

ELIGIBILITY FOR SERVICES

AUTHORITY

Rehabilitation Act of 1973 as amended, Section 102(a).
Federal Regulations, Sections 361.36, 361.37, 361.42, 361.43
Administrative Regulation 781 KAR 1:030 Section 3.

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

ELIGIBILITY – GENERAL INFORMATION

It is the responsibility of the counselor to document eligibility. An eligibility worksheet is provided but the counselor has the liberty of completing the necessary documentation in any way that provides the same information. For each individual determined eligible, the counselor shall certify, using the Agreement of Understanding, that the individual has met basic eligibility requirements.

There is no upper or lower age limit established which can, in and of itself, result in a finding of ineligibility for any individual with a disability who otherwise meets the basic eligibility requirements. The individual, however, must be of employable age by the time rehabilitation services have been completed. There are no residency requirements for eligibility purposes. However, to apply for services, an individual must be living in the state for some reason other than just to receive rehabilitation services. Eligibility requirements are applied by the Department without regard to sex, age, race, creed, color, type of disability, or national origin of the individual applying for services.

The determination of eligibility is a totally individualized process and the conclusions and inferences drawn from the study of one case cannot be generalized to another case. All facets of eligibility have to be considered in each specific case to measure the impact of a disability on that particular individual's vocational life.

CONSIDERATIONS WHEN DETERMINING ELIGIBILITY

There are four questions to be considered when determining whether an individual is eligible for DVR services:

- 1) Does the individual have a physical or mental impairment?
- 2) Does this impairment result in a substantial impediment to employment?

- 3) Can the individual benefit from DVR services in terms of employment outcome?
- 4) Does the individual require DVR services in order to obtain or maintain appropriate employment?

Each of these criteria must be met in order for an individual to be determined eligible for DVR services.

Physical or Mental Impairment

A physical or mental impairment can be defined as a physical or mental condition that materially limits or contributes to limiting one or more of an individual's life activities. For the purpose of qualifications for eligibility, the counselor determines if any permanent or progressive limitations result from the impairment. Documentation of impairment should be derived to the extent possible from existing data. Every attempt should be made to procure and utilize information from past or current medical treatment, hospitalizations, treatment programs, school records, etc. There is no time limit on the use of existing data. It is left up to the judgment of the counselor and the consumer as to the relevance of information.

Existing Data

To the maximum extent appropriate, existing information is to be used to determine eligibility and develop an individualized plan for employment. The counselor should particularly consider information from education officials, the Social Security Administration, the individual, and the family of the individual.

In gathering information on either mental health or physical disabilities, documentation from hospital/medical facilities regarding services rendered by a physician (even if the documents do not contain the physician's signature) may be used for determining eligibility.

Counselors may use the following types of existing information for the determination of eligibility in mental health cases: 1) information obtained from a licensed psychologist, psychiatrist, or licensed clinical social worker; 2) data from drug and alcohol treatment programs when a diagnosis is given even if it is not signed by a licensed psychologist, psychiatrist, or a licensed clinical social worker; and 3) information from Title XX Community Mental Health Centers, regardless of the credentials of the treatment provider. A DSM-IV diagnosis from a general practitioner may also be used to establish eligibility. However, it is best practice to further explore the condition through other existing information, consultation, or assessments by individuals specializing in psychiatric or psychological conditions before developing an individualized plan for employment.

Existing information may be satisfactory for eligibility but fall short for the assessment requirement to develop a plan. Consequently, at times, it is necessary to purchase additional diagnostic information to adequately develop a plan to meet the vocational rehabilitation needs of the individual.

It is important to note that this section deals with the use of existing data for determining eligibility not with purchasing services. Please consult the appropriate service section of this manual and the Service Fee Memorandums Manual for the guidelines and policies regarding the purchase of services.

Substantial Impediment to Employment

Substantial impediment to employment refers to a consequence of a physical or mental impairment, (in conjunction with attendant medical, psychological, vocational, educational, and other related factors) that impedes an individual's occupational performance by preventing or making extremely difficult obtaining, retaining, or preparing for employment consistent with the individual's capacities and abilities. It is the responsibility of the counselor to analyze numerous factors when determining if this criteria of eligibility is met.

1. What are the specific functional limitations or restrictions identified in the case record? How do they interfere with the pursuit of or participation in appropriate employment?

These restrictions should be derived from existing data to the extent possible. Needed medical, psychological, educational, or vocational assessments may be purchased if necessary. The counselor's knowledge of a particular disability and observations can also be utilized when determining functional limitations. Reference materials such as medical dictionaries, the Handbook of Severe Disability, Arkansas Disability Handbook, The Merck Manual, and the DSM-IV may provide pertinent information. It is important for the counselor to remember that the consumer is the best source of information regarding the daily impact the disability has upon function. It is also important to note that limitations in functional capacity must be a direct result of the disability and not be confused with attendant factors.

Only those areas that seriously limit functional capacities should be considered. Counselors should use their judgment about whether or not the limitations are substantial in terms of employment outcome.

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

The eligibility worksheet has been divided into 7 major areas of specific functional limitation:

- Mobility:** The physical, cognitive, sensory or psychological ability to move efficiently from place to place, including community, school, home, and work.
- Work Tolerance:** The ability to carry out required physical and cognitive work tasks in an efficient and effective manner over a sustained period of time.
- Work Skills:** The specific job skills required to carry out work functions as well as the capacity for an individual to benefit from training in these work functions.
- Self-Care:** The ability to perform activities of daily living as they affect the individual's ability to participate in training and/or work activities.
- Self-Direction:** The ability to plan, initiate, organize, and carry out goal directed activities related to self-care, socialization, recreation, and independent work.
- Communication:** The accurate and efficient transmission and/or reception of information, either verbally or non-verbally.
- Interpersonal Skills:** The ability to interact in a socially acceptable and mature manner with co-workers, supervisors, and others to facilitate the normal flow of work activities (not due to cultural or language factors).

Limitations of functional capacity are identified and categorized into the appropriate area of major functional capacity during the eligibility determination process. Any limitation which is marked on the eligibility worksheet must be substantiated somewhere in the case record. These limitations come into play again in determining the appropriate priority category to assign after a determination has been made regarding whether a disability is significant or non-significant.

2. What other factors, which are not direct results of the medical condition (attendant factors), impact the individual's ability to obtain, maintain, or progress in employment and in what way?

Some examples of attendant factors are:

- lack of marketable skills

- low educational or academic levels
- long-term unemployment or sporadic work history
- criminal record
- lack of transportation or childcare
- lengthy history of dependence on others
- residence in areas of poverty or limited employment opportunity
- inadequate motivation to work
- inadequate peer, family, or community support
- disincentives – reliance on financial or medical benefits
- unstable or inadequate living arrangements
- poor personal or social adjustment
- appearance – grooming and hygiene

3. How do the specific functional limitations in combination with the attendant factors negatively affect employment to a significant degree?

Keep in mind that although an individual may have severe limitations in other areas of functioning, the counselor's responsibility is to determine the impact these limitations have on employment. **If the limitations do not substantially limit the individual's ability to prepare for, secure, retain, or regain employment, this person is not eligible for DVR services.**

Benefit in Terms of Employment Outcome

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

Clear and Convincing Evidence

"Clear and convincing evidence" means that the counselor must have a high degree of certainty that, due to the severity of disability, the individual could not benefit from agency services in terms of employment outcome. The basic standard is that eight out of ten counselors would agree that the individual could not be successfully rehabilitated. This determination can not be made solely on the basis of existing data. A trial work experience must be instituted to explore the individual's abilities, capabilities, and capacity to perform in real work situations with appropriate supports and training. The trial work experiences must be of sufficient variety and over a sufficient period of time to obtain evidence of employment potential.

It is important for the counselor to remember that the purpose of the trial work experience is to find a way that the individual could benefit in terms of employment

from agency services, not to provide clear and convincing evidence to the contrary. . The counselor's approach should be individualized, flexible, and adaptable. It should be designed in such a way that all possible avenues are explored. The counselor should go beyond the usual practices and try new ideas and innovative techniques to uncover the individual's vocational potential. If, however, despite the best efforts of the counselor and the individual with a disability, these experiences show a very high degree of certainty that the individual could not benefit from agency services in terms of employment, the individual would not meet this eligibility criteria.

Requires DVR Services

The final criteria for determining eligibility for DVR services is that the individual must require these services in order to enter or participate fully in appropriate employment. In some cases, the applicant may be employed in a job that is appropriate given the individual's interests and abilities but wants to change jobs or pursue training as a matter of choice. This individual would not require DVR services and, therefore, would not be eligible. However, if this same individual was at risk of losing his/her job or could not advance to a higher position without DVR services and met all of the other criteria for eligibility, the individual would be eligible for DVR services.

PRESUMPTIVE ELIGIBILITY FOR SOCIAL SECURITY REFERRALS

Any Social Security Disability (SSDI) recipient or individual receiving Supplemental Security Income for a disability (SSI) is presumed eligible for Vocational Rehabilitation services and to have a disability that is significant provided that the individual intends to achieve an employment outcome consistent with the unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual. This presumption can be overcome only by clear and convincing evidence that the individual cannot benefit from services and only after a period of trial work.

In order to determine eligibility under this presumption, disability benefits must be verified. This verification may be completed in several ways. The most common verification for those referrals received from the Social Security Disability Determination Unit (SSDDU) will be the eligibility form accompanying the referral.

For those persons self-reporting eligibility for benefits, it will be necessary to gather documentation. The Department's SSI/SSDI Coordinator and the local Social Security Office are good sources for verification of eligibility for benefits and the disability for which benefits were approved. The Social Security Office may require a release of information.

The purpose of presumptive eligibility is to streamline the eligibility process and speed access to services for SSI/SSDI recipients. Therefore, a decision regarding

eligibility or the necessity for trial work experience must be made as quickly as possible and certainly within the required sixty days.

Recipients, by statutory requirement, are considered to have a significant disability. Therefore, the case must be assigned Priority Category I, II, III, or IV in the Order of Selection. Presumptive Eligibility, while presuming an individual has a significant disability, does not presume these cases meet the **most significant disability** category. The counselor should assign the appropriate category based on the individual's functional limitations.

Best Practice

It is important to remember that one of the requirements for presumptive eligibility is the intention to achieve an employment outcome consistent with the unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual. This intent is expressed through the completion of the application process. Counselors should stress early in the application process that DVR services are provided to address the **employment** needs of individuals with disabilities.

Even with Presumptive Eligibility, the counselor may need to conduct an appropriate assessment to develop the Individualized Plan for Employment.

TIME LIMIT FOR DETERMINING ELIGIBILITY

Eligibility determination **must** be made within 60 calendar days from the date of application, unless there are unforeseen circumstances beyond the control of the Department that make an extension necessary **and** the consumer and counselor agree to extend the deadline. Department policy requires that, in such cases, a waiver be executed in writing and include a specific time frame for making the eligibility determination and be signed by the consumer. Best practice dictates that the eligibility decision be made as quickly as possible and that the extension should not be longer than 60 days.

GENERAL GUIDANCE REGARDING ELIGIBILITY

The existence of a disability does not constitute eligibility. One individual may experience a "substantial impediment" while another individual with a disability may not. Use of the words "for that individual" in the Federal definition implies that rehabilitation professionals should not generalize about disability (e.g., individuals with epilepsy should not drive an automobile, individuals with learning disabilities are not good candidates for training, etc.).

INELIGIBILITY

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

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

See the Closure Section of this Manual for specific closure procedures.

DETERMINING SIGNIFICANT DISABILITY

Significance of disability is a separate issue from eligibility. Once eligibility is determined, the significance or non-significance of the disability must be established. As part of the eligibility decision, the counselor determines whether the individual has a physical or mental impairment or combination of impairments that seriously limit one or more functional capacities in terms of employment outcome. In order to be considered significantly disabled, an individual is expected to require multiple vocational rehabilitation services that may include counseling and guidance and placement services. One of these services must be expected to continue over an extended period of time as defined by the definition of expanded services.

Guidance for Counselors

This process relies heavily upon counselor judgment. Limitations identified during the eligibility process through medical recommendations, information about disabilities, labor market trends, attendant factors, etc. will be considered when determining the need for multiple services and whether the service needs meet the definition of an expanded service.

EXPANDED SERVICES

Expanded services are those services required as the result of a disability(ies) to circumvent, minimize, or alleviate barriers to employment but, due to their intensity, duration, or complexity, go beyond the routine services normally required for that disability. These services are defined below.

It should be noted that it is the assessment of need for an expanded service that constitutes meeting the definition. If, at the time of determination, the counselor believes the consumer will require a service that meets the expanded definition, that belief is adequate to determine the severity of disability whether or not the consumer takes advantage of that service.

The expanded definition may be considered met if the individual receives or is expected to receive these services even if they are provided or funded by comparable benefits.

Focused Counseling and Guidance

This service includes activity that is aimed at the resolution of specific problems that constitute substantial barriers to employment. The case record should include problems, counseling strategies, approximate time frames for counseling contacts as well as expected or desired outcomes.

Guidance for Counselors

There is no requirement for length of time or number of counseling and guidance sessions to meet the requirements for this definition. If the individual requires an effort beyond the routine and expected guidance and counseling, this definition should be considered.

Example:

An individual has a primary disability of drug abuse. This person has been served on two other occasions with unsuccessful employment outcomes due to relapses. The counselor believes more focused counseling sessions are needed to insure treatment compliance and follow-up. The IPE will reflect the plan to meet with the consumer as agreed upon (i.e. once a week for a specified number of weeks and then monthly until the case is closed.).

Although eligibility is based on the existence of functional limitations, the need for focused guidance and counseling may be the result of attendant factors.

Physical Restoration

Any medical, prosthetic/orthotic treatment, therapy, or services ***beyond routine medical maintenance*** required to address functional limitations resulting from the identified impairment. ***To meet this definition***, such treatment must be expected to last for at least three months during the provision of DVR services or for a period of three months within the twelve months prior to the date of referral. There does not have to be one specific service that has or is expected to last three months in order to meet this definition. When an array of medical services is or has been required over the appropriate time frame, this definition could be considered met.

Guidance for Counselors

Routine medical maintenance may be defined as those services provided repetitively in an established manner to monitor or sustain stabilization of the physical condition. Some examples might be insulin treatment for individuals with diabetes or medication management for individuals with high blood pressure whose symptoms are well controlled, routine blood work, or regular check-ups.

Examples of physical restoration **beyond** what is routine might be an individual with a seizure disorder who has been well controlled but for some reason begins having frequent seizures and must change the type of treatment received. Another example might be a consumer who is HIV positive and begins to develop opportunistic infections thus requiring medical treatment.

As always, counselors should use professional judgment in determining whether a treatment is routine taking into consideration the disability and the specific impact it has on the individual.

Rehabilitation Technology: Adaptive Equipment/Home, Vehicle, or Worksite Modification

Rehabilitation technology is the application of technologies, engineering methodologies, or scientific principles to meet the needs of and address the barriers confronting individuals with disabilities in rehabilitation, employment, transportation, independent living, and/or recreation. Rehabilitation technology may include structural, mechanical or other adjustments or design changes, for the purpose of increasing usefulness or access.

For the purpose of meeting this definition, rehabilitation technology does not include orthotic/prosthetic devices or hearing aids. It is possible that these devices may be part of a total rehabilitation technology package but not rehabilitation technology in and of themselves.

Training

Any occupational skills training which exceeds the time frame normally required to achieve a specific vocational goal, or any training requiring a special setting or facility, or the provision of any accommodation to a disability, such as tutoring, notetakers, interpreters, extended testing time, assistive listening devices, etc. meets the extended definition of training.

Guidance for Counselors

In order to meet this definition, these factors must be required by the individual as a direct result of the disability. Therefore services such as class content tutoring that is unrelated to an individuals' disability **does not** meet this requirement. Likewise, special settings that are requested by an individual but are not necessary to the achievement of the vocational goal would not meet this definition. Special settings

might include: Community Rehabilitation Programs, specialized work adjustment programs serving individuals with disabilities, compensatory strategy courses, etc. Supported Employment and Community-Based Work Transition Programs would also meet this definition. Job coaching services without the expectation of long term support services would meet this definition.

Mental Restoration

Therapeutic psychological, psychiatric or counseling intervention in either an individual or group setting, provided on a regular basis within the context of the rehabilitation program is considered mental restoration. These services must be expected to last for at least six months during the period covered by the IPE or has been required for six months within the twelve months prior to the date of referral.

Guidance for Counselors

The counselor and the individual as well as appropriate medical, psychological, or counseling personnel need to decide the frequency necessary for this type of intervention. A fifteen-minute appointment with a psychiatrist every three months would not meet this definition. Peer support groups, i.e. AA, NA, etc., ***do not meet this definition.***

Personal Assistance Services

Personal assistance services are a range of services designed to assist an individual with a disability in performing daily living activities on or off the job that the individual would typically perform if the individual did not have a disability. Such services can include an attendant for any individual with a disability, an interpreter for a person who is deaf or hard of hearing, or a reader for a person with a visual impairment.

Job Search/Placement Assistance/Job Retention Services

These services should be tailored to the specific needs of the individual based upon the impact of the impairment. These job services should require the unique expertise of the rehabilitation professional in order to achieve and/or maintain employment.

Guidance for Counselors

An eligible individual who needs job club activities or intensive one-on-one contact with a Job Placement Professional would meet this definition.

MOST SIGNIFICANT DISABILITY

An individual who has a most significant disability is an individual who has a significant disability and requires intensive long term support to facilitate the performance of work activities on or off the job which would typically be performed independently if the individual did not have the disability or has limitations in four or

more areas of major functional capacities. Long term support may include but is not limited to the need for: a personal care attendant, a job coach, or a mental health case manager.

An eligible individual with a significant disability who requires long term support as defined above meets the definition of most significant disability regardless of how many areas of major functional capacities have limitations. Individuals with a significant disability who do not require long term support are considered most severely disabled if they have limitations in four or more areas of major life functioning, if in the professional judgment of the counselor, such limitations constitute a most significant disability.

Guidance for Counselors

Supported Employment Services include as components both job coaching and long-term follow-up. When job coaching is utilized without the expectation of long-term support services, the consumer would meet the expanded definition of training (special setting). Expanded job search/placement/job retention may also be used. In either case, the individual would meet the requirements for significant disability. The individual would not meet the definition of most significant disability for job coaching services without the need for long-term services unless they have limitations in four or more areas of major functional capacities. The counselor does have discretionary judgment in regard to the four functional areas when determining most significant disability. If the counselor determines that the consumer has significant limitations in less than four functional areas, even though limitations may be marked in four or more areas, the consumer can be determined to have a significant disability. The counselor may also determine that the consumer has a non-significant disability.

IMPLEMENTATION OF ORDER OF SELECTION

When the Department head determines that the Department will be unable to provide services to all eligible applicants, an Order of Selection will be implemented. The Director of Program Services will issue a memorandum with appropriate instructions for Department staff.

Any individual previously declared eligible for services will not be affected when the Department implements an Order of Selection. Immediate reclassification into a higher priority category will be permitted whenever circumstances justify the reclassification.

Upon implementation of an Order of Selection, the Department will continue to accept referrals of and applications from individuals with disabilities. The Order of Selection will not regulate the provision or authorization of diagnostic and assessment services.

Any person entering accepted status after implementation of the Order of Selection will be assigned to a priority category. In order to determine the priority category the eligibility statement will be completed.

If the eligible individual is assigned to a priority category that is not being served, the case will be placed on a pre-service listing that is essentially a waiting list. A Shortage of Funds letter should be sent to the individual and a copy placed in the case folder. If the individual fails to respond within thirty (30) days, the case should be closed.

Whenever the Department is unable to serve an individual with a disability due to the Order of Selection, information and referral services **must** be provided.

At the consumer's request, an Individual Plan for Employment (IPE) may be developed to the extent possible and held so that services may be initiated as quickly as possible if the Order of Selection changes to serve that category.

A case may be moved from the pre-service listing to an open priority category, trial work experience, or closure as appropriate.

A consumer may remain on the pre-service listing indefinitely. However, best practice indicates these cases should be reviewed every six (6) months. A list of pre-service cases can be generated with a follow-up letter. Follow-up letters may be mailed to individuals to determine if they wish to remain on the waiting list.

PRIORITY CATEGORIES

When the Order of Selection has been implemented, the system shall have six (6) priority categories based upon functional capacities as follows:

- Category 1: Eligible individuals who have the most significant disabilities.
- Category 2: Eligible individuals with significant disabilities who have limitations in three (3) major areas of functional capacities.
- Category 3: Eligible individuals with significant disabilities who have limitations in two (2) major areas of functional capacities.
- Category 4: Eligible individuals with significant disabilities who have limitations in one (1) major area of functional capacity
- Category 5: Eligible individuals with non-significant disabilities that result in permanent functional limitations.
- Category 6: All other eligible individuals whose disabilities are non-significant.

INFORMATION AND REFERRAL

The 1998 Amendments to the Rehabilitation Act require that information and referral services be provided to all individuals with disabilities who do not meet the open categories of the Order of Selection. These cases are those placed on the pre-service list. These services include:

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

It is the responsibility of the counselor to have accurate information about available services and service providers in order to aid the individual in accessing the most suitable services to prepare for, secure, retain, or regain employment. Information about local services and service providers can be obtained from a variety of sources including local One-stop Centers and the Kentucky Resource Directory. The Kentucky Resource Directory is available on line at <http://resourcedirectory.state.ky.us> and provides information by county on services, service providers, basic eligibility requirements, contact person, phone number, address, and maps to the location.

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

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

ELIGIBILITY GUIDELINES SPECIFIC TO DISABILITY TYPES

Alcohol/Substance Dependence and Alcohol/Substance Abuse

Alcohol/Substance Dependence

According to the DSM-IV the essential feature of **Alcohol/Substance Dependence** is a cluster of cognitive, behavioral, and physiological symptoms. There is a pattern of repeated self-administration that results in a tolerance, withdrawal, and compulsive substance-taking behavior. The individual with a diagnosis of substance dependence continues the use of addicted substance(s) despite significant substance-related problems. These behaviors lead to the diagnosis of Alcohol/Substance Dependence.

Alcohol/Substance Abuse

According to the DSM-IV, the essential feature of **Alcohol/Substance Abuse** is a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances. The recurrent use may result in a failure to fulfill major role obligations at work, school, or home, legal problems, social or interpersonal problems and physically hazardous situations.

General Guidance

With an understanding of the wide range of factors, which may influence or cause alcohol/substance dependence or abuse, counselors must establish if the individual's functional limitations are severe enough to constitute a substantial impediment to employment. Counselors must determine how alcohol and/or drug dependence or abuse affects the individual's occupational performance by assessing how the individual is prevented from obtaining, maintaining, or preparing for employment. Participation in a treatment program is required for future success. Treatment may include Alcoholics Anonymous (AA), Narcotics Anonymous (NA), community mental health centers, private mental health provider's etc. Since anonymity is one of the core principles of AA/NA, it would be inappropriate to ask for the name of the individual's sponsor.

Eligibility Concerns

- Typically, the diagnosis of alcohol/substance dependence or abuse does not indicate a substantial impediment to employment if the individual has been "in remission," according to the DSM-IV criteria, for **two years or longer**. If employment problems are still evident, it is suggested that other disabilities be explored.
- **Eligible individuals are expected to be active in a treatment program.**
- **At least 6 months** total abstinence/sobriety should be documented before developing a vocational goal to include training. If training is the course of action for a consumer with **less than 6 months** sobriety, then the counselor is required to

have the justification in the progress notes. Job placement services (i.e.: PACE, direct job placements) are advisable beginning services if the consumer is actively participating in his/her treatment program. If the consumer is on probation or parole he/she may be required to work, stay in his/her home county, attend drug court, or have other issues that preclude training at all.

- According to DSM-IV criteria, individuals cannot be considered "in remission/sober" while in a controlled environment (ex. treatment facility, halfway house, prison, etc.).

Case Documentation

A diagnosis and evaluation must be provided by a clinician skilled in the diagnosis and treatment of such disorders (i.e. psychiatrist, licensed clinical psychologist, licensed clinical social worker, a state licensed substance abuse treatment program, or by a certified chemical dependency counselor). In regard to eligibility determination, the case record must substantiate sobriety and an impediment to employment and may include counselor observations and self-reports.

Drug Testing

If a relapse of drug or alcohol abuse is suspected during the rehabilitation process, drug testing is at the discretion of the counselor. This action is not routine but can be suggested and accomplished if both counselor and consumer agree.

Deafblind

Deafblindness is defined as an auditory and visual impairment that is so severe that the combined sensory disability causes the individual extreme difficulty in the attainment of independence in activities of daily living, psycho-social adjustment or in the pursuit of a vocational objective. It is not necessary for either the hearing impairment or the visual impairment to be the major or secondary disabling condition. The presence of both conditions is sufficient for the individual to be considered deafblind.

Counselor Information

Individuals with deafblindness will be served by the Department which can most appropriately meet the specific and individual needs of the deafblind person. Due to deteriorating hearing or vision, it may be necessary for the individual to be served by the Department and the Department for the Blind at different points in his or her life. In cases where multiple and complex services are needed, both Agencies may carry a case on an individual. Coordination of services will be validated by cooperative development of the Individualized Plan for Employment (IPE). Both Agencies may be credited with the successful closure if both counselors have documentation of having provided substantial services.

Deafness

deaf (lower case "d") means any person with hearing loss so severe that communication and learning is primarily by visual methods.

Deaf (capital "D") indicates a cultural identification with members of the Deaf community and the use of American Sign Language as the primary communication method.

Counselor Information

Each county has an assigned Rehabilitation Counselor for the Deaf (RCD). RCDs serve consumers who are deaf and use sign language as their preferred mode of communication (major, secondary, or other disability). Counselors serving individuals who are deaf should consult the State Coordinator of Deaf Services (SCD) for assistance with appropriate services.

Due to the prevalence of conditions that cause hearing and vision loss, it is recommended that individuals with a diagnosis of deafness be provided with a visual evaluation by a physician skilled in the diseases of the eye or by an optometrist. This visual evaluation should be part of the assessment of vocational rehabilitation needs and address visual function (including visual fields) and possible eye pathology. If restricted visual fields or eye pathology are found, referral should be made to an ophthalmologist.

Hard Of Hearing/Late Deafened

Hard of Hearing is used to indicate persons who have some degree of hearing loss ranging from mild to profound as defined by audiological measurement; and can benefit to some extent from the use of hearing aids and/or other assistive listening devices. Individuals who are hard of hearing depend primarily upon spoken or written language in communicating with others (who do not rely on any form of sign language as their primary means of communication); and function in the hearing world with regard to family, friends, work, and leisure activities. Individuals who are hard of hearing do not have significant association with Deaf community. They may or may not have taken steps to deal with their hearing loss, i.e. audiological assessment, use of hearing aids or other technology.

Late Deafened refers to persons who have a severe to profound hearing loss as defined by audiological measurement, which occurred after the development of speech and language; and can benefit from the use of visual display technology, but usually very little from hearing aids or other listening technology. Individuals who are late deafened usually depend upon visual representations of language to communicate with others (may include finger spelling, some system of manually coded English, speech reading, cued speech or written communication. They may have developed some proficiency in American Sign Language learned as a second language; and function in the hearing world with regard to family, friends, work, and

leisure activities. Individuals who are late deafened usually do not have significant association with the Deaf community.

Counselor Information

Communication Specialists, located in most of the major offices, will serve individuals who are hard of hearing or late deafened (major, secondary, or other disability). Counselors should consult the Coordinator of Hard of Hearing and Late Deafened Services for assistance in coordinating appropriate services.

Expected Practices

An audiologist licensed or certified in accordance with State laws or regulation must perform audiological evaluations. An evaluation of the auditory system from a physician skilled in the diseases of the ear should be provided when symptoms of ear pathology and/or conductive hearing loss are present. It is recommended that a new audiological evaluation be obtained for the purpose of assessing the use of hearing aids and other technological devices.

Due to the prevalence of conditions that cause hearing and vision loss, it is recommended that individuals with a diagnosis of hard of hearing or late deafened be provided with a visual examination by a physician skilled in the diseases of the eye or by an optometrist. This visual examination should be part of the assessment of vocational rehabilitation needs and address visual function (including visual fields) and possible eye pathology. If restricted visual fields or eye pathology are found, referral should be made to an ophthalmologist.

A good resource for additional expected practice information related to living and working as an adult who is hard of hearing or late deafened is: *Rehabilitation of Individuals who are Hard of Hearing and Late Deafened: A Guide for Rehabilitation Practitioners*.

Learning Disorders

According to the DSM-IV, Learning Disorders are diagnosed when the individual's achievement on individually administered, standardized tests in reading, mathematics, or written expression is substantially below that expected for age, schooling, and level of intelligence. Substantially below is usually defined as a discrepancy of more than 2 standard deviations between achievement and IQ. If a sensory deficit is present (i.e. vision or hearing loss), the learning difficulties must be in excess of those usually associated with the deficit.

Documentation from the school systems

The counselor should use the existing documentation of psychoeducational evaluation and Individual Education Plan (IEP) records that can be obtained from the school system. It is not necessary to get a DSM-IV diagnosis if significant documentation of the significant discrepancy between intelligence and achievement is available through the educational system.

Mental Retardation

According to the DSM-IV, Mental Retardation is characterized by significantly subaverage intellectual functioning (an IQ of approximately 70 or below) with onset before age 18 years and concurrent deficits or impairments in adaptive functioning.

Adaptive functioning refers to how effectively individuals cope with common life demands and how well they meet the standards of personal independence expected of someone in their particular age group, sociocultural background, and community setting.

Levels of Mental Retardation are generally classified as follows:

Mild Mental Retardation	IQ level 50-55 to approximately 70
Moderate Mental Retardation	IQ level 35-40 to 50-55
Severe Mental Retardation	IQ level 20-25 to 35-40
Profound Mental Retardation	IQ level below 20-25

Individuals who are classified as having Borderline Intellectual Functioning (IQ of 71 - 84) may have a disability if the individual demonstrates functional limitations regarding adaptive behavior.

Maladaptive behavior may be reflected in the impairment of:

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

While it is preferred that the above behavior be noted in the specialist report, it may be documented in the case file by the counselor from observation. Reports from other professionals working with the individual such as Exceptional Child Education (ECE) teachers are acceptable as well.

Documentation obtained from the school system

The counselor may use the documentation obtained from the school system if it includes a valid test of intelligence and educational progress and achievement.

Ideally, it should also contain an assessment of adaptive functioning. However, if this information is not available in school documentation, the counselor may document it in the case record based on observations from the counselor, other professionals, or family members. A DSM-IV diagnosis is not required.

Obesity

A disability of obesity may be established if the individual's weight meets the medical definition of morbid obesity (i.e. the condition of weighing two or three, or

more, times the ideal weight). Morbid obesity is associated with many serious and life threatening disorders, such as diabetes mellitus, atherosclerosis, hypertension, pickwickian syndrome, etc.

Terminal Illness (Potentially)

Authority: KAR 1-020 Section 6

Individuals with a potentially terminal illness must have either a favorable prognosis or the prospect of survival for a reasonable period of time, allowing a return to work for at least twelve months (work life expectancy). Individuals requiring surgery or ancillary medical services such as chemotherapy or nuclear medical treatment that is expected to cure the condition should be served as if it were any other medical condition.

If the attending physician feels the prognosis is “guarded,” the counselor shall request a letter indicating the consumer’s work life expectancy. For those individuals without a twelve-month work life expectancy, the counselor should consult with the Field Administrator before accepting the case or denying services.