments of Goods and Services, Sec. 18, p. 8
Pre-Employment Transition Services, see
Definition in Appendix B, p.11
Supported Employment, Pre-ETS, Sec. 13, p. 17 - 18
Students and Youth with Disabilities, Pre-ETS Sec. 14
Presumptive Eligibility, Sec. 8
Determination, p.3- 4
Trial Work Experience, p. 5 - 6
Provider (Vendor) Requirements, see
Job Coaching and Service Coordination, Subsec. 12.3, p. 10- 11
Job Development and Placement, Subsec. 12.3, p. 6- 8
Scope of VR Services Overview, Sec. 12, p. 4 - 5
Psychiatric Treatment, Subsec. 12.1, p. 1
Psychological Treatment, Subsec. 12.1, p. 1
Publication and Media Consent / Release Form, Appendix C
**Purchases and Payments of Goods and Services, Authorizations, Cash Pays and Authority Levels, Sec. 18**
Cash Pays (Direct Authorizations), p.9- 11
Circumventing State Purchasing Requirements, p.2
Combined Goods and Services from the Same Vendor, p.7
Requisitions, p.4- 5
Contracted Vendors, p. 2- 3
Cumulative IPE (Cost to the agency) Spending limits by Job Title, p. 13-14
Direct Authorization Limits by Job Title, p. 11- 12
Purchasing Goods, p.4 - 6
Purchasing Services, p.6 – 7
Review Level and IPE Approval Limits, p. 14- 15
Vendor Authorization Limits by Job Title, p.12- 13

**Q**

Qualified Personnel, see
Definition in Appendix B, p.11- 12
Scope of VR Services, Sec. 12, p.1 & p.4
Qualified Rehabilitation Counselor, see
Definition in Appendix B, p.12
Information and Disclosure Statement, Appendix C

**R**
Referral of Employees/Relatives, see
Referral of Participants, Sec. 4, p. 4- 5
Referral of Individuals Participating in Subminimum Wage Employment, see
Referral of Participants, Sec. 4, p. 2- 4
Youth Entering Subminimum Wage, Sec. 14, p. 12- 21
**Referral of Participants, Sec. 4**
Rehabilitated Closures, Sec. 19, p. 2- 5
Rehabilitation Act Amendments of 1973 and 1998, Sec. 1, p.1 see also
Counselor Responsibilities, Sec. 3, p. 3
Rehabilitation Engineering, Definition in Appendix B, p.12
Rehabilitation Teaching, Sec. 12, p. 2
Rehabilitation Technology, Definition in Appendix B, p.12
Release of Information, see
Authorization and Consent to Release Information, Appendix C
Confidentiality--Protection and Release of Information, Sec. 21
Residency, Sec. 1, p. 4- 5
Restoration Services, see
Diagnosis and Treatment of Impairment, Appendix B, p. 10-11
Physical and Mental Restoration Services, Definition in Appendix B, p. 10- 11

**S**
Scholarships, see
Post-Secondary Education, Sec. 12.3, p.19
**Scope of VR Services Overview, Sec. 12**
Services to Employers, p. 6- 7
Services for Groups of Individuals, p. 5- 6
Telecommunications, Sensory and other Technology Devices, p. 2
**Self-Employment, Sec. 15 and Appendix C**
Business Plan Checklist, Form, Appendix C
Business Plan Development, p. 7 - 8
Counselor's Checklist for Self-Employment Plan Approvals Form, Appendix C
Credit Checks, p. 7
Executive Plan Checklist, Form, Appendix C
Feasibility, p. 6
Financial Participation, p. 10- 12
Independent Contractors, p. 2 - 3
Limitations and Restrictions, p. 12
Plan Review and Approval Levels, p. 8 - 9
Sensory Devices, Subsec. 12.1, p.2

Significantly Disabled, Appendix A
Situational Work Assessments, Subsec. 12.2, p. 2
Social Security Documentation, see
Eligibility, Extensions, Trial Work Experience, and Ineligibility, Sec. 8, p. 2-5
Ticket to Work Program, Sec. 5
Exempt from Financial Participation, Sec. 7, p. 1- 2
TTW Beneficiary Fact Sheet, Appendix C
Spending Authority, Sec. 18
State Plan, Sec. 1, p. 3
Student Loans, Subsec. 12.5, p.19- 22
Student with a Disability (Definition), see
Definition, Appendix B, p. 13
Students and Youth with Disabilities, Sec. 14, p. 1- 2 and Sec. 13, p. 16
**Students and Youth with Disabilities, Sec. 14**
AVRN & IPE, p.8 - 12
Pre-Employment Transition Services, p. 4 – 7
Transition Services, p.12
Subminimum Wage Employment, p. 7-8, 12 - 21
Certificate for Youth Entering Employment at Subminimum Wage, Form, Appendix C
Substance Use Disorders, Subsec. 12.1
Diagnosis, p. 8- 9
Drug Testing, p. 9- 10
IPE Considerations, p. 12
Recognized Treatment Programs and Payment for Treatment, p. 9
Substance Use as a Sole Disability, p. 10- 11
Substance Use w/another Disability, p. 11
Treatment Programs, p. 9
Substantial Barriers to Employment Checklist, Appendix A
**Supported Employment, Sec. 13**
Extended Services, p. 14
Extended Employment p. 16
On-going Support Services, p. 13- 14
Supported Employment Funds, p. 10- 11
Supported Employment Process (steps), p. 1- 10
Transition to Extended Services, p. 5- 6

**T**

Telecommunications, Sensory and other Technological Devices, Subsec. 12.1, p. 2 - 3
Threatening or Violent Behavior, see
Closures, Sec. 19, p. 10
**Ticket to Work Program, Sec. 5 and Appendix C**
Timely Progress Review (TPR), p. 3
TTW Beneficiary Fact Sheet, Appendix C
TTW Checklist for VR Counselors, Appendix C
Transfer Summary, see
Participant's Service Record, Sec. 20, p.6- 7
**Transportation, Subsec. 12.6**
Trial Semester, Subsec. 12.5, p. 5- 6

Trial Work Experience, Sec. 8, p.5- 6

**U**
Unauthorized / Undocumented Workers, see
Residency, Sec. 1, p. 4- 5

**V**
**Vehicle and Home Modifications, Subsec 12.7 and Appendix C**
Vehicle Modification, p. 1 - 6
Vehicle Modification Forms, Appendix C
Vehicle Purchase Assistance and Repair, Subsec. 12.6 and Appendix C
Vehicle Purchase Assistance, p. 7- 9
Vehicle Purchase Forms, Appendix C
Vehicle Repair, p. 4 - 7
Vehicle Repair Forms, Appendix C
Vendor (Provider) Requirements, see
Job Coaching and Service Coordination, Subsec. 12.3, p. 10- 11
Job Development and Placement, Subsec. 12.3
Scope of Services Overview, Sec. 12, p. 4 - 5
Vision Statement, Sec. 1, p. 3
Voter Registration, Sec. 6, p. 4

**W**
**Work Based Exploration, Learning and Training Experiences, Subsec. 12.2**
Community Based Assessment (CBA), p. 3 – 4
On the Job Training, p. 7- 9
Overview, p. 1
Situational Assessment (SA), p. 2- 3
Work Adjustment, p. 3
Work Based Learning Experiences p. 4- 7
Work Hardening, p. 3
Workforce Innovation and Opportunity Act (WIOA), Sec. 1, p.1
**Workplace Safety, Disruptive Behavior and Expected Code of Conduct, Sec. 27**

**XYZ**
Youth with a Disability (Definition), see
Definition, Appendix B, p. 15
Students and Youth with Disabilities, Sec. 14, p. 2 and Sec. 13, p. 16