Michigan Rehabilitation Services Manual

Modification Date: November 2021

Table of Contents

1000: Introduction 6
2000: Ethical Conduct 8
2025: Vocational Rehabilitation Counseling and Guidance Provided by MRS Counselor 11
2050: Non-Discrimination 13
2075: Case Record, Documentation Order, and Signature Requirements 15
2100: Confidentiality and Release of Information 18
2125: Freedom of Information Act Requests 20
2150: Subpoenas and Legal Discovery Requests 22
2175: Clients Appeals, Mediation and Hearings 25
2200: Client Assistance Program (CAP) 30
2225: Informed Choice 33
2250: Rights and Responsibilities 39
2275: Citizenship, Residency, and Identity 40
2300: Order of Selection for Services 42
2350: Transferring Cases 46
2375: Threats and Acts of Violence 48
2400: Marijuana 52
3000: Vocational Rehabilitation Referral and Application Process 55
3075: Application of Agency Employees and Relatives 59
3100: Eligibility Criteria 60
3125: Eligibility Assessment 63
3150: Individuals Employed at Intake 67
3175: Trial Work Experience 69
3200: Determination of Eligibility and Priority Category 73
3225: Continuing Eligibility 74
3250: Ineligibility Determination 77
3275: Vocational Needs Assessment 78
3400: Measurable Skills Gains and Credential Attainment 81
5000: Development of the Individualized Plan for Employment 85
5025: Employment Goal and Outcome 88

5050: Individualized Plan for Employment 92
5075: Supported Employment 95
5100: Comparable Benefits 106
5125: Financial Participation 108
5150: Individualized Plan for Employment Amendment 109
5175: Annual Review of the Individualized Plan for Employment 111
5200: Self-Employment and Small Business 112
5225: Termination of Services 114
6000: Service Categories and General Documentation Requirements 115
6025: Accommodations 118
6050: Acupuncture and Alternative Therapies 120
6075: Assistive Listening Devices 121
6100: Cochlear Implants 122
6125: Counseling and Guidance 123
6150: Dental Treatment 125
6175: Employment Follow-up 126
6200: Equipment and Tools 128
6225: Hearing Aid Policy 129
6250: Experimental or Unproven Treatment 132
6275: Home Modifications 133
6300: Independent Living Services 134
6325: Interpreter Services 135
6350: Maintenance 139
6375: Native American Healers 140
6400: Other Goods and Services 141
6425: Personal Assistance Services 142
6450: Job Placement 146
6475: Prostheses and Orthoses 149
6500: Relocation Expenses 150
6525: Services to Family Members 151
6550: Task Analysis 152

6575: Teletype (TTY) Devices for the Deaf and Hard of Hearing 153
6600: Training 154
6625: Training - College and Vocational 155
6650: Training - Distance Education 169
6675: Training - Driver Education 173
6700: Training - On-The-Job 174
6725: Training – Tutorial 175
6750: Training - Work Adjustment 176
6760: Students and Youth with Disabilities 177
6775: Transportation Services, Miscellaneous 183
6800: Vehicle Insurance 185
6825: Vehicle Modification 186
6850: Vehicle Purchase 190
6875: Vehicle Repair 192
6900: Wheelchair/Powered Mobility Devices 194
7000: Vocational Rehabilitation Case Record Closure 196
7175: Post Employment Services 200
7225: Annual Review of Case Closure due to Severity of Disability 201
7250: Semi-Annual Review of Case Closed in Extended Employment in Community Rehabilitation Program 202
7275: Annual Review of Case Closed with a Deviated Wage 204
8000: Federal Civil Service Placement Options 206
8025: Business Owned by a Person with a Disability 208
8050: Michigan Career and Technical Institute (MCTI) 209
8075: MRS Business Network Division 220
8100: Ticket to Work/Social Security Reimbursement 223
8125: State Civil Service Placement 227
8175: Vocationally Handicapped Certification 230
8200: Wage Deviation 237
8225: Workers Disability Compensation 240
9000: Purchased Services 242

9025: Rates of Payment **243**
9050: Service Provider Standards **244**
9075: Independent Contractors **245**
9100: Purchase of Services and Priority Order **247**
9125: Authorization to Vendor **248**
9150: Letter of Intent **252**
9175: Retroactive Authorizations **253**
9200: Billing - Payment for Services **254**
9225: Direct and Recurring Authorization **261**
9250: Emergency Payment - Direct Authorization **265**
9275: Third Party Authorizations **268**
9300: Competitive Bids and Price Quotations **269**
9325: Approval Authority **271**
9350: Services to Groups of Clients **272**
9375: Bulk Authorizations **274**
12000: Pre-ETS Outreach and Referral **275**
12025: Pre-ETS Establishment of Need and Development of Service Agreement **279**
12050: Pre-ETS Discontinuation of Services **284**

Informational Memorandums (IM), Policy Directives (PD) and Technical Assistance Memorandums (TAM) that are issued by the MRS director are considered policy. These documents are not linked in this document however available upon request.
Submit requests to leo-mrs-policyunitsupportcenter@michigan.gov

1000: Introduction

Policy

Michigan Rehabilitation Services (MRS) is designated as the State Vocational Rehabilitation (VR) Services General Program under Title IV of the Rehabilitation Act of 1973 as Amended in 2014 by the Workforce Innovation and Opportunity Act.

> *Note: Individuals who are legally blind are referred to the Bureau of Services for Blind Persons (BSBP). The Bureau serves individuals, with or without non-visual disabilities, who are legally blind or have visual acuity of 20/100 or less with rapid deterioration. Such individuals must be referred to the Bureau. A referral can be made by calling the local Bureau of Services for Blind Persons Office.*

MRS is awarded a grant to operate a statewide comprehensive, coordinated, effective, efficient, and accountable vocational rehabilitation program.

The VR program is an integral part of a statewide workforce development system designed to assess, plan, develop, and provide vocational rehabilitation services for individuals with disabilities, consistent with their unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice so that they may prepare for and engage in competitive integrated employment and achieve economic self-sufficiency.

The MRS Rehabilitation Services Manual (RSM) contains policies, procedures and information for the provision of vocational rehabilitation services for customers.

There are two categories of customers of Michigan Rehabilitation Service: Reportable and Participant.

Terms are defined in the individual Policy and Procedures manual item.

Sections of the Policy

Each individual policy has five primary sections, Purpose, Definitions, Policy, Procedures and References. In addition to these sections MRS will maintain associated Forms, Standard Operating Procedures, and Bulletins.

> *Note: Bulletins may be Informational Memorandums (IM), Policy Directives (PD) or Technical Assistance Memorandums (TAM) that are issued by the MRS director upon the issuance of a policy or informational directive. A bulletin issued by the MRS director becomes policy.*

Information

Customer: All individuals served by MRS regardless of program involvement that may fall into either of these categories:

- *Participants:* Individuals with disabilities (youth or adult) who have an approved and signed Individualized Plan for Employment (IPE) and have begun services.

- *Reportable:* All individuals with disabilities who are in application, or eligible, status in the VR program including individuals with disabilities who are referred as in-school youth (ages 14-26) who may be provided Pre-Employment Transitions Services (Pre-ETS) Prior to an Application (PTA).

Case Record: Encompasses both electronic and hard copy files maintained by the agency which includes:

- The Accessible Web-based Activity and Reporting Environment (*Aware*) electronic file
- The Vocational Rehabilitation (VR) hard copy file
- The Pre-Employment Transition Services (PTA) hard copy file
- All secondary files maintained by internal program including, but not limited to:
    - Vocationally Handicapped Certification (P.A. 183)
    - Michigan Career and Technical Institute (MCTI)
    - Business Network Division (BND)

Document: Indicates a requirement to record specified information in an accurate, timely and factual manner in the case record, including written detail indicating a set of reasons or logical basis for a course of action based on verifiable sources of information

2000: Ethical Conduct

Purpose

In accordance with state and federal regulations, this policy and procedure establishes guidelines for ethical conduct of Michigan Rehabilitation Services (MRS) staff.

Policy

MRS counselors and managers demonstrate beliefs, attitudes, knowledge, and skills to provide competent service delivery to both individuals with disabilities and business customers. This includes working collaboratively with community partners, employers, institutions, and other service delivery providers.

MRS staff demonstrate adherence to ethical standards and rules of conduct in alignment with their professional competence, integrity, and objectivity consistent with their education, experience, expertise, and assigned position.

MRS staff are required to adhere to:

- State Ethics Act
- Michigan Civil Service Commission (MCSC) – Civil Service Rules (Rule 2-8),
- Michigan Department of Labor and Economic Opportunity Policy (LEO Policy LEO-OHR-002)

MRS counselors, consultants, and managers are additionally required to adhere to:

- Code of Professional Ethics for Rehabilitation Counselors as accepted by the Commission on Rehabilitation Counselor Certification (CRCC).

MRS managers ensure ethical standards and rules of conduct are vigorously enforced.

Procedures

Principles of Ethical Behavior

MRS staff adhere to the following six ethical principles that form a basis for practitioner and organizational values, provide general directions for all actions, and collectively act as a guide to ethical conduct:

- Autonomy: To respect the rights of customers to be self-governing within their social and cultural framework.
- Beneficence: To do good to others; to promote the well-being of customers.
- Fidelity: To be faithful; to keep promises and honor the trust placed in rehabilitation

counselors.

- Justice: To be fair in the treatment of all customers; to provide appropriate services to all.
- Nonmaleficence: To do no harm to others.
- Veracity: To be honest.

Professional Competence

MRS staff are required to conduct business in a professional and competent manner.

MRS staff have an ongoing responsibility to maintain professional competence through supervision, consultation, and continued education/training to fulfill their position requirements.

Applicable Ethical Standards and Rules of Conduct

1. State Ethics Act: MRS staff adhere to the standards of conduct of a public officer or employee as outlined in the State Ethics Act (15.342).
2. Michigan Civil Service Commission – Civil Services Rules: MRS staff adhere to the ethical standards and conduct as outlined in Rule 2-8 of the Michigan Civil Service Commission (MCSC) – Civil Services Rules.
3. Department of Labor and Economic Opportunity Ethical Standards, Conduct, and Disclosure of Interest Policy: MRS staff adhere to the Department of Labor and Economic Opportunity Policy (LEO-OHR-002) - Ethical Standards, Conduct, and Disclosure of Interest.
4. Commission on Rehabilitation Counselor Certification (CRCC) - Code of Professional Ethics for Rehabilitation Counselors: MRS counselors, consultants and managers have the additional responsibility of adhering to practitioner principles of ethical conduct outlined in the Code of Professional Ethics for Rehabilitation Counselors issued by the Commission on Rehabilitation Counselor Certification (CRCC).

Conflict of Interest

MRS staff identify, submit in writing, and consult with their manager to address any appearance or actual conflict of interest.

MRS managers work with staff to resolve identified conflict of interests. If an identified conflict of interest is unable to be resolved, MRS managers consult with the MRS Division Manager and LEO Human Resources as appropriate.

Examples of conflicts of interest include but are not limited to:

- Engaging in outside business, or employment which may encroach upon their employment responsibilities.

- Engaging in private or business relationships/activities that could result in or may be perceived as a conflict of interest.
- Engaging in personal business with a vendor of MRS.
- Lending money to or borrowing money from a MRS customer.
- Accepting gifts from vendors, community partners or customers of MRS.
- Conflicting obligations resulting from required adherence to another discipline's code of ethics.

2025: Vocational Rehabilitation Counseling and Guidance Provided by MRS Counselor

Purpose

In accordance with state and federal regulations, this policy and procedure establishes guidelines for delivery of Vocational Rehabilitation counseling and guidance services provided by Michigan Rehabilitation Services (MRS) counselors.

Policy

MRS counselors provide Vocational Rehabilitation (VR) counseling and guidance beginning at application through case record closure.

MRS counselor-provided counseling and guidance is a required service in each Individualized Plan for Employment (IPE).

Definitions

***MRS Vocational Rehabilitation Counseling and Guidance*:** MRS counselor-delivered counseling and guidance represents an individualized collaborative process to assist customers in exercising informed choice to address vocational, personal, and independent living objectives towards development and implementation of an IPE.

Procedures

IPE Required Counseling and Guidance

Aware automatically generates a Planned Service template for MRS counselor-provided Counseling and Guidance in draft IPEs.

MRS counselor completes all required fields as follows:

- Start Date: Input the signature start date on the IPE.
- Estimated End Date: Input “Case Closure”.
- My Chosen Provider: Input “Assigned MRS counselor”.
- Estimated planned service costs: Input “$0”.
- Source of comparable benefits: Input “None”.
- Other Comments: Indicate specific counseling and guidance activities the MRS counselor will provide to facilitate achievement of the identified services and overall employment goal.

***Aware* Actual Service Entry of VR Counseling and Guidance**

MRS staff document each occurrence of counseling and guidance provided as part of the application, eligibility, vocational needs assessment or an identified service in the IPE. Documentation of a counseling and guidance activity, as an *Aware* Actual Service entry, minimally includes:

- Date of the VR counseling and guidance activity: Input the date counseling and guidance took place.
- Mode of delivery: Indicate how counseling and guidance was delivered (e.g. in person, telephone, or through electronic communications).
- Individuals present: Indicate if other individuals or agency representatives were present during the counseling and guidance activity (e.g. parent, family).
- Objective: Detail the objective of the counseling and guidance activity.
- Summary: Detail what took place during the counseling and guidance activity. Include how the activity assisted in progressing the case specific to the identified needs of the customer, and any next steps/actions.

Examples

- VR Counseling and Guidance Activity Examples
- Individualized counseling and guidance activities may include, but are not limited to:
- Increased understanding of disability and impediments to employment
- Obtainment and explanation of information necessary to make an informed choice
- Increased understanding regarding expectations of services
- Identification of strengths to achieve a vocational goal
- Identification and use of transferable skills
- Development of realistic action plans to address vocational objectives or to address identified issues/concerns
- Use of rehabilitation technology
- Increased understanding of work requirements, environment, and/or culture
- Identification and use of community resources and support services
- Addressing potential environmental barriers to employment such as transportation, child-care, or family concerns
- Development of self-advocacy skills
- Addressing employment concerns/barriers and on-the-job stressors
- Increased understanding and exploration of occupational and labor market information
- Increased understanding/use of community resources and support services

2050: Non-Discrimination

Purpose

In accordance with state and federal regulations, this policy and procedure establishes guidelines for non-discrimination.

Policy

Michigan Rehabilitation Services (MRS) complies with all federal and state non-discrimination laws in the administration of programs.

Procedures

MRS staff are prohibited from engaging in behavior that brings reproach upon themselves, the Department of Labor and Economic Opportunity (LEO), MRS, or the State of Michigan.

Non-Discrimination Based on a Protected Status

MRS staff are prohibited from discrimination as outlined in the following legislation:

- Section 188 of the Workforce Innovation and Opportunity Act (WIOA) which prohibits discrimination against all individuals on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIOA Title I financially assisted program or activity.
- Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color, religion or national origin.
- Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities.
- Americans with Disability Act of 1990, as amended, which prohibits discrimination against individuals with disabilities.
- The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age.
- Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex under any education program or activity receiving federal financial assistance.

Non-Discrimination by Vendors/Contractors Including Accessibility

MRS vendors and contractors are prohibited from discrimination based on customer protected status and are required to meet accessibility needs of those served.

MRS staff report to their MRS manager suspected discrimination or accessibility concerns.

Non-Discrimination of VR Eligibility Determination

MRS staff are prohibited from discrimination during the process of eligibility determination. This includes but is not limited to:

- On the basis of or type of customer disability
- Age, sex, race, color, or national origin of the customer
- Type of expected employment outcome
- Source of referral for MRS
- Particular service needs
- Anticipated costs of required services
- Income level of an applicant or applicant's family
- Applicants' employment history or current employment status
- Applicants' educational status or current educational credential

2075: Case Record, Documentation Order, and Signature Requirements

Purpose

In accordance with State and Federal regulations, this policy and procedure establishes the guidelines for the contents and organization of the MRS customer case record, including requirements for signatures.

Policy

Electronic and hard copy case records are maintained for individuals served by Michigan Rehabilitation Services (MRS).

Definitions

Case Record: Encompasses both electronic and hardcopy files maintained by the agency. This includes:

- *Aware* (electronic records management system) -- formally known as Accessible Web-based Activity and Reporting Environment (*AWARE*).
- Vocational Rehabilitation (VR) hardcopy file maintained in the home office of the customer.
- Pre-Employment Transition Services -- Prior to Application (PTA) hardcopy file maintained in the home office of the customer.
- Any other hardcopy or electronic record maintained by MRS including, but not limited to, Vocationally Handicapped Certification (P.A. 183), Michigan Career and Technical Institute (MCTI), and the Business Network Division (BND).
- Correspondence -- Any communication, generally consisting of written notes, letters or emails that pertain to the case record.

Procedures

Signatures

Signatures obtained through fax or scanned transmission may be accepted as original unless otherwise specified in policy.

MRS staff review faxed or scanned documents to assure that they are complete and signed/dated as applicable to policy. All scanned or faxed documents must be legible and be preserved in the case record.

If under the age of 18 and/or an adult represented by a legal guardian, a parent or legal guardian signature is required prior to acceptance of an agency form or document.

Required Case File Content

Both the VR case file and the PTA case file contain the following:

1. All non-electronic documents pertaining to authorizations.
2. All non-electronic documents required per policy.
3. All copies of documents that require signatures.

Hard Copy Case Record Order

Upon VR case closure or discontinuation of Pre-Employment Transition Services (Pre-ETS), files are organized within each section chronologically starting with the most recent documents on top. As applicable, contents of each section will include the following documents:

Section 1. VR Case Closure or PTA Discontinuation of Pre-ETS

- MRS staff signed copy of case closure/discontinuation of services letters
- Case notes, correspondence and other documents not contained in *Aware* associated with case closure or discontinuation of services
- MRS staff signed copy of Annual Reviews of either Case Closed due to Severity of Disability, Case Closed in Extended Employment in Community Rehabilitation Program, or Case Closed with a Deviated Wage

Section 2. Referral, Application and Intake

- MRS staff and customer (parent/guardian if applicable) signed VR application or Pre-ETS referral/consent for services
- Case notes, correspondence and other documents not contained in *Aware* associated with referral, application and intake

Section 3. VR Eligibility Determination and Vocational Needs Assessment or PTA Needs Determination (Pre-ETS)

- Medical, psychological, school reports, and other diagnostic assessments
- Case notes, correspondence and other documents not contained in *Aware* associated with eligibility determination, vocational needs assessment or needs determination
- MRS staff signed copy of Notice of Plan Development Extension
- MRS staff signed copy of Notification of Eligibility and Plan Options

Section 4. VR IPE and IPE amendments or PTA Pre-ETS Service Agreement

- MRS staff and customer (parent/guardian if applicable) signed copy of IPE and/or Pre-ETS Services Agreement
- Reports acquired as a result of the IPE or Pre-ETS Services Agreement

- Case notes, correspondence and other documents not contained in *Aware* associated with IPE, IPE amendment or Pre-ETS Services Agreement
- MRS staff signed copy of Notice of Transfer to New Counselor
- MRS staff signed copy of Notice of Suspension or Termination of Services
- MRS staff signed copy of Notice of Annual Employment Plan Review

Section 5. Release of Information

- Customer signed copies of all required Information Request -- Authorization to Release Personal Information forms
- Customer signed copies of all required Consent to Release Personal Information forms

Section 6. Fiscal documents

- MRS staff signed copy of open authorizations for services (including bids and quotes as appropriate)
- MRS staff and vendor signed copies of paid authorizations (including applicable receipt/invoice/proof of purchase)

  Note: Vendor signature on an authorization is not required if a separate vendor billing document is submitted.
- Letters of Intent

Aware data pages are not required to be printed unless specifically cited per policy. Signature authority is noted in applicable policy.

Vocationally Handicapped Certification

Vocationally Handicapped Certification, or P.A. 183 records are stored in a separate folder as outlined in RSM 8175 - Vocationally Handicapped Certification. The P.A. 183 form is placed at the front of the customer's hard copy case folder.

Record Management

No case record material can be removed, altered, or destroyed. The Department of Technology, Management and Budget has instructions for record management and schedules that provide the only legal authority to destroy public records. www.michigan.gov/recordsmanagement.

2100: Confidentiality and Release of Information

Policy

All personal information about applicants and eligible individuals, including photographs and lists of names, shall be kept confidential. It shall be released only with the informed, written consent of the individual or as needed to protect the applicant from physical harm to self or others; in response to law enforcement, fraud or abuse investigations; in response to a judicial order; when required by federal statute or regulation; for audit, research or evaluation purposes; or in a suspected case of abuse, neglect, exploitation or endangerment of applicant or eligible individuals. Information obtained from another agency or organization shall be released only by, or under the conditions established by the other agency/organization. Applicants, eligible individuals, and providers of information shall be advised of these confidentiality and release restrictions through appropriate means of communication. Medical, psychological and other information that may be potentially harmful to the individual shall not be directly released to the client but shall be released instead to a third party chosen by the individual which may include, among others, a qualified medical or mental health professional, advocate, family member or legal guardian. Information may be released to parents of applicants or eligible individuals who are minors, or legal guardians, under the same conditions as it may be released directly to clients. Release of information to another individual or organization shall contain a statement precluding its further release.

Procedures

Case file records are not to be altered or deleted by individuals being served or non-MRS personnel who, in selected situations, may inspect, review and receive copies of personal records. If the individual or other party believes the case record to be inaccurate or misleading, the counselor may add documentation to the case record to acknowledge that person's position.

Personal records, including correspondence, shall not be stored on walk-up computer stations. When computers containing client records are sent to salvage, the hard drive shall be reformatted.

The State Office will notify district offices when case records can be destroyed, including the procedure that is to be followed in disposing of this material. The length of time closed case records must be kept varies depending on audit schedules.
By law, records from the following agencies may not be re-disclosed, even with the client's informed, written consent:

- Social Security Administration
- Veterans Administration

Records which contain information regarding an individual's addiction to drugs and/or alcohol, or information which identifies the individual as someone who has a severe communicable disease, such as AIDS or Hepatitis C, cannot be released without the specific informed written consent of the individual utilizing a release of information form which clearly advises the individuals that such records will be released.

Information

A counselor engaged in job development, with the knowledge and consent of the individual, may disclose relevant information about the individual's ability to perform the job, such as work skills, educational background, capacity to learn new skills, etc. Information about an individual's disability is generally not released to employers except when job accommodation(s) or site modification will be needed, or a situation could be hazardous to the client or others and the individual gives informed, written consent to the release. (See Policy 2075 for more information)

The informed consent of the individual means that the individual knows the name of the third party to whom information is to be provided, the purpose or the need for providing the information, and the extent or nature of the information to be released. The individual's informed consent may be recorded in a letter or on Form RA-26, Consent to Release Personal Information. Information which has been subpoenaed must be released only if the subpoena is a direct judicial order. Counselors should contact Michigan Rehabilitation Services' Ombudsperson when a subpoena for records is received.

Michigan Rehabilitation Services may charge for costs related to the release of information unless the requesting person is on public assistance or is indigent. A charge should not be made for materials sent to a designated representative.

2125: Freedom of Information Act Requests

Purpose

In accordance with state and federal regulations, this policy and procedure outlines Michigan Rehabilitation Services' (MRS) process for Freedom of Information Act (FOIA) requests.

Policy

MRS is to ensure:

1. All persons, except those persons incarcerated in a state or local correctional facility, are entitled to full and complete information regarding the affairs of MRS and the official acts of those who represent them as public officials and public employees, consistent with the Freedom of Information Act.

2. FOIA requests are processed in accordance with Michigan's Freedom of Information Act, MCL 15.231 et seq.

3. Records exempt from disclosure by law are not re-released, including but not limited to:
   - Records protected by 34 Code of Federal Regulations (CFR) 361.38
   - Social Security Administration (SSA) records
   - Veterans Administration (VA) records

Definitions

Responsive Documents – All records that fit within the scope of a request.

Procedures

FOIA Inquiry

MRS staff direct the public to the Michigan Department of Labor and Economic Opportunity FOIA website when inquiries are made about how to submit a FOIA request.

FOIA Request – Receipt

MRS staff who receive a FOIA request forward it immediately to:
- Christina Rea, Employment and Training (E&T), ReaC@michigan.gov
- cc: Kammy Frayre, Michigan Rehabilitation Services FOIA liaison, FrayreK1@michigan.gov

- cc: Immediate manager

FOIA Request – Processing

1. The MRS FOIA liaison coordinates with MRS offices to gather responsive documents, excluding any records subject to confidentiality under federal or state law.

2. The MRS FOIA liaison sends the E&T FOIA Coordinator, where applicable:
   - Responsive documents
   - Denials with explanation (i.e. confidentiality law)

2150: Subpoenas and Legal Discovery Requests

Purpose

In accordance with state and federal regulations, this policy and procedure outlines Michigan Rehabilitation Services' (MRS) process for subpoena and legal discovery requests.

Policy

MRS processes subpoena and legal discovery requests in compliance with state and federal requirements.

Records exempt from disclosure by law are not re-released, including but not limited to:

- Records protected by 34 Code of Federal Regulations (CFR) 361.38
- Social Security Administration (SSA) records
- Veterans Administration (VA) records

Definitions

Responsive Documents – All records that fit within the scope of the request.

Subpoena – A request to produce documents, a request to appear in court or other legal proceeding, or both.

Procedures

Receipt of Subpoena or Legal Discovery Request

MRS staff immediately forward subpoenas or other legal discovery requests to:

- Kammy Frayre, MRS Subpoena Liaison, FrayreK1@michigan.gov
- cc: Site and District Manager or as appropriate the assigned Rehabilitation Consultant Manager, State Administrative Manager, or Departmental Manager
- cc: Applicable Division Director

Failure to appropriately process subpoenas or legal discovery requests could place MRS at risk or disadvantage in legal proceedings.

Processing of Subpoenas and Legal Discovery Requests

1. MRS subpoena liaison verifies that an informed written consent to release information, signed by the customer, is included in the subpoena or legal discovery request.

   If customer informed written consent to release information is not provided, MRS subpoena liaison coordinates to obtain a release. This may include forwarding the Attorney Letter (RA-27) and a MRS Consent to Release Personal Information form (RA-26) to the attorney or worker's compensation magistrates for completion.

2. The MRS subpoena liaison coordinates with MRS managers to fulfill the request by the due date indicated on the subpoena or legal discovery request.

   MRS subpoena liaison may consult with the following to facilitate the request:
   - Michigan Department of Labor and Economic Opportunity, Employment and Training
   - Michigan Attorney General
   - MRS Division Director
   - Policy Unit

3. The District Manager or as appropriate the assigned Site Manager, Rehabilitation Consultant Manager, State Administrative Manager, or Departmental Manager, reviews the responsive documents gathered, signs and dates the affidavit (if applicable) and forwards to the MRS subpoena liaison.

4. The MRS subpoena liaison finalizes all responsive documents for release, excluding any records subject to confidentiality under federal or state law.

5. The MRS subpoena liaison sends the final response to:
   - The requestor
   - cc: LEO-FOIA@michigan.gov

Order to Appear Subpoena (Providing Testimony)

MRS subpoena liaison, when in receipt of an Order to Appear Subpoena, immediately emails the subpoena to LEO-FOIA@michigan.gov if the department has not already received a copy. MRS staff subpoenaed to give testimony advises the judge, or presiding officer, of requirements concerning customer confidentiality before testifying or releasing information by reading the following statement:

“Michigan Rehabilitation Services is required by federal law to ensure that personal information about customers is kept strictly confidential. The court should refer to the Rehabilitation Act of 1973, 29 USC 701-742, and, in particular, to 34 CFR 361.38. Under those provisions, MRS may disclose such personal information only under certain specific circumstances. Pursuant to 34

CFR 361.38(e)(4), for example, MRS may disclose personal information in response to judicial order."

MRS staff complies with the judge or presiding officer orders to testify, not testify, or to provide case record information after the statement is delivered.

2175: Clients Appeals, Mediation and Hearings

Policy

Applicants and eligible individuals or, if appropriate their representatives have the right to appeal decisions of Michigan Rehabilitation Services (MRS) personnel with which they are dissatisfied regarding the provision of services.

Appeals must be made within 30 days of the decision by requesting a hearing before an impartial hearing officer. Individuals who appeal also have the right to pursue mediation whenever a hearing is requested. The hearing shall be held within 60 days of receipt of the request unless both parties agree to extend the time.

Assessment, plan development, or IPE related services that have been initiated shall not be suspended, reduced, or terminated pending mediation or the hearing decision unless the applicant or eligible individual or their representative so requests or there is evidence that the services have been obtained through misrepresentation, fraud, collusion or criminal conduct on the part of the applicant, eligible individual, or their representative.

Nothing shall preclude the parties to such a dispute from informal negotiation and resolution prior to mediation and/or hearing if the informal process is not used to deny or delay the right of an applicant or eligible individual to a hearing or to deny any other right outlined in MRS policy.

When informal resolution of an appeal of a case closure occurs, the closure shall be rescinded and the case returned to the previous status unless other policies or exceptional circumstances require that a new case be opened.

Procedures

1. Hearing request comes in to MRS Hearing Coordinator. The Hearings Coordinator acknowledges receipt of the hearing request, in writing, to the individual indicating the intent to pursue informal resolution and provide the opportunity for mediation or the right to proceed directly to a Hearing.

2. The request is forwarded to the Division Director, District Manager, Site Manager and Policy Unit for coordination.

    a. The District Manager initiates contact with the applicant or eligible individual to determine if the issue under appeal can be resolved informally. If necessary, the

customer and District Manager may agree to request a specific extension of time to pursue informal resolution.

b. The Policy Unit will contact the District Manager to arrange for a consultation to discuss options towards resolution or to assist with the interpretation of the hearing request.

- Participants in the consultation are to consist of the Rehabilitation Counselor assigned to the case, Division Director, District Manager, Site Manager, and Policy. Additional attendees include the Agency Director and Attorney General representative as necessary.

3. The outcome of both the attempted resolution with the customer and initial coordination meeting with policy is reported to the Hearings Coordinator.

4. The Hearings Coordinator requests the assignment of a qualified impartial hearing officer and schedules the hearing unless notified by the District Manager that the issue has been resolved and this is confirmed by the individual.

a. If resolved a written summary of the resolution agreement must be sent to the individual by the District Manager with a copy to the Hearings Coordinator and to the individual's representative if the individual was represented.

5. If informal resolution is not reached with the district manager, the applicant or eligible individual has the right to pursue mediation or proceed with the hearing. The mediation process is voluntary, does not diminish the timeliness standard for hearings and must be conducted by qualified mediators.

Individuals appealing MRS determinations have the right to submit evidence or information and present witnesses to support their position at a mediation session or hearing and have the right to be represented at the mediation session or hearing by a person selected by the individual. The individual may be represented by a friend, relative, an attorney, or representative from the Client Assistance Program.

MRS is not responsible for any costs associated with the individual's representation at the mediation session or hearing or with any cost associated with the appearance of witnesses presented by the individual at the mediation session or hearing.

MRS shall insure that an interpreter, reader, transportation assistance or other reasonable accommodations are provided, if necessary and requested by the individual, for an individual to participate in mediation or the hearing process. The individual or the individual's representative can review or receive copies of pertinent case file information in preparation for mediation or a hearing, subject to MRS policy regarding release of confidential customer

information. Copies of relevant MRS policies can also be provided, if requested. These materials shall be provided at no cost to the individual or the individual's representative.

Mediation

Upon receipt of a request for mediation the Hearings Coordinator assigns a qualified mediator and schedules the mediation in a timely manner and at a location convenient to the parties to the dispute. MRS bears the cost of the mediation process including any reasonable accommodations needed by the individual to participate in the mediation process. Although mediation is voluntary, District Managers and counselors are encouraged to participate in the process, when appropriate.

Discussions that occur during the mediation process are confidential and may not be used as evidence in any subsequent due process hearing or civil proceeding.

An agreement reached by the parties to the dispute in the mediation process is set forth in a written mediation agreement provided to the parties to the dispute, with a copy to the Hearings Coordinator. The written agreement may be in the form of an Individualized Plan for Employment (IPE), an IPE Amendment, or a set of agreements on how to move forward.

Either party may enter the written mediated agreement as evidence in a subsequent hearing or civil proceeding.

Hearing

The hearing, if convened, is held before an impartial hearing officer who is not an employee of MRS. The impartial hearing officer renders a decision based on evidence and testimony presented at the hearing. A written transcript is generated by a court reporter.

The representative from the AG office will serve as MRS' legal representative in hearings.

The AG in coordination with the District Manager is responsible for selecting MRS witnesses including the individual's counselor and selecting or making copies of the written evidence (exhibits) needed to support MRS' decision. The individual or individual's representative is responsible for selecting claimant witnesses, paying for any costs related to the witness, and selecting and making copies of written evidence that will be provided in support of the individual's case. The individual has the right to examine all witnesses and/or materials or sources of information and evidence presented by MRS.

A "Notice of Hearing" is issued by the Hearings Coordinator to the individual and MRS representative at least two weeks prior to the hearing specifying the date, time, mutually agreed upon location, name of the impartial hearing officer and the issue(s) being appealed. An

outline of the hearing procedure and guide on how to prepare for the hearing is enclosed with the Notice of Hearing.

The impartial hearing officer may determine that an abandonment of the hearing has occurred and dismiss the case if either the individual or the individual's authorized representative fails to notify MRS that the individual will be unable to attend at the scheduled time, or does not appear at the hearing. MRS may exercise flexibility in adherence to time frames if the appellant's notification is a few days late for good cause.

The impartial hearing officer is to make his or her decision within fifteen (15) calendar days of receipt of the hearing transcript but no later than 30 calendar days from the date of the hearing. The decision must be based on the provisions of the approved State Plan; the Rehabilitation Act of 1973, as amended; federal regulations to the Rehabilitation Act and MRS policies that are consistent with federal requirements. A full written report of the findings and grounds for the decision is provided to the MRS director, individual, individual's representative if the individual was represented, and the MRS representative. The decision of the impartial hearing officer is final and the last administrative remedy available to the individual.

MRS action required as the result of a hearing decision shall be taken promptly. Either party involved in the hearing may bring a civil action in response to the hearing decision. If a party brings a civil action challenging the decision of the impartial hearing officer (IHO), the decision of the IHO must be implemented pending review by the court.

Information

Examples of an appealed case returning to the pre-appeal status are:

- A case closed unsuccessfully from service status is returned to service status.
- A case closed unsuccessfully from eligible status is returned to eligible status.
- A case closed unsuccessfully from application status is returned to application status.
- Examples of exceptional circumstances that warrant opening a new case after informal resolution are:
- A case is closed successfully from post-employment services and comprehensive services, not related to the Individualized Plan for Employment (IPE) or post-employment plan, are needed to achieve an employment outcome.
- An appeal of the closure occurs after the official close of a fiscal year.

MRS service is considered "initiated" after it has been authorized and actually started, for the duration of said authorization.

Mediation is defined as a consensual process in which a neutral third person assists two or more parties to reach a voluntary agreement which resolves a dispute and/or provides options

for the future. The mediator serves as a facilitator and helps the parties identify their individual needs and interests, clarify their differences and find common ground. The mediator, unlike the impartial hearing officer, does not direct or render decisions; but, rather, assists the parties in pursuing voluntary agreements.

At any point during mediation, either party or the mediator may elect to terminate the mediation process. In the event mediation is terminated, the individual may proceed to a Hearing or withdraw their Hearing request.

Administrative Rules:

Mich Admin R 395.84 Review; hearing; costs

Mich Admin R 395.85 Informal review

Mich Admin R 395.86 Continuation of services pending completion of hearing

Mich Admin R 395.87 Mediation

Mich Admin R 395.88 Hearing

2200: Client Assistance Program (CAP)

Purpose

In accordance with state and federal regulations, this policy and procedure establishes guidelines for Michigan Rehabilitation Services (MRS) engagement with the Client Assistance Program (CAP).

Policy

MRS informs customers of the availability of Disability Rights Michigan, Client Assistance Program (CAP) services and engages as necessary with CAP to address advocacy needs and resolve customer concerns.

Definitions

Client Assistance Program (CAP) - A mandated program authorized under the Rehabilitation Act of 1973 and administered in Michigan under Disability Rights Michigan (DRM). The purpose of CAP is to:

- Advise and inform individuals regarding available services under the Rehabilitation Act of 1973 as amended, including activities carried out under sections 113 and 511.
- Assist and advocate for potential applicants and customers in their relationships with projects, programs, and community rehabilitation programs providing services under the Rehabilitation Act of 1973.
- Inform individuals with disabilities, especially individuals with disabilities who have traditionally been unserved or underserved by vocational rehabilitation programs, of the services and benefits available to them under the Rehabilitation Act of 1973 and under title I of the Americans with Disabilities Act of 1990.

Procedures

Informing Customers of DRM/CAP

DRM/CAP is available to customers throughout the Vocational Rehabilitation process. Disability Rights Michigan has information regarding available services including CAP on their webpage.

MRS informs customers of the availability of DRM/CAP in the following instances:

- At application for services, the customer is provided: How to Appeal Decisions Made by

MRS (MRS-PUB-305).

- At implementation of the Individualized Plan for Employment (IPE), information about CAP is contained in the customer's IPE.
- When an authorized service is reduced, suspended, or terminated, the customer is provided: How to Appeal Decisions Made by MRS (MRS-PUB-305).
- At case closure, information on CAP is provided in the customer's notification of case record closure.
- Additional information in the form of printable brochures is available on the Disability Rights Michigan webpage.

Confidentiality and Release of Information

MRS staff obtain a release of information from the customer prior to initiating contact with Disability Rights Michigan/CAP or prior to responding to a CAP request. The release of information may be either:

- Customer signed Release of Client Information (ROI) provided by Disability Rights Michigan/CAP.
- MRS-26 Consent to Release Personal Information.

Case Record Documentation

MRS counselors document counseling and guidance pertaining to CAP availability in Aware Actual Service Note.

Inquiry from CAP

MRS counselors respond to CAP inquires in a prompt manner not to exceed three working days upon verification of a Release of Client Information (ROI). Responses may include arranging an appointment to discuss the case or providing an estimated amount of time required to fulfil a specific request for information.

CAP may request specific documents or a copy of the full case record. MRS staff are encouraged to consult with the CAP representative to clarify requests to ensure information MRS provides will meet the parameters of the request.

MRS staff release records in compliance with restrictions outlined in RSM-2100 Confidentiality and Release of Information.

Required Case Record Documentation

MRS counselor documents:

1. Receipt of and all responses to an inquiry.
2. Attainment of consultation from MRS manager, as necessary.

3. Delivery of requested case file information within parameters of the signed MRS-26 or customer signed ROI provided by CAP.
4. Assistance with coordinating meetings with the customer and CAP representative to the extent permitted by the customer.

2225: Informed Choice

Policy

Applicants and eligible individuals shall be full and active participants in their vocational rehabilitation. They shall have the opportunity to obtain information about options and make informed choices throughout their rehabilitation program including evaluation and assessment services and providers; trial work experience services and providers; their specific employment goal; the rehabilitation services required to accomplish their rehabilitation program; procurement methods; and the service providers which will be used.

Information about potential services shall include cost, accessibility, duration of services, the qualifications of the providers, the types of services offered by those providers, the degree to which the services are provided in an integrated setting, and as available, information about user satisfaction.

Applicants and eligible individuals shall be informed through appropriate means of communication, about the availability and scope of informed choice, how it may be exercised, and of the availability of support services for clients with cognitive or other disabilities who require assistance in exercising informed choice.

Procedures

Information provided by Michigan Rehabilitation Services (MRS) should be readily understood and in a format accessible to the individual. At a minimum it shall include the following:

- the individual's financial and other responsibilities related to his or her choices,
- MRS requirements regarding the use of comparable benefits and services,
- MRS policy regarding the purchase of goods and services at the least cost and policy regarding bids and quotations,
- service provider standards, and other state and federal requirements related to MRS' expenditure of funds.

Counselors shall describe MRS financial constraints in ways that are positive and encourage participation, as well as assist the individual in locating alternate resources where MRS cannot help.

Documentation of Informed Choice

The case record shall document the individual's opportunity to make choices and the resulting service delivery decisions and actions throughout the case record.

Informed Choice Throughout the Rehabilitation Program

The applicant and/or eligible individual shall have the opportunity to exercise informed choice through all the phases of the rehabilitation program, from assessment through closure.

Orientation and Intake

The applicant shall be provided sufficient information to understand the purpose of the program, eligibility criteria, and the nature and scope of services, in order to decide whether or not to apply for services. Orientation should include an explanation of the opportunity to make informed choices at all points of the rehabilitation program, including the right to make informed decisions about rehabilitation planning, employment goal selection, rehabilitation services and service providers, as well as rights of appeal. Such information will be provided in a way that is readily understood by the individual.

Assessment of Eligibility and Rehabilitation Needs

The applicant shall be involved in providing and securing existing assessment information to the maximum extent possible. The applicant should understand the purpose and need for any additional assessments that are to be completed. When the purchase of assessment services is indicated, the applicant will be offered the opportunity to select from among appropriate types of assessment services and service providers. Before purchasing additional assessments to determine rehabilitation needs, counselors and applicant should explore the use of self-assessment tools in facilitating self-awareness and development. Once assessment information has been obtained, the counselor and applicant should fully discuss findings and their relevance to an identification of the individual's strengths, concerns, abilities, capabilities, interests and barriers to employment and how these may affect vocational planning decisions. See Policy 2250 for further information.

Trial Work Experiences with Supports

The applicant shall be a full partner with the counselor in choosing trial work experience options and providers as well as support services needed to complete the trial work experience (TWE). Individuals receiving TWE may require specific support services to facilitate making informed decisions. When TWE calls for medical treatment interventions to refute or confirm the ability to benefit from vocational rehabilitation services (such as addiction treatment), the individual should be provided an understanding of treatment options, and the consequences of not pursuing treatment.

Employment Goal Selection and IPE

Should the eligible individual choose to use the services of the MRS counselor to facilitate IPE planning, the counselor shall assist the individual (or as appropriate the individual's

representative) to select a meaningful employment goal consistent with the individual's primary employment factors and informed choice. The counselor provides, or assists the individual in obtaining information about the current and projected labor market, the variety of occupations congruent with the individual's abilities, needs and preferences, and the various services and qualified providers available to the individual in achieving the employment outcome. Job matching programs such as Open Options can help individuals explore career or employment options. Counselors may also provide the individual with information about other local, state and federal resources to assist in defining and achieving an employment goal. This includes Social Security trial work options and work incentives, local Michigan Works! Programs, and Work First programs.

Selection of IPE Services and Service Providers

In assisting the individual to obtain information about service providers, the following methods or sources of information may be used:

- state or locally developed lists of services and service providers
- consumer satisfaction surveys and reports about providers
- referrals to other consumers
- local consumer groups, or other advisory councils qualified to discuss the services or service providers; and relevant accreditation, certification, licensure or other information relating to the qualifications of various agencies or individual service providers under consideration.

Where such qualifications apply to a provider or a service, the provider shall meet MRS service provider standards as provided in Policy and Procedures 9050. The counselor's professional views about the qualifications, accessibility, and the relative advantages and disadvantages of using a service provider can be a valuable source of information for the individual.

Case Closure

The individual shall be involved in the closure decision and be provided an opportunity to discuss case closure. Before a rehabilitated case closure can occur, both the individual and the counselor must agree that the employment is satisfactory, and the individual is performing well on the job.

Informed Choice and Comparable Benefits

Policy requires that counselors and clients explore and use comparable benefits and services available to meet the individual's rehabilitation needs. These may include medical services available through Medicaid, Medicare or the Hill Burton Act; mental health and substance abuse services available through public community health programs; and remedial educational programs available through public schools.
The individual shall be informed of the requirement to pursue and use comparable benefits and

services when available. MRS may not pay for services to the extent that comparable services and benefits are available to meet the individual's rehabilitation needs.

MRS Financial Requirements and Informed Choice

If an individual chooses a service or service provider whose cost is higher than another service or service provider that will equally meet the individual's rehabilitation need, the counselor is not required to pay the higher cost because it is the individual's choice. Part of the choice process is ensuring that individuals are informed about the advantages and disadvantages of each choice option. While individuals have a right to choose a higher cost service or service provider, one of the disadvantages of that choice may be that MRS payment will not exceed that of the lower cost service or service provider and that the individual will have to provide for the difference. This approach applies in a wide variety of situations, including:

- Training programs that lead to the same employment outcomes;
- College programs that lead to comparable job goals;
- In-state vs. out of state colleges;
- Public vs. private colleges;
- Training programs that require greater vs. lesser transportation and maintenance costs;
- Transportation services;
- Physical restoration services including hearing aids;
- Rehabilitation technology

Limitations of Choice

Informed choice is not unrestricted choice. Counselors may not always be able to support an individual's choice.

- A choice should not be supported if the counselor has substantial evidence it will not lead to an employment outcome. If a goal is incompatible with the individual's abilities, capabilities and limitations and no accommodation, rehabilitation technology or other service can bridge the gap, the counselor can say no.
- If relevant labor market information indicates that the employment goal or services will not lead to a job outcome, the counselor should not approve the IPE.
- If the individual wants MRS to pay for a service, but the service is not required to achieve the employment outcome, the counselor cannot approve the service.
- Counselors cannot support choices that may be harmful to the individual or others. It is the counselor's responsibility to ensure that the individual understands the consequences of their decisions.

When the counselor cannot support the individual's choices, he or she should clearly and respectfully explain the reasons for non-support and consider alternatives with the individual. The individual should also be provided information about appeal rights and CAP under these circumstances.

Information

Definitions, Process and Outcome

Informed choice is the process by which individuals participating in the vocational rehabilitation program make decisions about their assessment services, vocational goals, the services, and service providers that are necessary to reach those goals, and how those services will be procured. This process starts with the individual's values, interests, characteristics, and proceeds to an evaluation of availability of resources and alternatives, including the labor market. Implementing informed choice requires that the counselor listens carefully, communicates clearly, and gathers and analyzes information without bias. The counselor works with the individual to make choices and to evaluate their impact. Finally the counselor supports the individual in setting goals, making plans and following through with decisions, with the aim of achieving meaningful employment.

Role of the Individual

The individual, or the individual's representative, as appropriate, is the primary decision-maker. Factors to consider in assessing the individual's ability to make informed decisions include:

- skill in gathering information
- skill and experience in making independent decisions
- knowledge of community resources
- experience and skill in career planning
- knowledge of the labor market
- and knowledge of MRS services

Based on these and other factors, some individuals will need or want little additional information regarding decision-making support. Others will need or want only information and guidance regarding training options, restoration services, or employment opportunities. Many others, however, may want extensive career exploration and counseling to choose appropriate careers.

The primary role of the counselor in implementing informed choice is to ensure that the individual has sufficient information and knowledge of options, as well as the necessary supports to make meaningful choices. The counselor facilitates the individual's self-determination through careful listening, clarification of issues, exploration of options and their implementation, and when necessary, building the individual's capacity to make informed decisions.

Building Capacity to Make Informed Choice

If an individual lacks skills, knowledge, or confidence in making informed choices, referral for

decision-making skill development, or involvement with a peer resource or other individuals knowledgeable about individual self-direction, may help ensure their meaningful participation in the choice process. Family members, significant others, advocacy organizations, rehabilitation assistants, mentors, and advisors may serve as decision making supports for the individual with his or her agreement. Individuals with substantial cognitive limitations may require additional supports and services in exercising informed choice. Techniques such as repetition and visual, auditory or written media may be used, including assistive technology. Such support services may be provided directly, arranged or purchased, consistent with MRS policy. The counselor can refer to the Rehabilitation Services Administration Technical Assistance Circular 98-01, Support Services for Individuals with Disabilities and Others Who Need Assistance in Implementing Informed Choice, available from the Casework Policy Section, for more information on this subject.

The Michigan Postsecondary Admissions and Financial Assistance Handbook is the comprehensive information resource about accredited or state licensed post-secondary education and training providers.

Procurement Methods and Informed Choice

MRS has flexible purchasing options, including authorizations to qualified vendors of the individual's choice, direct payment to individuals when an authorization is not possible, emergency payment to meet true emergency needs, and third-party authorization when none of the other procurement methods is possible. In select cases, an eligible individual may receive direct pay to contract directly with a service provider, like a personal assistant or rehabilitation renaissance advisor. To the extent that the individual participates in the procurement of services, implementing choice may involve basic consumer skills, such as money management and negotiating in the marketplace.

2250: Rights and Responsibilities

Policy

Applicants and eligible individuals shall be advised of their rights and responsibilities, including the availability of the Client Assistance Program (CAP), at the time they apply for services, when their Individualized Plan for Employment (IPE) is prepared, whenever assessment or IPE services are suspended, reduced, or terminated, and at the time of case closure.

Information

Customer rights include:

- An evaluation of eligibility
- Notification of the eligibility decision and priority category
- Once eligible, they have a right to obtain written information about options available to them in preparing their IPE
- The opportunity to make informed choices about the employment goal, services, and service providers throughout their rehabilitation program
- An IPE
- An annual review of the IPE
- Notification of a delay or termination of services
- Review of Information in the case record
- Confidentiality and information about circumstances when records may be released,
- Ability to appeal Michigan Rehabilitation Services (MRS) actions concerning provision or denial of services
- Non-discrimination

Customer responsibilities include:

- Providing information needed to determine eligibility and develop an IPE
- Notification of change in address or telephone number
- Keeping scheduled appointments
- Participating financially in their rehabilitation program to the best of their ability
- Using other available funds and community services before MRS funds are used
- Performing satisfactorily in training or any other activity related to their program

2275: Citizenship, Residency, and Identity

Policy

Michigan residents may be eligible for services provided by Michigan Rehabilitation Services (MRS). No duration of residency is required for individuals present in the state.
MRS staff document residency, identity, and the ability to be legally employed prior to implementation of an Individualized Plan for Employment (IPE). Non-U.S. citizens with Employment Visas or Employment Authorization Cards are permitted to request MRS services.

Note: The process of application and eligibility assessment is not delayed while establishing an applicant's presence in the state.

Note: To protect confidentiality MRS is not to maintain a copy of personal identification in the case record.

Procedures

Residency

Presence in the state of Michigan is established through case documentation and attestation by the applicant of their home address provided on either the:

- Application for Vocational and Employment Services (MRS-2910)
- Student & Parent/Guardian Referral/Consent for Pre-Employment Transition Services (MRS-2900)

MRS staff document an Aware Administrative Note confirming the review of one of the following if there is a question of residency:

- Valid Michigan Driver's License or State of Michigan ID
- Current rental agreement/mortgage statement
- Copy of recent utility bill
- Verification from current shelter

Proof of Identity

MRS verifies Social Security Number (SSN), legal name, and date of birth prior to IPE implementation.

MRS staff input the customer's SSN in Aware. The Aware system will automatically cross-reference the entered SSN with the Social Security Administration to verify the applicant's SSN, legal name and date of birth. Administrative notes that verify the information are automatically

generated in Aware.

Note: If customer does not have an SSN, contact the Aware Support Desk for a temporary SSN while the applicant obtains a valid SSN.

If a discrepancy is indicated:

- MRS staff document an Aware Administrative Note regarding request for the customer to provide a correct SSN.
- MRS staff may proceed with the eligibility or service delivery process during reconciliation of the SSN.
- MRS funds may not be expended during this time.
- If discrepancies are not resolved within 90 days, the case is closed in alignment with Rehabilitation Services Manual (RSM) 7000 – Vocational Rehabilitation Case Record Closure.

MRS staff document an Aware Administrative Note confirming proof of identity prior to implementation of the Individualized Plan for Employment (IPE).

When the automated Social Security Administration verification is unable to match and validate the customer's SSN, MRS staff verify the customer's SSN through a review of the customer's Social Security card and one of the following to verify name and date of birth:

- Driver's license/ID card
- School ID card (with photograph)
- Birth certificate
- Voter registration card
- U.S. Military card/draft record, or
- Military dependents ID card

MRS staff are not to retain copies of the above forms. A list of acceptable documents may be found at: https://www.uscis.gov/i-9.

Note: If an individual believes that information generated by MRS staff in the case record is inaccurate or misleading, the individual may request that the information be amended.

Citizenship

Non-U.S. citizens who do not have an Employment Visa or Employment Authorization Card that legally permits employment in the United States are not eligible for services.

Non-U.S. citizen applicants, who may be legally able to work in the United States, should acquire guidance in applying for an SSN through https://www.ssa.gov/pubs/EN-05-10096.pdf.

2300: Order of Selection for Services

Policy

At any time, Michigan Rehabilitation Services (MRS) resources do not permit all eligible individuals to be served, an order of selection for services shall be implemented giving first priority to individuals with the most significant disabilities. Second priority shall be given to individuals with significant disabilities and third priority to those with non-significant disabilities. If all eligible customers within a priority category cannot be served, they shall be served in the order in which they applied.

Eligible individuals who do not meet the order of selection for services priority criteria shall, at a minimum, be referred to other federal and state programs within the statewide workforce investment system, including the Michigan Works! program. Referrals are to be made to those programs best suited to address the specific employment needs of an individual with a disability. Each referred individual shall have a notice of referral to present to the agency carrying out the program, information identifying a specific point of contact within the agency carrying out the program and, information and advice regarding the most suitable services to assist the individual to prepare for, secure, retain, or regain employment.

An order of selection for services does not affect individuals who have begun to receive services under an approved Individualized Plan for Employment (IPE) or who are in need of post-employment services prior to the date a priority category or categories are closed. Eligible individuals in priority categories not able to be served are placed on a waiting list.

Individuals shall be informed in writing of their disability priority category assignment at the time they are notified of their eligibility determination. Any customer who does not agree with the disability priority category to which they are assigned may appeal this decision within 30 days. Customers may submit additional information in an effort to demonstrate assignment to a higher disability priority category.

Procedures

The decision to provide services to fewer than all priority categories is reviewed periodically throughout the fiscal year. A full review of the need for an order of selection for services occurs as part of the annual planning process. The MRS Director is responsible for determining how many priority categories and how many eligible customers within each priority category shall receive services at any given time based on the resources available.

The MRS Director will notify MRS staff and major statewide agencies and organizations of the priority categories it is expected MRS will be able to serve in the new fiscal year. Any changes in the priority categories to be served during the fiscal year will also be communicated in writing by the MRS director to MRS staff and pertinent others.

Within the *Aware* system, "significance of disability" and "order of selection for services" priority codes are combined in the "disability priority code" as follows: Most Significantly Disabled is Category 1; Significantly Disabled is Category 2 and Not Significantly Disabled is Category 3.

Applicants placed in trial work experience must be given a disability priority category assignment. At a minimum, individuals placed in trial work experience must be categorized as "significantly disabled". The disability priority category assigned in trial work experience status might not be the disability priority category assigned at the time eligibility is determined.

If the MRS Director determines that vocational rehabilitation services must be provided under an order of selection for services, an information and referral system will be implemented. This will ensure that eligible individuals with disabilities who do not meet order of selection for services priority categories will be referred to federal and state programs within the statewide workforce investment system including referral to the local Michigan Works! program for assistance with core, intensive and training services, or for other services as appropriate.

Individuals are assigned to the highest priority category for which they are eligible at the time eligibility is decided.

The MRS priority categories are as follows:

Most Significantly Disabled:

A) Individuals with a severe physical or mental impairment that seriously limits three or more of the seven functional capacities in terms of an employment outcome and
B) Whose vocational rehabilitation can be expected to require three or more services over at least six months.

Significantly Disabled:

A) Individuals with a severe physical or mental impairment that seriously limits two of the seven functional capacities in terms of an employment outcome and
B) Whose vocational rehabilitation can be expected to require three or more services over at least six months.

An eligible SSDI or SSI recipient is automatically considered to be, at least, an individual with a

significant disability. An SSDI or SSI recipient may be determined most significantly disabled with additional supporting documentation.

Not Significantly Disabled:

A) Individuals with a physical or mental impairment that seriously limits one of the seven functional capacities in terms of an employment outcome and
B) Whose vocational rehabilitation does not require multiple services over six months.

The codes to be used for priority categories are as follows:

1. Most Significantly Disabled
2. Significantly Disabled
3. Not Significantly Disabled

Seven Functional Capacities

• Mobility
• Communication
• Self-care
• Self-direction
• Interpersonal skills
• Work tolerance
• Work skills

For the purpose of determining the disability priority, serious limitations are defined as:

- the individual's impairment imposes limitations to the degree that the individual's functioning in the area is poor or below common expectations, or
- that the individual, due to the impairment, may require accommodations* not typically made for other individuals for employability/work.

Determining the appropriate priority category for an eligible individual is based solely on identification of serious limitations in one or more of the seven functional capacity areas. Other factors may affect employability but should not be considered for purposes of defining the significance of an impairment. Such factors may include:

- geographic location,
- poor public transportation, or
- lack of training

Defining limitations in these functional capacity areas relies on the professional rehabilitation counselor's interpretation of the effect of the impairment on the individual as well as on medical or diagnostic/evaluative information.

Planning for services to address serious limitations is consistent with the third component of eligibility that requires services to achieve an employment outcome (see RSM 3100 – Eligibility Criteria). The IPE shall therefore include treatment, supports or other interventions that address substantial barriers to employment by ameliorating, reducing or removing serious limitations in one or more of the functional capacity areas.

Information

*Accommodations are defined as special working conditions, rehabilitation technology, or substantial support and/or supervision.

Not included in the table is guidance issued by the Rehabilitation Services Administration (RSA) regarding eligibility and disability priority considerations for individuals with Borderline Intellectual Functioning and Specific Learning Disabilities.

2350: Transferring Cases

Purpose

In accordance with state and federal regulations, this policy and procedure outlines the process for internal transfer of a case record between districts/offices or counselors.

Policy

Michigan Rehabilitation Services (MRS) customer case records may be internally transferred to another district/office or counselor as the result of change of permanent residence, request from the customer, or for administrative purposes.

Procedures

MRS customers do not have a right to select their MRS counselor or the office/district in which they will be served. Customers are assigned to a MRS counselor/office based on residence identified on the application for services.

MRS customers who obtain temporary residence to receive MRS services including but not limited to assessment, training or restoration services are not considered to be changing residence.

MRS manager approval is required prior to case transfers between offices or MRS counselors.

Request for Transfer of Case Record

MRS counselor consults with immediate MRS manager for approval of case transfer and completes Aware Administrative Note summarizing:

- Request and rationale for transfer of case record
- Potential impact on current and planned services
- Potential actions necessary prior to case record transfer including but not limited to need for IPE amendments resulting from address change

MRS assigned counselor is responsible for continuation of services during approval or denial time-period.

MRS managers from both transferring and receiving offices review request for transfer of case record. Based on review, MRS assigned counselor may be required to complete additional case-record updates prior to case transfer. Examples may include:

- Resolving outstanding authorizations

- Update of customer contact information
- Resolving outstanding Aware-Activity Due items

MRS transferring and receiving managers approve or deny transfer of case record. If unable to agree on case transfer, MRS managers consult with respective MRS division directors for resolution.

MRS Manager Approval of Request for Transfer of Case Record

Upon MRS managers approval for transferring of case record:

1. Transferring counselor sends Aware 'Notice of Transfer to New Counselor' letter indicating newly assigned counselor.

2. MRS managers coordinate USPS-certified delivery or in-person exchange of the hard copy case file and electronic case transfer of the Aware record.

3. MRS newly assigned counselor consults with previous counselor as necessary to complete the transfer process.

4. MRS receiving manager is encouraged to request an internal review/audit of the case upon case transfer. Any associated findings on the case record will be applied to the original MRS counselor assigned to the case. Request for corrective actions will be assigned to the receiving MRS counselor.

MRS is prohibited from closing a case record and opening a new case to facilitate a transfer of case record.

MRS Manager Denial of Request for Transfer of Case Record

MRS managers may deny a customer's request for a new counselor assignment or change of office.

MRS counselor informs the customer in writing of the agency decision to deny a customer requested transfer of case record to a new office or MRS counselor and includes the *How to Appeal Decisions Made by MRS* brochure.

MRS customer reserves the right to appeal denial of request for case transfer.

2375: Threats and Acts of Violence

Policy

Michigan Rehabilitation Services (MRS) is committed to promoting and maintaining a safe workplace and service delivery environment for MRS staff and applicants or eligible individuals of MRS. Acts of violence will not be tolerated. In order to preserve a safe work environment for MRS staff, and a safe service delivery environment for individuals being served, MRS may deny, suspend, or terminate services to applicants or eligible individuals and/or close the case of individuals who threat or commit acts of violence.
Procedures

The following definitions used in policy and procedures apply:

Act of violence means any intentional, reckless, or grossly negligent act that would reasonably be expected to cause physical injury or death to another person.

Threat of violence means any intentional communication or other act that threatens an act of violence and would cause a reasonable person to feel terrorized, threatened, or fear physical injury or death to oneself or another person. Any threat of violence, whether verbal, written, visual, or by gesture, is presumed to be an expression of intent to do harm to another person. Threat of violence as used in this definition includes harassment as defined in MCL 750.411i.

Workplace means an office or building owned or leased by the state in which employees are assigned or work. It includes any state-owned or leased common grounds or parking areas used by employees assigned to or working in the office or building.
Service delivery environment means any public or private site in which MRS staff customarily conduct, arrange or purchase vocational rehabilitation services.
Accommodations means the process of adjusting the physical, psychosocial, or cognitive requirements to enable an individual with a disability to perform required tasks or behaviors.
Harassment means conduct directed toward a victim that includes, but is not limited to, repeated or continuing unconsented contact that would cause a reasonable individual to suffer emotional distress and that actually causes the victim to suffer emotional distress. Harassment does not include constitutionally protected activity or conduct that serves a legitimate purpose.

1. Clear and imminent threat or act of violence: Any MRS staff who is subjected to a clear and imminent threat or act of violence, or is aware of a clear and imminent threat or act of violence directed at another person in the service delivery environment, shall:

- Immediately take appropriate measures to ensure their safety and the safety of others

in the service delivery environment.

- Promptly report the threat or act to appropriate law enforcement personnel (local police, sheriff and/or State Police) and to their immediate supervisor or other available supervisory personnel.
- Comply with the requirements of the applicable Workplace Safety Plan mandated by the department.

2. Non-imminent threat or act of violence: MRS staff who are subjected to a non-imminent threat or act of violence, or are aware of a non-imminent threat or act of violence directed at another person in the service delivery environment, shall report the threat or act to their immediate supervisor, in accordance with the requirements of the applicable Workplace Safety Plan.

3. Actions required after a threat or act of violence has occurred: Subsequent to complying with the procedures above, MRS staff must determine whether services should be continued, denied, suspended, terminated and/or to proceed with case closure. Depending on the nature of the threat or act of violence, MRS staff shall consider providing individualized assessments, treatments, behavioral contracts and/or accommodations unless these measures would compromise MRS' commitment to promoting and maintaining a safe workplace and service delivery environment for staff, applicants, and eligible individuals.

a. Assessment. The counselor shall consider whether the act or threat of violence is related to the individual's disability(ies). If so, MRS staff shall assess whether treatment, a behavioral contract with the individual or reasonable accommodation will eliminate or mitigate the individual's threats or acts of violence. The following are examples of factors to be considered in such an assessment:
    - Mental health diagnoses that contribute to the individual's behavior
    - Treatment necessary to reduce threatening behaviors, such as individual or group therapy
    - Amenability to treatment
    - Ability to understand the consequences of one's behavior
    - Ability to make informed choices regarding vocational rehabilitation
    - Ability to comply with treatment requirements
    - Assessment of the impact of threatening behavior on the customer's employability
    - Consideration of a behavioral contract that will make future services contingent upon the individual's ability to eliminate or control his/her threatening or abusive behavior
    - Whether behavior is opportunistic or predatory
    - Whether the primary threat is to persons or property
    - Potential target populations and triggers.
b. Accommodations. Reasonable accommodations shall be considered and

provided, as appropriate, to enable applicants or eligible individuals to participate in a vocational rehabilitation program or in the client appeal process. Examples of such accommodations include:

- Requiring the presence of a second employee or proximity of security staff when the individual is physically present in a service location.
- Requiring that contacts between the individual and MRS staff take place in a safe environment or location.
- Limiting communication between the individual and MRS staff to particular methods, intervals, or times.

c. Notification of other staff. MRS staff who are likely to have contact with the customer, must be notified of any behavioral contracts or safety accommodations established. Proposed behavioral contracts or accommodations shall be reviewed with the immediate supervisor.

4. Documentation Requirements: Any determination that an applicant or eligible individual has or is likely to subject employees or others in the service delivery environment to a threat or act of violence shall be documented in a case note or otherwise substantiated in writing (e.g. a diagnostic report or Workplace Safety Plan Incident Report). The case note or other written documentation must include an explanation of the basis for the determination.

When behavioral contracts, treatments or accommodations are deemed a necessary service, their nature and rationale shall be documented in the individual's case record. For individuals who have an Individualized Plan for Employment or a Trial Work Experience Plan, treatments, behavioral contracts and/or accommodations shall be recorded as part of such a plan or plan amendment, as appropriate. When the applicant or eligible individual refuses to agree to or participate in assessments, treatments, behavioral contracts or accommodations, such refusal shall also be documented.

5. Denial, suspension, or termination of services and/or case closure: MRS may deny, suspend, or terminate services provided to an individual who has subjected MRS staff or other persons in the service delivery environment to threats or acts of violence, or who refuses to participate in assessment, treatment, accommodations or behavioral contracts to reduce or eliminate threatening or violent behavior. MRS may also close the individual's case record. The case record shall document consideration or provision of assessments, treatments, behavioral contracts and/or accommodations to reduce or eliminate an individual's threatening or violent behavior.

6. Due process. All MRS policies and procedures regarding denial, suspension or termination of services, and/or case closure, including notification and the right to appeal, shall be followed.

Information

In order to promote and maintain a safe work environment, each MRS Office is required by the Department to develop a Workplace Safety Plan. This plan must be reviewed with staff and updated on an annual basis. MRS staff should be sufficiently familiar with their workplace safety plan to take prudent and timely actions in relation to their safety and that of others.

Policy and procedures in this manual item are not intended to alter or modify any provisions of MRS' or the Department's workplace safety requirements or State of Michigan Civil Service Rules. Staff have an obligation to know the requirements of department and Civil Service rules about workplace safety.

Staff may pursue a "personal protection order" from a circuit court in order to address concerns regarding individuals who commit threats or acts of violence. Prior to pursuing a personal protection order, the District Manager shall consult with the Attorney General's representative to MRS. The memorandum from the Department of Attorney General, "Restraining Orders Against Potentially Dangerous Clients" (2375a-JA Rev 10-2007) remains timely guidance on the matter.

Staff may file individual legal action against persons served by MRS who commit acts of, or threats of violence against them, as appropriate. When they do so in their capacity as MRS employees, they must notify the District Manager and Policy Manager and the MRS representative to the State's Attorney General.

Relevant due process manual items to consider include RSM Item 2175, Clients, Appeals, Mediation and Hearings; RSM 2225 - Informed Choice; RSM 5225 - Termination of Services; and RSM 7150 - Notice of Case Closure.

2400: Marijuana

Purpose

The State of Michigan has legalized the acquisition, consumption and distribution of marijuana through the Michigan Regulation and Taxation of Marihuana Act (MRTMA). Federal law classifies marijuana as an illegal Schedule I drug and prohibits the acquisition, consumption, and sale under any circumstances.

Michigan Rehabilitation Services (MRS) is regulated by the Workforce Innovation and Opportunity Act (WIOA) and must adhere to federal law. This policy establishes program guidance associated with the legalization of marijuana in Michigan.

Policy

MRS is prohibited from:

- Assisting a customer in the acquisition or consumption of marijuana in any form.
- Supporting services or employment goals associated with growing, selling, producing, handling, or distributing marijuana in any form.
- Supporting training programs in fields of study associated with the marijuana industry.
- Supporting employment including self-employment or small business ventures that require licensure to engage in growing, selling, producing, handling, or distributing marijuana in any form.

Definitions

Marijuana (also referenced as Marihuana): Consists of all parts of the plant of the genus cannabis, growing or not; the seeds of the plant; the resin extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture, or preparation of the plant or its seeds or resin, including marijuana concentrate and marihuana-infused products.
This includes any form or product containing the primary active chemical tetrahydrocannabinol (THC). Forms include but are not limited to:

- Dried marijuana plant/flower
- Topicals
- Concentrates (e.g., hash, oils, wax, and shatter)
- Edibles in the form of food or drink

Procedures

Identified Use of Marijuana

MRS counselor writes an Aware Actual Service - Vocational Rehabilitation Counseling & Guidance note summarizing counseling and guidance regarding MRS service limitations if a customer indicates the use of marijuana. The summary should include, but is not limited to:
A review of this MRS policy regarding the assistance MRS is prohibited from providing related to Marijuana.

A review of Michigan law which does not require an employer to permit or accommodate marijuana use in any workplace or on the employer's property.

Eligibility Determination Considerations

Marijuana use alone is not necessarily indicative of a disability, a disability related barrier to employment, or an indicator of substance abuse.

A customer issued Michigan Medical Marijuana registry identification card or license from the Michigan Marijuana Regulatory Agency (MRA) should not be used to determine MRS eligibility. A determination of service is completed in accordance with *RSM 3125 - Eligibility Assessment* and *RSM 3200 - Determination of Eligibility and Priority Category*.

Vocational Needs Assessment and Employment Goal Considerations

Employment Goal (including self-employment) - MRS counselors at application/intake and/or during the Vocational Needs Assessment (VNA) inform the customer of MRS' inability to support employment goals or services associated with ventures that require licensure to engage in growing, selling, producing, handling, or distributing marijuana in any form.

Employed at Intake - MRS counselor at application/intake informs the applicant of the inability to provide employment retention services if his or her current job position is associated with growing, selling, producing, handling, or distributing marijuana in any form.

MRS counselor completes an *Aware Actual Service - Vocational Rehabilitation Counseling & Guidance* note summarizing:

1. The continuation of the MRS case if the customer expresses an interest in the development of a new employment goal not associated with the marijuana industry.
2. The case closure, if the customer elects to remain with their current employer whose enterprise is associated with the marijuana industry.
3. The case closure, if the customer expresses a desire to continue to pursue a vocational goal related to the marijuana industry. Case closure must occur in alignment with *RSM*

7000 - Vocational Rehabilitation Case Record Closure.

Case Closure Resulting from Employment in the Marijuana Industry

MRS counselor proceeds with case closure if a customer acquires employment within the marijuana industry. The case record is closed as No Longer Interested in CIE After Eligibility Determination in alignment with RSM 7000 - Vocational Rehabilitation Case Record Closure.

References

Michigan Regulation and Taxation of Marihuana Act (MRTMA)

3000: Vocational Rehabilitation Referral and Application Process

Purpose

In accordance with state and federal regulations, this policy and procedure establishes guidelines for prompt and equitable processing of referrals and applications for Vocational Rehabilitation (VR) services.

Policy

Michigan Rehabilitation Services (MRS) collects necessary information required to complete the referral and application process.

Definitions

MRS Application: MRS Application for Vocational and Employment Services form (MRS-2910) or equivalent information provided in an alternate written format of the individual's choosing.

Date of Application: Date of MRS staff signature date on the completed MRS application.

Procedures

Reasonable Accommodations

MRS provides individuals reasonable accommodations in alignment RSM 6025 - Accommodations, when necessary, to complete the referral and application process.

Outreach

MRS managers ensure that information about MRS and application forms are available throughout the state, including Michigan Works one-stop centers.
MRS staff assist in outreach with potential referrals by responding to questions verbally, through agency brochures, or recommending the MRS website.

Initiation of the 30-Day Referral Period

MRS staff obtain required referral information consisting of:

- Full name
- Contact information: address, phone number, and/or email

Referral information is obtained in-person, by phone or mail/email.

MRS staff input referral information into the *Aware* Referral Module. This establishes the date of referral and initiates the 30-day referral period to collect a completed MRS application.

Completion of the 30-Day Referral Period

The referral period ends upon either:

1. Receipt of a completed MRS application

MRS staff, during the 30-day referral period, receive MRS application and review for completion consisting of:

- Required applicant signature/date.
- Parent of a minor or legal guardian signature/date if applicable.
- Application fields necessary to initiate assessment in determining eligibility for services.
- Availability of applicant to complete the assessment process.

MRS staff signature/date on the MRS application signifies completed review and establishes the date of application.

The MRS staff signature date is required to match the *Aware* application date which initiates the 60-day application period.

2. Non-Receipt of an MRS Application

MRS staff document effort to secure a completed MRS application including attempted contacts or appointments.

If unable to obtain a completed MRS application during the 30-day referral period, or the potential applicant indicates non-intent to submit an MRS application, the *Aware* referral is closed.

Once a referral is closed, if a potential applicant requests services again, a new referral is processed.

Social Security Numbers (SSN)

Customers are not required to provide an SSN to process an MRS application.

MRS staff obtain and verify an SSN through *Aware* prior to implementation of an Individualized Plan for Employment (IPE).

Requirements to Facilitate Voter Registration

The National Voter Registration Act of 1993 (NVRA) requires that MRS provide customers an opportunity to register to vote.

MRS staff complete an *Aware* Administrative Note entry indicating offer to assist with voter registration through either online voter registration, or provision of the Michigan voter registration form.

60-Day Application Period

MRS staff, complete the following during the 60-day application period:

1. Customer Intake

MRS staff and customer gather information necessary to document *Aware* Application Status requirements.

Information may be collected virtually, in-person, or through the use of optional forms including: Intake for Vocational and Employment Services (MRS-2950) and Characteristics at Plan (MRS-2960).

2. Facilitation of Informed Choice

MRS staff document an *Aware* Actual Service entry indicating summary of customer's understanding/ability to exercise informed choice, self-advocacy and self-determination needs. Informed choice is facilitated in alignment with RSM 2225 Informed Choice.
An *Aware* Actual Service entry is to minimally confirm provision and review of the following brochures:

- Your Rights and Responsibilities as a Client of MRS (MRS-PUB-310) and explanation of:
  - Employment purpose of MRS
  - Eligibility process and criteria
  - Available services including encouraged customer contribution and required use of comparable benefits
  - Responsibilities as a customer with MRS

- How to Appeal Decisions Made by MRS (MRS-PUB-305) and explanation of:
  - Ability and process to appeal decisions made by MRS
  - Availability of Client Assistance Program (CAP)

- How MRS Safeguards Your Personal Information (MRS-PUB-304) and explanation of:
  - MRS confidentiality requirements

Eligibility Determination

MRS counselors facilitate eligibility determination in alignment with eligibility related policies including *RSM 3100 Eligibility Criteria*, *RSM 3125 Eligibility Assessment* and *RSM 3200 Determination of Eligibility and Priority Category*.

3075: Application of Agency Employees and Relatives

Policy

Employees and members of their immediate family may apply for Michigan Rehabilitation Services (MRS) services.

Procedure

At the time of application, or at the point an individual is identified as a member of an employee's immediate family, the applicant should be informed of the option to be served by another district. The applicant's choice should be honored. If the applicant elects to receive services locally, the district manager shall determine which staff will be assigned to the case.

To avoid conflict of interest issues, counselors and support staff shall not provide services to members of their immediate families.

Case files of employees and/or members of their immediate family shall be stored in a manner which ensures confidentiality.

The Americans with Disabilities Act prohibits MRS, as an employer, from co-mingling and/or utilizing client case record information of current or former employees during the hiring process or while employed by MRS. Employees who are (or were) clients may elect to release materials from their case record for purposes such as providing supporting documentation to an accommodation request.

Information

Immediate family includes parents, spouse, siblings, and children. A more expansive definition of the term (e.g., in-laws, cousins, etc.) may be used if there might otherwise be a loss of privacy.

To ensure as much confidentiality as possible, Help Desk staff in the Central Office can be directed to suppress the name and Social Security number of the applicant in the *Aware* system.

3100: Eligibility Criteria

Policy

Applicants shall be eligible for Michigan Rehabilitation Services (MRS) services if they have a physical or mental impairment that constitutes or results in a substantial impediment to employment and if they require MRS services to prepare for, secure, retain, advance in or regain employment consistent with their abilities and capabilities. Applicants who have been determined to have a disability under the SSDI (Title II) and/or SSI (Title XVI) program of the Social Security Act shall be considered to have a significant disability and presumed to be eligible for MRS services provided they intend to achieve an employment outcome consistent with their unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. Once an individual has been informed of the employment nature of the program, the completion of an MRS application for services shall be considered as intent to achieve an employment outcome.

All applicants shall be presumed to be able to benefit in terms of an employment outcome from vocational rehabilitation services unless found to be ineligible for services due to the severity of the disability by clear and convincing evidence, including applicants who have been determined to have a disability under SSDI and SSI.
Eligibility requirements shall be applied without regard to the:

- On the basis of or type of customer disability
- Age, sex, race, color, or national origin of the customer
- Type of expected employment outcome
- Source of referral for MRS
- Particular service needs
- Anticipated costs of required services
- Income level of an applicant or applicant's family
- Applicants' employment history or current employment status
- Applicants' educational status or current educational credential

Applicants who are legally blind shall not be served by MRS but will be referred instead to the Bureau of Services for Blind Persons.

Applicants who have a third party legally responsible for the payment of their vocational rehabilitation costs shall be promptly referred to the MRS Business Network Division for services.

Procedures

1. At intake, the counselor shall ask applicants whether they are eligible for, or receiving SSI and/or SSDI benefits, or for any other third-party benefits. The counselor seeks verification, such as a copy of an SSA award letter or other SSA correspondence or a copy of the individual's Ticket to Work, and places it in the case record.

2. When an applicant states he or she is an SSI or SSDI beneficiary, but has no documentation of SSA status, the counselor shall promptly obtain an *Aware* Social Security Benefit Report to validate the individual's Social Security status.

3. The counselor shall make an eligibility determination for SSI or SSDI recipients, no later than 60 days from the date of application. The only exception to this federal requirement is when the case record is moved to Trial Work Experiences (TWE - Application T in *Aware*) within 60 days of the date of application. TWE are only done when the counselor has serious doubt about the individual's ability to benefit from MRS services to achieve an employment outcome (See RSM 3175 - Trial Work Experience, for further instructions).

4. Eligibility Determination Extension (Application-E in *Aware*) shall not be used for SSI or SSDI applicants. Eligibility determination shall not be delayed to secure diagnostic records for such applicants.

5. When insufficient diagnostic and assessment information is available prior to an eligibility decision, additional information needed to determine vocational rehabilitation needs shall be obtained after eligibility and prior to IPE development. The counselor uses available disability information obtained from the application process to determine the disability and uses the default disability priority rating of significantly disabled. The counselor updates the disability and the priority rating, as appropriate, when further information is obtained, per RSM 3200 - Determination of Eligibility and Priority Category.

6. In the event an SSI or SSDI applicant refuses to release information or refuses to participate in the vocational rehabilitation needs assessment, the counselor shall continue to presume eligibility by validating SSA status via the *Aware* benefit report and by completing an eligibility determination or, when ability to benefit is in doubt, TWE. If the individual continues to refuse to release records or participate in assessment, the case may be considered for closure.

7. When an individual indicates he or she is receiving third party benefits such as Worker's Compensation, Auto No Fault, or Long-Term Disability, the individual shall promptly be referred to the Business Network Division, using form RA-2947–Request for Services, to determine third party liability and appropriate case management. (See RSM 8075 - Business Network Unit for referral

procedures.)

Information

The qualification that an individual requires services to advance in employment provides additional eligibility criterion to ensure that individuals with disabilities obtain the services necessary so they can pursue and engage in high-demand jobs available in today's economy. All other eligibility criteria continue to apply to applicants seeking to advance in employment. Applicants who are eligible for SSI due to their disability and/or SSDI due to their disability are presumed to meet all criteria for eligibility, i.e.:

- Have a mental or physical impairment that creates a substantial impediment to employment and
- Require vocational rehabilitation services to achieve an employment outcome consistent with their abilities and capabilities, and
- Are able to benefit from MRS services, unless determined unable to benefit by clear and convincing evidence, consistent with RSM 3175 - Trial Work Experience.

It is not necessary to receive a cash benefit to be eligible for SSI or SSDI. Only SSI and SSDI applicants are accorded the presumption of eligibility.

3125: Eligibility Assessment

Policy

Once an individual has completed an application for services, an assessment of eligibility and priority for service shall be conducted and an eligibility determination made within 60 days unless exceptional and unforeseen circumstances beyond the control of Michigan Rehabilitation Services (MRS) preclude a determination within 60 days and MRS and the individual agrees to a specific extension of time or trial work experiences with supports.
To the maximum extent possible and appropriate, the assessment shall consist of a review of existing data, be conducted in integrated settings, and be consistent with the applicant's informed choice.

Procedures

Eligibility Determination Extension

In the event an eligibility determination cannot be made within 60 days because of exceptional and unforeseen circumstances beyond the control of MRS and for which the individual agrees, an Eligibility Determination Extension shall be completed in *Aware* and the Notice of Extension of Eligibility letter in *Aware* shall be forwarded to the customer. The Notice of Extension of Eligibility letter shall specify the activities to be completed and the date in which the activities shall be completed before eligibility can be determined.

If, because of exceptional and unforeseen circumstances the Eligibility Determination Extension expires without determining Eligibility, manager consultation and written approval is required before a second Eligibility Determination Extension may be executed. If it is determined a second Eligibility Determination Extension is warranted, the Eligibility Determination Extension may be completed in *Aware*. The Notice of Extension of Eligibility letter in *Aware* shall be forwarded to the customer, documenting that the customer agreed to the extension. The Notice of Extension of Eligibility letter shall specify the activities to be completed and the date in which the activities shall be completed before eligibility can be determined.

Sources of Information

Sources of information that may be used to substantiate a physical or mental impairment and related limitations caused by the impairment include:

- Existing records from qualified facilities or practitioners familiar with diagnosing or treating the impairment(s) in question, especially practitioners or facilities that are currently treating the applicant. This would include records from qualified medical personnel, mental health or developmental disability programs, substance abuse

treatment clinics, and individually licensed practitioners operating within their legal scopes of practice.

- Special Education records, including an Individualized Education Plan (IEP) which identifies the impairment.
- Veteran's Administration disability benefits records that identify the disability.
- Counselor observation of a readily visible anatomical impairment such as amputation, deformity, or muscle wasting associated with paralysis.
- Verification of current eligibility for Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI); and
- Verification of State Disability Insurance (SDA) that identifies the disability.

Medical or Other Evaluations

Medical or other evaluations may be purchased or provided if other sources of documentation are not available, the nature of the disability is not stable, observable, or clearly defined, or information needed to determine the severity of the disability is not available.

The age of diagnostic information should be appropriate to the applicant's impairment(s) and the planned use of the information. Generally, more current information will be needed if the impairment is unstable, progressive, or the diagnosis is unclear.

The existence of a substantial impediment to employment (due to a mental or physical impairment) may be substantiated by any of the information sources noted above if the record in question addresses work or training limitations. The following information may also be used to substantiate the existence of substantial barriers to employment:

- Counselor observation of behavioral or functional limitations of an impairment.
- Written or verbal reports or descriptions of vocationally relevant limitations from the applicant, their representative, family members, school staff, employers and others familiar with the individual.

Behavioral or Functional Limitations

The existence of behavioral or functional limitations alone is not sufficient to establish a substantial impediment to employment.

The counselor must determine that these limitations result in a substantial, material and significant barrier (given the individual's training, education and employment history) to the individual in terms of preparing for, securing or retaining employment consistent with their abilities and capabilities.

Licensed counselors and/or certified rehabilitation counselors may conduct appraisals and assessments directly as allowed by their scope of practice, and should document such findings in case notes apart from the documentation required for *Eligibility Determination* in *Aware*.

If the applicant's informed, written consent is needed to secure information from another source, it may be obtained by a letter of authorization, the *Customer Information Request, Authorization to Release Personal Information form (RA-24*) or a document provided by the information source. It may be necessary to pay for the information provided.

Applicants who have been determined to have a disability under SSI and/or SSDI are presumed eligible for vocational rehabilitation services unless their ability to benefit from an employment outcome is in doubt. (See Policy and Procedures *3175 Trial Work Experience*). Verification of eligibility for SSI and/or SSDI or a copy of an SSA issued "Ticket to Work" must be on file. No further eligibility assessment is necessary. However, existing assessments from SSA and additional assessments may be obtained for a determination of vocational rehabilitation needs.

An applicant eligible for SSI/SSDI can be entered into eligibility status and certified eligible for vocational rehabilitation services immediately upon verification of eligibility for SSI/SSDI by noting under all portions of the Certificate of Eligibility the individual's eligibility for SSI or SSDI (Title XVI and Title II)

Verification of disability for SSDI, SSI, SDA, Special Education, or Veterans Administration disability may include, for example:

- Copies of award notice or letters notifying the applicant of eligibility.
- A copy of an Individualized Educational Plan (IEP) indicating that the applicant has been determined eligible for Special Education.
- Written confirmation of receipt of Social Security Disability Insurance or Supplemental Security Income (on the basis of disability) from the local Social Security office or a Ticket to Work issued by SSA.

Evidence of Eligibility for Special Education

Evidence of eligibility for Special Education presumes only that the applicant has a physical or mental impairment and a substantial impediment to employment. The counselor must still determine whether the individual requires vocational rehabilitation services to achieve an employment outcome consistent with ability and capability.

An appraisal of current health is not required for eligibility in addition to information documenting the disability, but should be provided, for example, if there is a question regarding the applicant's overall health status and how it may impact employability.

The assessment to determine rehabilitation needs should begin concurrently with the assessment to determine eligibility.

The RA-2908 may be used to provide the applicant with a schedule of any diagnostic assessments or other appointments that may be made.

Information

The following are definitions of terms used in the determination of eligibility:

Ability to Benefit - likely to achieve an employment outcome with the provision of vocational rehabilitation services.

Disability - a physical or mental impairment that results in a substantial impediment to employment and which is not temporary.

Mental Impairment – any mental or psychological disorder such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disorders.

Physical Impairment – any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine.

Requires Services - would not be able to achieve employment consistent with the individual's abilities and capabilities without vocational rehabilitation services.

Substantial Impediment to Employment - means that a physical or mental impairment (in light of attendant medical, psychological, vocational, educational, communication and other related factors) materially hinders an individual from preparing for, entering into, engaging in, or retaining employment consistent with the individual's abilities or capabilities. A substantial impediment to employment may be established if the impairment significantly limits one or more functional capacities of the individual in terms of an employment outcome.

3150: Individuals Employed at Intake

Policy

Individuals with a disability who are employed may be eligible for Michigan Rehabilitation Services (MRS) services if, as a result of their disability:

- they require vocational rehabilitation services to advance in employment*
- their employment endangers the health and safety of the individual or others
- the individual is at risk of losing their employment*
- their employment is unsteady* and needed services cannot be obtained from other agencies or resources

*Definitions in the Information section below.

Individuals who have access to these resources, but choose not to use them, are generally not considered to require MRS services.

The individual must meet all eligibility criteria to be determined eligible for MRS services.

Information

Advancing in employment for eligibility purposes may be considered when an individual meets all other eligibility criteria and requires MRS services to advance in current or new employment.

At risk: A person who is at risk is in danger of having his/her job terminated, due to disability related factors.

A job may be considered at risk if the disability results in substantial impediments to employment that will negatively affect the person's job retention. At risk also may apply to an individual who has confirmation that his/her job will be restructured in such a way that the individual will requires vocational rehabilitation services to retrain for, or acquire, or advance to a new position.

When considering whether an individual requires job retention services, the counselor should seek objective verification, such as a statement from the current employer, a job analysis, or medical verification of a significant decline in functional capacity related to job function.

Unsteady Employment is work that is seasonal, intermittent, temporary, permanently part-time, or subjects the individual to a pattern of lay-offs or variations in the availability of work. The term "seasonal" is defined by the Department of Labor as employment of less than 5 months' duration, linked to seasonal or climatic conditions. "Temporary" is defined as employment for 180 days or less. "Part-time" is defined as permanently assigned to less than

30 hours of work per week.

For individuals requiring accommodations to maintain their employment, services may be requested of the Business Network Division staff, such as:

- On-the-job evaluation services or worksite evaluations provided by the Occupational Therapists
- Consultative ADA services for the employer provided by the Business Relations Consultants

See *RSM 6025 - Accommodations*, for more information.

3175: Trial Work Experience

Policy

- Trial Work Experiences (TWEs) must be arranged when an individual's ability to benefit from Vocational Rehabilitation (VR) services in terms of an employment outcome is in question.
- TWE plans may be initiated at any point in the rehabilitation process not only at application.
- A TWE plan must be signed by both parties before implementation.
- A TWE plan can only last 12 months unless there is a substantial need to extend the plan; and
- TWE plans either result in eligibility or demonstration by clear and convincing evidence that an individual is not able to benefit from VR services in terms of an employment outcome.

Before an applicant or eligible individual with a significant disability can be determined incapable of benefiting from services in terms of an employment outcome, trial work experiences (TWE) shall first be provided. The presumption of employability continues during the TWE and may be refuted only if Michigan Rehabilitation Services (MRS) demonstrates by clear and convincing evidence that the applicant cannot benefit from services in terms of an employment outcome.

During the TWE, MRS shall explore the individual's abilities, capabilities and capacity to perform in realistic work situations in the most integrated settings possible, through the use of appropriate supports.

TWEs shall be of sufficient variety and over a sufficient period of time to determine the eligibility of the individual or to determine the existence of clear and convincing evidence that the individual is incapable of benefiting in terms of an employment outcome from vocational rehabilitation services due to the severity of the individual's disability.

Procedures

TWEs shall be arranged at any point in the rehabilitation process that an individual's ability to benefit from vocational rehabilitation services in terms of an employment outcome is in question.

A written TWE Plan shall be developed to include only those services required to determine eligibility or continued eligibility, and the nature and scope of services required to achieve an employment outcome. *Aware* uses the TWE Plan page to document trial work experiences

(Application-T). A Trial Work Experience Plan after Eligibility letter template has been created and uploaded into the *Aware* Letters Catalog to be used until the functionality to complete all TWE Plans is available in *Aware*. The TWE Plan after Eligibility letter is to be used for instances when continued eligibility is in question.

Applicants or their representatives shall be full and active participants in the development of their TWE Plan and in the selection of services and service providers and shall sign and be provided a copy of the written document. Progress toward achieving the TWE outcome shall be evaluated regularly and routinely. The assessment must be conducted in the most integrated setting possible, consistent with the individual's needs and informed choice.

The TWE plan period begins with the date the TWE Plan is completed and signed by the applicant or eligible individual and the MRS counselor. The TWE shall be terminated at any time an eligibility determination can be made, or after 12 months, unless substantial need for additional time is documented. If the TWE Plan expected end date has expired in *Aware* and there is substantial need for additional time to extend the TWE, an MRS counselor shall change the expected end date in *Aware*.

When the question of ability to benefit relates to an unstable or untreated disability, appropriate treatment or diagnostic assessments may be arranged within the TWE Plan and initiated concurrent with participation in the TWE. The use of diagnostic assessments or involvement in treatments shall not delay or impede the arrangement or initiation of the TWE.

A statement from a medical provider that an individual is not capable of working is not sufficient evidence to render an individual ineligible for MRS. The case file must contain evidence that thoroughly documents the individual's inability to explore his or her abilities, capabilities, and capacity to perform in realistic work situations including trial work experiences before an ineligibility determination due to inability to benefit shall be rendered. The burden of proof rests with MRS to demonstrate by clear and convincing evidence that the individual is not able to achieve an employment outcome or participate in trial work experiences due to the instability of their impairment.

The follow-up letter to physician contained in the letters catalog in *Aware* shall be used to obtain additional information from the individual's medical provider. The letter identifies general types of services, including job accommodations, and describes the trial work experience opportunity. If a response is not received from the individual's medical provider, the MRS counselor shall follow up with a telephone call. Efforts to work with the individual's medical provider shall be documented in a case note. If the medical provider continues to indicate the individual is not able to participate in services with MRS or if the medical providers does not respond after several attempts to solicit follow-up information, in writing and by phone, the individuals case with MRS shall be closed due to severity of disability.

Trial Work Experiences:

- Include supported employment, on-the-job training and other experiences using realistic integrated work settings.
- Must be of sufficient variety and over a sufficient period of time.
- Must provide appropriate supports, including, but not limited to, assistive technology devices and services and personal assistance services, to accommodate the rehabilitation needs of the individual during the Trial Work Experiences.
- Once the issues related to the individual's ability to benefit in terms of an employment outcome through trial work experiences is resolved, an eligibility determination shall be completed or case closure pursued, as appropriate.

If a case that had been served in TWE is closed and subsequently reopened, a new TWE plan may be carried out provided that the basic conditions are met.

Information

Trial Work Experiences (TWE's) are provided when the counselor and applicant have established the presence of an impairment(s) and a substantial impediment to employment, but serious questions exist (due to the severity or instability of the individual's disability) as to what services may be needed to achieve employment.
When the question relates to the severity of disability, TWE in an integrated, real work setting, with supports, should be arranged in accordance with the informed choice of the individual.

Purpose

The purpose of the TWE is to explore the individual's abilities, capabilities and capacity to perform in realistic work situations that will result in the determination of eligibility.

Previous regulations

Previous regulations, in addition to TWE provisions, also allowed for development of an extended evaluation plan for applicants with significant disabilities whose ability to benefit was in question. This provision was to be used only under limited circumstances when an individual's disability was too significant to allow for participation in trial work experiences and for whom additional diagnostics or treatment was needed to evaluate eligibility. The extended evaluation plan provision is no longer part of vocational rehabilitation regulation.

Clear and convincing evidence

Clear and convincing evidence means that the designated State unit has a high degree of certainty before it can conclude that an individual is incapable of benefiting from services in terms of an employment outcome. The clear and convincing standard constitutes the highest standard used in our civil system of law and is to be individually applied on a case-by-case

basis. The term clear means unequivocal. For example, the use of an intelligence test result alone would not constitute clear and convincing evidence. Clear and convincing evidence might include a description of assessments, including situational assessments and supported employment assessments, from service providers who have concluded that they would be unable to meet the individual's needs due to the severity of the individual's disability. The demonstration of "clear and convincing evidence" must include, if appropriate, a functional assessment of skill development activities with the use of appropriate supports, including, but not limited to, assistive technology devices and services and personal assistance services, to accommodate the rehabilitation needs of the individual during the trial work experiences in real life settings.

(See RSM 3225 - Continuing Eligibility)

3200: Determination of Eligibility and Priority Category

Policy

Eligibility decisions shall be made by a Michigan Rehabilitation Services counselor, dated and documented on a Determination of Eligibility. Individuals shall be assigned to an order of selection for services priority category at the time of the eligibility decision. They shall be notified in writing of the eligibility decision. If an order of selection for services is in effect at the time of eligibility determination, individuals shall also be notified of their priority category, the priority categories currently being served, and their right to appeal their priority assignment. If MRS is not servicing all priority categories at the time of the eligibility decision, the eligible individual who cannot be served shall be referred to other federal and state programs within the statewide workforce investment system, including the Michigan Works! program.

If MRS is functioning under an order of selection for services at the time the customer is determined eligible, the case is placed on a waiting list if the customer is not in a priority category currently being serviced. Otherwise, the case is moved to eligible status for development of an IPE. Individuals may appeal their priority assignment because it is a counselor determination that may result in the denial of services.

The Notice of Eligibility and Plan Options in the *Aware* letters catalog should be used to notify clients of eligibility and plan options.

3225: Continuing Eligibility

Policy

Eligibility shall be continually reassessed as part of routine counseling and guidance provided to the individual. Eligibility for ongoing services is contingent upon the individual continuing to meet all agency eligibility criteria.

Procedures

Whenever one or more of the following occurs when assessing continuing eligibility, the case shall be closed:

1. When an individual, prior to the completion of an Individualized Plan for Employment (IPE), ceases to meet eligibility criteria identified in policy, the case shall be closed.

2. When an individual ceases to meet disability criteria after IPE services have begun, only short term and low cost or no cost job placement and/or job retention services may be provided or purchased to achieve an employment outcome. An authorized service in progress may be completed.

3. When an individual's impairment(s) are reduced through IPE services but continue to result in functional limitation(s) that substantially impede the individual's ability to prepare for, obtain or maintain suitable employment, required IPE services will continue as planned.

4. When an individual, including an SSI or SSDI beneficiary, expresses that he or she no longer intends to achieve an employment outcome after being determined eligible, the individual's eligibility ceases, and the case record shall be closed, as the individual no longer requires VR services to achieve employment.

5. When an individual is no longer able to benefit from further IPE planning or IPE services due to the severity of one or more disabilities, as demonstrated by clear and convincing evidence, the case record shall be closed.

6. If an individual has been found eligible and substantive questions emerge regarding the individual's ability to benefit from services, the individual must be afforded an opportunity to participate in Trial Work Experience (see RSM 3175 - Trial Work Experience, for requirements and procedures).

Substantive questions often arise from:

- the customer's inability to successfully complete one or more essential IPE services.
- the accumulated evidence of repeated unsuccessful efforts to benefit from services in one or more prior IPEs; or,
- evidence gained through the individual's involvement in an evaluative IPE as described above.

7. Individuals who continue to be beneficiaries of SSI and/or SSDI retain the presumption of eligibility as described in 3100, Eligibility Criteria, unless their disabilities are determined to be too significant to benefit from MRS services to achieve an employment outcome, as demonstrated by clear and convincing evidence gathered through Trial Work Experience.

.

8. Individuals whose case is closed because they no longer meet eligibility criteria shall be notified that their case is closed due to a determination of ineligibility. (See *RSM 7025 - Case Closure Due to Severity of Disability* and *RSM 7050 - Case Closed After Eligibility* for additional information.)

Information

The counselor re-assesses eligibility as part of routine guidance and counseling whenever the circumstances of the case change.

Occurrences leading to the cessation of disability include the removal of functional limitations or substantial impediments to employment through physical or mental restoration, or the elimination of an impairment altogether. Examples of such occurrences are surgery that removes functional limitation, or treatment that eliminates the substantial impediment to employment.

Continuing or Residual Barriers in Chronic Physical, Mental and Substance Disorders

The functional limitations of many chronic physical, mental or substance disorders, depending upon their presentation and history in the individual, may be mitigated or reduced through treatment but may not be totally eliminated. The resulting residual effects may continue to present substantial barriers to preparing for, obtaining or retaining suitable employment. Treatments themselves may impose affective, cognitive or physical limitations that substantially impact employment. In applying continuing eligibility policy, counselors should take into account the individualized effects of chronic physical, mental and substance disorders and the possibility that substantial impediments to employment due to disability may continue to exist after the treatment of a disorder.

"Low-cost" services are services generally not exceeding $1,000. "Short-term" services are

services generally not lasting more than six-months, consistent with the requirements for an IPE amendment under *RSM 5150 Individualized Plan for Employment Amendment*.

3250: Ineligibility Determination

Policy

Ineligibility shall be determined if an applicant does not meet all of the eligibility criteria identified in *RSM 3125 - Eligibility Assessment*. If it is determined, on the basis of clear and convincing evidence after trial work experiences that the customer cannot benefit from vocational rehabilitation services in terms of an employment outcome, ineligibility should be determined and the case closed.

Procedures

Clear and convincing evidence means that there is a high degree of certainty that the client is incapable of benefiting from services in terms of an employment outcome. A review of existing information does not provide clear and convincing evidence. For example, the use of an intelligence test result alone would not constitute clear and convincing evidence. Clear and convincing evidence includes a description of assessments, including trial work experiences, from service providers who have concluded that they would be unable to meet the customer's employment needs due to the severity of the individual's disability. Ineligibility determinations are subject to the same timeliness criteria as eligibility determination. Applicants shall be notified of Michigan Rehabilitation Services' (MRS) determination in writing, including their rights to appeal.

3275: Vocational Needs Assessment

Policy

A vocational needs assessment (VNA) shall be conducted to determine the goals, nature and scope of rehabilitation services to be included in the Individualized Plan for Employment (IPE). Data utilized to prepare for the IPE is to be based on a comprehensive assessment that is to be current and include information that is available from other programs and providers, collected from the customer and customer's family, and include data for the assessment of eligibility and priority for services.

If additional data beyond the assessment for eligibility are necessary to determine the employment outcome and the nature and scope of services to be included in the IPE of an eligible individual, a comprehensive assessment of the unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice, including the need for supported employment services, of the eligible individual in the most integrated setting possible, consistent with the informed choice of the individual, shall be conducted.

Procedures

The Vocational Needs Assessment:

1. Is limited to information that is necessary to identify the rehabilitation needs and the potential vocational goals of the eligible individual to develop the IPE.

2. Uses, as a primary source of information, existing information obtained for the purposes of determining eligibility of the individual and assigning priority of an order of selection for the individual. Such information can be provided by the individual and, if appropriate, by the family of the individual.

3. May include 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.

4. May include an appraisal of the patterns of work behavior 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 use of work in real job situations to assess and develop

the capacities of the individual to perform adequately in a work environment.

5. May include a referral for the provision of rehabilitation technology services to the individual, to assess and develop the capacities of the individual to perform in a work environment.

6. May include an exploration of the individual's abilities, capabilities, and capacity to perform in work situations with supports and training; and

7. Must document support for the vocational choice that gives direction to the rehabilitation process.

Documentation of the VNA

Case notes that relate specifically to the VNA should use the case note title: 'Vocational Needs Assessment' that is offered as a drop-down selection under Case Note Titles. Case notes shall include documentation of the vocational needs assessment process including information utilized to document the rehabilitation needs of the individual and how the employment factors (strengths, resources, priorities, concerns, abilities, capabilities and interests) as well as the individual's informed choice apply to the selection of the IPE job goal, services and service providers.

Information

Assessment Considerations

Appraisals of intellectual capacities, vocational aptitudes, interests and achievements, as well as assessments of personality, social and vocational adjustment, may be provided directly by qualified Michigan Rehabilitation Services (MRS) counselors or purchased from other qualified providers.

Assessment of physical capacities, assistive technology and accommodations, which could enable the individual to perform in an integrated employment setting, including supported employment may be provided.

Use of On-the-Job Evaluation (OJE) as an Assessment Tool

State and federal employment standards apply when conducting an OJE. Requirements are similar to on-the-job-training (OJT) with the exception that it is an evaluation only not a commitment for hire. The counselor, customer and employer agree on factors to be evaluated and record them on an RA-89 or similar document with appropriate signatures to indicate agreement with the OJE terms. The employer can be reimbursed up to 100% for an OJE. The typical length of an OJE is no more than four weeks. If job coach services are purchased to support an OJE, the job coach should be covered for Worker's Compensation and liability

insurance through a third party. A third party can also be used as an "Employer of Record" to vend client wages and can be paid reasonable administrative costs.

Use of Vocational Evaluations

Vocational evaluations may be arranged or purchased from accredited community rehabilitation programs. They may also be obtained from an educational institution; a self-employed, certified vocational evaluator; or a certified rehabilitation counselor.

Use of Labor Market Analysis

The Vocational Rehabilitation counselor and the customer both have a need and a responsibility to identify the customer's interests and abilities in relation to the availability of corresponding jobs in the local labor market. This includes a review of the physical and educational demands of the job, the outlook and availability of the job locally, and wages, the appropriateness of the fit between the customer's preferences, strengths, and other personal factors, and the need for accommodation services to perform the job.

3400: Measurable Skills Gains and Credential Attainment

Purpose

In accordance with State and Federal regulations, this policy and procedure establishes guidelines for Measurable Skills Gains (MSG) and Credential Attainment (CA) verification.

Policy

Michigan Rehabilitation Services (MRS) document customer achievement of MSG and CA associated with training identified in the Individualized Plan for Employment (IPE).

Definitions

Credential:

a) Secondary School Diploma - that is recognized by a State and included for accountability purposes under the Elementary and Secondary Education Act of 1965 (ESEA), as amended by Every Student Succeeds Act (ESSA).

b) Postsecondary Degree/Certificate - recognition of an individual's attainment of measurable technical or industry/occupational skills necessary to obtain employment or advance within an industry/occupation. Examples include (but not limited to):
   - Associate, bachelor's, master's, or doctoral degree obtained from a postsecondary institution
   - General Certificates/Licensures, Registered Apprenticeship and Career and Technical Education certificates including Michigan Career & Technical Institute (MCTI), National Institute for Metalworking Skills, Inc., Machining Level I credential and Microsoft Certified IT Professional (MCITP))
   - Occupational Certification including Certified Rehabilitation Counselor (CRC), Certified Nurses Aid (CNA), American Service Excellence (ASE), and credential awarded by certification body
   - Occupational Licensure including Licensed Practical Nurse (LPN), Licensed Professional Counselor (LPC), Licensed Master Social Worker (LMSW)
   - Other recognized certificates of industry/occupational skills completion sufficient to qualify for entry-level or advancement in employment including specified Job Corp and Veterans training programs.

Measurable Skills Gains (MSG): Skills progression towards a recognized credential. Depending on the type of education or training program, documented progress is one of the following:

a) Educational Functioning Level (EFL) Gain -- A measurable improvement in educational

attainment indicated by a pre- and post-test. An example includes passing from a 9th grade reading level to a 10th grade reading level in accordance with the school's academic policies. Tests used for this may include the Test of Adult Basic Education (TABE) and Basic English Skills Test (BEST).

b) Secondary Transcript/Report Card -- A transcript or report card, for each school year indicating program passing (according to the school's academic policies) in high school (HS), high school equivalency diploma (HSED), or general educational development (GED) program. The report card must not indicate the participant dropped out of school, was removed from the institution, or any other conditions that indicate removal on academic or conduct grounds.

c) Postsecondary Transcript/Report Card -- A transcript or report card demonstrating the following based upon enrollment status:
   - Full Time Student -- completion of a minimum of 12 hours for one semester.
   - Part Time Student -- completion of a minimum of 12 credit hours over the course of two completed semesters during a 12-month period.

d) Training Milestone -- A satisfactory or better progress towards skill advancement while participating in on-the-job training (OJT) or Registered Apprenticeship program. Documentation may include employer verification.

e) Skills Progression -- Successful passage of an exam required for an occupation or progress in attaining trade-related benchmarks. Exam examples include the Certified Rehabilitation Counselor (CRC), National Counselor Exam (NCE), Commercial Driver's License (CDL), and welding certification. Documentation may include transcripts and certificates including electronic documents originating from the training entity.

Achievement Date: The date a credential attainment or measurable skills gain is indicated by the school or institution as achieved. The achievement date is the official date as indicated on the copy of the certificate/school record provided to MRS. If the achievement date is not indicated on the certificate/school record, a copy of the academic calendar, reflecting the latest date of required school activities in combination with the certificate/school record, may be used to denote the achievement date.

Procedures

MRS counselors document MSG progress and/or CA attainment as follows:

1. Educational/vocational training achievements earned prior to IPE are documented on the 'Characteristics at Plan' page in *Aware*.

2. Educational/vocational training programs supported by MRS are documented in the IPE as individual services if determined as a part of the Vocational Needs Assessment (VNA) necessary to achieve the identified employment goal.
   Note: MRS staff, when identifying High School/GED as an IPE service, select "Achieving high school diploma or GED is a goal" from the secondary education field dropdown menu below the Employment Goal section on the Plan page in Aware.

3. All educational/vocational training programs included in the IPE leading to a recognized credential are entered as a goal on the *Aware* Education page.
   Note: Recognized educational/vocational training programs and potential certificates or industry/occupational skills completion are to be evaluated on a case by case basis for inclusion of MSG/CA reporting.

4. Obtain copy of school/vocational training verification of MSG/CA achievement and enter MSG/CA as achieved on the *Aware* Education page, using the date on the documentation.

CA may be entered for up to one year after case closure.

Example: (MSG) Obtain report card to verify successful completion of 11th grade and enter the MSG as leading toward CA of a high school diploma on the Aware Education page.

Example: (CA) Obtain a report card confirming completion of 12th grade and attainment of high school diploma. Enter both an MSG (completion of 12th grade) and a CA (high school diploma) on the Aware Education page.

References

The Career-One-Stop website can be used as a reference to determine possible credentials: https://www.careeronestop.org/Toolkit/Training/find-certifications.aspx

MRS Federal Reporting

MRS reports Credential Attainment as a percentage of program reportable customers enrolled in an education or training program 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.

> *Note: 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 Skills Gains (MSG) are reported as the percentage of program reportable customers 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.

5000: Development of the Individualized Plan for Employment

Policy

At the completion of the eligibility determination and the assessment of vocational rehabilitation needs, eligible individuals or their representatives shall be provided, in writing and in appropriate modes of communication, information about their options available in developing the Individualized Plan for Employment (IPE).

Procedures

Information about the options in developing the IPE shall include:

- the availability of assistance from the Michigan Rehabilitation Services (MRS) rehabilitation counselor in developing all or part of the IPE.
- the option of requesting assistance from a disability advocacy organization when developing the IPE.
- the availability of technical assistance in developing all or part of the IPE.
- the option of using other resources, including a qualified rehabilitation counselor not employed by MRS, in developing all or part of the IPE.
- the option of completing an IPE without MRS assistance on a form provided by MRS.
- a description of the rights and remedies available including the Client Assistance Program, and how to contact it.

For individuals who receive SSI/SSDI, the options in developing the IPE shall also include the availability of information on assistance and supports available to individuals desiring to enter the workforce, including benefit planning assistance.

This information shall also include, as appropriate:

- a description of the required components which must be included in the IPE.
- an explanation of MRS policies and guidelines associated with financial commitments related to an IPE.
- additional information required by the customer or MRS.

When the determination of eligibility and assessment of rehabilitation needs has been completed, eligible individuals shall be provided the MRS guide “Choosing Your Employment Plan” in a language or format appropriate to their communication needs. This guide meets policy requirements regarding the provision of written information about the individual’s options in developing their IPE. The case record shall be annotated to indicate that the individual has been provided this written information.
Eligible individuals have the opportunity to choose the extent to which they wish to use the

assistance of a qualified MRS rehabilitation counselor in developing part or all of their individualized plan for employment (IPE). They are to be informed of the availability of help or technical assistance in completing all or part of the IPE. Counselors may need to facilitate decision making by individuals regarding these decisions, depending on the individual's decision-making skills, or to utilize technical or other assistance in helping individuals to obtain information and make decisions about their IPE.

Some eligible individuals may only need help in completing the printed MRS IPE form (see *Aware* or RA-2915-S). Other individuals, with knowledge of MRS services, experience and skill in career planning, ability to work independently, knowledge of community resources, and ability in information gathering and decision making will need little or no assistance in completing an IPE.

Technical Assistance (assistance aimed at improving information gathering and decision-making skills needed in plan development) may be provided directly by other MRS staff, arranged, or provided by external sources. Examples of technical assistance are Rehabilitation Renaissance advisers, empowerment groups, and individualized decision-making assistance for persons with significant cognitive impairments. Technical assistance may be purchased by MRS only when the type of technical assistance required is not available directly through MRS staff or comparable community services or benefits. Technical assistance does not include vocational guidance and counseling, which is provided directly through MRS counselors. Counselors may work concurrently with technical advisers and eligible individuals in developing the IPE. Providers of technical assistance must meet provider standards as applicable.

Other plan development assistance may be provided through the use of interagency planning teams, person centered planning, peer groups, various consumer training activities, and other methods of helping individuals gather information and making informed choices. Such assistance may be purchased when not available through MRS staff or comparable community resources.

The IPE (and any IPE amendment) is signed by the eligible individual and approved and signed by a MRS rehabilitation counselor before taking effect. The Counselor's approval signifies that in the counselor's professional judgment:

- the IPE will achieve the individual's specific employment outcome.
- the job goal is consistent with the employment characteristics of the individual, and not contraindicated by health or safety reasons.
- the IPE services are essential to reach the individual's job goal.
- the IPE is complete (contains the federally mandated components identified in policy).
- and otherwise meets MRS policy and accountability requirements (e.g. use of comparable services and benefits and "least cost to MRS".)

When differences between an eligible individual (or their representative) and the counselor arise the counselor is to negotiate resolution of differences in the context of a counseling and

partnership relationship, respectfully considering the eligible individual's continuing substantive role in making informed choices about his or her IPE, while at the same time adhering to MRS requirements.

If the situation cannot be resolved, the client may contact the Client Assistance Program at 1-800-288-5923 or the MRS Rights Representative at 1-800-605-6722.

5025: Employment Goal and Outcome

Purpose

In accordance with state and federal regulations, this policy and procedure establishes guidelines for determination of an employment goal and outcome.

Policy

The employment goal identified in the Individualized Plan for Employment (IPE) is structured to result in achievement of an employment outcome in Competitive Integrated Employment (CIE).

Definitions

Competitive Integrated Employment (CIE): Means employment that:

1. Is performed on a full-time or part-time basis (including self-employment).

2. Customer is compensated at a rate that:
   - Is not less than the higher of the rate specified in the Fair Labor Standards Act of 1938, or the State minimum wage law.
   - 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 a customer 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.
   - Is eligible for the level of benefits provided to other employees.

3. Is at a location that is typically found in the community.

4. 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 (e.g., 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

5. 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.

Employment Goal: Means, at a minimum, an occupational grouping found in the Dictionary of Occupational Titles, or as an occupational grouping identified in the U.S. Bureau of Labor Statistics, Occupational Employment Statistics (OES) codes used in *Aware* or as an occupational grouping in the Occupational Information Network (O-Net).

Employment Outcome: Means entering, advancing in or retaining full-time or, if appropriate, part-time competitive integrated employment; supported employment including customized employment; telecommuting; self-employment; business ownership or any other type of employment in an integrated work setting that is consistent with a customer's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

Procedures

Michigan Rehabilitation Services (MRS) counselors identify the IPE employment goal based on the completed vocational needs assessment and customer informed choice.
Determining Employment Meets Criterial of CIE

MRS counselors are responsible for determining if the employment goal and outcome meet the defined criteria of CIE.

MRS counselors, when an employment position is in question, conduct a review of the position using the Competitive Integrated Employment Determination Form (MRS-66).
MRS manager approval is required prior to selection of an employment goal or employment outcome in positions within:

- A Community Rehabilitation Organization (CRO) or other organizations that provide services or specific employment for individuals with disabilities as one of its major functions
- Javits-Wagner-O'Day (JWOD) – Act/AbilityOne contracts
- Michigan Community Rehabilitation Organization Set-Aside contracts
- Any occupation funded or contracted specifically to serve individuals with disabilities

MRS Counselor Documentation of CIE
MRS counselors are responsible for certifying that employment meets the defined criteria of CIE at:

1. IPE Development - MRS counselor signature on an IPE, or IPE plan amendment, certifies that the identified employment goal is expected to result in a CIE outcome.

2. Placement - MRS counselor entry of attained employment position on the *Aware*

Employment page certifies determination that the position meets the definition of CIE.

3. Case Record Closure - MRS counselor entry of attained employment position on the *Aware* Case Closure page certifies determination that the position meets the definition of CIE.

Entry-Level or Unskilled Employment Positions

MRS counselors document, prior to support of an IPE employment goal or obtainment of an entry-level or unskilled employment position, that:

- Customer is only capable of performing entry-level or unskilled employment positions based on comprehensive needs assessment; or
- Customer, through counselor facilitated informed choice, selects an employment goal or outcome in an entry-level or unskilled employment position.

Career Advancement and/or Advanced Training

MRS counselors document exploration of employment goals that involve preparing customers for high demand careers in today's 21st century economy. Advanced training in a field of science, technology, engineering, mathematics (including computer science), medicine, law, or business are to be considered along with other advanced training options identified through labor market analysis.

Career advancement and/or advanced training, may also be considered as a part of the IPE when documentation shows that the current employment is not consistent with the customer's vocational potential based on unique strengths, resources, priorities, concerns, abilities and capabilities.

Local Labor Market Information

MRS staff document local labor market information to support the identified employment goal or outcome. Labor market information alone cannot be used to rule out a job goal.
Example: A customer may be willing to relocate to a job market where the particular job is available or may be entering e-commerce where the market is more open than limitations identified in the labor market information.

Student Considerations – Career Pathways

MRS counselor documents if the customer is a student in high school who has not yet determined a specific employment goal.

A Career Pathway employment goal, as outlined in RSM 6760-Student and Youth with Disabilities, may be established until the student completes secondary education or identifies a

CIE goal.

Estimated Cost of Employment Goal or Outcome

MRS may not deny an employment goal or outcome based on estimated cost.

Non-Competitive Integrated Employment Goal and Outcome

MRS staff proceed with case closure in alignment with *RSM 7000 Vocational Rehabilitation Case Record Closure* if a customer elects to pursue an employment goal or outcome within a non-competitive integrated employment setting.

5050: Individualized Plan for Employment

Policy

The Individualized Plan for Employment (IPE) shall be a written document prepared on a form approved by Michigan Rehabilitation Services (MRS). It shall be developed so that it affords the eligible individual meaningful opportunity to exercise informed choice in the selection of the employment goal, the specific vocational rehabilitation services required to achieve the employment goal, the entities that will provide services, and the methods of service provision. The IPE shall be signed by the individual or, as appropriate, the individual's representative and by a qualified MRS rehabilitation counselor. Planning and approval of the IPE shall be conducted within the framework of a counseling relationship. Counselor approval of an IPE verifies that the IPE is consistent with MRS policies and guidelines, is complete and is expected to lead to an employment outcome.

Procedures

The IPE shall be designed to achieve the employment goal of the individual. It shall include the following:

- A specific employment goal in an integrated setting.
- The employment goal shall be consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice.
- Services necessary to achieve the employment goal. Planning for services to address serious limitations shall be consistent with the third component of eligibility that requires services to achieve an employment outcome (see RSM 3100 – Eligibility Criteria) The IPE shall, therefore, include treatment, supports or other interventions that address substantial barriers to employment by ameliorating, reducing or removing serious limitations in one or more of the functional capacity areas.
- These services shall be provided in integrated settings, to the maximum extent possible and appropriate. As needed, they shall include assistive technology devices; assistive technology services; personal assistance services and training in managing, supervising and directing personal assistance services.
    - An expected and timely beginning date for each service, and as appropriate, an ending date or event for the service.
    - Identification of the service providers and their responsibilities.
    - The extent of MRS participation and the participation of the individual in the cost of services.
- The IPE shall be completed promptly, but in no more than 90 days following eligibility certification, unless the counselor and eligible individual agree to the extension of that deadline to a specific date by which the individualized plan for employment must be completed.

- In the event that more than 90 days are required, the Plan Development Extension (PDE) page in *Aware* shall be completed providing the reason for extension and activities or services planned to complete the IPE. The Plan Extension Date shall be agreed to by both counselor and eligible individual, and shall be a date that reflects the time needed to complete the activities identified in the PDE without imposing an unnecessary delay in the provision of services. While delaying the development of the IPE is permissible when circumstances warrant, doing so should be the exception to the rule rather than a common practice with customers. *Note: Completing the Plan Development Extension page places the case in Eligibility-E status.* When Plan Development Extension is warranted, it must be completed on or before the 90th day after Eligibility Determination. Completing the Plan Development Extension page extends the Activity Due to 14 days before the completion date selected on the Plan Development Extension page. Failure to complete the Plan Development Extension page in *Aware* by the 90th day will result in the need to complete a case note, and the inability to eliminate the Activity Due until IPE completion.
- Notice of Plan Development Extension letter in *Aware* shall be forwarded to the customer specifying the activities or services planned to complete the IPE and the date in which the activities or services shall be completed before the IPE can be developed.
- If, because of exceptional and unforeseen circumstances the Plan Development Extension expires without the development of an IPE, manager consultation and written approval is required before a second Plan Development Extension may be executed. If it is determined a second Plan Development Extension is warranted, the Plan Development Extension shall be completed in *Aware*. The Notice of Plan Development Extension letter in *Aware* shall be forwarded to the customer specifying the activities or services planned to complete the IPE and the date in which the activities or services shall be completed before the IPE can be developed.

- For students in the K-12 educational system who are eligible for MRS services, the IPE shall be developed and completed before the student leaves the school setting. An agreed upon delay in developing an IPE is not an option for eligible transition students if the delay in development extends beyond the student's exit from school.
- The only exception to this practice is when a student is referred to MRS too late in the final semester to allow for a timely determination of MRS eligibility prior to the student leaving the school setting. In this instance, the counselor shall apply timeliness standards for IPE development as noted in general 90-day requirement procedures.
- A Career Pathway, as identified by the Michigan Department of Education, Office of Career and Technical Education, may be used as an employment goal for transition students until the student completes secondary education. After the individual leaves the K-12 system the IPE shall be amended as soon as feasible to reflect a more specific employment goal to provide planned direction before additional training or placement activity proceeds. A Career Pathway shall not be used as an employment outcome at

closure.

- The Individualized Education Program (IEP), for students receiving special education services, shall be considered while developing the Individualized Plan for Employment (IPE). The student's IPE shall be coordinated with the goals, objectives, and services in the IEP. Coordination of the IPE with a student's Individualized Education Program is demonstrated by identifying the IEP services in the IPE or by attaching a copy of the IEP to the individual's IPE. As long as the student remains in school, a copy of the Individualized Plan for Employment may be provided to the educational entity.
- Whenever Supported Employment (SE) funds are used, the Supported Employment checkbox on the Plan page in *Aware* must be checked. SE funds shall be used only for individuals identified as Most Significantly Disabled.
- A copy of the IPE shall be provided promptly to the individual and, as appropriate, to the individual's representative. It shall be provided in the individual's native language or in an appropriate mode of communication for the individual.

For eligible transition students whose IPE is developed nearing school exit, the counselor must ensure that the IPE is entered into *Aware* prior to the date the student leaves the school setting. The IPE shall be recorded on a blank *Aware* Plan data page. If a blank *Aware* Plan data page is not used, form MRS-2915s may be used. No other forms are sanctioned by MRS. When an MRS-2915s is used to secure the individual's signature, an IPE must be replicated in *Aware* by recording the information on a blank *Aware* Plan data page.

The start date of the IPE is the date the counselor approves and signs the IPE. The start date shall be entered on the IPE in *Aware* no more than 7 days after the IPE has been signed by the counselor, the individual or the individual's representative.

Information

The IPE is developed between MRS and the eligible individual. It is a statement of intent and is not legally binding. If a case is transferred between counselors, the IPE is to be honored by the receiving counselor unless the vocational goal, services or time frames are ambiguous or no longer appropriate.

The IPE letter in the *Aware* Letters catalog may be used as the cover letter to help the counselor obtain the individual's signature on the IPE.

5075: Supported Employment

Policy

Supported Employment means competitive integrated employment, including customized employment, with extended services for individuals with the most significant disabilities, including youth with the most significant disabilities, consistent with their unique strengths, abilities, interests, and informed choice.

Individuals appropriate to receive Supported Employment services are those:

1. For whom competitive integrated employment has not occurred or for whom competitive integrated employment has been interrupted or intermittent as a result of a most significant disability.

2. Who, because of the nature and severity of their disabilities, need intensive Supported Employment services and extended services to maintain their employment.
    - The source of extended services or a description of the basis for concluding that there is a reasonable expectation that those sources will become available must be obtained prior to IPE.

3. Who may need a customized employment opportunity that matches the specific abilities of the individual with a most significant disability and meets the business needs of an employer. Flexible strategies may include customizing a job description, developing a set of job duties, work schedule or other negotiated items.

4. Who may need temporary placement in an integrated work setting in which an individual with a most significant disability is working on a short-term basis toward competitive integrated employment.

Procedures

Referral and Eligibility Determination Considerations (see RSM 3000 - Referrals for more information)

1. Referrals for Supported Employment shall be generated through community partners such as local Community Mental Health Services Providers (CMHSP), school districts and other traditional referral sources, or shall be identified as Supported Employment candidates as a part of vocational services through MRS.

2. To be considered for Supported Employment services an eligible customer must meet

disability priority of most significantly disabled.

Vocational Needs Assessment Considerations (see *RSM 3275 - Vocational Needs Assessment*, for more information)

1. Rationale for Supported Employment is based on a comprehensive assessment of rehabilitation needs and an evaluation of rehabilitation, career and job needs. The rehabilitation counselor must document the rationale for Supported Employment services including but not limited to:
   - Information obtained during the vocational needs assessment shall be utilized to identify the rationale for Supported Employment services.
   - Referral information shall be utilized to assess vocational needs and identify the rationale for Supported Employment services.
   - A trial work experience may be provided to assess vocational needs and identify the rationale for Supported Employment services.

2. Use of customized employment services:
   - An assessment of vocational needs should consider the potential necessity for customized employment options when more intensive interventions are needed to identify, obtain, or maintain employment.
   - Supported self-employment is a customized employment strategy that may be used to assist individuals with the most significant disabilities in developing a business of their own. If an individual chooses supported self-employment as a type of employment service and the counselor agrees, the services would follow small business policy (*RSM 5200 - Self-Employment and Small Business*). The rehabilitation counselor would need to identify a reasonable expectation of the availability of extended services specific to a Supported Employment business job goal.

Individualized Plan for Employment (IPE) Development Considerations (see *RSM - 5050 Individualized Plan for Employment*, for more information)

Specific to Supported Employment, the IPE must contain:

1. All specified Supported Employment services to be provided by MRS.

2. The source of extended services or include a description of the basis for concluding that there is a reasonable expectation that those sources will become available.
   - The source of extended services or a description of the basis for concluding that there is a reasonable expectation that those sources will become available must be obtained prior to IPE.

3. Expected extended services needed, which shall be natural supports; employer supports; or other appropriate supports.

4. Details for periodic monitoring to ensure that the individual is making satisfactory progress toward meeting the weekly work requirement established in the IPE prior to beginning extended services.

5. Coordination of services with other agencies; i.e., local school transition plan including Individualized Education Plan (IEP), or Community Mental Health Service Provider (CMHSP) including Person Centered Plan (PCP).

6. A Competitive Integrated Employment goal for the maximum number of hours possible based on the unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of individuals with the most significant disabilities; and

7. All Supported Employment IPEs must be consistent with *RSM 5050 - Individualized Plan for Employment.*

IPE Service Considerations (see *RSM 6000 - Services*, for more information)

1. Use of Fund Sources
    - Non - Supported Employment fund sources including general, Interagency Cash Transfer Agreement (ICTA) and other specific fund sources shall be used by MRS to fund services provided prior to the establishment of employment; i.e., prior and during application, eligibility determination, vocational needs assessment/IPE planning services, and all services leading to employment.
    - Designated Supported Employment funds shall only be used to support and maintain an individual in employment (if there are no Supported Employment funds available then other funding sources may be utilized), from the start date of employment (this is the date of the start of employment and is not related to the stable-date) through the transfer to the extended services provider until case closure. These funds shall be directed to services such as:
        a. The provision of job coaches or employment specialists who accompany the individual for intensive job skills training at the worksite and/or facilitate natural/employer supports at the worksite;
        b. On-going services to reinforce or stabilize the placement; including, but not limited to regular contact with the individual, employer, family or guardian, and any other relevant professionals.
        c. Extended services for youth with disabilities; and
        d. Provision of any appropriate VR service during employment.

2. Supported Employment services provided by MRS are not to extend beyond 24 months from the begin date of the IPE, unless, under special circumstances, the individual and counselor agree to extend the time in order to achieve the rehabilitation objectives identified in the Supported Employment IPE.

3. In limited circumstances, an additional 6 months may be added to a trial work experience in order to fully assess Supported Employment needs. (For more information on trial work experience, see RSM 3175 - Trial Work Experience.)

4. On-going support services shall be provided from the time of job placement until transition to extended services, and thereafter by one or more extended services provider. They shall also be provided as a part of post-employment services if required after transition to the extended services provider.
   See the Information Section for definition of on-going support services and extended services.

5. At a minimum, on-going support services shall be assessed twice monthly to determine employment stability.

6. The scope of VR services for Supported Employment customers extends to all MRS services necessary to achieve the employment goal as identified in an approved IPE, provided the customer is in employed status.

Extended Services (these are supported employment services to maintain employment beyond the employment stability date)

Extended services are ongoing support services and other appropriate services, needed to support and maintain an individual with a most significant disability in Supported Employment, that are:

- Based on the needs of an eligible individual, as specified in an individualized plan for employment.
- Provided by, but are not limited to, other State agencies, private pay, community grants, private agencies, social security work incentives, natural supports, employer supports, or any other appropriate resource, to assist a customer in maintaining Supported Employment after transition of support has been made from MRS.
  - Exemption for Youth with disabilities:
  - If there is not an available resource for the provision of extended services, MRS shall be the provider of extended services and utilize Supported Employment funds for eligible youth with disabilities for a period not to exceed four years, or at such time that a youth reaches age 25(see definition in the Information Section).
  - For youth with disabilities who still require extended services after they can no longer receive them from MRS, another source of extended services shall be identified to ensure there will be no interruption of services.

Employment Considerations in Supported Employment

1. Competitive Integrated Supported Employment is considered achieved when the:

a. Position is performed on a full-time or part-time basis.
b. Position compensates the individual at or above Michigan's minimum wage, but not less than the customary wage paid for similar work.
c. Level of benefits offered is the same for similar work performed by individuals who are not disabled.
d. Level of interaction with others (customers, vendors and co-workers) is the same as non-disabled persons within that individual's entire worksite and work unit; and
e. Opportunities for advancement are similar to those for non-disabled individuals who have similar positions.

2. The customer is considered to have achieved stabilization when the counselor, with input from the job coach/employment specialist, employer and individual, confirms that the initial intensive services identified on the IPE have resulted in:

a. The individual demonstrating acceptable job performance; and
b. A reasonable expectation that satisfactory job performance will be maintained with the individual based on ongoing support services being provided.

3. MRS Supported Employment services commence for a period not to exceed 24 months or until stability of employment is achieved, at which time the customer is transferred to the extended service provider as identified in the IPE. If there is justification for the period of service to exceed the recommended 24 months, to achieve stability in employment, an amended IPE shall be completed.

Documentation of the achievement of employment stabilization marks the readiness for transfer to extended services. Once the case is transferred to the extended service provider (or if retained as a VR case in the case of youth), the 90-day period of employment follow along is initiated.

Stabilization may be documented in several ways including but not limited to:

- Reports provided from job coaches/placement service providers,
- Employer follow up, and
- Counselor conducted follow along/observation.

Short-Term Employment

Supported Employment is defined as competitive integrated employment. Development towards an employment outcome of Supported Employment may consist of temporary placement of employment in an integrated work setting in which an individual with a most significant disability is working on a short-term basis toward competitive integrated employment.

Short-term basis within Supported Employment is defined as:

a. An individual with a most significant disability, whose Supported Employment in an integrated setting does not satisfy the criteria of competitive integrated employment.

b. The customer is considered to be working on a short-term basis toward competitive integrated employment so long as the individual can reasonably anticipate achieving competitive integrated employment-
   i. Within six months of achieving a Supported Employment outcome; or,
   ii. 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.

c. The six-month short-term basis period, and the additional six months that may be available in limited circumstances, begins after an individual has completed up to 24 months of Supported Employment services (unless a longer period of time is necessary based upon the individual's needs). The six-month short-term period begins when the individual enters into an integrated, non-competitive position.

Extended Employment

Extended employment means work in a non-integrated or sheltered setting for a public or private nonprofit agency or organization that provides compensation in accordance with the Fair Labor Standards Act. Extended employment programs have traditionally served as a safety net for individuals with most significant disabilities who cannot perform work in an integrated setting in the community or who choose to work only among their disabled peers.

An individual with a disability may pursue any form of employment he or she chooses. However, if the individual wishes to receive vocational rehabilitation services, he or she must intend to achieve an ''employment outcome,'' in competitive integrated employment or Supported Employment. If the individual chooses to pursue work that does not satisfy the definition of competitive integrated employment, such as sheltered employment, the individual must seek services from another agency or provider.

Counselors are not to use VR or Supported Employment funds to establish extended employment options for customers. For individuals who were referred to and were accepted into Extended Employment options, their case is to be closed in *Aware* using the reason "Placed into Extended Employment". The MRS counselor shall:

- Conduct semi-annual reviews and reevaluate the status of MRS customer for two years after

the individual's case is closed (and annually thereafter) to determine the interests, priorities, and needs of the individual with respect to competitive integrated employment or training for competitive integrated employment (see RSM 7250 – Annual Review of Case Closed in Extended Employment in Community Rehabilitation Program);

- Enable the individual or, if appropriate, the individual's representative to provide input into the review and reevaluation and document that input in the review process;
- Make maximum efforts, including identifying and providing vocational rehabilitation services, reasonable accommodations, and other necessary support services, to assist the individual in engaging in competitive integrated employment.

Closure Considerations (see RSM Item 7075, Rehabilitated Case Closure, for more information)

1. A counselor shall pursue a Supported Employment rehabilitated case closure upon satisfactory completion of 90 days of stabilized extended services.
    a. Prior to a rehabilitated closure of a Supported Employment case, the individual must have completed Supported Employment services, which shall be received for up to 24 months, or longer if the counselor and the individual have determined that such services are needed to support and maintain the individual in Supported Employment.
    b. The individual has transitioned to an extended services provider or, for a Supported Employment youth case who does not qualify for extended services with another provider, MRS will continue as the extended services provider per the youth exception described above.
    c. The individual has maintained employment and achieved stability in the work setting for a minimum of 90 days after transitioning to extended services; and
    d. The employment shall be individualized and customized consistent with the strengths, abilities, interests, and informed choice of the individual.

*The Information Section details specific scenarios for case closure.

2. The elements listed below must be in the "Justification for Closure" of *Aware* closure page:
    1. The employment placement is in a competitive integrated employment and the individual is employed on a full-time or part-time basis;
    2. The level of interaction with others (customers, vendors and co-workers) is the same as for non-disabled persons within the individual's entire worksite and the work unit; and
    3. The individual is compensated at or above the minimum wage, but not less than the customary wage; the individual's benefits are paid by the employer and are for the same or similar work performed by individuals who are not disabled.

3. A counselor shall pursue a non-rehabilitated case closure when, during the IPE case services or employment follow along period, the customer is not able to achieve stability of employment.

Post-employment Service Considerations (see *RSM 7175 - Post Employment Services*, for more information)

1. Post-employment services may be provided to individuals who achieved an employment outcome to assist the individual to maintain, regain or advance in employment while maintaining the follow along through the extended services provider.
2. Post-employment services will often enable the individual to preserve his or her employment.
3. A post-employment services plan shall be developed to provide services.

Information

Youth with a Disability - Age 14 through 24.

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; and 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, 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.

On-going support services are:

- Needed to support and maintain an individual a most significant disability, including a youth with a most significant disability, in Supported Employment;
- Identified on the IPE based on the individual's need.
- Includes 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.
    - Off-site monitoring conducted twice monthly, due to specific circumstances or at the request of 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 work site.
- Job development and training.
- Social skills training.
- Regular observation or supervision of the individual.
- Follow-up services including regular contact with the employers, the individuals, the parents, family members, guardians, advocates or authorized representatives of the individuals, and other suitable professional and informed advisors, in order to reinforce and stabilize the job placement;
- Facilitation of natural supports at the worksite.
- Any other service identified in the scope of vocational rehabilitation services for individuals.
- Any service similar to the foregoing services.

Extended Services - Ongoing support services and other appropriate services, needed to support and maintain an individual with a most significant disability in Supported Employment, that are:

- Provided singly or in combination and are organized and made available in such a way as to assist an eligible individual in maintaining Supported Employment;

- Based on a determination of the needs of an eligible individual, as specified in an individualized plan for employment; and

- Provided by a State agency, a nonprofit private organization, employer, or any other appropriate resource, after an individual has made the transition from support provided by MRS.

Extended employment means work in a non-integrated or sheltered setting for a public or private nonprofit agency or organization that provides compensation in accordance with the Fair Labor Standards Act.

Supported Employment is paid work in competitive integrated employment settings that offers ongoing support services for individuals with the most significant disabilities, including youth with the most significant disabilities. The employment outcome is attained by providing intensive service and is maintained through the provision of extended support services (follow-along) which is provided by another community agency (other than MRS), such as a Community Mental Health Service Provider (CMHSP). The level of employment participation shall be full- or part-time based on the needs of the individual. Job goals selected are consistent with the individual's strengths, interests, aptitudes, abilities, priorities and capabilities. The intent of this model is to make competitive integrated, community-based employment available to individuals who might otherwise be unable to achieve competitive integrated employment.

The potential to benefit from Supported Employment or customized employment should be

specifically considered when assessing the employability of individuals with the most significant disabilities who have never worked before and need intensive support or have previously been unable to perform competitive integrated employment. MRS, by federal regulation, has an on-going responsibility to search for extended service providers for eligible but unserved individuals in order to maximize the numbers of individuals receiving Supported Employment and customized employment services.

Job skills training and other training shall not be needed for all individuals in Supported Employment and customized employment. If needed, it should be furnished by the most appropriate means for the individual, including training provided by skilled job coaches or employment specialists, or other qualified individuals including co-workers or through natural supports.

Natural supports means utilizing the natural work environment for support through social integration; i.e., connecting individuals with others in the work setting in ways that will be self-sustaining for the individual. The concept requires analyzing the social interactive systems within the work setting and culture and then, seeking, supporting and facilitating methods that would assist the individual in becoming a member of that culture. The goal is for the individual to belong socially and, as a result, receive assistance naturally in completing tasks and solving problems.

Provision of job coaching as a service does not automatically denote Supported Employment, unless other elements of Supported Employment noted above are also present specifically the need for extended support services.

When purchasing job coaching services, counselors should consider the individual's qualifications to provide this service; for example, does the individual have the requisite training and skills, is the individual covered by liability insurance through either a third party or if self-employed through personal insurance and does the provider have expertise to effectively work with specific disability populations such as individuals with autism.

Scenarios for Case Closure

Scenario #1: For an individual with a most significant disability, including a youth with a most significant disability, who has achieved an employment outcome in Supported Employment in competitive integrated employment, the service record is closed at the time the individual:

1. Achieves the employment outcome.
2. Satisfies the requirements for case closure; and
3. Is not receiving extended services or any other vocational rehabilitation service provided by the VR agency with funds under title I or the Supported Employment program.

Scenario #2: For an individual with a most significant disability, including a youth with a most significant disability who is working toward competitive integrated employment on a short-

term basis and is receiving extended services from funds other than those allotted under the Supported Employment program, the service record is closed when the individual:

1. Achieves competitive integrated employment within the short-term basis period established; and
2. Satisfies the requirements for case closure; and
3. Is no longer receiving vocational rehabilitation services provided by the VR agency.

If an individual does not achieve competitive integrated employment within the short-term basis period, the service record will be closed.

Scenario #3: For a youth with a most significant disability who is receiving extended services provided by the VR agency from funds under the Supported Employment program or the VR program, the service record will be closed when the youth:

1. Achieves an employment outcome in Supported Employment in competitive integrated employment without entering the short-term basis period; and
2. Is no longer eligible to receive extended services provided by the VR agency with funds allotted under the Supported Employment program or the VR program because the individual:
    - No longer meets age requirements established in the definition of a youth with a disability; or
    - Has received extended services for a period of four years; or
    - Has transitioned to extended services provided with funds other than those allotted under the Supported Employment program or the VR program prior to meeting the age or time restrictions; and
3. Satisfies the requirements for case closure; and
4. Is no longer receiving any other vocational rehabilitation service from the VR agency provided with VR program funds.

Scenario #4: For a youth with a most significant disability who is working toward competitive integrated employment on a short-term basis, the service record will be closed when the individual:

1. Achieves competitive integrated employment within the short-term basis period; and
2. Is no longer eligible to receive extended services provided by the VR agency with funds allotted under the Supported Employment program or the VR program because;
    - The individual no longer meets age requirements established in the definition of a youth with a disability; or
    - Has received extended services for a period of four years; or
    - Has transitioned to extended services provided with funds other than those allotted under the VR or Supported Employment programs prior to meeting the age or time restrictions; and
3. Satisfies the requirements for case closure.

If a youth does not achieve competitive integrated employment within the short-term basis period, the service record will be closed.

5100: Comparable Benefits

Policy

Comparable benefits and services available in whole or part from other programs for the services listed in the individual's IPE shall be used before the services are authorized by Michigan Rehabilitation Services (MRS) unless this would result in an interruption or delay of the progress of the individual toward achieving the employment outcome identified in the IPE; delay in services for an individual at extreme medical risk or when an immediate job placement would be lost due to a delay in the provision of needed services.

Procedures

Extreme medical risk shall be based on medical evidence provided by an appropriate medical professional documenting the individual would experience a substantial increase in functional impairment or risk death if medical services are delayed.
If comparable services identified in the IPE or benefits exist under any other program, but are not available to the individual at the time needed, services shall be provided until those comparable services and benefits become available.

The following services shall be exempt from a determination of the availability of comparable benefits and services:

- assessment for determining eligibility, priority for services, or rehabilitation needs.
- vocational rehabilitation counseling, guidance and referral services.
- vocational and other training services, such as personal and vocational adjustment services, books, tools, and other training material not associated with training in an institute of higher education, which are defined as colleges and universities, community and junior colleges, vocational and technical schools or institutes, and hospital schools of nursing
- placement services
- rehabilitation technology services including vehicle modifications, and
- merit awards and scholarships.

The same services shall be exempted from the comparable benefit and services requirement when provided during post-employment and when providing services to family members. Case service funds shall not be spent on goods and services which are clearly the responsibility of another agency. It is the intent of the Rehabilitation Act that public entities such as Education, Medicaid/Medicare, public welfare (TANF, Work First!) which are obligated under Federal or State law to provide or pay for services that are also considered vocational rehabilitation services should meet that obligation either directly or through interagency agreement.

Support services such as maintenance, transportation, interpreter, and personal assistance services may not be provided by MRS unless a determination has been made that comparable services and benefits under any other program are unavailable.

Information

Comparable services and benefits are those benefits or services that are: 1) paid for, in whole or in part, by another Federal, State or local public agency or an employee benefit; 2) available at the time the individual needs them; 3) comparable to services available through MRS.

Consideration of available comparable benefits and services is an essential part of the individual's needs assessment and IPE development. Individuals should be provided a clear understanding of what services are to be obtained from other sources such as their insurance provider, college financial aid resources, or other state and/or federal agencies as noted above, and what their responsibilities are in securing these services. The IPE should take into consideration the time frames required for securing comparable benefits and services, such as those required for securing medical benefits under Medicaid. Vendors who are providers for Medicaid/Medicare or other insurance(s), should be asked to process their charges to the insurance first before billing MRS for any costs which may not be covered by insurance. Although counselors may pay the individual's portion (20%) of a covered Medicare Part B service if no other resources are available, they may not contribute to services covered by Medicaid, or to the individual's spend down requirement.

If utilization of comparable benefits and services are not clearly established in the development of the IPE, MRS cannot, at a later date, require the individual to utilize comparable benefits if it will then delay or interrupt their established time frame within the IPE.

"Immediate job placement" means confirmed and verified employment, consistent with the individual's employment factors, which would be lost if MRS services were delayed due to a search for comparable benefits and services.

Comparable benefits and services are generally considered to be readily available when they are available within six months of the time planned in the IPE.

5125: Financial Participation

Policy

Eligible individuals shall be encouraged to participate in the cost of the services listed in their IPE to the extent they are able to do so.

5150: Individualized Plan for Employment Amendment

Policy

An Individualized Plan for Employment (IPE) amendment shall be developed when, as a result of the annual review or at any other time, the IPE needs to be revised. An IPE Amendment shall not take effect until agreed to and signed by the Michigan Rehabilitation Services (MRS) counselor and the individual or, as appropriate, the individual's representative. A copy of the amendment shall be provided to the individual and as appropriate, to the individual's representative.

Procedures

An IPE amendment (new Plan in *Aware*) is required in any of the following circumstances:

1. Change in an IPE employment goal or outcome. An IPE Amendment is required when the Job Title described in the *Aware* Employment record is not within the same job group as the IPE employment goal(s) described in the IPE. When the Employment Goal(s) in the existing IPE and the Job title in the Employment record are within the same job group in *Aware*, they are considered to match, and an IPE amendment is not required. A job group is defined as an OES Job Title Category or as a "minor occupational group" in the Standard Occupational Classification (SOC) System.

2. Addition or removal of a substantial service. A service that costs MRS $1000 or more meets the definition of a substantial service, regardless of how it is authorized. However, a service costing less than $1000 may also be considered a substantial service based on the discretion of the counselor.

3. A substantial change in the service provider. A change in a service provider that results in an increase in service costs to MRS, a longer period of time to complete, or a significant change in outcome is considered substantial.

4. A substantial lengthening of time required to achieve an employment outcome. A substantial lengthening of time is defined as a lengthening of the IPE completion date by more than six months.

5. A substantial increase in total estimated service costs to MRS beyond those noted in the current IPE. A substantial increase is defined as an increase of more than $2000 beyond the previous total estimated cost.

Changes to the IPE, as agreed to by the individual and counselor, shall be recorded in *Aware* or on MRS Form RA-2915s . Use of the RA-2915s must be supplemented by recording the IPE

Amendment in *Aware*.

Information

An IPE amendment may also be warranted when a substantial comparable benefit is added or removed, such as the addition or removal of mental health treatment services provided by another agency or organization.

Amending an IPE actually requires the counselor to create a new IPE in *Aware*. The counselor should refer to the *Aware* training manual for more information.

5175: Annual Review of the Individualized Plan for Employment

Policy

Each IPE shall be reviewed annually by any qualified rehabilitation counselor to assess the individual's progress in achieving the employment goal. At this time the individual shall be provided an opportunity to review the program and jointly redevelop and agree to its terms.

Procedures

The results of the annual review documenting the individual's progress shall be noted in the case record.

The Notice to Client Regarding Annual Program Review located in the *Aware* letters catalog, may be sent to offer clients an opportunity for a formal review of their IPE. If clients do not respond within 30 calendar days by scheduling an appointment, it can be assumed they are satisfied with their IPE as originally written. The counselor is responsible for completing the Plan Review documentation in *Aware*. *Aware* will alert counselors to client IPE annual review dates one month before they are due.

Information

"Any qualified rehabilitation counselor" means a rehabilitation counselor who meets the requirements for national rehabilitation counselor certification (CRC). It is not required that this counselor be an employee of Michigan Rehabilitation Services (MRS). If a plan amendment is developed, it must be approved by the MRS counselor.

5200: Self-Employment and Small Business

Policy

Self-employment, including small business, may be considered as a vocational option for eligible individuals if:

- it reflects the individual's informed choice.
- is consistent with the individual's strengths, resources, priorities, concerns, interests, abilities and capabilities, including appropriate accommodations.

Procedures

Self-employment plans shall be supported, at least in part, by resources beyond MRS, and make appropriate use of available community benefits and resources.

All self-employment plans that involve starting a business venture shall have a viable Business Plan prior to the approval of the Individualized Plan for Employment.

Small business enterprises may be supported by Michigan Rehabilitation Services (MRS) as part of an IPE if they:

- comply with all relevant state, federal and local laws and regulations.
- are owned and operated by the individual being served by MRS.
- are organized as a "for profit", as appropriate.
- do not involve speculative activities (i.e., pyramid ventures).
- are designed to become a major source of income for the individual to the greatest extent practical.

A case closed successfully in any form of self-employment shall reflect income and other criteria described in the Business Plan or the IPE.

Because business enterprise plans require extensive development activities, the period of time required to develop an IPE will often exceed the standard 90-day time frame. Closure of business enterprise and other self-employment cases must be considered on an individual basis, consistent with the criteria for successful employment established in the IPE, and is likely to exceed the minimum 90 day follow-up period required for all successful closure.
Information

Services in support of self-employment, including small business, may include technical assistance and other consultation services to conduct market analyses and develop business plans, as well as other services necessary, including but not limited to training, restoration, occupational licenses, association fees, tools, equipment, initial stocks and supplies, and assistive technology.

Self-employment is a broad category for various options. It may include self-employed tradesmen, professionals, contractual service or technical workers, as well as various forms of small or micro business enterprise. Generally, self-employment is defined as: "The consumer owns, manages and operates the planned endeavor for profit or fee and is not considered to be an employee of another person, business, or organization."
Business enterprise, as a type of self-employment, may be supported by MRS if it falls into one of the following sub-categories:

- Micro enterprise – a proprietorship that usually consists of only the owner, has difficulty securing loans from traditional lending sources, and generally requires a modest initial investment of funds.
- Small business – Independently owned and operated and not dominant in its field.
- Telecommuting: "commuting via electronic transmission from a geographically disperse location where an individual can work at home on a computer and transmit data and documents via telephone lines and is not employed by any other entity." (*Note: Telecommuting may also be other than self-employment.*)

Assistance with business enterprise development should include coordination of all possible resources including local and statewide partners/providers, businesses, institutions of higher education, family members, banks, and micro-enterprise lenders. Technical assistance for business planning and financial support may be purchased or acquired at no cost from local providers. Judgment must be exercised in using informed choice principles to enable consumers to select provider(s) who have demonstrated performance and best meet the needs of the individual consumer at the least expense to MRS. Contributions by the individual may include non-financial resources.

A primary role of the rehabilitation counselor is to assist the individual with a plan for business enterprise to obtain support and information for assessment, planning, and implementation of the business plan. This should include the identification and acquisition of resources to support the plan. Each district office has a small business champion who is responsible for providing current and more detailed guidance for small business development, especially identification of pertinent resources and service providers.

5225: Termination of Services

Policy

Individuals shall be notified in writing 10 working days prior to the termination reduction or suspension of a Michigan Rehabilitation Services (MRS) authorized service. They shall have the right to appeal, including mediation of the termination, reduction or suspension and request that the service continue pending the outcome of the appeal. Services being provided in assessment, plan development or under an IPE shall continue during the appeal process unless the individual or the individual's representative requests termination of services, or MRS has evidence that the service has been obtained through misrepresentation, fraud, collusion, or criminal conduct on the part of the individual or individual's representative. The notification of appeal rights shall include the process for requesting mediation and includes the availability of the Client Assistance Program to assist with an appeal.

6000: Service Categories and General Documentation Requirements

Purpose

In accordance with state and federal regulations, this policy and procedure lists types of services that Michigan Rehabilitation Services (MRS) may deliver, who may provide services and documentation requirements.

Policy

MRS delivers services to determine program eligibility, establish vocational need and as identified in either the Individualized Plan for Employment (IPE) or the Pre-Employment Transition Services (Pre-ETS) Agreement.

Individualized services are delivered by MRS staff, coordinated through comparable benefits/service providers, and/or purchased from vendors.

Procedures

MRS service policies in this section of the manual are based on the following approved categories:

1. Assessment for determining eligibility and priority for services.
2. Determination of vocational rehabilitation need.
3. Vocational rehabilitation counseling and guidance, including information and support services to assist a customer exercising informed choice.
4. Referral to secure needed services from other agencies, including other components of the statewide workforce development system.
5. Physical and mental restoration services.
6. Vocational and other training services, including personal and vocational adjustment training, advanced training in, but not limited to, a field of science, technology, engineering, mathematics (including computer science), medicine, law, or business; books, tools, and other training materials.
7. Maintenance, for additional costs, in excess of normal costs, incurred while participating in an assessment for determining eligibility and vocational rehabilitation needs or while receiving services under an IPE or Pre-ETS Agreement.
8. Transportation in connection with the provision of any vocational rehabilitation service.
9. Vocational rehabilitation services to family members of an applicant or eligible customer if necessary, to enable the customer to achieve an employment outcome.
10. Interpreter services, including sign language and oral interpreter services.

11. Job-related services, including job search and placement assistance, job retention services, follow-up services, and follow-along services.
12. Supported employment services.
13. Personal assistance services.
14. Post-employment services.
15. Occupational licenses, tools, equipment, and initial supplies.
16. Rehabilitation technology services, including vehicular modification, telecommunications, sensory, and other technological aids/devices.
17. Transition services for students and youth with disabilities, that facilitate the transition from school to postsecondary life, such as achievement of an employment outcome in competitive integrated employment, or Pre-ETS for students.
18. Technical assistance and/or consultation services to conduct market analyses, develop business plans, and otherwise provide resources to customers who are pursuing self-employment, telecommuting, or establishing a small business operation as an employment outcome.
19. Customized employment services.
20. Other goods and services determined necessary for a customer to achieve an employment outcome.

***Aware* Case Status for Service Delivery**

MRS staff deliver services in alignment with the following *Aware* case status and in accordance with associated Rehabilitation Services Manual (RSM) policies:

Prior to Application (PTA) status:

- Services identified in a Pre-ETS Agreement

VR - Application status:

- Services to determine eligibility
- Services to complete a Trial Work Experience (TWE)
- Services identified in a Pre-ETS Agreement

VR - Eligible status:

- Services to assess vocational rehabilitation need
- Services to complete a TWE
- Services to aid customer in development of an IPE
- Services identified in a Pre-ETS Agreement

VR - Service or Employed status:

- Services identified in the IPE
- Services to complete a TWE
- Services to reassess vocational rehabilitation need

VR- Post-Employment status:

- Services identified in a Post-Employment plan

Service Delivery Documentation Requirements

MRS staff use the *Aware* – Actual Service page to document services provided by MRS staff, comparable benefits, or administrative activities.

1. Actual Service entries consists of either:
   - Services provided directly by MRS staff, summarizing the activity for each occurrence.
   - Services identified in the IPE and provided by a comparable benefit provider at no cost to MRS, summarizing either the completion of the service or an update and expected continuation. A summary and expected continuation must be entered minimally once per quarter.

2. Administrative Notes consist of all documentation other than an actual service as indicated above.

Note: Documentation guidelines for Actual Service are provided in MRS 6000a Data Dictionary-Actual Service.

Amending Actual Service

Aware actual service entries may not be amended once entered.
MRS staff report to their manager if an entry is made in error. MRS manager is to contact *Aware* support desk for possible corrective actions.

6025: Accommodations

Policy

Accommodations shall be provided as needed during the rehabilitation process to enable applicants or eligible individuals to perform tasks or behaviors required for their rehabilitation program. Michigan Rehabilitation Services (MRS) shall not provide accommodations that are the legal responsibility of a third party under the ADA, Section 504 of the Rehabilitation Act or any other law.

Procedures

Counselors may provide accommodation services directly (e.g., designing and installing a color-coding system for a client whom does not read). They may work collaboratively with other professionals (e.g., working with a psychologist to design memory cues for a client with limited short-term memory). Counselors can also purchase or arrange accommodation services (e.g., purchasing a work site evaluation and equipment modifications from an occupational therapist).

Examples of accommodation services that support job development and placement include:

- Services needed to enable the client to participate in an initial employment interview.
- Personal equipment and, as needed, training in the use of the equipment.
- On-the-job evaluation or training, or job coaching required to enable the client to perform the job if these services are not provided by the employer for all employees in the job category.
- Modified tools and equipment and, as appropriate, training in their use when the employer requires that all employees provide their own tools.
- Interpreter services during the initial adjustment period on the job; and
- That portion of the cost of accommodation services which would constitute an undue hardship for the employer.

Employers and institutions are responsible for accommodation services that provide for physical accessibility (e.g., ramps, doorways, parking spaces), become the property of the organization (e.g., a built-in desk and bookcase), are needed by consumers of their services and the general public, modify equipment provided for all employees (e.g., if all employees are provided with a computer, the employer would be responsible for providing the same equipment for a worker who is handicapped), or used by other workers as well as the employee who has a disability (e.g., a copy machine with modified dials used by all staff).

Federal regulations mandate that equipment or modifications purchased by MRS are the

property of the client. When providing accommodation equipment that will be used at the work site, the fact of client ownership should be established with the employer.
Most community colleges receive monies under the Carl Perkins Vocational Education Act to fund supplementary services used in the classroom for vocational education students and have access to these funds for interpreters, note takers, tutors, etc.
If it is necessary to purchase accommodation services to ensure client access to training or employment opportunities, or to avoid delays in IPE services, consultation with the district manager is advised before purchasing the service to ensure consistency of response to the community and customers.

The use of a rehabilitation engineer may be indicated when the problem can best be addressed by the application of engineering methodologies and scientific principles to modify or eliminate physical barriers to rehabilitation. Rehabilitation engineers may provide a continuum of prescriptive services ranging from design decisions on how to raise a desk to accommodate a wheelchair to the design and fabrication of a specialized computer keyboard. While possession of a bachelor's degree in engineering is usually recognized as a minimum requirement for entry in the field of engineering, the engineer's practical experience should also be assessed.

Information

The Department of Treasury, Bureau of Revenue provides information on state income tax benefits for employers who provide accommodations. They can be reached at 517-373-3196. Employers may also call 1-800-424-1040 for information on federal tax benefits (Section 190 of the U.S. Tax Code).

6050: Acupuncture and Alternative Therapies

Information

Acupuncture, and other forms of "alternative" treatment may represent an appropriate physical restoration service to reduce or eliminate functional limitations and impediments to employment.

Acupuncture, acupressure, aroma therapy, chiropractic, herbal remedies, homeopathy, and hypnosis are the most popular of the alternative treatment approaches for a variety of physical and mental conditions.

The appropriateness of purchasing alternative therapies lies with the counselor's assessment of the potential for improving employability. Medical or psychological consultation and/or a second qualified opinion may assist the counselor in considering the merits of requests to provide alternative therapies.

Acupuncture is the practice of inserting very thin sterile needles into specific parts of the body to stimulate circulation, healing, improved immune functioning, or relief of pain. Acupuncture is also used in the treatment of behavioral conditions such as substance abuse, overeating, and nicotine addiction. Acupuncture needles may or may not be electrically stimulated or manually manipulated after insertion, depending on the practitioner or the condition being treated.

In Michigan, acupuncture is defined as the practice of medicine and may be performed only by physicians or acupuncturists who are supervised by a physician. Because of the potential for serious reactions to acupuncture treatment, it is safest for acupuncture to be performed by physicians or in medical settings.

Purchase of acupuncture services may be appropriate when recommended by a physician or other qualified individual to eliminate or substantially reduce functional impediments to employment, especially if traditional treatment methods have failed. It is best to provide acupuncture treatment only after the client has been evaluated and a treatment plan has been formulated. It would not be appropriate generally to purchase acupuncture services when treatment is elective or when requested because it is not provided by the client's health insurance provider.

6075: Assistive Listening Devices

Policy

Assistive listening devices may be purchased when required to achieve an IPE employment goal. Assistive Listening Devices shall be recommended by an audiologist or other vendor experienced with assistive listening equipment.

Procedures

If a permanent installation is required, it is federally required that assistive listening devices be installed only in buildings owned by the client. If the equipment is portable and used solely for the benefit of the client, the device is considered personal equipment and may be purchased for the client.

Information

Assistive listening devices use specialized microphones, transmitters, and receivers to amplify speech and reduce background noise in group settings such as theaters, lecture halls, and meeting rooms. Most assistive listening devices can be used without a hearing aid or connected to hearing aids that have a tele-coil. They will not benefit individuals who have no functional hearing.

Four primary types of assistive listening devices are currently on the market:

- Personal amplified systems which are used for one-on-one conversations and TV listening.
- Induction loop transmitters which often use an existing sound system and transmit sound to a loop worn around the user's neck.
- FM transmitters which use radio waves to transmit from the speaker to one or more listeners; and
- Infrared transmitters which transmit sounds by invisible light beams from the speaker to the listener.

The induction loop and infrared devices require installation. These systems can be installed permanently or can be set up and taken down after each use.

6100: Cochlear Implants

Procedures

To meet state and federal regulations and professional standards for the provision of cochlear implants, there should be a medical statement that, based on an examination, there is no medical contraindication to implantation or training; a prescription by an otologist or otolaryngologist; a second opinion, by an otologist or otolaryngologist (from a different setting or clinic) confirming the prescription; and a statement from an audiologist indicating that the client cannot achieve functional hearing from a hearing aid or other means of amplification and supporting the use of the implant.

Information

A cochlear implant consists of components which are surgically implanted in the inner ear (the electrode array) and in the mastoid bone behind the ear (the receiver/stimulator), and worn externally (a speech processor and a microphone/transmitter).

In general, individuals who have lost their hearing after acquiring normal speech and language (post-lingual loss) are the most successful candidates for cochlear implantation. Individuals who have been completely deaf for a short period of time tend to adjust better to the implant than those who have experienced a long-term loss.

The Food and Drug Administration list the following criteria for patient selection:

- A profound sensorineural loss bilaterally.
- Post-lingual deafness.
- Psychologically and motivationally suitable for the surgery and training.
- Radiographic evidence that there is no contraindication to placement of the electrodes in the cochlea or to the placement of the receiver/stimulator in the mastoid.
- Little or no benefit from hearing aids.
- No contraindication, based on medical examination, to surgery or training; and
- A positive response to electrical stimulation of the oval window (promontory).
- When considering a cochlear implant, adults should be counseled as to the lengthy adjustment period required.

Following surgery, performed under general anesthesia, there is a period of post-operative testing and adjustment, followed by 10-22 weeks of training. Post-surgical training is an essential element in the effective use of a cochlear implant since the individual must be trained to interpret the sounds produced by the device. Thereafter, most programs provide regularly scheduled rechecks.
Clients should be provided with information and/or counseling to assure realistic expectations regarding risks and outcomes of implantation.

6125: Counseling and Guidance

Policy

Counseling and Guidance may be provided either as a primary or as a support service to achieve an IPE objective. Counseling may also be provided to support personal, social or vocational adjustment by providing it directly, arranging for it or purchasing the service.

Information

Provided by Michigan Rehabilitation Services (MRS) Personnel

Counseling and Guidance are considered essential rehabilitation services leading to employment provided directly by the counselor throughout the course of vocational rehabilitation. (See *RSM 2025 Rehabilitation and Counseling* for a description of professional counseling services provided by qualified MRS counselors)

Purchased from other Providers

When counseling or psychotherapy services outside the scope of practice or skill level of the counselor are required, they may be arranged or purchased from qualified service providers for a limited period of time. The following are guidelines in selecting qualified providers.

Professional Counselors, Psychologists, Marriage and Family Counselor

Who are selected to provide counseling, psychotherapy, or personal and work adjustment counseling are required to be licensed by the State of Michigan. Certified Social Workers must be registered by the state. Limited license practitioners may be utilized. Psychotherapy, counseling and therapy are generic terms and may be provided by any of the professionals identified in this paragraph.

Mental Health Counselors or Work Adjustment Specialists

Who are part of a nationally accredited mental health or rehabilitation facility, or who are individually certified meet provider standards.

Substance Abuse Treatment

Providers or counselors who work in a substance abuse agency licensed by the Department of Licensing & Regulatory Affairs, Health Facilities Division, are covered by the agency's license, or they may be individually licensed as providers by the Department of Licensing & Regulatory Affairs, Professional Licensing Division. Psychologists and physicians may provide substance

abuse treatment without certification by The Health Facilities Division. Professional Counselors and/or Social Workers may provide substance abuse counseling as part of their practice as long as they do not call themselves substance abuse treatment specialists or providers. The Department of Licensing & Regulatory Affairs, Professional Licensing Division can be contacted at 517-241-1970 for information on licensed CSAS providers.

Debt Management Counseling

Firms must be licensed by the Department of Insurance and Financial Regulations; however individual debt management counselors who do not handle customer's funds need not be licensed. The Department of Insurance and Financial Regulations can be contacted at 877-999-6442 or by going to http://www.michigan.gov/difs/ for more information.

Peer Counselors (as distinguished from other peer support personnel)

Meet provider standards when they work for a recognized Center for Independent Living, a nationally accredited rehabilitation or mental health organization, a nationally or locally recognized disability organization (e.g., United Cerebral Palsy, Epilepsy Center of Michigan), or are individually licensed as counselors.

6150: Dental Treatment

Policy

Dental restoration services may be authorized only for dental impairments which create a substantial impediment to employment, for which no other community benefits or services are available, and which are required to obtain or maintain an IPE employment goal.

Procedures

Dental restoration shall be prescribed by a licensed dentist.

Written price quotations shall be obtained.

Information

Dental impairments which create a substantial impediment to employment generally fall into two categories:

1. Those where disease or injury of the teeth and gums create chronic pain and a threat to the individual's health so that steady employment is precluded, and

2. Those dental conditions which are primarily structural and cause problems of speech which interfere with job performance.

6175: Employment Follow-up

Policy

Employment follow-up shall be provided to address any accommodation or adjustment needs, and to ensure a successful employment outcome. The counselor and client and, as appropriate, the employer shall determine the most suitable method of employment follow-up.

Procedures

Employment follow-up may be provided directly; arranged through another individual or agency involved with the client such as a job coach, rehabilitation organization, or placement agency; or purchased.

If employment follow-up services are purchased, a written agreement shall specify the following:

- The type of contact (e.g., by telephone, in person, in a group)
- The location of the follow-up (e.g., on the job, after hours)
- Frequency and duration of the contact and method of reporting; and
- The fee to be paid

When follow-up services have been arranged or purchased, at least one follow-up contact shall be completed with the client prior to case closure to ensure that employment is suitable and that there are no unresolved issues that would interfere with continued successful employment.

The date the federally required 90-day minimum follow-up period begins is the date employment begins. If the client changes jobs during the follow-up period, a new 90-day follow-up period shall begin to ensure the suitability of employment and satisfactory job performance on the new job before case closure.

For individuals employed at intake and provided services to maintain employment, the 90-day follow-up period begins when services have been completed. The purpose of follow-up in these cases is to ensure that the services have adequately and appropriately addressed the client's accommodation (or other) need(s), employment is satisfactory, and that no further services are needed to maintain employment.

While 90 days is the minimum period of employment follow-up required, the counselor and client shall consider whether a longer period of follow-up is needed to achieve satisfactory job performance and ensure job retention.

For employment follow-up procedures of SSDI beneficiaries or SSI recipients, see *RSM 8100*

Social Security Recipients Reimbursement Reporting Requirements.

Before purchasing employment follow-up services, it shall be determined whether these services are already included in fees paid for placement, job club, supported employment, or accommodation services.

Information

In addition to employment follow-up, counselors may provide, arrange, or purchase services which support employment retention, including individual and group counseling, peer support groups, and employment retention groups offered by Centers for Independent Living, community rehabilitation programs and other community agencies.

A number of proprietary companies assist clients in documenting work incentives and managing the monthly reporting. Their fees are typically included in the charges made to the plan to achieve self-support or impairment related work expenses. Care should be taken to ensure that the client understands the financial impact of these fees. In some instances, fees may be so high that the client gains little by working.

6200: Equipment and Tools

Policy

Equipment and tools may be purchased to achieve an Individualized Plan for Employment (IPE) employment outcome.

Procedures

The availability of comparable benefits shall be explored and documented in determining the need to purchase equipment or tools.

When needed for training or employment, counselors shall evaluate the responsibility of the employer or training institution to provide the equipment or tools requested (see *RSM 6025 Accommodations*). If routinely provided to other trainees or employees, the responsibility for provision of equipment or tools rests with the training institution or employer unless exempted by procedures described in *RSM 5100 Comparable Benefits*.

Information

Equipment and occupational tools are defined as tangible property of a more or less permanent nature. Examples include tools, equipment required for employment, machinery, computers, telecommunication devices, hand controls, mobility devices, etc.

Individuals seeking to return equipment purchased by Michigan Rehabilitation Services (MRS) are to be advised to donate the equipment to the charitable organization of their choosing to avoid any potential MRS liability for the proper tracking, storage or disposition of equipment recovered.

MRS will pursue legal action if a customer is suspected of securing equipment from MRS under false pretenses.

6225: Hearing Aid Policy

Purpose

In accordance with State and Federal regulations, this policy establishes guidelines for the provision of hearing aid(s).

Policy

Hearing aid(s) may be authorized when part of an Individualized Plan for Employment (IPE) or when needed for completion of a Trial Work Experience (TWE).

Procedures

1. Determination of Vocational Need for Hearing Aid(s)

Michigan Rehabilitation Services (MRS) staff, consistent with the *RSM 3275 - Vocational Needs Assessment*, document the customer's need for hearing aid(s).

The Workplace Assessment for Individuals with Hearing Loss, MRS-67-DODHH, form and/or the McCarthy-Alpiner Scale, MRS-60, may be used to assist in documentation of this step.

2. Required Evaluations

MRS staff document receipt of medical concurrence and audiology exam 6 months prior to authorization for a hearing aid.

Medical Concurrence is an examination by an Ear, Nose, and Throat (ENT) or medical physician (in alignment with RSM 9050 - Service Provider Standards) indicating the hearing loss is not due to a temporary, or correctable physical condition and there are no contraindicators to hearing aid candidacy. Medical concurrence is waived if customer already utilizes hearing aid(s).

Note: A correctable physical condition for hearing loss may be determined by an ENT. Examples may include wax blockage, infection, surgical procedures or other recommendations by the ENT.

The form Physician Recommendation for Hearing Aid(s), MRS-61, may be used to document this step.

Audiology Exam is an examination provided directly or approved by a certified audiologist that identifies the level of hearing loss and recommended accommodation. The vendor who performs the audiology exam may also provide a bid for the recommended hearing aid(s).

The Audiology Referral Form - MRS-62, may be used to document this step.

3. Pricing and Competitive Bid Requirements

MRS contribution to the purchase of hearing aid(s) is limited to meeting the vocational rehabilitation need of the customer at least cost to the bureau.

Bids may be obtained from hearing aid providers registered under the Department of Licensing and Regulatory Affairs (LARA) in alignment with RSM 9050 - Service Provider Standards.

MRS staff follow *RSM 9300-Competitive Bids and Price Quotations* to obtain three competitive price quotations for hearing aid(s) that cost $3000 and above.

Whether monaural or binaural aid(s) are recommended, the total cost of the hearing aid service represents the purchase of the hearing aid(s) and any additional fees necessary for the vendor to complete delivery including but not limited to receiving/initial fitting of the hearing aid(s), adjustments and final conformity check.

> *Example:*
>
> *Customer A requires binaural hearing aids that cost $2,500 each. The vendor charges $100 for a fitting and conformity check. This would be a $5,100 service and requires two additional competitive bids.*
>
> *Customer B requires a monaural hearing aid that costs $2,500 and also charges $100 for a fitting and conformity check. This would be a $2,600 service and not require additional competitive bids.*

The form Competitive Price Quotation on Hearing Instruments -MRS-63 may be used to document price comparisons.

MRS is not permitted to purchase additional warranty or maintenance programs beyond a provided manufacture warranty.

MRS is federally prohibited from providing hearing aids that are classified as unproven/experimental treatment.

4. Exploration of Financial Participation

MRS staff document the exploration of customer financial participation in alignment with RSM-5125 Financial Participation.

The customer reserves the right to:

- Purchase additional warranty or maintenance coverage beyond the provided manufacture warranty.
- Select more expensive hearing aid(s). Customer is responsible for paying the difference in cost from the amount of the bureau approved hearing aid(s).

5. Exploration of Comparable Benefits

MRS staff document the exploration of comparable benefits in alignment with *RSM 5100 Comparable Benefits* including customer insurance.

6. Authorization Process for Hearing Aid(s)

MRS staff authorize for hearing aid(s) in alignment with Section IX Fiscal Process of the RSM policy.

7. Conformity Check and Follow Along

MRS staff obtain the following verification of hearing aid(s) conformity and follow along:

- MRS staff, prior to payment of the hearing aid authorization, obtain Audiologist Conformity Evaluation - MRS-68 to verify that that hearing aid(s) are functioning appropriately.
- MRS staff document follow along for 90 days upon receipt of the hearing aids. Documentation is to conclude that the hearing aid(s) are effective in mitigation and/or removal of the hearing loss. The form Hearing Aid 90-Day Follow Up - (MRS-69) is required to document the follow up.

If the counselor is not able to conclude that the hearing aid(s) meet the vocational need of the customer, the audiologist is consulted for additional recommendations.

MRS staff, during the conformity evaluation and follow along, document need and evaluation of appropriateness for alternative sound amplification devices beyond the purchase of hearing aid(s).

> *Example: Captioned phones, CART services, workstation adjustments, hearing aid sound amplification devices, etc. may be beneficial based on an individual's work environment and hearing needs. For additional accommodation considerations reference RSM 6025 Accommodations.*

6250: Experimental or Unproven Treatment

Procedures

Experimental treatment may be provided under limited circumstances to achieve an IPE employment goal. Michigan Rehabilitation Services (MRS) is federally prohibited from providing unproven treatment.

Experimental treatment may be provided if it meets the following criteria:

- It is conducted in a medical facility or university center with recognized protocols and adequate follow-up.
- It is the only treatment option available to the client which may reduce a substantial vocational impediment(s) to employment.
- The counselor has advised the client to discuss related risks and benefits with the physician.

Information

Unproven treatment is that which has never been tested or has been tested and shown to be fallacious (i.e., the drug Laetrile) or ineffective.

Experimental treatment is typically described as treatment for which efficacy has not yet been proven and is still under research with experimental protocols. Experimental treatment is rarely covered by Medicaid or Medicare. Patients are usually advised by their treating practitioners when a procedure is considered experimental. Classification of treatment modalities change over time; therefore, treatment classified as experimental today may be classified as standard in the future. The referring practitioner, district a medical consultant, or other related specialist should be consulted to determine whether a recommended treatment is experimental.

The requirement that experimental treatment be provided by medical facilities or university centers with recognized protocols is a quality control measure. Generally such facilities are recognized as having appropriate research controls and follow-up. Commercial health insurance companies may pay for experimental treatment conducted in these settings.

6275: Home Modifications

Policy

Home modifications may be authorized or arranged as part of an IPE to enable an eligible individual to train for, obtain or maintain an employment outcome.

Procedures

An evaluation and prescription, or written recommendation, by an occupational or physical therapist, physiatrist, licensed building contractor, or rehabilitation engineer shall be obtained before authorizing for home modifications.

A quotation shall include a statement of the length of time required to complete the modifications and a statement that the vendor will be responsible for assuring conformity to all applicable building codes and zoning ordinances.

It is federally required that the home be owned by the client or the client's family, for structural changes to be made.

Home modifications shall not be purchased when the primary purpose is independent living or self-care.

Information

When considering home modifications, a comprehensive assessment of vocational, mobility, endurance, and other related issues will contribute to functional, cost-effective planning. For example, a change from a manual to an electric wheelchair may necessitate wider door openings and more room for turning space.

State and federal accessibility standards do not apply to single-family (State of Michigan's R-4 category) or duplex (State of Michigan's R-3 category) residential units. However, the Barrier Free Design provisions of the State Construction Code and the Americans with Disabilities Act Accessibility Guidelines may provide helpful guidelines for ramps, doorways, grab bars, etc.

6300: Independent Living Services

Policy

Independent living services may be provided when necessary to achieve a vocational rehabilitation goal.

Information

Independent living services include, for example:

- Case assessment
- Home evaluation/consultation
- Transportation
- Interpreter services for the deaf
- Language interpreter services/translation
- Independent living skills instructions (individual or group)
- Peer consultation
- Personal care attendance screening and referral
- Personal care attendant service
- Structure/site modification
-

Centers for Independent Living are one source of providing these services.

A listing of web sites for Michigan's Center for Independent Living facilities is available on the Disability Resources link at the Michigan Rehabilitation Services' (MRS) public web site at www.michigan.gov/mrs.

6325: Interpreter Services

Policy

Michigan Rehabilitation Services (MRS) shall provide interpreter services for individuals who are deaf, hard of hearing, or who do not speak or understand English and require this service to participate throughout the rehabilitation process, except when it is the legal responsibility of another entity.

Provision of interpreter services for people who are deaf or hard of hearing shall be effective in meeting customer needs in accordance with the provisions outlined in the Deaf Persons' Interpreters Act.

The goal of effective communication is to ensure that communication with people with disabilities is equally effective as communication with people without disabilities.

Procedures

From initial contact throughout the rehabilitation process the counselor shall engage the individual in determining his or her preferred mode of communication apprising them of their right to have a qualified interpreter present at meetings. The key to determining effective communication is to consider the nature, length, complexity and context of the communication along with individual's preferred mode of communication. This should be an interactive process between the individual and the counselor.

MRS staff with sign language skills communicating with customers does not constitute provision of a qualified interpreter service. Counselors may choose to arrange for a qualified interpreter in providing counseling or vocational information. Conversely, an individual at any time during the counseling relationship and throughout the rehabilitation process may request to have a qualified interpreter provided. This request shall be honored.

Should a qualified interpreter be needed, MRS shall make a reasonable and timely effort to secure an interpreter which includes checking the availability of interpreters who work for other agencies or freelance. All requests for an interpreter and subsequent efforts to provide one shall be documented. Counselors shall allow at least 10 to 14 days to arrange for interpreter services.

When arranging for an interpreter, the referral source shall be provided with information regarding the nature of the assignment, date, time, address, and the communication mode preferred by the individual (sign language, oral, tactile). Because of the mental and physical fatigue brought on by the continuous interpreting process, it may be necessary to provide two

or more interpreters and/or recess periods for assignments extending more than 2 hours. Since the background, education, language levels, and communication methods of customers who rely on manual communication or oral interpretation vary, the interpreter shall be carefully matched to the individual's communication mode. Agencies that provide interpreter services in a region generally strive to match the interpreter with the known communication method of the customer. While some individuals who rely on manual communication or oral interpreting may be able to communicate by writing or lip reading for short periods of time and in low stress situations, interpreters shall be provided for more formal or demanding situations such as for vocational counseling, throughout a training program, during the initial training on the job, etc., unless the individual requests that an interpreter not be provided.

A professional interpreter will ensure a more impartial, professional and confidential interpretation. A customer may choose to have a family member, close friend or associate present, but this person should not substitute for a qualified interpreter. The Counselor has a responsibility to ensure that MRS is provided accurate information from the customer's perspective and that MRS information is conveyed accurately. A qualified interpreter should be utilized for this purpose.

If a qualified interpreter cannot be obtained within a reasonable time frame, a waiver, as specified by the Department of Civil Rights, must be completed by the agency and the customer and retained in the case file.

If MRS makes every effort to hire a qualified interpreter and is unable to do so, this should be clearly documented in the case file. If the customer is offered a less qualified interpreter or some other accommodation, and they agree to this variance from law, a Partial Waiver should be completed and retained in the case file. A Partial Waiver is available by linking to Department of Civil Rights website:
http://www.michigan.gov/documents/mdcr/Limited_Waiver-Final-3-31-16_519673_7.pdf

If a customer waives the right to a qualified interpreter after being offered an interpreter by MRS, a Full Waiver should be completed. A Full Waiver is available by linking to Department of Civil Rights website: http://www.michigan.gov/documents/mdcr/FullWaiver-Final-3-31-16-_519606_7.pdf

Foreign Language Interpreters

If a language interpreter is needed for a non-English speaking individual, care shall be taken to find an interpreter appropriately matched to the individual's needs, since the dialect, education and language level of the individual can vary.

The International Institute 313-871-8600 may be able to assist in locating an appropriate foreign language interpreter. The Arab Community Center for Economic and Social Services (ACCESS) can help identify interpreters for individuals who speak Arabic languages 313-842-

7010 and 313-945-8380.

Information

Qualified Interpreter

The Michigan law and rules define the minimum qualifications an interpreter must have to be considered qualified in a particular setting. The Division on Deaf, DeafBlind and Hard of Hearing (DODDBHH) maintains an online interpreter directory on their website at http://www.michigan.gov/doddbhh (Found in the "For Interpreters" section). The interpreter will hold a credentialing card issued through the DODDBHH. For most MRS purposes, a Standard Level 2 is the minimum credential required. An additional endorsement is required for legal, medical and mental health settings.

Waivers & Variances

The Division on Deaf, DeafBlind and Hard of Hearing may be contacted for additional guidance related to any exceptions in providing a qualified interpreter.

The link, http://www.michigan.gov/mdcr/0,4613,7-138-28545---,00.html provides answers to frequently asked questions in the area of Exceptions, Waivers and Variances.

Settings in which a Standard Level 2 Interpreter is Required

Standard level 2 involves moderately complex situations with medium-high risk. Qualified interpreters may interpret when topics relate to government, employment, or finance.

Examples include:

- All Level 1 settings
- IEP (Individualized Education Program) Meetings
- Meetings
- Interviews
- Job Training
- Employment Grievances/Discipline
- Staff Meetings
- Political Events
- Finance
- Government Meetings
- Public Personalities
- Plays, Concerts, TV News
- Tax Assessment Meetings/Appeals
- Applications for State/Federal Services

- Video Remote Interpreting (VRI) as appropriate to this level
- Addiction Treatment
- DeafBlind (in appropriate settings)

Definitions of an Interpreter from the Deaf Persons' Interpreter Act

Intermediary interpreter or *deaf interpreter* means any person, including any deaf or deaf-blind person, who is able to assist in providing an accurate interpretation between spoken English and sign language or between variants of sign language by acting as an intermediary between a deaf or deaf-blind person and a qualified interpreter.

Qualified interpreter means a person who is certified through the national registry of interpreters for the deaf or certified through the state by the division.

Qualified oral interpreter means a qualified interpreter who is able to convey information through facial and lip movement.

Qualified sign language interpreter means a qualified interpreter who uses sign language to convey information.

Additional Information

Michigan Department of Civil Rights, Division on Deaf and Hard of Hearing Qualified Interpreter – General Rules: http://www.michigan.gov/documents/mdcr/2007-047_General_Interpreter_Rules_5-16_submitted_FINAL__528688_7.pdf

6350: Maintenance

Policy

Maintenance services may be provided only for additional costs, over and above normal living expenses, which individuals incur because of their participation in assessment or IPE services.

Procedures

The amount reimbursed to state employees for traveling on Michigan Rehabilitation Services (MRS) business, as published in the Standardized Travel Regulations or its annual update, is used as the basis for determining maximum maintenance amounts. The per diem rate is used, if computed on a whole-day basis.

After clients begin employment, maintenance may be provided only until clients receive their first full pay check.

Mortgage payments represent purchase of property and, therefore, are federally prohibited from being authorized.

Counselors shall ensure that the provision of maintenance services does not jeopardize assistance the client may be receiving from other sources, such as Supplemental Security Income (SSI) or other welfare benefits.

Information

The following are examples from Federal Regulations of expenses that would meet the definition of maintenance. The examples are purely illustrative, do not address all possible circumstances, and are not intended to substitute for individual counselor judgment.
The cost of a uniform or other suitable clothing that is required for job placement or job seeking activities.

The cost of short-term shelter that is required in order for an individual to participate in vocational training at a site that is not within commuting distance of the individual's home.
The initial one-time costs, such as a security deposit or charges for the initiation of utilities, that are required in order for an individual to relocate for a job placement.

6375: Native American Healers

Policy

Native American Healers may legally be used for a client who is a member of a recognized tribal group for services such as the treatment of substance abuse, mental illness, chronic pain, and chronic physical illness.

Procedures

Native healers are identified through tribal councils or through health or rehabilitation professionals who are Native American and involved in the client's rehabilitation program. Use of a Native American healer may be part of a comprehensive plan that makes provisions for on-going treatment and follow-up. Native American healers are used as an adjunct to, not in lieu of, recommended medical treatment. If monetary payment to the Native American healer is not appropriate, a direct payment may be authorized to the client for the purchase of goods traditionally presented to the healer as a part of the healing ceremony (e.g., blankets, food).

Information

The following Michigan tribal groups are federally recognized - Bay Mills Indian Community of the Sault Ste. Marie Band of Chippewa Indians, Bay Mills Reservation, Michigan; Chippewa Indians of Michigan, Saginaw Chippewa Indian Tribe of Michigan, Isabella Reservation, and Sault Ste. Marie Tribe of Chippewa Indians of Michigan; Grand Traverse Band of Ottawa and Chippewa Indians of Michigan; Hannahville Potawatomi Community of Michigan; Keweenaw Bay Indian Community of Michigan, and Lac Vieux Desert Band of Lake Superior.

Tribal councils and individual Native Americans will express widely divergent views on the use of Native American healers, ranging from endorsement of healers and other traditional ceremonies, to those who have embraced alternative religious values and ceremonies. It is important to provide the range of rehabilitation services in the context of a knowledge and appreciation of the client's cultural values. An understanding of the client's values and cultural views will be an important first step. Use of tribal council members and Native American-operated social service programs will often be helpful.

6400: Other Goods and Services

Policy

Other goods and services may be authorized or arranged when required to achieve an IPE employment outcome.

Information

Examples of "other goods and services" include:

- Payment of union dues, medical insurance, initiation fees, or the cost of a bond, when necessary for the client to obtain employment.
- Legal services necessary to achieve an IPE objective except that fines, debts and/or bail expenses should not be authorized.
- Warning devices for the deaf.
- Clothing appropriate for interviewing with potential employers at job fairs, business advisory groups, etc.
- Training in self-care, self-care services and equipment when needed for a client to achieve an IPE employment outcome.

6425: Personal Assistance Services

Policy

As a federally defined support service, personal assistance services may only be provided in support of one or more required IPE services leading to employment, or in support of a trial work experience.

Procedures

Only personal assistance services required to support specific trial work experiences or IPE services may be purchased.

The IPE must specify how the individual will sustain personal assistance services once employment is attained, whether through the individual's earnings, Social Security work incentives, or through comparable benefits and services.

Selection and Training Considerations

The individual and counselor shall assess the scope and type of personal assistance services needed to support an employment related service, as well as the individual's readiness to manage personal assistants. Employers may need to be included to assess the assistance needs with respect to accomplishing essential job functions. Employers have responsibility for providing personal assistance services under the ADA when needed as a job accommodation, but not for self-care functions such as eating, dressing or toileting.

Use of Comparable Benefits and Services

Comparable benefits such as Health Insurance, Auto No-Fault Insurance, special Medicaid programs and PASREP shall be explored and used to the extent they are available before authorizing for personal assistance services. The following is an elaboration of many comparable benefits:

- Medicaid
  Personal attendant care services are not covered under regular Medicaid. They are also not covered under the Freedom to Work Medicaid program. Medicaid coverage of personal care services are available under two different programs sponsored by the Department of Community Health.
- The Home Help Program provides unskilled personal care services. These services can be arranged by the beneficiary's Department of Human Services adult services worker or can be prescribed by a physician. They are home-based services such as laundry,

housekeeping, and other personal care tasks. These services are generally only available to assist the beneficiary at home.

- Home and Community Based Services Waiver (MI Choice Waiver) covers services to individuals with disabilities who, without the provision of waiver services, would require nursing facility care. The Department of Community Health administers the waiver through contracts with organized health care delivery systems in the community. These services are generally only available to persons to assist them at home.

Auto No-Fault

Individuals receiving Auto No-Fault insurance are served by the Disability Management Program. However, general program counselors may have a dual case with such individuals. Auto No-Fault insurance may be a source of personal assistance services. Call the consumer Assistance Section of the Office of Finance and Insurance Services at 1-877-999-6442 for information or assistance with program resolution. The web site is www.michigan.gov/lara/0,1607,7-154-10555---,00.html

PASREP

The Personal Assistance Services Reimbursement for Employment Program (PASREP) is funded through a Michigan state appropriations line item in the Michigan Department of Labor and Economic Growth budget. This program is targeted to a narrow set of working people with very severe disabilities whose earnings were not initially sufficient to pay for the costs of the Personal Assistance Services they require in order to work. Established in 1985, the PASREP program serves around 36 people statewide. Over the years, few people leave and few come into the program. There is generally a waiting list. The maximum a person can be reimbursed is $1,000 a month with the average reimbursement being $856 a month.
Persons in the program must work more than part time and pay the remainder of the cost for personal assistance services out of their own pocket. To apply, individuals need to contact their local Center for Independent Living or the Ann Arbor Center for Independent Living at 734-971-0277. More information about PASREP may be found at the web site http://www.pasrep.org/.

Community Living Supports

Community living supports are used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of his goals of community inclusion and participation. These supports can be provided in the home or in a community setting. These services are available to persons covered under the Community Mental Health Services Program (CMHSP). While these services are available outside the home, they do not supplant Home Help services. Individuals and their case managers must request Home Help services before Community Living Supports assistance can be authorized.

- **Social Security Work Incentives**

Social Security work incentives are not federally defined as comparable benefits, but their use can significantly benefit the individual. Specific personal services can be deducted from earnings as an impairment-related work expense (IRWE). This will reduce the amount of earnings SSA uses as countable earnings to demonstrate performance of SGA. This benefits individuals by allowing them to earn more income before it affects their benefits. The following qualify as IRWE exclusion:

- Performed in the work setting.
- Performed to help individual prepare for work, the trip to and from work, and after work, for example bathing, dressing, cooking, and eating.
- Services that incidentally also benefit individual's family, for example meals shared by individual and individual's family.
- Services performed by individual's family member for a cash fee where he/she suffers an economic loss by reducing or ending his/her work in order to help individual. This includes individual's spouse reducing work hours to help individual get ready for work.

Individuals receiving SSDI may be able to write a Plan to Achieve Self Support (PASS) in order to become eligible for SSI and the Medicaid benefit.

- **Paying for Personal Assistance Services**

The individual with a disability and counselor should work collaboratively to identify sources of comparable benefits and plan for ongoing personal assistance services after case closure. Counselors may need to take an active role in helping individuals locate sources of funding for

- **Personal Assistance Services**

There are several options available when paying for personal assistance services. In choosing an option, the individual and counselor shall consider issues such as the extent to which the payment option permits the individual to direct and manage the personal assistant. Issues of flexibility, the amount of record keeping required and liability shall also be considered. Payment options include individuals selecting and paying the personal assistant(s) directly; using his or her own funds, or funds from another source such as Michigan Rehabilitation Services (MRS); or utilizing a third party organization which specializes in delivering personal assistance and related services.

Counselors shall not authorize directly to an individual who will perform personal assistance services for an individual as it will result in MRS being liable for Worker's Compensation, taxes, etc.

The counselor and the individual with a disability should not assume that third-party

organizations providing personal assistance services have Worker's Compensation Insurance coverage. The individual and the counselor should ask to see a copy of the certificate of coverage.

- **Customers as Employers**

Individuals who pay a personal assistant directly are considered employers regardless of the source of the funds.

Counselors shall discuss the individual's obligations as an employer and, in collaboration with the individual, arrange for training or other assistance as needed. Counselors should not calculate the individual's tax liabilities or prepare tax forms related to the individual's use of personal assistance services. (See RSM 9075 for information on use of Independent Contractors.)

- **Personal Assistance After Case Closure**

MRS may not provide personal assistance services after case closure. The individual and the counselor shall work collaboratively to identify sources of comparable benefits and plan for ongoing personal assistance services after case closure. Counselors may need to take an active role in helping individuals become eligible for personal assistance services through Medicaid, as applicable. Additional information about Personal Assistance Services can be obtained at: http://www.pasrep.org/.

Information

Personal Assistance Services are federally defined as “a range of services provided by one or more persons designed to assist individual with a disability to perform daily living activities on or off the job that the individual would typically perform without assistance if the individual did not have a disability. The services must be designed to increase the individual’s control in life and ability to perform every day activities on or off the job. The services must be necessary to the achievement of an employment outcome and may be provided only while the individual is receiving other vocational rehabilitation services. The services may include training in managing, supervising, and directing personal assistance services.”

Examples of PAS that may be needed to facilitate other IPE services are assistance with toileting, dressing, meal preparation, eating, housekeeping, shopping, or laundry, or at the job site to accomplish such tasks as transporting, toileting, eating, positioning, etc. Personal assistance services may also be used to help an individual accomplish cognitive and affective activities. Examples of cognitive applications include assistance with time management, scheduling, learning travel routes and creating job aids to remember certain tasks.

6450: Job Placement

Policy

Job placement services may be provided directly, arranged, or purchased. Counselors shall ensure that clients are job ready and prepared to participate in job seeking activities when obtaining employment is part of an IPE.

Procedures

Job seeking skills preparation includes teaching clients job-seeking techniques and preparing them to complete applications and interview successfully. Appropriate dress and behavior may need to be reviewed. Clients shall also be assisted in developing positive responses to questions about their work history, education, ability to perform the job and needed accommodation(s).

In the context of the Americans with Disabilities Act (ADA) and the Michigan Disability Civil Rights Act (PA-220), the following steps shall be taken to prepare clients for job interviews:

- The client and counselor shall define mutual roles and responsibilities. If the counselor will intervene with the employer on behalf of the client, the information that will be disclosed to the employer, and the reason why shall be discussed with the client. If the counselor anticipates disclosing more than information regarding the client's ability to perform the job, the informed, written consent of the client shall be obtained. Generally, however, copies of medical, psychological or evaluation records are not given to employers, even with the client's permission, since under ADA these records cannot be used in applicant selection or included in the client's personnel file.
- When employment accommodations are anticipated, the client shall be provided an orientation to both laws either verbally, via videotape, or through written materials. A discussion of the client's responsibility to provide the employer with a written request stating the need for accommodation "within 182 days after the date the handicapper knew or reasonably should have known that an accommodation was needed" (P.A. 220, Section 210 (18)) shall be discussed. This notice may be filed at the time of application or hire.
- Clients shall be prepared to describe not only their skills and abilities, but how they could perform the job with or without needed accommodation. If clients will be interviewing independently, they should be able to describe the role the Michigan Rehabilitation Services (MRS) counselor might play in planning and/or providing accommodation services.

Clients shall not be referred to jobs where they may present a direct threat to the health or safety of others. Some behavior or other functional limitations associated with the client’s

disability may be demonstrated by a loss of consciousness which cannot be anticipated (as a result of diabetes or some forms of epilepsy), abusive sexual behavior, or physically violent behavior.

The ADA provides criteria for assessing "direct threat." The Regulations state, "an employer may require...that an individual not pose a direct threat to the health or safety of himself/herself or others." The Act defines "direct threat" in terms of a "high probability of substantial harm." In assessing direct threat, four factors must be evaluated: using objective and factual information regarding the duration of the risk; the nature and severity of the potential harm; the likelihood that the potential harm will occur, and the imminence of the potential harm. The Regulations stress the importance of not relying on stereotypes or assumptions in assessing a "direct threat."

The counselor and client shall consider whether accommodations will substantially reduce the threat, and, if so, the behaviors, reasons for disclosure, and accommodation options should be discussed with the client; and the client's informed, written consent to release information about the behaviors to the employer obtained.

For example, if the MRS counselor has information about a history of aggressive physical behavior, the counselor should inform the employer of this history -- with the client's informed, written consent. The counselor shall also ensure that the employer has access to information about situations that might trigger the behaviors/disability that could pose a direct threat, and information about how to cope with such behavior if it occurs.

Placement services may be purchased from accredited rehabilitation organizations, qualified individuals with knowledge and experience in providing placement services, or licensed personnel agencies. Before authorizing for placement services, there should be a written agreement with the vendor which specifies the:

- Name of the individual(s) being served.
- Type of job being sought.
- Method(s) of employer contact (e.g., by telephone, in person)
- Period of time during which the job search activities will be carried out.
- Method(s) of addressing accommodation and release of information issues.
- Frequency, duration, and method of employment follow-up
- Fee to be paid.
- Payment schedule
- Method, frequency, and content of progress reports to the counselor
- The vendor’s responsibilities to comply with Title I of the Americans With Disabilities Act (ADA) and the Michigan Disability Civil Rights Act (P.A. 220)

When placement services are purchased, counselors shall inform vendors they are prohibited from releasing information regarding the client's disability, limitations, or any disability related

information to an employer, as required under the Americans with Disabilities Act.

Authorizations for placement services may be written on the basis of performance outcomes with multiple billings. For example, the vendor might be paid 25% of the fee when the service is initiated (the job seeking phase), 25% of the fee at the time the client is placed on the job (job placement phase), and the remaining 50% of the fee when the client has maintained the job for a specified number of days (a follow-up phase). If a single billing option is chosen, the vendor should be paid only after the client has maintained the job for the period specified in the agreement.

If placement services are arranged or purchased, the counselor and the client should determine that the resulting employment is suitable; accommodation needs are addressed; tools, equipment, transportation, and other services in support of placement are identified and the need(s) addressed; and employer issues, including disability awareness training, ADA concerns, and any certifications are addressed.

Under Public Act 299, private personnel agencies which charge a fee to the person seeking employment (Type A agencies that assist a client seeking employment services, and put a client in direct contact with employers, or Type B agencies that aid or consult with a client to make basic career decisions, including counseling services) must be licensed. Agencies which only charge fees to the employer or charge no fee, and temporary placement agencies, are not required to be licensed. To determine whether an agency's licensed, the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing may be contacted at 517-373-8068. Licensure can be verified through the State License Search website at: http://www.michigan.gov/statelicensesearch

Increasing numbers of employers lease or contract for employees through employment agencies. Such employment shall be evaluated in terms of suitability and permanency. Employee leasing agreements generally provide for more permanent employment. Regular, intermittent employment through a temporary agency may meet the client's definition of suitability and may afford the opportunity for flexible scheduling. The determination as to whether such employment is suitable rests with the client.
Counselors shall ensure that clients with heart, back, epilepsy or diabetes have a current Vocationally Handicapped Worker's Certificate before initiating placement activities.

6475: Prostheses and Orthoses

Policy

Prostheses and/or orthoses may be arranged for or purchased as part of a Trial Work Experience Plan or IPE leading to employment.

Procedures

A prescription by an orthopedic specialist or physiatrist shall be obtained for new wearers; the treating physician may prescribe prostheses or orthoses for previous wearers.
Comparable benefits such as Medicaid, Medicare or private insurance shall be thoroughly explored and (if available) used before authorizing for prostheses or orthoses.
Persons who have successfully worn a prosthesis or orthosis and require replacement or repair may not need a current orthopedic or physiatry examination unless problems have been experienced or the condition is not stable.
A current evaluation by an internist or treating physician to determine that there have been no exacerbations of the physical condition is important for individuals with amputation resulting from diabetes.
New prosthetic wearers shall be referred to medical rehabilitation centers or amputee clinics when practical in order to benefit from the availability of the most recent technology and multi-disciplinary teams. If the client has a satisfactory relationship with a prosthetist, that relationship should be maintained whenever possible.

Information

New wearers may require several visits for adjustment of the appliance. There is generally no charge for routine adjustments during the first few months. If there are significant physical changes which require major alterations, a charge may be made. Upper extremity amputees will require considerable training in the use of their prosthesis which is usually provided by occupational therapists. Training in the use of a lower-extremity prosthesis is sometimes called gait training and is usually provided by physical therapists.

6500: Relocation Expenses

Policy

The cost to permanently relocate clients may be authorized or arranged when required to achieve an IPE employment outcome.

Procedures

Prior to assisting an individual in relocation for employment, local options for employment must be reasonably exhausted. Relocation expenses are limited to the cost of moving and insuring household goods, and transportation and subsistence expenses required as part of the move.

Three estimates are required for out-of-state moves, since these are not regulated. Within city limits, small local moving companies are not regulated and rates may be competitive. Three estimates shall, therefore, be obtained for local moves.

In addition to the basic charge for moving, there are additional charges which may be added for such items as stairs, long walkways, moving large items such as a piano, packing and packaging, disconnecting appliances, and removing draperies. These possible extra charges should be considered when planning the move. The time of the move should be carefully planned. Additional charges can be levied for moves during peak periods and on weekends. Some saving may be experienced by moving between the 3rd and 25th day of each month.

Michigan Rehabilitation Services (MRS) shall not support moves outside the continental United States.

Information

The transportation of household goods within Michigan is regulated by the Michigan Public Service Commission. The Commission publishes a tariff which contains the rates, charges, rules and regulations which apply to all carriers.
Counselors shall be aware that various types of insurance coverage are available through the movers. The coverage ranges from full-value replacement (more costly) to depreciation only.

6525: Services to Family Members

Policy

Services to family members may be arranged or authorized when essential to the achievement of an employment outcome of the client.

Procedures

Comparable community benefits and services must be explored and used, as applicable, before services to family members may be purchased.

Information

Family member includes any relative by blood or marriage. It also includes individuals living within the same household, where close interpersonal relationships between the individual(s) and the client characterize a family unit.

6550: Task Analysis

Policy

Task analysis services may be provided, purchased or arranged.

Procedures

Task analysis services shall be purchased from occupational or physical therapists, job coaches, rehabilitation engineers, or other rehabilitation professionals trained in the process.
When task analysis services are purchased or arranged, the counselor shall ensure that the individual completing the task analysis has been provided with information on the client's capabilities and limitations and any description of the activities or job to be analyzed.
The counselor, client, and vendor shall ensure that the task analysis and accommodation process has been described to the employer, teacher, or others who will be involved; and that any health or safety requirements imposed by the site (e.g., requirements of a union contract) have been identified.

Information

Task analysis is a systematic method of identifying and evaluating job or task requirements and comparing these to human capabilities. The process can be applied in home, training, and work settings. Cognitive and affective, as well as physical requirements can be evaluated. The task analysis process may vary in complexity from a gross assessment based on a written job description to a detailed time and motion study. A more detailed task analysis may be necessary if the client is severely disabled or the task is complex.

Counselor participation in an initial site visit is an important pre-requisite to being able to evaluate the completed task analysis, and coordinate and implement task analysis results. Medical records, specialty examinations and information contained on the Physical Capacities Assessment form may not be adequate for comparison with a completed task analysis. More specific information is often needed to determine whether the client has capacities congruent with task demands. A work capacity evaluation, using simulated or real work, may be necessary. Michigan Rehabilitation Services' (MRS) task analysis forms may be used to report the findings of the task analysis.

6575: Teletype (TTY) Devices for the Deaf and Hard of Hearing

Policy

Teletype (TTY) devices may be purchased or arranged when necessary to achieve an IPE employment outcome.

Procedures

The counselor shall plan carefully with the client to determine the features that will be needed before providing this service. Consider whether the TTY can be repaired locally or must be shipped back to the company for repair. A device that can be repaired locally may be less expensive over time.

Clients who could benefit by the system shall be provided with information about the Michigan Relay Center at 800-649-3777. The Michigan Relay Center can also be reached by dialing 711 or through the Internet. Individuals who have TTY's can make or receive calls from parties who do not have TTY's by calling a relay operator at the center. Calls placed through the center, whether local, zone, or long distance, are billed as though the party had been dialed directly.

Information

A variety of options are available for people who are deaf or hard of hearing, including large print TTY's in-line amplifiers, amplified phones, and computer modems. For information on current telephone and TTY technology, the Job Accommodation Network may be contacted at 800-526-7234 (V/TTY). A listing of companies, products, and prices can be obtained from the Department of Civil Rights, Division of Deaf, DeafBlind and Hard of Hearing at 877-499-6232 or 517-334-8000.

6600: Training

Policy

Training is provided only after vocational assessment results in a mutual decision that the client requires new skills or knowledge for employment, consistent with the individual's abilities and capabilities.

Procedures

Michigan Rehabilitation Services (MRS) contribution to training, including college training, shall not exceed the cost of that training program which meets the individual's rehabilitation needs at least cost to MRS.

Prior to deciding whether training is required, the counselor and the client shall consider the following:

- The use of transferable skills to achieve suitable employment immediately.
- Job modification or assistive technology to enable the client to return to previous employment or retain current employment.
- Physical restoration to enable a return to previous employment.

Training is not considered a required service when the individual has marketable job skills consistent with the individual's abilities and capabilities.

Vocational training may be provided only to eligible individuals who have a permanent functional impairment that results in a substantial impediment to employment which cannot be removed through physical or mental restoration.

6625: Training - College and Vocational

Policy

1. College or vocational training may be provided as an Individualized Plan for Employment (IPE) related service when an eligible individual requires new knowledge and skills to achieve an employment goal consistent with the individual's abilities, capabilities, and informed choice.

2. Eligible individuals shall make maximum effort to secure grant assistance in whole or in part from other sources to pay for post-secondary training. Counselors shall inform individuals considering post-secondary education that they must make timely annual application for post-secondary financial aid.

3. Michigan Rehabilitation Services (MRS) shall not provide financial assistance for any item covered in the cost of attendance if the individual (or individual's family as applicable) fails to apply for or refuses to accept federal, state, institutional and other grants; need based scholarships; or tuition waivers for which they may be eligible.

4. Financial support for college or vocational training shall be consistent with MRS' policy of purchasing the service that meets the individual's vocational rehabilitation needs at least cost to MRS.

5. MRS shall impose an economic needs test for the student's cost of attendance (COA) of training at a post-secondary educational institution. The economic needs test utilized shall be the federally established needs test using the Free Application for Federal Student Aid (FAFSA) or its equivalent, as required by the post-secondary institution, to determine student eligibility for state and federal financial aid.

6. MRS shall not replace the expected family contribution, as determined by the post-secondary institution, using the federal Student Aid Report, in contributing toward the individual's cost of attendance at a post-secondary institution.

7. Individuals who are eligible for Social Security benefits under Title II (SSDI) and Title XVI (SSI) of the Social Security Act shall be exempted from financial need test requirements consistent with Federal regulations.

8. MRS assistance with the cost of attendance, combined with other financial resources, shall not exceed the individual's unmet financial need based on the cost of attending the least costly training institution that meets the individual's vocational rehabilitation need.

9. Maximum financial support that may be provided by MRS toward the cost of college or vocational training during the academic year shall be $3500 and $1200 for the summer semester. An exception to the maximum may be considered only when other forms of student aid are ruled out due to disability related factors but not to exceed the rate of program that is least costly to MRS while meeting the individual's vocational rehabilitation need.

10. MRS customers attending Michigan Career and Technical Institute (MCTI) are exempt from needs testing for the cost of attendance.

Procedures

1. Accredited Institutions. MRS financial support for college, vocational business or technical training shall be limited to participation in nationally or regionally accredited, or state licensed institutions. The counselor shall have reasonable assurance that a diploma, certificate or degree received from a training program is readily accepted by employers in the field of the individual's employment goal before approving an IPE that includes such post-secondary training.

2. Ability to benefit. The individual's ability to benefit from post-secondary training in terms of an employment outcome shall be determined as part of the individual's vocational rehabilitation needs assessment. MRS shall not support attendance in a post-secondary program for which the individual does not meet the published entrance requirements.

3. Trial Semester. MRS may, at its discretion, provide financial support to an individual in one trial term or semester with at least one subject in the individual's chosen major if there is doubt about the individual's ability to succeed in post-secondary training. Additional trial terms or semesters may not be supported with MRS funds. A semester or term of developmental or remedial study shall not count as a trial semester.

4. Developmental Academic or Remedial Study. MRS may provide financial support for one semester of non-credit developmental or remedial study. MRS may not pay for developmental or remedial study if available at no cost through post-secondary institutions or other public resources.

5. Academic Progress. Continued MRS financial participation in post-secondary training services is contingent on the individual meeting evaluation criteria noted in the IPE. This includes a) maintaining a "C" Average, (2.0 on a 4.0 point scale) or higher as required by the school or specific program the individual is attending, or a comparable passing grade, and, b) the submission of the individual's grade reports to the counselor upon completion of each semester or term.

6. Full Time Enrollment. The expectation is that students will attend training on a full time basis, as defined by the institution. Exceptions to full time study may be made based on documented medical or family care circumstances. Because most state and federal financial aid programs are based on a minimum of half time enrollment, MRS will generally not support training at a less than half-time enrollment status.

7. Duration of Training Support. MRS financial support for post-secondary training is usually limited to one year beyond the normal period for full time matriculation identified by the institution. An extension beyond that period may be granted by the counselor due to an individual's disability or special circumstances, and requires an IPE amendment. MRS financial support generally shall not exceed 64 credit hours for an Associate of Arts degree, or 128 credit hours for a bachelor's degree.

8. Payment for Electives. The counselor should be familiar with the student's curriculum or have a copy of curriculum requirements in the case record. MRS shall not pay for electives beyond those needed to complete an individual's curriculum. When there is a question as to whether a class is required to complete a curriculum that is needed to achieve the IPE outcome, the counselor may require written verification from the post-secondary institution.

9. Licensed Occupations. The counselor shall discuss occupational licensing barriers, such as a criminal record, with the individual as part of IPE planning, and when possible assist the individual in overcoming such barriers. The counselor shall not support training in a field that requires licensing unless there is reasonable assurance that licensing can be secured.

10. Graduate, professional, or second-degree training. Such training may be authorized or arranged if the individual cannot achieve employment consistent with the individual's abilities and capabilities without such training, and transferable job skills are not available due to substantial limitations imposed by a disability for which reasonable accommodation is not possible.

11. Summer School. Summer school support is limited to circumstances in which the student is unable to work due to disability, has SSA disability status or requires a particular class that is only offered in the summer or is needed for timely program completion.

12. Transferability of Classes. Counselors of students who elect to attend community college during the freshman and sophomore year should pay special attention to the transferability of classes to four-year institutions to avoid needless duplication of classes.

13. Orientation and Vestibule Programs. A financial needs analysis is not required to cover the cost of short-term programs, summer orientation or vestibule programs, which are required but do not provide academic credit and do not qualify for financial aid.

14. Student Loans. Student loans may be encouraged as a part of the student's contribution to their own training. However, students may not be compelled to take student loans for the student's unmet need at the rate of the least costly post-secondary program up to MRS' maximum contribution, whichever is less.

15. Workers' Disability Compensation settlements. MRS shall not replace insurance benefits received, in whole or in part, as a settlement of liability for vocational rehabilitation services, in contributing toward the cost of attendance at a post-secondary institution. This means that such targeted settlement dollars must be used before MRS dollars are used, unless it can be demonstrated that such settlement dollars are no longer available.

16. Late Applications. The counselor may not authorize for any COA before the results of the application for financial aid are known. The counselor may approve an authorization for the first term to allow the individual's enrollment if the case record documents that the individual applied for aid no later than 60 days prior to the beginning date of the school term and if an IPE that includes college training has been completed. The counselor must subsequently adjust the total amount authorized for the academic year so it does not result in an over-award or exceed the maximum MRS allowable contribution. Adjustments may be made to the current term authorization or authorizations for subsequent terms as appropriate.

17. Financial Support Basis. The extent of MRS' financial support for training, whether in-state or out-of -state, public or private, shall be conditioned on MRS' least-cost purchasing requirements, per Policy 9025 in combination with the college financial aid needs analysis. This means that, if a training program is available that meets the individual's vocational rehabilitation needs at a lesser cost to MRS than the program selected by the individual, MRS' support shall not exceed the less costly training program to MRS after application of the financial needs test.

    In general, for the first two years of college through an associates degree or equivalent, MRS' post-secondary financial support will be based on financial support needed for attendance at a Michigan community college near to the student's home. For the Junior year and beyond, support for additional training will be based on the cost of attendance at the nearest public college or university program in Michigan, after a consideration of the financial needs test to such cost of attendance.

    MRS support of unmet financial need shall not exceed $3500 per academic year and $1200 for the summer semester, except for SSI or SSDI beneficiaries or as noted in the Procedure on Loan Replacement. This amount is to be divided equally among the number of terms or semesters comprising the academic year.

18. Coordination of Financial Aid. Financial aid available through the school, student/family contribution, and MRS assistance shall be coordinated as follows:

a. A Statement of Financial Needs, Resources and Authorization (RA-6627) shall be sent to the financial aid office of the schools the individual will be considering, including the least costly alternative when possible, to obtain reports of the student's EFC, the financial aid awarded, and any remaining financial need.

b. The expected student/family contribution (EFC) and financial grant aid must be used as the primary sources to meet the student's COA.

c. If financial aid and student/family contributions are inadequate to meet the individual's COA at the least costly educational program that meets the individual's vocational rehabilitation need, and the individual cannot attend school without additional assistance, MRS may assist with the remaining unmet financial need up to $3500, or up to $1200 for the summer semester. This unmet need figure is the maximum of MRS' support, but not to exceed $3500 and/or $1200 for the summer semester, regardless of the educational institution selected. Counselors should consider special institutional financial aid awards provided by the student's preferred school, which may result in the lower unmet need for the student and make it the least costly training alternative to MRS.

d. The counselor may assist with all or part of the remaining unmet need up to $3500 per academic year for college or university training, $3500 per academic year for private vocational school training and up to $1200 for the summer semester or term, or up to $391 per month for vocational schools which operate on a monthly basis. See Procedure 19 for exceptions to the maximum for disability related reasons.

e. Assistance to individuals who begin school after the first term or semester shall be pro-rated. Individuals attending one-third, one half, or two-thirds, of the academic year shall be provided a pro rated percent of the maximum academic year assistance. (Example: A student attends only one half of the academic year. The maximum MRS contribution is. ½ of $3500.00= $1750, or ½ of unmet need, whichever is less.)

f. Individuals who meet the criteria for MRS support of summer programs (as defined by the educational institution) must apply for financial aid for the summer term 60 days in advance of the term. They may be provided up to $1200 for full time attendance during the summer session if there is any unmet need, prorated at a proportional amount for part time attendance. (Example: if 10 credit hours constitutes a full time summer school load, and the student takes 4 credit hours, the maximum amount of MRS support would be $480 or less depending on unmet need).

19. Substitution of student loan and work-study awards. In addition to assistance with unmet financial need up to $3500, MRS funds may be substituted for the following financial aid awards if the case record documents that:

    A. College Work-Study:

        - the individual cannot work while attending school full-time due to limitations imposed by his/her disability, or the time required for medical treatment;
        - student jobs are not available as verified by an appropriate school official;
        - the individual is receiving SSI or SSDI benefits (work would jeopardize benefits or would be counted toward the trial work period for SSDI recipients);
        - childcare responsibilities or the need to travel long distances to school leave the individual inadequate time to attend school full-time and also work.

        If the counselor intends to replace work study for any of the reasons noted above, the counselor should check the appropriate box on Form RA-6627.

    B. Loans: The individual will have exceptionally high personal attendant or medical expenses due to disability after graduation which will make loan repayment difficult. Under these circumstances loan substitution may be made up to $2500 per year or up to the amount required to attend the least cost comparable program in the state, whichever is less. If the counselor intends to substitute for a loan for the above reason, the counselor should check the appropriate box in Part II of the RA-6627.

20. Ineligibility for financial aid under the Higher Education Act. MRS may not authorize for training support for individuals who are ineligible to receive or apply for post-secondary federal financial aid. Reasons for ineligibility for federal financial aid include: a) the individual owes a grant refund and has no documentation of having made satisfactory arrangements for repayment; b) the individual is in default of a federal or state student loan, and has no documentation of having made good faith repayment arrangements from the lender or school, or of no longer being in default status; c) the individual is convicted of a state and federal offense involving possession or sale of illegal drugs, and has not re-established eligibility as required by federal financial aid regulations (34 CFR 668.40); d) or the individual has not registered for the selective service system. Such individuals are considered to not have made a maximum effort to secure post-secondary federal or state grants or tuition waivers, and may not receive training funds from MRS. Counselors should assist such individuals, as appropriate, to help them regain financial aid eligibility.

21. Disability Related Expenses. Personal disability-related services may be authorized or arranged without regard for financial need. Such services include personal assistance

services needed for classroom attendance, individually prescribed equipment like hearing aids, and non-routine medical expenses.

Personal disability-related services do not include classroom and learning accommodations, auxiliary aids and services that are the responsibility of the post-secondary institution.

22. Notification of MRS Assistance. Individuals and the post-secondary institution shall be notified in writing of the type and amount of assistance MRS will provide for institutional budget expenses, or that MRS will not be assisting with such expenses and the reason. The RA-5, “Notice of MRS Post-secondary Training Assistance", may be used for this purpose.

23. Out-of-State or Private Facilities. Out-of-state or in-state private training facilities may be used, but financial aid may not exceed that which would be required for the least cost public in-state facility, unless there is compelling evidence that the out-of-state facility is the only option that meets the individual’s vocational rehabilitation need. If financial aid staff of out-of-state training facilities are not able or willing to complete Form RA-6627, they must be asked to prepare a letter stating:
    a. The applicable academic-related costs (tuition, fees, books, room and board, etc.) for the individual,
    b. Expected family contribution,
    c. Amount of Pell grant and other financial aid awards, and
    d. Balance of financial need, if any.

24. Training Outside of the United States. Training at an institution outside of the United States will not be funded unless it is part of an approved course of study for an in-state institution. If the home educational institution requires out-of-country instruction as part of the individual’s program, MRS may support it at the same rate as if the program were provided at the student’s home educational institution.

25. Gallaudet University and Rochester Institute of Technology (RIT)/National Technical Institute for the Deaf (NTID). MRS support may be provided to these out-of-state facilities if required to meet the unique VR needs of certain deaf or hard of hearing students.

    To determine MRS assistance for individuals attending RIT/NTID the RA-6627 shall be sent to the financial aid office, as described in Procedure 19. To determine MRS assistance for individuals attending Gallaudet College:

    a. The Gallaudet student will be required to complete two applications every year in order to determine eligibility for federal and institutional aid programs: (a) the FAFSA and (b) the Institutional Financial Aid Application (IFAA). After financial aid has received both FAFSA and IFAA, a determination of eligibility for grants and scholarships will be made.

b. MRS counselor contact information must be provided on the IFAA. The student's eligibility for grants and scholarships will be sent via e-mail.

c. FAFSA and IFAA forms must be completed by the Gallaudet student:

- No later than July 1st, if enrolling in Fall semester
- No later than January 16th, if enrolling in Spring semester

d. The counselor must advise the individual not to apply for student loans until after it has been determined whether s/he qualifies for institutional aid programs from the school.

26. Processing Payment. Payment may be made for courses dropped by an individual for a good cause. The school should be paid in accordance with its published policy.

    The case record shall document the action to be taken by the individual to make up the dropped course. If the individual fails to follow through with the agreed upon action, the counselor may, if providing tuition assistance:

    - reduce financial participation for the following term in the amount of the non-refundable balance for the dropped class(es), or

    - refuse to pay for the dropped class if the individual takes it again at a later date.

27. Refunds. When MRS funds are not needed by an educational institution due to subsequent replacement by college grants, need based scholarships, or dropped classes, the counselor shall notify the institution that these funds are to be returned to MRS, not to the individual or to offset the student's loan balance. If MRS funds are reimbursed to the individual or credited to a loan balance, an equal amount will be counted against the student's financial support from MRS for the following semester.

Information

Definitions

The Cost of Attendance: The total amount it will cost a student to go to school in a year. This may include tuition and fees; on campus room and board, required books, supplies, materials, tools and equipment; transportation; loan fees and some miscellaneous expenses. Four-year schools will generally include all items in student budgets; two-year and vocational schools may not. Most schools also have different budgets for differing individual situations. Budgets are revised yearly. The amount of the student budget and the items covered are reported by financial aid officers on Form RA-6627.

Note: MRS may only assist with costs to the student that represent added costs of the vocational rehabilitation program. When student budgets include costs that are not "added costs of training," such as housing for students who commute, the counselor should subtract that amount from the institution's COA. Items included in institutional budgets are sometimes described as "direct educational costs". Items that are not included in the institutional budget may be authorized or arranged according to the policies and procedures stated in appropriate Rehabilitation Services Manual (RSM) Items.

Independent Students are those students who:

- are at least 24 years old by January 1 of the award year.
- are Veterans, regardless of age.
- are orphans or wards of the court.
- have legal dependents that receive more than half of their support from the student.
- are married; or
- are enrolled in a master's or doctoral program.

Students may also be considered self-supporting if they are determined to be so by financial aid administrators exercising professional judgment on the basis of unusual circumstances not covered by any of the statutory criteria.

Expected Family Contribution (EFC) is the portion families will be expected to contribute toward the expenses of a student if the financial need analysis indicates that they are able. The amount of the family contribution expected will be based on current income and assets according to congressional methodology. Dependent students may also be expected to contribute based on their income and assets, including expected savings from summer earnings.

For the independent student, the amount of contribution expected is based on the student's (and spouse, if any) taxed and untaxed income and assets, including expected savings from summer earnings.

Student Financial Need is the figure that represents the difference between the COA and the expected student/parent contribution. School financial aid is packaged against this figure.

Remaining Unmet Need is the figure that represents the difference between the student's financial need and all resources provided by the school.

Academic Year, as defined by the U.S. Department of Education, is: the equivalent of 2 semesters, 2 trimesters, or 3 quarters (terms) at an institution which uses credit hours; 900 clock hours at an institution which uses clock hours; or 18 months for a correspondence program.

"Meets the individual's vocational rehabilitation need" means, in terms of a post-secondary training program or institution, that the program has a curriculum that leads to, or is consistent with the student's employment goal, and is accessible to the student under Sec. 504 of the Rehabilitation Act and the Americans with Disabilities Act.

"Disability related factors" (as relates to receipt of financial aid above MRS maximums) means that the individual will have exceptionally high personal attendant or medical expenses due to disability after graduation which will make loan repayment difficult, or that work study and other work to support college expenses is precluded due to disability or social security disability status.

Post-Secondary Financial Aid and Public Assistance

*Educational Income-All Department of Health and Human Services (DHHS) Programs.** Educational income such as grants, loans, work-study, scholarships, assistantships and fellowships for education is excluded as income and as an asset by DHHS. (*Note: Temporary Assistance to Needy Families (TANF) recipients are required to be employed to remain eligible for their TANF benefit. Only 12 months of training is available at this time as a qualifying work activity.*)

*Rehabilitation Services Payments-All Programs.** Payments from Michigan Rehabilitation Services are excluded. They are reimbursements.

SSDI and SSI Benefits. Grants, regardless of the amount, have no affect on SSDI. Grant funds, which exceed tuition, fees and books, are considered unearned income for SSI recipients, so SSI benefits are reduced by that amount. Loans do not affect SSDI or SSI benefits. College work-study awards are considered employment, so they may affect both SSDI and SSI benefits. To determine how college work-study is treated in each situation, the student should contact the local Social Security Office.

Plan to Achieve Self-Support (PASS). Food Assistance Program (FAP) only: Income being diverted to a PASS is excluded as income and as an asset.

All other Programs
PASS set aside is considered earnings or unearned income.

* All Programs includes: Family Independence Program (FIP); State Disability Assistance (SDA); Child Development and Care (CDC); Food Assistance Program (FAP); Medical Assistance (MA) also known as Medicaid (i.e., Medicaid for individuals receiving FIP or Supplemental Security Income, Adult Medical Program (AMP), Transitional Medical Assistance Plus (TMA-Plus))

Financial Aid Process

Federal Student Aid

Federal student aid is financial help for students enrolled in eligible programs at participating schools to cover school expenses, including tuition and fees, room and board, books and supplies, and transportation. A "school" could be a two-year or four-year public or private educational institution, a career school, or a trade school. Most federal aid is need-based. The three most common types of aid are grants, loans, and work-study.

Grants: Grants are financial aid that does not have to be repaid. Generally, grants are for undergraduate students, and the grant amount is based on need, cost of attendance, and enrollment status. Federal Pell Grants range from approximately $577 to $5,700. Federal Supplemental Educational Opportunity Grants (FSEOG) range from $100 to $4,000.

Loans: Loans are borrowed money that must be repaid with interest. Both undergraduate and graduate students may borrow money. Parents may also borrow to pay education expenses for dependent undergraduate students. Maximum loan amounts depend on the student's year in school.

Federal Stafford Loans are made to students, and Federal PLUS Loans are made to parents through two loan programs.

William D. Ford Federal Direct Loan (Direct Loan) Program: eligible students and parents borrow directly from the federal government at participating schools. Direct Loans include Direct Stafford Loans, Direct PLUS Loans, and Direct Consolidation Loans.

Federal Family Education Loan (FFEL) Program: private lenders provide federally guaranteed funds. FFELs include FFEL Stafford Loans, FFEL PLUS Loans, and FFEL Consolidation Loans.

Federal Perkins Loans are offered by participating schools to provide low-interest loans to students that demonstrate the most need.

Work Study: Work Study enables students to earn money for education expenses while enrolled in school.

Not all schools participate in all of the Federal Student Aid (FSA) programs. Students should ask the school's financial aid administrator which programs are available.

Who gets federal student aid?

Some of the requirements to receive aid from the U.S. Department of Education's FSA programs are that students must:

- Be studying to earn the first graduate degree.
- Be a citizen of the United States or an eligible non-citizen with a valid Social Security Number.
- Not have a criminal record including drug related offenses.
- Must have graduated from the high school level, completed a GED, or completed a home school program approved by the State of Michigan.
- Academic progress must satisfy the norms of the school.
- A male in the age range of 18 to 25, must be registered with the Selective Service.
- Pell Grant eligibility will not be granted if an individual has ever defaulted on any federal grant or received a Pell Grant in the past or any other full scholarship for the current course.

How do students apply for federal student aid?

The first step is to complete the Free Application for Federal Student Aid (FAFSA). The FAFSA lists deadlines for federal and state aid. Schools and states may have different deadlines for aid. Students may apply online at www.fafsa.ed.gov. If Internet access is not available, students can get a paper FAFSA from a high school guidance office, a college financial aid office, a local public library, or the Federal Student Aid Information Center at 1-800-4-FED-AID (1-800-433-3243). Review the Student Aid Report (SAR). One to four weeks after students submit their FAFSA, they will be sent a SAR, either by an e-mailed link or on paper. The SAR confirms the information reported on the FAFSA and will tell the student their Expected Family Contribution (EFC). The financial aid administrator will use the EFC to determine the amount of federal student aid for which the student may qualify.

The student should contact the school(s) he/she might attend and talk with the financial aid administrator(s). They will review the SAR and prepare a letter outlining the amount of aid (from all sources) that their school will offer.

The U.S. Department of Education web site at www.studentaid.ed.gov contains additional detailed information on Federal Financial Aid.

State of Michigan Student Aid

Scholarships: A scholarship is money for college, and it does not have to be paid back. Scholarships are usually based on "merit", meaning they are given because of a student's particular skill or ability. For some of the state programs, financial need is also a factor in determining award eligibility. The Michigan Competitive Scholarship is based on both financial need and merit and is available for use at Michigan public and private post-secondary colleges.

Work Study: Work-study programs give students a source of money for college; however, the student has to work to earn the money. Most often work-study jobs allow students to work on their college or university campus. The Michigan Work-Study Undergraduate and Graduate

Programs provide work opportunities to help needy students pay educational expenses.

Loans: Money can be borrowed to pay for college expenses and there are low-interest loans available for students and parents. Funds borrowed must be paid back. The MI-LOAN Program assists with the financing of a post-secondary education. Two loan programs include the Creditworthy Loan Program and the Credit Ready Loan Program.

Grants: Grants do not have to be repaid and are referred to as "gift" aid. Generally, grants are given to students based on their financial situation and need for the funds. The Michigan Educational Opportunity Grant is available for needy undergraduate students who enroll on at least a half-time basis at a Michigan public community college or university. The Michigan Tuition Grant is based on financial need for use at independent, non-profit degree-granting colleges and universities in Michigan. Awards are restricted to tuition and fees. Application for the Michigan Tuition Grant is made by filing the Free Application for Federal Student Aid (FAFSA).

Rewards and Incentives: Sometimes students can receive money for college by staying in school, getting good grades, or for good performance on certain types of tests. These programs reward students for good performance or staying in school. These include the Michigan Merit Award and the Tuition Incentive Program. The Michigan Merit Award is a merit-based program to reward student achievement as measured by the Michigan Educational Assessment Program (MEAP) tests. The Tuition Incentive Program is a high school completion program that offers to pay for the first two years of college and beyond for identified students who graduate from high school or complete their GED before age 20.

Additional information regarding State of Michigan student aid may be found at the following web site: http://www.michigan.gov/mistudentaid.

MISCELLANEOUS

All schools in Michigan must be licensed to operate. Licensure of schools may be determined by contacting LARA - Post-Secondary Education at 517-373-6551. To determine the licensure of out-of-state schools, counselors should contact the central administrative office of the state vocational rehabilitation agency of that state.

High school students should consult their high school for assistance in completing financial aid applications.

Form RA-4640, Monthly Training Progress Report, may be used to obtain progress reports from vocational schools that do not provide transcripts.

Transportation allowances computed by financial aid offices are based on "averages." Financial aid offices should be contacted if actual costs exceed the estimates so adjustments may be

made.

6650: Training - Distance Education

Policy

Training by means of Distance Education may be authorized or arranged when required to achieve an appropriate Individualized Plan for Employment (IPE) outcome under the following conditions.

- The training needs of the individual cannot be met in a traditional classroom setting, and/or
- The training is the most effective and efficient means of achieving the individual's job goal, taking into consideration the individual's ability to self-manage such training, learning capacity, learning style, physical or mental limitations, training needs and computer resources.

MRS financial support of post-secondary distance learning shall be consistent with Michigan Rehabilitation Services' (MRS) policy of purchasing the service that meets the individual's vocational needs at the least cost to MRS.

In conjunction with this manual item, as appropriate, policy and procedures contained in RSM 6625 - Training – College and Vocational, shall be applied.

Procedures

Accreditation

MRS will only support distance training at institutions that are accredited by the Distance Education and Training Council or another accrediting body approved by the Council of Higher Education Accreditation. (www.chea.org; www.ope.ed.gov/accreditation; www.online-education.net)

Michigan proprietary schools offering distance education or training must be licensed by the State of Michigan and comply with all state and federal requirements applicable to such programs. (http://www.michiganps.net/program.aspx)

MRS may not authorize for correspondence courses in subjects such as heavy equipment operation, truck driving, etc. if practical experience is not provided.

Counseling Considerations

Before distance learning is approved, the individual and counselor must address the following

counseling considerations.

1. Does the individual have the motivation, self reliance, social maturity, discipline and time to complete the coursework?
2. Has the individual fully considered the advantages and disadvantages of distance learning? Although coursework in a distance learning class requires little or no travel and work can be done at home, there is little or no personal, face-to-face interaction with instructors or classmates.
3. Are the individual's learning styles consistent with the learning styles necessary for distance learning?

If it is determined that distance education is required to meet the individual's training needs, the following is a list of things that should be considered:

- The individual's learning style.
- The level of peer interaction the individual needs.
- The level of instructional support he/she may require.
- Whether or not there are established expectations set by the training institution for completion of the on-line course or program. **
- The advantages and disadvantages of distance training.
- Whether or not there are additional supports the individual may need to successfully complete distance education coursework (i.e. rehabilitation technology).
- If potential employers will recognize the distance education program or coursework the individual is considering.
- The completion rate of the program at the school the individual is considering attending.

**In cases where the training institution has not set reasonable progress expectations for Distance Education coursework, and/or if those expectations are too vague, the counselor and eligible individual will need to assess what is reasonable and incorporate this into his/her IPE.

Computer Resources

Prior to approving distance training, the counselor must address the following computer technology needs.

- Does the individual have the necessary computer and modem speeds?
- Will the individual need audiovisual capabilities, a sound card, certain plug-ins, CD-ROM?
- Is a specific browser recommended or needed?
- Is specific software required for the program/course?

Explore Comparable Benefit

1. Overall assessment of computer needs and what may need to be purchased.
2. Computer and software may be leased/rented or purchased as appropriate if no comparable benefits are available.

If distance training is not required, but an option for the eligible individual, and is more costly including the equipment needs, then the MRS least cost principle is applied to MRS financial support, RSM 9025.

Information

Definition

Distance education, or Distance learning, is a field of education that focuses on the pedagogy (teaching), technology, and instructional systems design that aim to deliver education to students who are not physically "on site". Rather than attending courses in person, teachers and students may communicate at times of their own choosing by exchanging printed or electronic media, or through technology that allows them to communicate in real time. Distance education courses that require a physical on site presence for any reason, including the taking of examinations is considered to be a hybrid or blended course or program.

Types of Distance Education:

- Correspondence conducted through regular mail – means of training whereby the individual learns at home by independent study of coursework consisting of written materials and learning guides.
- Tele-course/broadcast where content is delivered via radio or television.
- Single short term virtual courses – used when a specific skill is needed and can be provided through an accredited distance.
- On-line certification training program.
- College courses.
- On-line college campuses.
- Continuing Educational Units – cannot be sponsored unless the individual has the necessary pre-requisite degree or certification to qualify for the coursework and it is determined that professional enhancement is necessary to meet the vocational goal.

Accreditation regulations define distance education as an "educational process that is characterized by the separation, in time or place, between instructor and student" that includes "courses offered principally through the use of…television, audio, or computer transmission, such as open broadcast, closed circuit, cable, microwave, or satellite transmission…. audio or computer conferencing... video cassettes or disks...[or] correspondence." All programs offered principally by one or more of these or similar means require evaluation and approval by an

agency recognized for accreditation of distance education.

It is important to understand that not all accrediting agencies are recognized for accreditation of distance education. In 1998, Congress amended the Higher Education Act to require, for the first time, that the Secretary specify whether or not the scope of recognition granted to each accrediting agency recognized for Federal program purposes extended to accreditation of distance education programs.

6675: Training - Driver Education

Policy

Driver's training may be authorized or arranged when required to achieve employment outcome under the IPE.

Procedures

Clients who require special equipment to operate a vehicle shall be referred to a medical rehabilitation center for driver evaluation and training, for example, University of Michigan Hospital, Rehabilitation Institute of Michigan, and Mary Free Bed in Grand Rapids.

6700: Training - On-The-Job

Policy

On-the-job training may be purchased or arranged to achieve an IPE employment outcome.

Procedures

The counselor, client and employer shall agree on the specific operations or skills that will be learned and complete an RA-89, On-The-Job Training form, or a similar form to specify the skills to be learned and the employer's legal responsibilities in providing the training. Employers must provide Workers Compensation, Unemployment Insurance, Social Security and at least minimum wage except that Unemployment Insurance is not required for state and federal employees, state institutions of higher education, and religious or charitable organizations. Private non-profit organizations may elect not to take part in Social Security.

The training fee is usually based on a negotiated percentage of the entry wage. It may be calculated on a decreasing scale over the term of training based on the client's increasing productivity. When the client's skills reach a standard entry-level skill, the training is concluded. On-the-job training may be supplemented by use of a job coach.

The counselor shall advise SSDI recipients that on-the-job training income is counted toward their 9-month trial work period.

Information

On-the-job training allows the client to learn an occupation or skill under actual employment conditions while earning a wage. The counselor may utilize a third-party vendor to be the employer of record. The employer of record assumes the legal responsibilities for employment, usually for an additional administrative fee.

Michigan Rehabilitation Services (MRS) reimbursement to an employer or employer of record constitutes a training fee for training services. MRS is prohibited from providing wage or salary in an OJT or OJE arrangement, or to promise to do so.

6725: Training – Tutorial

Policy

Tutorial training may be provided under special circumstances for academic remediation or to develop technical or occupational skills needed to achieve an IPE employment goal.

Procedures

When tutorial training is needed at the secondary or post-secondary level, the client shall be referred to the secondary or post-secondary training institution for such tutoring.
Michigan Rehabilitation Services (MRS) shall not provide tutoring that is the responsibility of an educational institution under free appropriate public education (FAPE) or of a post-secondary institution under existing legislation and funding.
If the individual requires specialized training not available through the training institution, MRS may authorize academic tutoring provided the tutoring is not associates with the training facility.

Information

Technical or occupational skill tutors should demonstrate proficiency in the area in which they tutor and may be required to be licensed or certified as applicable.
Qualified academic tutors will usually have a bachelor's degree, with a major or minor in the area in which they tutor.

6750: Training - Work Adjustment

Policy

Work adjustment training may be provided as part of Trial Work Experience or as an IPE service.

Information

Work adjustment training may be needed to assist individuals in acquiring personal habits, attitudes, and skills to function effectively on a job, develop or increase work tolerance prior to engaging in vocational training or employment, develop work habits and orient the client to the world of work, provide skills or techniques to compensate for losses due to disability, or assist in acquiring job-seeking skills and locating employment.

Work adjustment training may be provided by accredited community rehabilitation organizations, job coaches, and employers. When using employers to provide work adjustments services, the service is considered to be on-the-job training or work experience training.

6760: Students and Youth with Disabilities

Policy

Michigan Rehabilitation Services (MRS) may provide vocational rehabilitation services to eligible Students with a Disability and Youth with a Disability pursuant to an Individualized Plan for Employment (IPE) or in connection with the development of an IPE. An IPE shall be completed promptly for a Student with a Disability consistent with IPE requirements, but not later than the date of exit from the K-12 education system.

MRS may not purchase services that are the funding responsibility of Education under the Individuals with Disabilities Education Act (IDEA) and are not mandated as part of a Free and Appropriate Public Education (FAPE).

The definition of Student with a Disability and Youth with a Disability is as follows:

Student with a Disability:

- Age 14-26 at application and
- Enrolled in the K-12 education system including traditional public schools, intermediate school districts, private schools, charter schools (public school academies), alternative schools, schools for individuals with disabilities such as the Michigan School for the Deaf, 504 students, home-schooled students and students in education programs in correctional facilities.

Youth with a Disability:

- Age 14-24 at application and
- Not enrolled in the K-12 education system including traditional public schools, intermediate school districts, private schools, charter schools (public school academies), alternative schools, schools for individuals with disabilities such as the Michigan School for the Deaf, 504 students, home-schooled students and students in education programs in correctional facilities.

Counselors must identify youth at application as either a Student with a Disability or Youth with a Disability on the RA-2910 -- Application for Vocational and Employment Services and in *Aware* on the Intake page.

The Student with a Disability and Youth with a Disability definitions honor the intent of the Rehabilitation Act, which emphasizes transitioning from school to adult life. At the same time, it recognizes that Students with a Disability and Youth with a Disability have similarities and differences regarding service needs. Students with Disabilities are engaged in the K-12 education system and benefit from services and supports mandated by IDEA. Youth with a Disability have developmental needs related to their age, but they no longer view themselves as a Student with a Disability, nor are they benefiting from the connection with a K-12 education system.

Making the distinction between these two populations allows MRS to ensure that both groups have access to and receive the services most appropriate for their group.

Procedures

The following are minimum casework standards for MRS service delivery to transition youth and young adults with disabilities.

Student with a Disability

1. Referral, Application and Eligibility Assessment

A Student with a Disability referred by a school for vocational rehabilitation services or who otherwise provides referral information to MRS are to be provided an orientation within 30 days of referral (see RSM 3000 – Referrals. Examples of K-12 education referrals include traditional public schools, intermediate school districts, private schools, charter schools (public school academies), alternative schools, schools for individuals with disabilities such as the Michigan School for the Deaf, 504 students, home-schooled students and students in education programs in correctional facilities.

Students and parents who attend an MRS group informational session are not considered referrals until they meet the requirements for referral noted in MRS referral policy (see RSM 3000 – Referrals).

Once the application process has been initiated, an eligibility and vocational needs assessment shall commence promptly, consistent with MRS policies. Minor students' parent or guardian must be involved at application and shall sign the application for services, unless refusal to sign occurs and is documented (see RSM 3050 – Application).

Documentation from a school, such as an Individualized Education Program (IEP), that certifies a student's disability and current eligibility for special education services, is sufficient to document that the student has a disability (physical or mental impairment that constitutes a substantial impediment to employment), but is not sufficient to presume eligibility for MRS services. To determine eligibility for services, the counselor must determine whether the

student requires specific vocational rehabilitation services to achieve an employment outcome consistent with the student's strengths, resources, priorities, concerns, abilities and capabilities, taking into account the individual's interests and informed choice.

Eligibility must be determined in a timely manner (see RSM 3200 – Determination of Eligibility and Priority Category).

Individuals who are entitled to SSI based on their disability (not the disability of a parent) are presumed to be eligible and, at a minimum, meet the federal criteria for "significantly disabled."

Extended assessment may be appropriate for any individual, including SSI recipients, when ability to benefit, due to the significance of disability, is in serious question. Extended assessments should be conducted in integrated settings to the maximum extent possible.

2. Assessment Documentation

The counselor must seek maximum available information from the school to determine eligibility and the student's vocational needs. Schools are required to conduct a comprehensive evaluation to determine a student's disability. Every three years thereafter, schools conduct a reevaluation using existing data to determine a student's continued eligibility for special education. If necessary, a new evaluation must be conducted.

In addition, a transition assessment is conducted yearly as part of the IEP process. When such assessments are not timely or sufficient for MRS purposes, the counselor may purchase assessments as needed to determine eligibility, disability priority, vocational needs, and for vocational planning. While a copy of a current IEP is sufficient to establish that a student has a disability, it rarely provides enough information for an assessment of a student's vocational rehabilitation needs. Additional school documentation should be secured when available even if this occurs after the initial referral.

Examples of the types of documentation that can be obtained from the school include: Education Development Plan (EDP), Present Level of Academic Achievement and Functional Performance (PLAAFP), Transition Assessments, and the Summary of Performance.

3. IPE Development

The Transition provisions in the Rehabilitation Act, in addition to requiring that an eligible student have an IPE in place prior to K-12 exit, now also require that MRS provide Pre-Employment Transition Services (Pre-ETS) prior to the eligible student's exit from the K-12 system.

Pre-ETS are defined as:

- Job exploration counseling.
- Work-based learning experiences, which may include in-school or after school opportunities, or experience outside the traditional school setting (including internships), that is provided in an integrated environment to the maximum extent possible.
- Counseling on opportunities for enrollment in comprehensive transition or postsecondary educational programs at institutions of higher education.
- Workplace readiness training to develop social skills and independent living; and
- Instruction in self-advocacy, which may include peer mentoring.

Pre-ETS were enacted to ensure that Students with Disabilities have comprehensive career development opportunities and work experiences while transitioning from school to postsecondary life.

MRS is mandated to reserve not less than 15% of annual allotted funds for the provision of Pre-ETS. The provision of these services must be documented for each eligible Student with a Disability served by MRS. Pre-ETS services may be purchased, provided or coordinated. Civil service staff time spent in the provision and coordination of Pre-ETS must be documented on a Pre-ETS Tracking form.

Pre-ETS are provided in Extended Assessment; as part of the Comprehensive Needs Assessment toward the development of an IPE; or as part of service delivery in an IPE.

Referrals of Students with Disabilities need to occur early enough to facilitate the provision of Pre-ETS and meaningful IPE development prior to school exit. In unforeseen circumstances when this does not occur and eligibility is not determined prior to K-12 exit, the counselor shall apply the 90-day standard for IPE development consistent with general procedural requirements (see RSM Item 5050 – Individualized Plan for Employment).

Parents and/or guardians of minor students must be a part of IPE planning including job goal selections and must sign the IPE.

Students (and/or their legal guardians) must be provided the opportunity to exercise informed choice in the selection of the vocational goal, services and service providers that are part of the IPE (see RSM 2225 – Informed Choice).

4. Employment Goal

The Individualized Education Program (IEP), for students receiving special education services, shall be considered while developing the IPE. Aligning the IPE with the IEP is ideal but can only be accomplished if the postsecondary employment goal in the IEP is consistent with the student's strengths, resources, priorities, concerns, abilities, and capabilities, taking into account the individual's interests and informed choice.

For an eligible Student with a Disability in the K-12 education system who has not yet determined a specific employment goal, a Career Pathway, as identified by the Michigan Department of Education, Office of Career and Technical Education, may be used as an employment goal until the student completes the K-12 secondary education.

Use of a Career Pathway job goal still requires the counselor to provide the scope of Pre-ETS in the Comprehensive Needs Assessment and the IPE prior to K-12 exit. After the individual exits K-12, the IPE shall be amended as soon as feasible to reflect a more specific employment goal before additional training or placement activity proceeds. A Career Pathway shall not be used as an employment outcome at closure.

5. Services

Vocational rehabilitation services may be arranged, purchased, or provided to implement an IPE including the provision of Pre-ETS.

6. Closure

A Student with a Disability may not be closed as successfully rehabilitated with a Career Pathway job goal. The case must be closed with a specific job goal identified in the IPE or IPE amendment. Case closure requirements identified in case closure policies and procedures apply.

Youth with Disabilities

Requirements for serving Youth with Disabilities; i.e. processing an application, determining eligibility, providing a comprehensive vocational needs assessment and IPE development are consistent with general MRS policy and procedural requirements.

Specific considerations:

1. Application and Eligibility Assessment

- Minor's parent(s) or guardian(s) must be involved at application and shall sign the application for services, unless refusal to sign occurs and is documented.
- Youth with a Disability who are entitled to SSI based on their disability (not the disability of a parent) are presumed to be eligible and, at a minimum, meet the federal criteria for "significantly disabled."
- Extended assessment may be appropriate for any individual, including SSI recipients, when ability to benefit, due to the significance of disability, is in question.

2. Assessment Documentation

Although the Youth with a Disability is not enrolled in school at the time of MRS application, the counselor must seek maximum available information from all available sources, including any past school attendance, to determine eligibility and the individual's vocational needs.

3. IPE Development

Parents and/or guardians of minor Youth with a Disability must be a part of IPE planning and sign the IPE.

Youth with a Disability (and/or their legal guardians) must be provided the opportunity to exercise informed choice in the selection of the vocational goal, services and service providers that are part of the IPE, consistent with the provisions of MRS' informed choice policy.

Counselors may consider encouraging Youth with a Disability that do not possess a high school diploma/GED to explore options for how they may be able to earn their diploma/GED. Possible options include adult education, Michigan Virtual High School, alternative schools, high school completion programs in college settings, etc. Another option is to counsel Youth with a Disability to pursue a Michigan Career Readiness Certificate which is one way to validate an individual's job skills to potential employers.
Information

Transition-related services are defined by the Rehabilitation Act as "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."

IDEA requires that educational entities begin transition services for students with disabilities no later than age 16. MRS may become involved as early as 14, if appropriate, to provide vocational rehabilitation services or in a consultative role, to be a part of transition planning in connection with a school's IEP or Transition Plan.

6775: Transportation Services, Miscellaneous

Policy

Transportation services may be authorized or arranged only in support of a vocational rehabilitation service required as part of an IPE or for assessment.

Procedures

Transportation services may include, for example, bus fare, driver's license fees, vehicle license plates, mileage allowances, and taxi service in support of another service.
Public transportation shall be used when it is available and meets a client's rehabilitation needs.

A multi-ride pass or single-ride tickets or tokens can be provided. Disbursement of tickets or tokens should be recorded on the district office bus ticket log in order to provide a record for state accounting purposes.

The following guidance may be used in determining amounts to be authorized for transportation:

- Clients driving their own vehicle should be reimbursed for their actual costs, but no more than 75 percent of the rate for state employees driving their own vehicle in lieu of an available state car.
- Attendants and escorts driving their own vehicle should not be reimbursed in excess of the rate state employees received for driving their own vehicle in lieu of an available state car.
- Reimbursement should be based on the number of miles to be traveled per trip and the number of trips to be covered.

Information

Parking permits and special license plates are available to persons with disabilities through Secretary of State offices. There is no charge for the parking permit, and special plates cost the same as regular license plates. A physician must certify the client's handicap before permits or licenses will be issued unless the individual is visibly disabled.

The following are examples from the Federal Regulations of expenses that would meet the definition of transportation in support of another service.

- Travel and related expenses for a personal care attendant or aide if the services of that person are necessary enable the applicant or client to travel to participate in any

vocational rehabilitation service.

- Short-term travel-related expenses, such as food and shelter, incurred by an applicant participating in evaluation or assessment services that necessitate travel.
- Relocation expenses incurred by a client in connection with a job placement that is a significant distance from the client's current residence.

6800: Vehicle Insurance

Policy

Vehicle insurance may be provided as part of a transportation service under an IPE.

Procedures

The period of insurance coverage purchased shall not exceed the duration of the IPE service that transportation services are in support of.

In general, $500.00 deductibles are used when Michigan Rehabilitation Services (MRS) purchases coverage.

The counselor shall consider the proportion of vehicle insurance that is required to support the individual's IPE in considering the extent of the Michigan Rehabilitation Services' (MRS) contribution to the purchase of insurance.

To comply with state accounting requirements, three comparative rates for new policies or policy renewals shall be obtained. Use of the Vehicle Insurance Worksheet, RA-4659 is encouraged to assure comparable quotations. This is not required if the current policy was purchased on the basis of comparative rates in the past six months. A receipt or copy of the Certificate of Insurance shall be obtained for the case record.

Information

The Uniform Trade Practices Act of 1976 prohibits an insurance company from refusing coverage or charging a higher rate to handicapped persons unless it can show a relationship between the handicap and risk of loss. Clients may contact the Department of Insurance & Financial Services, P.O. Box 30220, Lansing, MI 48909, phone toll free 877-999-6442 for further information or assistance.

6825: Vehicle Modification

Policy

Vehicle modification may be arranged or purchased to meet an IPE employment outcome.

Procedures

Following the procedures outlined below when modifying vehicles will ensure that state, federal and professional standards have been met.

At the time vehicle modifications are initially considered, the client and counselor shall review the Fit Factors Job Aid. The Job Aid describes issues which shall be considered when purchasing and modifying a vehicle, including the length of time needed for modifications, the interface between the vehicle and the client's mobility device or other specialized equipment, warranties, parking, security, insurance, and the cost of maintenance and operation.
If possible, clients considering van modifications should contact other individuals who drive modified vans to discuss the problems and realities of modifying and maintaining such a vehicle.

On-going communication among all involved parties (client, counselor, evaluator, and vendor) is a key element in successful vehicle modification. In many instances, a pre-quotation conference involving the counselor, client, vendor, and evaluator is indicated. Such a conference (by telephone or in person), occurring before the authorization is written, resolves questions about the prescription and specific equipment to be used.

Clients must have a valid driver's license, if they will be the driver. A copy shall be retained for the case record. Clients who are unable to take the road test until all modifications are completed need a temporary instruction or temporary operator's permit and a plan, developed with the driver evaluator, to obtain a driver's license. A copy of the temporary license, and the final driver's license shall be retained in the case record.

Evaluation and Training

A driver evaluation and prescription, completed by a qualified driver evaluator, shall be obtained except when purchasing or arranging the transfer of existing equipment or the provision of replacement equipment which involves comparable equipment, a comparable vehicle, and no changes in the client's functional capacities. The counselor shall be certain that the evaluator is qualified at the van level, if van modifications are planned.

Individuals are considered to be qualified driver evaluators in the area of adaptive vans if they:

- Hold a Certificate of Recognition in Automobile Modification from the Association of Driver Education for the Disabled (ADED), or
- Are a registered occupational therapist, or
- Hold a secondary teaching degree with Driver Education Certification; and
- Have access to consultation with a registered occupational therapist.

All individuals and organizations which provide driver evaluation and training are required to be licensed by the Michigan Department of State - Licensing Division 517-241-6829. In addition, the Department of Education has established requirements for teenage (under age 18) driver programs and instructors 517-373-0763.

If the driver evaluator is not a registered Occupational Therapist, a functional capacities evaluation for the client may be indicated. Similarly, such an evaluation may be indicated in determining whether there has been a change in functional capacities.

The individual's purchase of a vehicle should be deferred until after driver evaluation and initial training; the client's need for modifications will, to some extent, dictate the type of vehicle that will be purchased.

Arrangements shall be made for the client to complete both a driver evaluation and driver training before a prescription is written if the client is a new driver, will be driving a vehicle with unfamiliar modifications, or has not driven recently. The driver evaluator may determine that the training can be waived.

If additional driver training is needed after the modifications are prescribed, the training shall be arranged with an individual licensed to provide driver training and able to provide the training in the clients' modified van. Consultation with the driver evaluator will be required to make this determination.

Additional training, after modification of the vehicle, may be necessary if there is a delay between the initial training and completion of the modifications.
If the client will be a passenger, the counselor shall ensure that the person driving the client is a licensed driver and trained in the use of equipment used to modify the van.

Purchasing Modifications

A used vehicle with a warranty and/or used equipment may provide the client with a savings in the initial purchase cost and insurance costs. However, these savings shall be weighed against the longer-term costs of maintenance and replacement.

If the client receives SSDI or SSI, the cost of purchasing and modifying a vehicle may be approved in a Plan To Achieve Self-Support (PASS) or as an Impairment Related Work Expense. The client and counselor should consult with the local Social Security office. If equipment is

purchased without a prescription, state accounting rules require multiple bids.

The vehicle title shall be in the client's name. Including the make, year, and vehicle identification number on the authorization will ensure that the correct vehicle is obtained.

The prescription shall be reviewed with the client as well as the anticipated time frame for the modifications and the client's financial obligations, responsibilities, and commitment to participate in the conformance check.

In consultation with the driver evaluator, the counselor may determine that an engineering evaluation of the vehicle modification is indicated to ensure that any systems added or structural changes made were done in a manner which is safe. The engineering evaluation can be completed concurrently with the conformance check.

The counselor shall purchase vehicle modification services only from vendors who have agreed to conform to the National Mobility Equipment Dealer's Association (NMEDA) guidelines. Additional information can be obtained at the NMEDA website at: https://nmeda.com/. For equipment that has been tested by the Veteran's Administration (VA), only the VA approved equipment should be used.

Reviewing the vendor's final bid or price quotation with the evaluator will help ensure consistency with the prescription.

If clients have unresolved complaints about service from a Michigan vendor after the authorization has been paid, they shall be directed to contact the Bureau of Automotive Regulation at 800-292-4204.

A conformance check shall be purchased or arranged for all van modifications before delivery to the client. This is best planned for at the time the authorization for the modifications is written, with the following message added to the authorization: "Payment is subject to successful completion of a conformance check." In scheduling the conformance check, priority should be given to scheduling a time when the client can be present. A written report or statement from the vendor regarding the conformance check should be obtained. Payment for modifications shall not be processed until the conformance check and any corrections have been completed. It may be necessary to authorize to the vendor to drive the van to the evaluator or pay the evaluator to travel to the vendor, as necessary.

Information

In Michigan, Mary Free Bed Hospital, Rehabilitation Institute of Detroit, Disabled Driver's Services (University of Michigan Hospital), A & A Driving School (Providence Hospital), and CDE Incorporated (Bay Medical Center) meet these criteria. Munson Hospital in Traverse City contracts with the Disabled Driver's Services for van evaluation, prescription, and training

services.

The following offer rebate programs when an individual requires adaptive equipment to use a new vehicle.

The Chrysler Corporation 800-255-9877 or visit the website at http://www.chrysler.com/en/incentives/bonus_incentives

Ford Motor Company 800-952-2248 or 800-833-0312 for people with hearing disabilities, General Motors Corporation 800-323-9935, TTY 800-833-9935, or visit the website at http://www.gmmobility.com

Currently, the Veteran's Administration (VA) tests in the following categories: hand controls, van lifts, low effort steering systems, and special driving systems.

6850: Vehicle Purchase

Policy

Assistance with the purchase of a vehicle may be authorized or arranged:

- only in support of an Individualized Plan for Employment (IPE) service of training or employment;
- only when vehicle purchase has been determined to be the least cost service that will meet the individual's rehabilitation need after thorough exploration and exhaustion of alternate transportation options, including the availability of public transportation; and
- only with the documented approval of the Site or District Manager prior to IPE completion.

Sales tax must be paid either by MRS or the customer whenever MRS funds are expended toward vehicle purchase.

Procedures

The results of researching transportation options prior to considering or requesting vehicle purchase must be comprehensively documented in a case note or IPE counseling summary. Exploration of public transportation options including commuter bus service and curb to curb service must be investigated and documented before considering other transportation alternatives.
If public transportation is not available or will not meet the individual's rehabilitation need, consideration of other options as delineated in RSM 6775 -Transportation Services - Miscellaneous, must be explored. Transportation possibilities may include authorization for mileage to an individual to drive their own vehicle; taxi service; bus fare, mileage authorized to another person to transport the individual, the cost of carpooling or in some instances short-term rental or leasing of a vehicle.

Assistance with the down payment of a vehicle may be adequate if the individual will have the funds to make subsequent payments.

A used vehicle in good condition is a less costly purchase than a new vehicle and will generally meet an individual's rehabilitation needs. There are instances, however, when a new vehicle must be purchased to meet the individual's need for adaptive equipment or specialized modifications not otherwise available on an existing used vehicle. A van shall be purchased only if it is the least costly vehicle which will meet the individual's functional rehabilitation and transportation needs.

Used vehicles are required to have a 90-day dealer warranty or pass an evaluation by a registered garage. The evaluation shall not be done by the dealer from whom the vehicle is

purchased. The Vehicle Inspection Report Form RA-4657 or its equivalent shall be used to obtain the evaluation. Individuals are expected to trade in their old vehicle or use the proceeds from its sale, if it is marketable, toward the purchase of another vehicle or other service needs in their IPE.

The vehicle title shall be in the customer's name. A copy of the vehicle registration or vehicle title shall be retained in the case record.

At the time of vehicle purchase, the counselor and customer will determine who will cover the cost of sales tax. The practice of exploring and encouraging customer financial participation toward the cost of services is consistent with RSM 5125 - Financial Participation. Covering the sales tax, if agreed to by the customer might be a logical contribution as it is paid at the time the title is obtained.

If the customer will be the driver, there shall be assurance the customer has a valid driver's license before purchase of a vehicle. If a customer is unable to drive, a vehicle may be purchased if there is assurance of a driver with a valid license available to transport the customer. A copy of the driver's license of the customer or the individual who will be the driver for the customer shall be retained in the case record.

To comply with state accounting requirements, three bids must be obtained when purchasing new vehicles. This requirement is waived when the Michigan Rehabilitation Services (MRS) contribution is a flat down payment amount. When purchasing a used vehicle, the counselor shall ensure that the price is reasonable. Generally, the purchase price of a used vehicle shall not exceed by more than $100 the "average retail price" listed in the current month's National Automobile Dealers Association's Used Car Guide ("Blue Book").

The customer is responsible for routine maintenance of vehicles after the MRS purchase and shall be advised of their responsibility. If MRS authorizes for the full purchase price of a vehicle, there must be case record documentation of the arrangements for ensuring that the vehicle is adequately protected by insurance to protect MRS' investment.
The customer and counselor shall discuss the probable impact on benefits the customer is receiving from another agency or program prior to vehicle purchase to minimize the impact of the vehicle purchase. For example, for public assistance recipients, if the equity value of the vehicle exceeds Department of Health and Human Services program limits, the customer (and the family unit) will be ineligible for benefits. The equity value is the sale price of the vehicle less the amount owed on the vehicle.

Information

Vehicle Purchase is defined as any financial assistance towards the leasing, renting, or purchasing of a vehicle including a down payment, a monthly payment or any variation of assistance towards that of a vehicle purchase.

6875: Vehicle Repair

Policy

Repairs may be authorized for a vehicle owned by the client, a vehicle owned by a family member if the client will be driving it to support a rehabilitation service or a vehicle owned by a family member who will be responsible for transporting the client in carrying out an IPE service and this is the only means of transportation available.

Procedures

A written repair estimate shall be obtained from a repair center registered with the Bureau of Automotive Regulation. A second estimate shall be obtained when estimated repairs are $500.00 or more. A second estimate is not required if the vehicle is inoperable.

The counselor shall determine that the vehicle's condition or value justifies the cost of repairs before they are authorized. The information used to make the determination may include the following -- a statement from the mechanic or repair center which provided the estimate(s), or a vehicle inspection from a licensed mechanic or repair center or evidence that the repair costs do not exceed the average retail value of the vehicle.

Repairs shall be authorized only from licensed mechanics or repair facilities registered with the Bureau of Automotive Regulation.

In determining if, or the extent to which, recommended repairs shall be approved to ensure the safety and reliability of the vehicle, consider:

- The cost of current and anticipated repairs,
- The age, condition, and value of the vehicle,
- Other available means of transportation, and
- The length of time it will take the client to complete the IPE objective(s) for which the vehicle is required

Prior to authorizing vehicle repairs, the counselor shall verify that the client has a current driver's license, and the vehicle has valid license plates and adequate insurance coverage. It may be necessary to assist the client with these costs.
Proof of vehicle ownership shall be requested if ownership of the vehicle to be repaired is questionable.

Information

Vehicles in excellent or good condition may warrant repair even if their market value is low. The older the vehicle, however, the more caution is indicated before approving repairs. When IPE activities will be of long duration, it may be more economical to replace rather than repeatedly repair an older or poorly maintained vehicle. The counselor may wish to observe the general condition of a vehicle or obtain an additional estimate before authorizing repairs if in doubt about the vehicle's worthiness for repair.

Vehicle inspections are recommended for older vehicles, when repairs are expected to be costly, or when the vehicle's general condition is questionable. In these instances, a complete vehicle inspection may be appropriate. Vehicles in generally good condition or in need of only minor repair may benefit from a partial inspection to assess the immediate problem and safety related items such as brakes, steering, and the exhaust system. The National Automobile Dealers Association Used Car Guide or an equivalent publication can be used to estimate the market value of used vehicles. Financial institutions, used car dealers, and classified newspaper advertisements can be used to estimate the value of vehicles not listed in used car guides.

6900: Wheelchair/Powered Mobility Devices

Policy

Wheelchairs and powered mobility devices may be purchased or arranged as part of a trial work experience plan or IPE.

Procedures

Comparable benefits such as Medicaid or Medicare shall be explored and used if available.

Wheelchairs and powered mobility devices are high technology, high-cost items and shall be prescribed only after an analysis of the client's home and work sites, and transportation needs. This sequence helps ensure prescription of a device that will be functional in all these settings.

For new users of wheelchairs or powered mobility devices, or for changes in equipment for current users, a prescription shall be obtained from the treating physician, an orthopedic specialist, or a physiatrist. If the physician does not specify the seat height, width, length, and angle; footrest height; and -- for wheelchairs only -- the hand rim diameter; these measurements shall be obtained in writing from a physical or occupational therapist, orthotist, or rehabilitation engineer. The client's needs, activities and preferences shall be reported to the prescriber to ensure an appropriate prescription.

An independent evaluation may be needed to determine which device will best match the prescription and fit the client's needs. Such an evaluation cannot be considered independent if it is provided by the source that sells the prescribed equipment.

A re-check of equipment shall be arranged for new users by the professional or clinic who developed the prescription, to assure conformity to the prescription prior to approving the vendor's billing for the equipment.

Information

Advances in technology are most notable in the following areas:

- Adaptive Equipment – Chairs are now available with "on-board" computers that in turn operate other computers, environmental control units, or computer-assisted speech units. In addition to sip and puff controls for acceleration, braking, and turning, controls can be operated through head sticks, eye blink, and muscle twitch.
- Customized Seating – Seating should be fitted to the needs and physical contours of the

individual to reduce fatigue, improve upper extremity function, and reduce spasticity.

- Integrated Driving Systems – These are chairs designed to work with a specific package of modifications for driving. If such a system will be considered, the driving evaluator should be consulted before the chair is purchased.
- Power Chairs – A wide range of options for power chairs are available, including chairs with removable batteries, electric recline systems, and on-board computers. There is also a range of carts or powered mobility devices, which are suitable for uneven terrain.
- Ultra-Light Chairs – Chairs that are ultra-light weight may increase mobility by reducing exertional demands, as they are easier to push and load into a car or van.

Some non-folding chairs are significantly lighter than folding models; those with quick release axles may permit independent loading by individuals with significant upper extremity limitations.

A variety of specialized wheelchairs and carts are available; including standing chairs and carts that operate in rough terrain. The Job Accommodation Network (1-800-526-7234) or askjan.org is one source of information on special function chairs. Contact the Michigan Assistive Technology Loan Fund at www.michiganloanfunds.org for information about assistance with the purchase of assistive technology.

7000: Vocational Rehabilitation Case Record Closure

Purpose

In accordance with state and federal regulations, this policy outlines processes for case record closure from the Vocational Rehabilitation (VR) program.

Policy

Michigan Rehabilitation Services (MRS) VR case record is closed when the customer:
Achieves Competitive Integrated Employment (CIE)
Does not achieve CIE
Determined ineligible for services

Procedures

Final Billing of Authorizations

MRS staff are required to final bill or cancel all authorizations prior to case record closure in accordance with Section 9 of the Rehabilitation Services Manual (RSM).
Case Record Closure Categories and Documentation Requirements
MRS counselors select from the following 18 program case record closure categories and ensure all listed documentation requirements are met prior to case record closure:

1. Competitive Integrated Employment (CIE)

Enter an Aware Administrative Note summarizing employment stability for no less than 90 days and verification of retention of employment consisting of one of the following:

- Most recent pay stub/electronic deposit statement
- Employer written verification of employment/wages
- Electronic employment verification including Unemployment Insurance (UI) wage match, federal employment records, or military employment records
- For customers who are self-employed, or commission based, accounting worksheets including deposit statements that verify earnings

Exception: If the counselor is unable to document verification from the above sources, MRS site manager approval is required to verify employment through either:

- *Written employment/wage verification from job developer/vendor*
- *An MRS counselor Aware Actual Service – Job Placement Assistance note indicating follow-up with customer and verbal verification by the customer of employment/wages*

2. No Impairment/Impediment to Employment

Enter an Aware Administrative Note summarizing the medical/psychological documentation that confirms the applicant was determined to have no disabling condition, no impediment to employment, or did not require VR services to prepare for, secure, retain, advance in, or regain CIE.

3. No Longer Interested in Receiving Services Prior to Eligibility

Enter an Aware Administrative Note summarizing that prior to the eligibility determination, the customer no longer wants to pursue CIE.

4. No Longer Interested in CIE After Eligibility Determination

Enter an Aware Administrative Note summarizing that subsequent to the eligibility determination, the customer no longer wants to pursue CIE.

5. Disability Prevents Continuation of Services After Eligibility Determination

Enter an Aware Administrative Note after eligibility determination summarizing how medical/psychological documentation does not support the customer pursuing CIE.

6. Disability Too Severe/Unable to Benefit After Trial Work Experience(s) (TWE)

Enter Aware Administrative Note summarizing Trial Work Experience(s) that conclude the customer is too severe/unable to benefit from services in alignment with RSM 3175 - Trial Work Experience.

7. Unable to Participate in a TWE Prior to Eligibility Determination

Enter Aware Administrative Note summarizing how medical/psychological information indicates customer's inability to participate in a TWE prior to eligibility determination.

8. Health/Medical

Enter Aware Administrative Note summarizing customer is hospitalized or receiving medical treatment that is expected to last longer than 90 days and precludes the pursuit of CIE or continued participation in the VR program. Documentation may consist of medical records, self-report, or a statement from family/other agency contact.

9. Death

Enter Aware Administrative Note summarizing customer is deceased. The source of this

information may include, but is not limited to, notification from the family, other agency contacts, or verification from internet search of obituaries.

10. Reserve Forces – Called to Active Duty

Enter Aware Administrative Note summarizing customer is a member of a branch of the United States military or reserve forces called to active duty for at least 90 days. The source information may include but is not limited to notification from customer/family or copy of military orders.

11. Entered Correctional Institution

Enter Aware Administrative Note summarizing customer entered a correctional institution (e.g., prison, jail, reformatory, prison farm, detention center) or other institution designed for confinement or rehabilitation of criminal offenders. The source of information may include internet searches such as the Michigan-Offender Tracking Information System (OTIS), report from family or another agency.

12. Transferred to Another Agency or Working with Another Employment Network

Enter Aware Administrative Note summarizing that the customer will be receiving services from an employment network (Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) Ticket to Work program) or Bureau of Services for Blind Persons.

13. Unable to Contact

Enter Aware Administrative Note summarizing unsuccessful efforts to locate customer. Examples may include attempted contact through emergency contact number/address, email, phone number the customer provided or contact with other agencies if a release of information was provided.

14. Failure to Participate

Enter Aware Administrative Note summarizing customer's failure to keep appointments, participate in assessment, engage in counseling, or other MRS counselor services identified as necessary to develop or achieve the IPE employment goal.

15. Non-CIE Outcome After Extended Employment

Enter Aware Administrative Note summarizing customer received IPE services and was placed in a non-integrated or sheltered setting and did not subsequently achieve CIE.

16. Extended Services Unavailable (Supported Employment)

Enter Aware Administrative Note summarizing customer received IPE services, but requires long-term extended services (e.g. Supported Employment) for which no long-term source of funding is available.

17. Supported Employment Earning Sub-Minimum Wage

Enter Aware Administrative Note summarizing customer achieved supported employment in integrated employment but did not earn a competitive wage after exhausting the short-term basis period in alignment with policy MRS 5075-Supported Employment.

18. Continued Employment at Sub-Minimum Wage

Enter Aware Administrative Note summarizing at the time of referral, the customer was employed at a sub-minimum rate of pay, applied for VR services and then a determination was made that the customer did not want to pursue CIE.

Notification of VR Case Record Closure

MRS staff provides customer with a written notice of case record closure based on the reason(s) selected within the categories listed above. Notifications are to include:

- Effective date of case record closure
- Narrative description of the reason for case record closure
- Right to appeal case record closure decision
- Availability of the Client Assistance Program (CAP)
- Availability of post-employment services for employed customers

Exception: Case record closure notification is not required when the reason is either #9 Death or #13 Unable to Contact listed within the Categories of Case Record Closure and Documentation Requirements section of this policy.

Referral Services at Case Record Closure

Referrals to other federal and state programs may include Center for Independent Living Centers or other Workforce Innovation and Opportunity Act (WIOA) partners.
If a referral is necessary, MRS counselor enter an Aware Administrative note explaining the need to refer the customer to another program.

7175: Post Employment Services

Policy

An assessment of the need for post-employment services shall be conducted prior to rehabilitated closure. Individuals whose cases have been closed rehabilitated shall be provided additional services if necessary to maintain, regain, or advance in their current employment.

Procedures

The need for post-employment services may arise either from an unexpected situation or be planned as part of the IPE or at case closure. Clients shall be encouraged to stay in touch with their counselor following case closure to seek assistance if problems arise and employment is in jeopardy.

Post-employment services are provided as an amendment to the IPE and generally are provided within approximately twelve months of case closure. In determining whether it is appropriate to provide a needed service in post-employment status, the counselor shall determine whether the service(s) is related to the original IPE and, therefore, is an appropriate amendment to it. The Post-Employment Module within *Aware* is used to document the amendment. Post-employment services shall be used to assist an individual in maintaining employment when a job is in jeopardy, or to regain employment when a new placement is needed due to job loss. Services may also be provided in post-employment status to assist an individual in advancing in their present career if extended training is not involved, and if it is determined that the current job is no longer consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, and interests. Objective, performance-based data shall be obtained to assist the counselor and client in making this determination.

Changes in the client's work situation (e.g., employer name, wages, hours worked, etc.) shall be recorded in the case record.

If the client is employed in a location outside of the originating district's territory, the counselor and client shall determine whether it would be in the client's best interest to have the case served by the district in which the client is now living.

7225: Annual Review of Case Closure due to Severity of Disability

Policy

Individuals whose cases were closed ineligible due to the severity of their disability and based on a finding that the individual was incapable of benefiting from Michigan Rehabilitation Services (MRS) services in terms of an employment outcome shall be provided an opportunity for a review of that determination one year after case closure to assess whether their condition may have changed and they may now be capable of benefiting from services. A review shall not be conducted when the individual has refused it, is no longer present in the state, whereabouts are unknown, or when the individual's medical condition is rapidly progressive or terminal.

Procedures

The *Aware* Caseload Browse, Activity Due feature notifies districts of former clients whose cases were closed ineligible one year previously because their disability was too severe. The printout shall be reviewed against the closed case file to identify those individuals who do not require an annual review. For example, an annual review may not be required if:

- The review process was explained to the client at case closure, the client did not desire the review, and this fact was summarized in the closure letter.
- The individual is no longer in the state or cannot be located; or
- The individual’s medical condition is rapidly progressive or terminal.

The Annual Review Case Closed Too Severe letter located in the Letters Catalog of *Aware* shall be used to notify all individuals identified in *Aware* of the opportunity for an annual review of their case closure. If an individual responds and indicates an interest in having a review of present circumstances, it shall be determined whether the individual's condition has changed so that MRS services would now be beneficial. If it appears the individual can now benefit from MRS services and is interested in reapplying, a new application shall be processed.

If the review indicates that the individual is not able to benefit further from MRS services, the individual shall be notified in writing of the decision and the rationale for it. The letter shall also advise the individual that subsequent reviews shall be self-initiated.

The outcome of the annual review shall be recorded in *Aware*.

7250: Semi-Annual Review of Case Closed in Extended Employment in Community Rehabilitation Program

Policy

A review shall be conducted semi-annually for the first two years and each year thereafter, if requested by the individual or their representative, after a case has been closed on the basis of extended employment (sheltered employment) in a community rehabilitation program. The purpose of this review is to determine whether the individual may be ready to benefit from services leading to competitive integrated employment.

Procedures

This review or re-evaluation shall include information from the individual or, in an appropriate case, the individual's representative to determine the interests, priorities, and needs of the individual for employment in, or training for, competitive integrated employment.
This review shall include signed acknowledgement by the individual, or as appropriate, their representative, that the review or re-evaluation has been conducted, and that maximum efforts in the identification and provision of Michigan Rehabilitation Services (MRS) services, reasonable accommodations and other necessary support services have been provided in an effort to engage the individual in competitive integrated employment.

The *Aware* Caseload Browse, Activity due feature notifies districts of individuals whose cases were closed in Extended Employment six months previously. The printout shall be reviewed against the closed case file to identify those individuals who do not require a semi-annual review. For example, a semi-annual review may not be required if:

- The review process was explained to the individual at case closure, the individual did not desire the review, and this fact was summarized in the closure letter.
- The individual is no longer in the state or cannot be located; or
- The individual's medical condition is rapidly progressive or terminal.

The Semi-Annual Review Case Closed in Extended Employment from the Letters Catalog in *Aware* shall be used to notify all other individuals on the listing of the opportunity for a semi-annual review of their case closure. If an individual responds and indicates an interest in having a review of present circumstances, it shall be determined whether the individual's condition has changed so that MRS services would now be beneficial. If it appears the individual can now benefit from MRS services and is interested in reapplying, a new application should be processed.

If the review indicates that the individual is not able to benefit further from MRS services, the individual shall be notified in writing of the decision and the rationale for it. After four semi-annual reviews have been completed, the letter shall also advise the individual that subsequent reviews should be self-initiated.

The outcome of the semi-annual review shall be recorded in *Aware* in the Follow-up Browse page.

Information

Extended Employment means work in a non-integrated or sheltered setting for a public or private nonprofit agency or organization that provides compensation in accordance with the Fair Labor Standards Act. Extended Employment does not satisfy the definition of competitive integrated employment and, therefore, is not considered a “successful” employment outcome under the Rehabilitation Act.

7275: Annual Review of Case Closed with a Deviated Wage

Policy

An annual review shall be conducted yearly for the first two years and each year thereafter if requested by the individual or their representative after a case has been closed with a deviated wage; that is an hourly wage less than minimum wage. The purpose of this review is to determine whether the individual may be ready to benefit from services leading to competitive employment in an integrated setting.

Procedures

This review or re-evaluation shall include information from the individual or, in an appropriate case, the individual's representative to determine the interests, priorities, and needs of the individual for employment in, or training for, competitive employment in an integrated setting in the labor market.

This review shall include signed acknowledgement by the individual, or as appropriate, their representative, that the review or re-evaluation has been conducted, and that maximum efforts in the identification and provision of Michigan Rehabilitation Services (MRS) services, reasonable accommodations and other necessary support services have been provided in an effort to engage the individual in competitive employment.

The *Aware* Caseload Browse, Activity due feature notifies districts of individuals whose cases were closed with a deviated wage one year previously. The printout shall be reviewed against the closed case file to identify those individuals who do not require an annual review. For example, an annual review may not be required if:

- The review process was explained to the individual at case closure, the individual did not desire the review, and this fact was summarized in the closure letter.
- The individual is no longer in the state or cannot be located; or
- The individual’s medical condition is rapidly progressive or terminal.

The letter, Annual Review Case Closed Deviated Wage, from the Letters Catalog in *Aware* shall be used to notify all other individuals on the listing of the opportunity for an annual review of their case closure. If an individual responds and indicates an interest in having a review of present circumstances, it shall be determined whether the individual's condition has changed so that MRS services would now be beneficial. If it appears the individual can now benefit from MRS services and is interested in reapplying, a new application should be processed.
If the review indicates that the individual is not able to benefit further from MRS services, the individual shall be notified in writing of the decision and the rationale for it. The letter shall also

advise the individual that subsequent reviews should be self-initiated.
The outcome of the annual review shall be recorded in *Aware* in the Follow-up Browse page.

8000: Federal Civil Service Placement Options

Procedures

The federal government has a special "Schedule A" appointing authority for persons with intellectual disabilities, severe physical disabilities, or psychiatric disabilities. Eligibility for appointment under this authority requires completion of a "proof of disability". The proof of disability may be obtained from:

- Licensed vocational rehabilitation specialists (state or private)
- Licensed medical professionals (e.g. a physician or other medical professional certified by a State, the District of Columbia, or a U.S. territory, to practice medicine)
- Any federal agency, state agency, agency of the District of Columbia or a U.S. territory, who issues or provides disability benefits.

Proof of Disability

In order to be hired under a Schedule A appointing authority, an individual must provide proof that he or she is an individual with intellectual disabilities, severe physical disabilities, or psychiatric disabilities. The proof of disability may be provided by appropriate documentation such as records, statements, or other appropriate information. The proof of disability must be provided to the hiring agency before an individual can be hired.

Information

Federal agencies hire individuals two ways, competitively and non-competitively (i.e., Schedule A). Persons with disabilities may apply for jobs either competitively or non-competitively. Individuals who are selected for employment must meet the requirements for the position and be able to perform the essential job duties with or without reasonable accommodations.

Most federal agencies have a Selective Placement Program Coordinator (SPPC), Special Emphasis Manager (SEM), or an equivalent position that assists the agency to recruit, hire, and accommodate persons with disabilities. Information regarding the role of the SPPC-SEM, as well as information regarding additional programs for persons with disabilities, can be found at the following web sites:

- http://www.opm.gov/disability
- http://www.usajobs.gov

Counselors are encouraged to visit these sites to obtain additional information regarding federal employment and programs for persons with disabilities.

Bureau counselors may complete a proof of disability for individuals who are not customers of MRS.

8025: Business Owned by a Person with a Disability

Policy

PA-112 requires that three percent of discretionary state procurement contracts be awarded to "businesses owned by a person with a disability".

Procedures

A “business owned by a person with a disability" is defined as:

"a business of which more than 50% of the voting shares or interest in the business is owned, controlled, and operated by persons with a disability; with respect to which more than 50% of the net profit or loss attributable to the business accrues to shareholders with a disability; and in which more than 50% of the employees are residents of this state."

Individuals who, within the past five years, meet any of the following criteria are automatically considered to have a significant disability for purposes of PA-112: (1) eligible for services from Michigan Rehabilitation Services (MRS), (2) eligible for services from the Commission for the Blind, (3) determined to have a 30% or greater disability rating by the Veterans Administration, or (4) received SSI or SSDI benefits.

There are three steps to the process of bidding on State contracts as a “business owned by a person with a disability":

1. Verification that the individual has a current significant disability
2. Certification as a “business owned by a person with a disability" by the Michigan Department of Civil Rights using form CR507 (forms available through the Civil Rights Commission 313-456-3823)
3. Completion of a Vendor Application with the Michigan Department of Management and Budget which may be completed at any time during the process (forms available through the offices of the Department of Management and Budget, 517-373-4111)

The Department of Civil Rights will accept a copy of an award letter or a check as verification of a person with a disability who have received SSI or SSDI during the past five years.
All other individuals, and MRS clients served within the past five years, may have their disability verified by MRS. Clients of the Bureau of Services for Blind Persons, or the Veterans Administration within the past five years should be referred to those agencies for verification of disability.

8050: Michigan Career and Technical Institute (MCTI)

Policy

MCTI may be used as appropriate for vocational assessment and as an employment training resource for MRS applicants, eligible individuals, and others who qualify.

Procedures

The Michigan Career and Technical Institute (MCTI) is a residential public post-secondary vocational training facility which also provides comprehensive and individualized rehabilitation services. MCTI is accredited by CARF and the North Central Association. It is operated by Michigan Rehabilitation Services and may accept participants for enrollment referred by Michigan Rehabilitation Services (MRS) counselors, individuals with disabilities referred by other agencies and organizations, and individuals who are not disabled. Students must be 18 years of age or older at the date of enrollment.

In considering whether MCTI is a suitable training institution for a customer, the MRS Home Counselor is strongly encouraged to review the MCTI Student Handbook with the customer to ensure that the individual has enough information about MCTI to make an informed decision about seeking enrollment in its programs. Copies of the student handbook can be obtained by calling the MCTI reception desk at 1-269-664-4461 or accessed on-line at www.michigan.gov/mcti.

General Entrance Requirements:

It is expected that individuals referred to MCTI are able to self-manage in a way that will enable them to succeed. The following are suggested criteria:

- The individual is able to benefit from participation in MCTI's pre-vocational and vocational programs.
- The individual wants to take an active role in their rehabilitation and vocational program.
- The individual verbalizes motivation and willingness to learn.
- The individual can stay on task which will enable them to complete the program within specified time frames.
- The individual's disabilities appear to be stabilized.
- The individual verbalizes desire to obtain employment upon training completion.
- The individual seems to understand acceptable behavior including the ability to get along with peers, follow rules and accept supervision.
- The individual will be able to live independently in the MCTI dormitory environment.

- The individual does not have a history of harming self or others.
- The individual has the potential to exercise good judgment related to balancing academic, social and leisure activities.

MCTI provides vocational training programs in the following fields:

Automotive Technology	Graphic Communications
Cabinetmaking/Millwork	Ground Maintenance and Landscaping
Certified Nursing Assistant	Machine Technology
Culinary Arts	Office Automation
Custodial	Pharmacy
Customer Service	Retail Marketing
Electronics	Weatherization

An updated listing of programs may be found at the following web site: www.michigan.gov/mcti.

Career Readiness Center

MCTI provides evaluation and remediation services to give students the necessary supports to successfully complete their program. The Career Readiness Center is comprised of four departments: Career Assessment Services, the Reading Clinic, Step-Up, and the Education Center. It should be noted that Home Counselors can make a direct referral into any one of the programs within our Career Readiness Center. MCTI provides the following Career Readiness Programs:

Career Assessment Services (CAS)

The purpose of CAS is to determine a student's aptitudes and abilities via vocational evaluation, standardized testing, and situational work assessments. Vocational counseling is provided to identify values, strengths, and vocational direction. In collaboration with the student, a recommendation is made to pursue occupational training at MCTI, on the job training, or further education. CAS students also participate in structured classes covering Self-Management, Disability Awareness, Learning Strategies, Number Sense and Leisure Services. The CAS program lasts up to five weeks. Where applicable, the CAS staff will develop an individualized educational plan for further academic intervention and beneficial accommodations. Upon completion of the CAS program, a detailed vocational evaluation report will be provided with suggested next steps for the customer's Individualized Plan for Employment.

Reading Clinic

The MCTI Reading Clinic offers both full and part time programs to help students strengthen

their literacy skills. The full-time program provides a 10-week intensive remedial program for students with reading, writing, and/or spelling difficulties. Students work in small groups for three hours per day and in a large group and on computers for an additional two hours per day in an interactive and balanced program designed to strengthen the full range of literacy skills through direct skills instruction and authentic project-based learning. Students who complete the full-time program may enroll in one of MCTI's training programs or pursue other educational options or seek employment.

The part time program offers classes in spelling, reading comprehension, writing, and study skills. Students may participate in part time courses while attending other CRC programs or trade training.

Step-Up

Step Up is a 5- to 10-week pre-vocational skill development program. The goal of the Step-Up program is to prepare students with skills and strategies necessary to successfully participate and compete in vocational training opportunities at the post-secondary level. Students are encouraged to realistically assess their career decisions in relation to ability, needs, and expectations – and make adjustments if necessary. Course offerings are tailored to student needs and focus on improving basic math and literacy skills, study skills, computer literacy, communication, and other employability skills. Most students have a personal goal of improving their academic and workplace behaviors to the level needed to succeed in a particular MCTI vocational-trade training program.

Participants are referred from the Career Assessment Services program or are recommended following a personal interview on campus and/or a file review by an evaluative panel of MCTI staff.

The Education Center
The Education Center is a MCTI/Delton Kellogg Schools partnership that offers students the opportunity to strengthen and improve their academic performance while enrolled in trade training. Students can also work on obtaining a high school diploma or GED through the program.

MCTI Support Services

Counseling

Each student is assigned a Program Manager/Rehabilitation Counselor to provide on site support and assist in determining what additional services are needed while the student is on campus. The student's progress is discussed during team meetings and on an individual basis throughout the student's enrollment. The Program Manager is the primary liaison with the MRS home counselor.

Leisure Services

When not in class, MCTI students can participate in a wide variety of activities including boating, canoeing, fishing, swimming, golf, tennis, softball, biking, and hiking. MCTI also has an Olympic size swimming pool, a weight room, a bowling alley and an archery range. Basketball, volleyball, card tournaments, leatherwork, ceramics, and photography are available. Off campus activities are planned each week and vary from shopping and movie excursions to bike trips, local festivals, sporting events, and concerts.

Residential Services

Students at MCTI reside in dormitories, sharing suites with assigned roommates. Residential staff is on duty 24 hours a day to assist students. Housing for students with families is available on property adjacent to the campus.

There are four terms in the school year running from September through July. The campus is closed between each term, during Christmas Holiday and during Spring Break. Students are not allowed to remain on campus and are expected to have some place to go during this time. Family Housing students can remain through breaks if enrolled for the next term. The Home Counselor should discuss plans and options prior to admission. The terms are as follows:

- Fall Term: September to mid-November
- Winter Term: End of November to mid-February. (During this term there is Christmas vacation as well as some three-day weekends for state holidays.)
- Spring Term: Mid-February through the end of April. (There is one week of spring break during this term.)
- Summer Term: First of May through approximately mid-July.

During the summer term break in July of each year all personal items must be removed from resident rooms. Items left in the resident rooms during this time will be discarded. There is local off-campus storage available. MCTI cannot assume responsibility for personal belongings left in the resident rooms. Students are also urged to take personal items with them during term breaks; however staff will not discard items left in rooms during the school year. Items left in resident rooms during term breaks, holidays, and vacations are the sole responsibility of the student. All personal property must be removed at the end of the school year (July).

Health Services

While on campus, students have access to registered nurses, a nurse practitioner, an occupational therapist, social workers, and substance abuse counselors. A local physician is also available for student appointments. Other referrals can be made to community providers as necessary, i.e., dentist, dietician, optometrist, etc.

MCTI Admissions/Referral Process

The MCTI Admissions Office requires the following documentation and activities when an individual is referred to MCTI by MRS district office staff:

- *Aware* – Guest Access in the form of "Update Full" is given to the Admissions staff at the time of referral.
- A Service Authorization is entered in the *Aware* system.
- A referral memo is sent to the Admissions Office which includes the following general information:
    - Name of the participant, counselor, and district office.
    - Reason for referral, vocational objective, and rationale (not required if the individual is being referred to CAS).
    - A list of specific questions to be answered for individuals being referred to CAS. (See the Career Assessment Questionnaire form in E-Learn.)
    - A description of accommodation services and equipment the participant may need while at MCTI.
    - A Financial Plan Sheet (RA-29Z), which is available in E-Learn.

- Documentation of disability and related limitations:
    - A copy of medical, psychological, and/or other diagnostic assessment that is recent enough to reflect the current status of the individual's primary and any secondary disabilities, and includes the diagnosis, a description of functional limitations due to the disability(ies), and identification of any needed medication or treatment the individual requires and will continue to need while at MCTI. A recent Physical Capacities Assessment (RA-4683) or a Mental Health Report (RA-2738) is preferred. (Available in E-Learn. See RSM 3125 - Eligibility Assessment.)

- Information necessary to determine ability to benefit from MCTI programs and vocational aptitude:
    - A WAIS or WISC score within 3 years of the referral date. *(Note: Referrals with a Full Scale IQ score between 70 and 75 may be asked to participate in a pre-admissions interview with MCTI staff.)*
    - The results of aptitude testing that include measures of spatial relationships and mechanical aptitudes or a recent vocational test battery, as well as information regarding vocational interests, and math and reading achievement (WRAT, Woodcock-Johnson, WIAT, Work Keys Applied Match and Reading for Information).
    - The results of a recent criminal background check. While a conviction does not, by itself, exclude individuals from MCTI programs in general, it may affect acceptance into specific occupational or housing programs.

- Medical documentation including the following
  - TB skin test within twelve months of enrollment. (Required)
  - A report of the individual's general health status no more than 12 months old. (Required) (General Medical form (RA-21) available in E-Learn. See RSM 3125 - Eligibility Assessment.)
  - Immunization records. (Recommended) Questions can be directed to the MCTI Health Services Office (269-664-9207).
  - Documentation of a Hepatitis B series, including the dates given, for students in the Custodial program. (Recommended)

The MCTI Admissions Office will notify the referring counselor of the admissions decision regarding the referral within four weeks of receipt of referral. Applicants do have the right to appeal any admission decision by following MRS policy. The referring counselor will be notified of a projected enrollment date via e-mail. Most projected dates are met and often participants are invited earlier, but projected dates are not guaranteed.

Acceptance into the Career Assessment Service or Career Readiness Center programs does not necessarily guarantee a student will be accepted into trade training.

Enrollment Schedule

Each term is 10 weeks long. Enrollment into most MCTI training programs occurs four times a year: September, November, February, and May. Enrollment in Career Assessment Services and the Step-Up program occurs every five weeks (between September and June).

Enrollment Process

Each program at Michigan Career and Technical Institute has its own enrollment process.

If the student has never been to MCTI, Admissions places the student's name on the program enrollment list as soon as MCTI receives and assesses the referral and supporting documentation and determines that the student has the ability to benefit from MCTI programs.

If the student is completing a Career Readiness Center program and is being assigned to a vocational trade program, Admissions will place the student's name on the vocational trade enrollment list as soon as the student has met the requirements for admissions to that program.

The actual enrollment date is dependent upon the capacity of the program, the number of returning students to that program, and the number of students on the enrollment list. The date also depends on whether or not the student is entering the program on a trial basis, as these students typically need more direction and one-on-one instruction.

Training trials are set up for students who do not quite meet the vocational trade program requirements but have other factors that indicate the student has the potential to succeed in that program. Career Assessment Services, Reading Clinic and Step-Up staff determine whether or not the student should enroll in a vocational trade program on a trial basis.

Financial Aid

Federal Student Financial Aid is a comparable benefit and service which students must apply for and, if eligible, accept as the first dollar toward their training costs at MCTI if they are enrolled in a MCTI eligible program. The balance of direct educational costs is authorized from MRS funds assigned to MCTI. The MCTI Financial Aid Office will send the Free Application for Federal Student Aid (FAFSA) to the student. Future FAFSA applications must be completed on the Web at http://www.fafsa.ed.gov by the student and, if needed, the student's parents. MCTI's school code is 026184. The MCTI Financial Aid Office will have a computer available for students and their family to use for the purpose of completing the FAFSA application. The financial aid staff will assist the student and family in completing the form, as needed. The MRS counselor should ensure that the student provides any documentation needed by the Financial Aid Office such as copies of income taxes, child support, etc. that are needed to file a completed FAFSA application.

Students who are not MRS customers are responsible for their own costs while at MCTI, which may be met in total or in part by a third party or Federal Student Financial Aid.

Visiting MCTI

MCTI conducts a visitation day once a month from September through July for prospective students and their families. Pre-registration is required and initiated by contacting the MCTI receptionist at 1-877-901-7360. The MRS Counselor can arrange an overnight stay at the Comfort Inn in Plainwell (269-685-9891). Many current and former MCTI students recommend visiting the facility to assist the individual in determining whether MCTI will be an appropriate training site for them.

Illicit Drug and Alcohol Policy

MCTI has a "zero tolerance" policy for possession of alcohol or illicit drugs on campus and violation of this policy will result in a suspension from school. Students with a primary disability or diagnosis of substance abuse must sign a contract indicating 1) they understand the policy, 2) they will remain free of alcohol and non-prescription drugs, and 3) they agree to be tested on a random basis for the presence of alcohol and drugs during the course of their program with MCTI. This policy is reviewed with students during orientations. Students who violate the contract will be placed on a medical leave with stipulations for return including treatment and sobriety.

If there is sufficient evidence that any student is under the influence of drugs or alcohol while at MCTI (including students who do not have a known substance abuse disability) the student will be tested (breathalyzer or urine testing). If the test results are not immediately available, the student may be suspended from class until negative results are obtained. Positive test results may result in suspension or termination of the student's program at MCTI. Students who refuse testing will be considered to have tested positive and be suspended from their program.

Maintenance and Transportation

If the student will need assistance with incidental and/or transportation expenses, the home counselor should process a direct payment authorization ensuring that the first scheduled check will reach the student during the first week of school (or at the time agreed upon by the home counselor and student if other than during the first week).

Service Coordination between MCTI and Referring Counselors

Coordination of services between referring counselors and MCTI program managers is essential for good customer service and to avoid audit exceptions.

Referring counselors and/or students are responsible for any transportation, personal accommodation equipment (e.g., glasses, hearing aids, assistive listening devices, splints, specialized tools), or other personal and incidental expenses individuals may incur while at MCTI. Off-campus expenses are usually the responsibility of the student, unless otherwise specified in the IPE. Consideration should be given to having the individual get an eye exam and glasses (or, in some instances, safety glasses) if recommended, before arriving on campus. Poor visual acuity can significantly impact a student's successful participation in assessment and training activities.

MCTI suggests that prior to enrolling students have a State of Michigan picture ID or a driver's license. Students must also have a Social Security card, as these types of identification are needed before the student can obtain employment. Students should also have made the necessary arrangements with the local DHS office, if they are eligible for DHS subsistence or health care benefits. Once on campus, it is very difficult to coordinate any type of DHS medical care without having this done in advance or the student having to miss class time for appointments back in the home community.

While the student is attending MCTI (or is in an interrupted status), the referring counselor and MCTI counselor are both responsible for informing each other of the individual's progress at home and at school by providing copies of student records and case file entries via *Aware* . MCTI staff will be placing case entries on student progress in the Service Notes section of the *Aware* Service Module.

All *Aware* case status changes are the responsibility of the referring counselor. An IPE that

includes MCTI training should include an estimated budget of $1,500 for MCTI Support Services such as therapeutic services and tutoring that may be required and for which MCTI must authorize to external service providers. MCTI program managers must promptly notify the referring counselor of any change in training or employment goal and authorizations for substantial services beyond those identified in an individual's IPE to avoid federal or state audit issues. The referring counselor will be informed within three days of training interruptions. When the individual can resume training, the referring counselor will need to arrange for reinstatement with the Admissions office.

No written, informed consent is required to exchange information between MCTI staff and the referring counselor regarding an MRS applicant or eligible individual since they are both part of Michigan Rehabilitation Services.

Job Placement

Job placement is the shared responsibility of the home counselor and MCTI staff for students graduating from MCTI. MCTI staff will help with placement activities and suggest employer contacts and/or job openings. When an unemployed student graduates from MCTI, the placement activities return to the home counselor. Placement services available at MCTI include:

Resume Preparation	Employability Assessment
Cover Letters	Interviewing Skills
Transportation to Interviews	Job Seeking Skills Classes
Acquisition and Retention Services	

The Business Advisory Group for each trade area at the school provides an opportunity for students to interact with employers in an informal setting, which may be helpful in the job placement process.

Information

Family Housing

MCTI offers Student Family Housing, adjacent to the campus of the Michigan Career and Technical Institute. Owned and operated by the Pine Lake Fund, a non-profit 501(c)(3) organization, the housing complex accommodates single and married parents with children enrolled in training at MCTI. The attached day care center can accommodate children (12 months and older) while the parent is in training.

To be considered for family housing, the student must:

- Be a single or married parent, or married couple
- Be accepted into a MCTI training program meeting all program requirements
- Have a disability that is stabilized
- Be a low-income DHS recipient or low income DHS eligible for housing and day care assistance, or non-low income MRS eligible individual or private pay student
- Have physical examinations and required immunizations for all children
- Complete a MCTI Student Family Housing admissions packet including discharge plan and background check

The student is expected to:

- Maintain current status as MCTI student
- Be responsible for all transportation needs
- Supervise and parent children when not in daycare or school
- Accept the project housing agreement and agree to follow all housing policies

Delinquent housing daycare charges will terminate the housing agreement.

The cost is as follows:

The MCTI Family Housing program accepts day care reimbursement from DHS for eligible students. Housing cost is $310/month for two bedroom units and $360/month for three bedroom units. These rates include utilities and local phone. For students who do not meet low-income guidelines, housing costs are $450/month for two bedroom units and $550/month for three bedroom units and day care costs are $3.00/hr/child. These rates are subject to change. Contact MCTI to obtain current rates.

The housing units are furnished with a couch, chair, end tables, lamps, twin beds, dressers, and all appliances. Students will need to bring dishes, pots and pans, kitchen utensils, bedding for twin beds, towels, cleaning products, personal products, and clothing for them and their children. The units have a unit air conditioner and ceiling fans in the bedrooms and in the living room.

Pine Lake Experience

The Pine Lake Experience is a summer program designed for high school students interested in career exploration. The Pine Lake Experience offers a variety of recreational and educational opportunities including swimming, boating, archery, crafts, campfires, fishing, and bowling. An overnight tent camping experience will also be offered. Recommended ages for campers is between the ages of 16 (sixteen) and 19 (nineteen).

The Pine Lake Experience is available to students with physical, emotional, or learning disabilities, however this experience may not be appropriate for every student with a

disability. Two sessions of the Pine Lake Experience will be offered during the summer (usually the last two weeks of July). Please contact the school regarding cost information at 1-269-664-9260. All meals and activities are included in the cost. Scholarship and sponsorship information is available.

Transportation to and from MCTI and Bus/Train Station

MCTI will provide transportation to and from the bus and train station in Kalamazoo. This run leaves every Friday afternoon (or the last school day of the week) at approximately 2:45 p.m. and 5:00 p.m. Pick up for students is at approximately 7:30 and 9:30 p.m. on Sunday nights at the bus and train station.

If a student calls for a ride at an unscheduled time, they will be charged for the ride.

When a school term ends at 3:30 p.m. on a particular day, students don't have to be out of the dorm until noon on the next day. Transportation to the bus station will be after 3:30 p.m. on the last day of class and the next morning. Transportation to the bus station will not be done at hours other than these simply for the convenience of a student.

8075: MRS Business Network Division

Policy

Applicants who have a third party legally responsible for the payment of their vocational rehabilitation costs, such as Workers' Disability Compensation, or No-Fault Auto Insurance shall be referred to, screened and, if approved, served by Michigan Rehabilitation Services' (MRS) Business Network Unit (BNU). Applicants who receive Long Term Disability (LTD) benefits shall be referred to the BNU for a determination of the existence of third-party responsibility for vocational rehabilitation costs. An individual may have simultaneous cases with the General Program and DM Program if the third party is not responsible for all rehabilitation services required, or there is a second, non-compensable disability that creates additional rehabilitation needs.

Procedures

At Intake

At intake, MRS staff shall ascertain whether a third party has legal responsibility for vocational rehabilitation by using the Insurance Benefit Recipient Screening Questionnaire (Form RA-2948) or by asking the individual whether s/he is receiving Workers' Disability Compensation, Auto No-Fault (wage loss and/or medical insurance), or LTD benefits. If it is determined that there is potential third party liability, the individual shall be referred to the BNU within three days for determination of the existence of third party responsibility and for case management if third party reimbursement exists. If the BNU determines there is no third party liability, LTD or otherwise, the case is returned to the General Program for eligibility assessment and MRS services.

After A Case is Opened

If a case has been opened in the General Program and it is subsequently determined that a third party may be responsible for a customer's rehabilitation, the case shall be referred to the BNU for screening and primary case management, if approved for third party reimbursement. The case will remain open in the General Program until the BNU has determined approval for third party reimbursement. The individual shall be provided an opportunity to maintain an open case in both the General Program and BNU after consultation with the BNU and general counselor. When there are other rehabilitation services required that are not the responsibility of the third party, dual cases shall be maintained. The individual will be notified in writing if a case is closed in either program.

Cases Served by Private Vocational Rehabilitation Providers

The BNU is prohibited from opening cases being served by private rehabilitation providers. When such cases are referred to a district office, they shall be provided an eligibility assessment to determine eligibility for the General Program. Vocational rehabilitation services that are not the responsibility of the third party insurer shall be provided. Consultation with the BNU is strongly encouraged, especially as relates to LTD cases, to ensure that comparable benefits from a responsible third party are fully utilized.

Referrals to the BNU

Referrals to the BNU shall be made using a Consultation Referral form (Form RA-2947). These forms can be found in the Rehabilitation Services Manual or in E-Learn.

Settled Cases

An individual whose Workers' Disability Compensation, Auto No-Fault or LTD case has been settled shall be served by the General Program.

Third Party Terminated Cases

If a third-party customer terminates payment for a customer still in need of vocational rehabilitation services or refuses to pay for needed services, the BNU may close its case and/or refer the individual to the General Program for services. The receiving counselor in the General Program shall honor an IPE developed by the BNU, unless the vocational goal and/or services depends exclusively on third party support, or it is agreed by the parties to amend the IPE.

Cases Served By Both Programs

In the event an individual is served by both programs, each case is processed in accordance with the procedures of the respective program. The counselor and BNU specialist shall coordinate development of services to assure consistency in planning and service delivery.

Cases in Litigation

For cases in litigation, consultation with the BNU specialist shall be initiated to clarify issues of third-party liability. The customer's attorney and insurer shall be notified by lien letter, after obtaining written and informed consent from the customer that MRS is providing vocational rehabilitation services and, in the event that third party liability is established, MRS will request reimbursement for authorized services. The Lien Letter should be sent prior to or concurrently with IPE completion, when possible.

Billing Costs to Litigated Cases
Cost services are tracked in *Aware*. If or when a third party is determined liable for rehabilitation costs or when requested by an attorney or insurer, the counselor shall provide a

letter and/or report identifying types of services provided, vendor name, dates, and cost of services to the third party to recover costs.

Information

Prior to opening a case, counselors in both the General Program and BNU should check the database of each other's program to determine whether a case record already exists and requires service coordination or referral. General Program counselors may contact BNU Specialist, Donna Whitcomb at 269-254-5993.

The BNU of MRS is an application of the federal requirement that MRS and the individual seek out and use comparable services and benefits under other programs when they are available.

The BNU of MRS is authorized under Public Act 315 of Michigan to recover the costs of vocational rehabilitation from third parties where legal responsibility exists for such services under the State's Workers' Disability Compensation law and Auto No-Fault law, and where applicable, under LTD. Third party liability under LTD is applicable when an employer has purchased a disability insurance policy that includes vocational rehabilitation or return to work services. The BNU is uniquely qualified to determine the existence of third party liability for vocational rehabilitation, and to recover costs from third parties. The BNU applies the same eligibility criteria to applicants as the General Program. It provides services and outcomes consistent with the requirements of the Rehabilitation Act and the liable third party. The BNU applies the same principles and practices of rehabilitation counseling as the General Program.

8100: Ticket to Work/Social Security Reimbursement

Policy

The Ticket to Work program is available to individuals who are eligible for Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) based on disability. Please refer to RSM 3100 - Eligibility Criteria for policy regarding presumption of eligibility and Eligibility Determination requirements.

When a Michigan Rehabilitation Services (MRS) customer is eligible for a Ticket under the Ticket to Work program, vocational rehabilitation services will be provided based on the customer's agreement to place the Ticket with MRS at the time the Individualized Plan for Employment (IPE) is signed. If the Ticket has already been assigned to a provider other than MRS, the counselor will be notified, and the customer must decide whether to remain with the Employment Network (EN) to whom they have assigned their Ticket or place their Ticket with MRS.

Note: there are exceptions in those instances where the Ticket is held by another state VR agency; please contact the Policy Unit for assistance.

If a customer receives social security benefits after the development of an IPE, the plan must be amended to show that the customer has made an informed choice and agrees that the ticket will be placed with MRS.

All applicants shall receive an orientation explaining choices under the Ticket program including information regarding resources for benefits counseling and SSA work incentives.

The Social Security Consent for Release of Information (SSA-3288) must be signed, and a copy retained in the case record of SSA recipients, giving SSA permission to communicate with MRS.

Procedures

The MRS counselor shall obtain verification of Social Security status for applicants eligible for SSI and/or SSDI benefits based on disability. This information shall be retained in the MRS case record. (RSM Item 2075 - Case Record, Documentation and Order)

Examples of acceptable verification:

- A copy of the SSA award notice;
- A letter from SSA notifying the applicant of eligibility;
- SSA query or other written confirmation of receipt of SSDI or SSI from the local Social

Security office; or

- Ticket award notice – this is an actual Ticket or verification from Maximus that the individual is eligible for a Ticket.

Orientation Procedures

All SSA case records shall contain documentation that the following information was provided during orientation.

- Customers may participate in the ticket program by working with MRS or an EN as the provider of VR services.
- The customer's signature on an IPE signifies that customer agrees to work with MRS as the provider of choice.
- If MRS is notified by Maximus that a Ticket is currently assigned or in use with another provider and this occurs after the MRS counselor and customer have approved an IPE, the customer must decide to remain with the current provider or work with MRS. A Ticket may not be simultaneously assigned to MRS and an EN.

Ticket Procedures for MRS Staff

If IPE services have been initiated and MRS subsequently is informed that the Ticket has been assigned elsewhere, the MRS counselor must:

1. Notify their manager that a customer on their caseload has assigned their Ticket to an EN.

2. Immediately stop all services and cancel all outstanding authorizations.

3. Notify the customer that services have been stopped using the "Stop Authorization" letter in *Aware*.

4. Explain to the customer that a Ticket cannot be simultaneously assigned to MRS and an EN.

5. Based on the customer's decision to remain with MRS or to work with the EN, document the customer's decision in the case record. (a) If the customer chooses to work with the EN, the case must be closed. (RSM 7100 - Case Closed Not Rehabilitated) 411.40 CFR (b) If the customer chooses to work with MRS, the customer must send written notice to Maximus requesting ticket removal.

Ticket Procedures for Customers

When a Ticket has been assigned to an Employment Network (EN), either the EN or the customer must send written notice to Maximus requesting removal of their ticket before MRS can provide services (by fax or mail: Maximus TTW at 703-893-4149, or Maximus TTWP, PO Box

1433, Alexandria, VA 22313).

Resources

As MRS works with individuals eligible for SSI and/or SSDI based on disability, it is important to make use of the employment supports and options available to them in pursuing an employment outcome. Counselors and managers should encourage applicants and customers to use Community Work Incentive coordinators and Work Incentive Liaisons to learn about work incentives and benefits planning. Information and training for counselors is available at E-Learn and Maximus, Inc., and for customers at Choose Work.

Information

The "purpose of Social Security's Ticket to Work program is to expand the universe of providers. . . " Any entity contracting with SSA under the program "assumes responsibility for the coordination and delivery of employment services, vocational rehabilitation services, or other support services to beneficiaries assigning tickets to it." Code of Federal Regulations 411

The Ticket to Work and Work Incentives Improvement Act (TWWIIA) of 1999, is a program offered by the Social Security Administration for persons receiving SSDI, SSI or concurrent benefits based on disability. Its purpose is to increase the financial independence and self-sufficiency of SSI recipients and Social Security Disability beneficiaries through an expanded choice of providers for the provision of employment services, vocational rehabilitation services, or other support services.

Amended in 2008, the program offers a new service delivery model, Partnership Plus. Under this model, both a State VR agency and/or another service provider known as an Employment Network, may sequentially serve the same beneficiary and receive reimbursement from SSA, provided SSA payment criteria are met, as a ticket can only be designated to one service provider at a time. Beneficiaries achieving yearly progress goals, as established by SSA, will be exempt from a Continuing Disability Review per federal requirements.

Service Providers of the Ticket Program

A State Vocational Rehabilitation Agency can participate in the Ticket to Work program in one of two ways: Cost reimbursement or as an Employment Network (EN). MRS has chosen the cost reimbursement option. A State Vocational Rehabilitation (VR) Agency is the only program authorized by law and automatically approved to provide services to beneficiaries without becoming an EN.

Employment Networks (ENs) contract with SSA to provide services with beneficiaries. The payment system is different, as ENs are reimbursed by either the Outcome Payment System or the Outcome-Milestone payment system.

As a current participant under the Cost Reimbursement Payment System, MRS receives notification of ticket status through a secure electronic data exchange with Maximus.

View the document Social Security's Vocational Rehabilitation Reimbursement Program for information regarding the Cost Reimbursement method.

8125: State Civil Service Placement

Procedures

There are special procedures available for persons with disabilities to access employment with the Michigan Department of Civil Service if they are not able to compete through the standard examination process. These consist of:

- The 12-Month Trial Appointment Program. The 12-Month Trial Process for Persons with Disabilities can be found at: http://www.michigan.gov/documents/CS630_14467_7.pdf. The Application for Persons with Disabilities and Request for Reasonable Accommodation in the Written Examination Process,Revised 5/2011, can be found at: http://www.michigan.gov/documents/CS-944_HandicapDesignApp_14472_7.pdf. Contact person: Vivian Tansel 517-373-3062
- The Return to Work of Injured Employees Programs*

  *The Return to Work Program is administered by the Office of State Employer, Employee Health Management. Additional information is contained in the Michigan Department of Civil Service Advisory (MDCS) Bulletin No. 3.12-1 located at the MDCS website at http://www.michigan.gov/mdcs/0,1607,7-147-6877_8152_9795-243085--,00.html or call 517-241-9090.

The 12-month trial appointment process through the Michigan Department of Civil Service allows individuals with disabilities in applicant pools, under certain conditions, without participating in the appraisal process administered by the department for classification. This process is designed for persons, whose disabilities prevent them from competing, even when reasonable accommodations are provided, with other candidates in a standard written, electronic, or other appraisal process.

Applicants for the 12-month Trial Appointment must be referred and certified by Michigan Rehabilitation Services, Michigan Commission for the Blind, or VA. Individuals submitting applications directly to the Dept of Civil Service, or individuals referred by other rehabilitation agencies, are referred to authorized certifying agencies, who can certify them for the process after verification of the necessary supporting documentation.

The applicant must be self-designated as a person with a disability, as defined by applicable state and federal laws, by completing the Civil Service Form CS-944, Application for Persons with Disabilities and Request for Reasonable Accommodation in the Appraisal Process.

Applications are reviewed to determine if reasonable accommodation can assist the applicant in the written, electronic, or other appraisal process.

Applicants certified for the process must possess the required education and experience for the requested classifications listed on the Classified Civil Service Application (CS-102) and Application for Twelve-month Trial Appointment Program for Persons with Disabilities (CS-630) forms.

Applicants must be able to perform the essential functions of the classification for which they are certified, with or without reasonable accommodations. Requests for reasonable accommodations on the job may be necessary and provided by the employer.

Applicants approved for this process are included in applicant pools in accordance with the time period established by the Department of Civil Service.

Once an applicant is appointed from the applicant pool, the 12-month probation period will serve in lieu of the written, electronic, or other appraisal process to evaluate candidates for positions in state service. Upon satisfactory completion of the probation period, permanent status may be granted. The same probationary rating methods and time periods are observed as in regular appointments. Persons with a disability who receive less than satisfactory ratings are subject to the same conditions as other employees, including separation from employment.

Appraisal methods that consist of an assessment of an applicant's education and experience are exempted from this process.

To enable successful job performance, whenever possible, sponsoring rehabilitation agencies may provide supportive services to persons with disabilities appointed under this process and to employing departments and agencies.

Michigan Rehabilitation Services (MRS) must submit Form CS-944, Application for Persons with Disabilities and Request for Reasonable Accommodation in the Written, Electronic, and Other Appraisal Process; Form CS-630, Application for Twelve-month Trial Appointment Program for Persons with Disabilities; and the Examination Application Form.

The forms must include the classification and appraisal method, identification of the disability and the rationale for the certification, and signature of the counselor. When completing the forms, it is very important to include a description of how the disability places the applicant at a competitive disadvantage in the written testing situation. Where possible, describe specific functional loss; e.g., actual visual acuity; decibels of hearing loss; type of functional loss of specific limbs, etc. Submission of medical documentation is not necessary.

The Michigan Department of Civil Service will review the application to determine if the

applicant is eligible for the program.

If the applicant is eligible for the program, the Michigan Department of Civil Service will include the applicant in applicant pools for which they are qualified, send notification letter to the applicant, and send a copy of the approved Form CS-630 application to the authorized certifying MRS counselor.

If the applicant is not eligible for the program, the Michigan Department of Civil Service will indicate rejection and the rationale for the rejection of the CS-630 application and send a copy of the disapproved CS-630 application to the authorized certifying MRS counselor.

Questions regarding this regulation should be directed to the Department of Civil Service, P.O. Box 30002, 400 South Pine Street, Lansing, Michigan 48909, 517-373-3048 or 800-788-1766, or MDCS-BHRS@Michigan.gov.

8175: Vocationally Handicapped Certification

Policy

Individuals may be certified by Michigan Rehabilitation Services (MRS) for Vocationally Handicapped Certification if they meet the following criteria:

- Have a medically certifiable heart, back, epilepsy, or diabetes disability;
- Are unemployed at the time the Worker's Certificate is issued;
- Have no pending job offer; and
- Are able to establish that they have been rejected for employment because of the disability.

Procedures

Medical Records to Determine Eligibility

Although there are no specific recency requirements for medical records used to determine eligibility for Vocationally Handicapped Worker Certification, rehabilitation counselors shall determine whether available medical records are adequate to assess the applicant's current condition. Some conditions improve over time; for example, medical records which are several years old may not be adequate to diagnose a current back condition when the applicant's previous diagnosis was acute back sprain, from which s/he has recovered and become asymptomatic. Eligibility may not be based on history of a condition which no longer exists.

Based on federal regulations, medical evaluations may not be purchased for individuals who request only Vocationally Handicapped Worker Certification. It is not necessary to open a case for these individuals. Instead, a file folder, labeled "Vocationally Handicapped Only," shall be established for each P.A.183 applicant. Certification records for individuals who are not clients are stored and shipped in accordance with the Case Storage and Shipping Instructions outlined in this document.

Documenting Impairment is a "Substantial Obstacle to Employment"

Applicants for P.A. 183 certification must provide documentation they have been turned down for employment because of their disability, in order to demonstrate their impairment is a "substantial obstacle to employment," as required by P.A. 183. Individuals who already have an offer of hire will not be certified as they are not considered to have a substantial obstacle to employment. Employer rejection may not be assumed for an individual who has not been in the labor market. An individual cannot be certified until there has actually been a denial of employment for disability related reasons.

Individuals who are eligible for extended assessment or for vocational rehabilitation services and have not had a job offer are not required to provide documentation of employer rejection.

On-the-Job Training or On-the-Job Evaluation

A Vocationally Handicapped Worker's Certification should be completed prior to placing an individual in on the job training or on the job evaluation. If the worker certification is not completed prior to the initiation of evaluation or training, a community rehabilitation program or employer would not meet eligibility requirements and, therefore, would not qualify for employer certification.

Vocationally Handicapped Worker's Certificate (RA-4476A) Procedure

The Vocationally Handicapped Worker's Certificate also known as a Wallet Card (RA-4476A) may not be issued after employment has begun. Only counselors and managers may sign certificates. Other staff may gather data, complete case recording and conduct follow-up.

To document eligibility, the counselor must:

1. Obtain medical information to confirm the individual's disability.

2. Complete Part I of the Application for Vocationally Handicapped Certification Form (RA-70).

3. Obtain the Applicant's signature or, as applicable, the signature of the legal guardian or parent and date of signature. The Applicant's signature affirms that he/she is unemployed and allows Michigan Rehabilitation Services (MRS) to forward records from his/her closed case record to the Vocationally Handicapped Provision of the Second Injury Fund for storage at the time the case record is scheduled to be destroyed. These records will be used to document a disability was certified, if a claim is filed at a later date.

4. Obtain the employer's signature, position and date of signature in Part II as confirmation the Applicant was not hired due to inability to perform the job because of the disability checked in Part I.

5. Submit the RA-70 with the case record to the designated District Certificate Authorizer; i.e., either the counselor or the manager.

Part III.A. of the Application for Vocationally Handicapped Certification (RA-70) should be completed by the Authorizer on the same date that Part I is completed. If it is completed later, the counselor must obtain an updated, written verification of unemployment from the Applicant. The Authorizer must review the case record to ensure eligibility before completing and signing Part III.A.

After Parts I-III of Form RA-70 have been completed, a Vocationally Handicapped Worker's Certificate (RA-4476A) may be issued to the Applicant. The Certificate must be completed and signed by the Authorizer before it is issued to the certified individual.

The Vocationally Handicapped Worker's Certificate expires two years after the issuance date. It must be renewed to continue certification. If a new certificate is requested, the same procedures must be followed as for original certificate, including completion of an RA-70.

Once you have completed the Vocationally Handicapped Worker's Certificate, log the activity using the RA-76 – Vocationally Handicapped Certificate Log.

Vocationally Handicapped Employer's Certificate (RA-4476) Procedures

Any individual, firm, facility, or organization who is potentially liable for a claim under the Michigan Workers' Disability Compensation Act can request an employer certification.

Employers not potentially liable under the Michigan Worker's Disability Compensation Act are not eligible for certification. For example, federal government employers are covered by federal laws; interstate railroads are covered by the Federal Employers Liability Act; seamen on navigable waters are covered by the Merchant Marine Act of 1920; and people loading and unloading vessels are covered by the Longshoremen's and Harbor Workers' Compensation Act. Only those employers found eligible under Michigan's jurisdiction are afforded the protection of Chapter 9.

Only counselors and managers (Authorizers) may sign Vocationally Handicapped Employer's Certificates (RA-4476). Other staff may gather data and complete case recording and follow-up.

Note: Individuals who are eligible for vocational rehabilitation services or Extended Assessment and have not had a job offer are not required to provide documentation of employer rejection. Therefore, Part II of RA-70 would not need to be completed for those individuals.

1. The issuing counselor must complete Part I and II of the Employer's Certificate Form (RA-4476). The date must be the same on the RA-70, Part III.B. and Part II.

Note: Three copies of the RA-4476 should be sent to the employer. Two of the copies should be stamped "Copy".

2. The Authorizer must review the certification documents to ensure their accuracy and completeness before signing and dating Part II of the Vocationally Handicapped Employer's Certificate (RA-4476).

3. Issuance of the Employer's Certificate must be recorded on the RA-76 – Vocationally

Handicapped Certificate Log.

4. The counselor must ensure delivery of the RA-4476 to the employer as indicated in PART III.B. of the RA-70. It may be necessary to follow up with the employer to ensure timely return of the completed RA-4476 form. One certified follow-up letter is required to notify an employer to return the certificate within 60 days of hire and the consequences of not doing so; Form RA-4478 may be used. Follow-up attempts must be documented in the case record or Vocationally Handicapped Fund file and on the RA-70, Part III.B.

5. Once the completed certificate has been received, the counselor must review it for accuracy and completeness. The date it was received and judged accurate and complete must be recorded on the bottom of the RA-4476 using a date stamp.

6. The employer must be notified in writing that the certificate has been received unless it was returned by certified mail. Written notification to the employer must be recorded in Part III.B. of the RA-70.

7. Make two copies of the employer certificate stamped "copy". The District Office retains one copy in the master file, one copy must also be sent to the Second Injury Fund, Vocationally Handicapped Provision, 7150 Harris Drive, P.O. Box 30182, Lansing, Michigan 48909. (If you are using pre-printed, 3-part forms ordered from the DMB Materials and Management Warehouse, the white copy goes to the employer, the canary copy goes to the Second Injury Fund Vocationally Handicapped Provision and the pink copy is placed in the master file.)

Vocationally Handicapped Certificate Log - RA-76

The Vocationally Handicapped Certificate Logs must be kept permanently by each district office, which provides the district office the ability to communicate the date of transfer of an inactive file to the Second Injury Fund. Additionally, once a year when requested, the Vocationally Handicapped Certificate Log will be forwarded to Central Office for tabulation of Vocationally Handicapped Employer and Worker Certificate numbers.

Case Storage and Shipping Instructions

A separate manila file folder must be set up for each "Vocationally Handicapped Only" non-customer and customer record. (A non-customer record is a case that is not opened in *Aware*.) When a case is opened in *Aware*, the manila file folder is maintained with the regular case record until the case is closed in *Aware*. Then, the folder for the Vocationally Handicapped Provision (VHP) is pulled from the regular case record and stored with the other VHP folders. Folders are necessary to ensure ease of handling and prevent loss of materials during the time the VHP cases must be stored by the Vocationally Handicapped Provision (VHP files are retained for 30 years after the file becomes inactive).

The tab of the folder must be prepared as follows:

LAST NAME, FIRST NAME DOB: 00-00-0000

SS # 0000---------APPLICATION FOR HANDICAPPED CERTIFICATION

Minimally, the folder must contain:

- The (RA-70), "Application for Vocationally Handicapped Certification".
- Applicant's complete address
- Applicant's birthdate
- Applicant's Social Security Number (last 4 digits only)
- Medical evidence used to certify the disability(ies).

If Applicable:

- The district copy of the RA-4476, "Vocationally Handicapped Employer's Certificate".
- A copy of the letter acknowledging receipt of the RA-4476 from the employer, or a certified mail receipt.
- Other relevant correspondence and documents.

Voided Vocationally Handicapped Worker's Certificate or Employer's Certificate

If a Vocationally Handicapped Worker's Certificate or Employer's Certificate is voided at any point in the process, the guidelines in the Case Storage and Shipping Instructions section apply.

Transferring VHP Files to the Second Injury Fund

Vocationally Handicapped Provision files are retained in the district office for three years following the fiscal year in which final action was taken. In February through April, all customer VHP records eligible for transfer are boxed and shipped to:

Assistant Administrator
Michigan Department of Licensing and Regulatory Affairs
Second Injury Fund, Vocationally Handicapped Provision
7150 Harris Drive, P.O. Box 30182
Lansing, Michigan 48909

Districts can order record retention boxes from the current state-contracted office products vendor. VHP records must be boxed in alphabetical order. Each box must contain an alphabetized list of the records enclosed in that box. (*Note: If you don't have enough files to fill a record retention box, you may use a large envelope.*) A copy of the list must be kept in your office as well. The list should identify the date you are sending the files, your district office and

then each client's last name (in alphabetical order), first name, last 4 digits of social security number and date of birth.

VHP records should be mailed to the Michigan Department of Licensing and Regulatory Affairs, Second Injury Fund, Vocationally Handicapped Provision by interdepartmental mail or certified mail.

Retrieval of VHP Records

When it is necessary to retrieve a VHP file from the Fund, a written request must be sent to the assistant administrator at the Second Injury Fund at the address above or an e-mail can be sent to funds@michigan.gov requesting the VHP file. The assistant administrator will need the name, date of birth, last 4 digits of social security number, date of transfer to the fund, and your office name and address for forwarding of the file. The entire file will be sent to your office and must be returned to the Fund within 5 working days using certified mail. Files may be the basis for legal proceedings; it is essential all materials are returned.

Information

Vocationally Handicapped Certification (also known as PA 183 since 1972) limits an employer's liability for Workers' Compensation payments to 52 weeks per injury for any employee appropriately certified as having a heart, back, epileptic, or diabetic disability prior to hire. The Second Injury Fund pays all costs associated with the vocational rehabilitation of certified employees, from the date of injury. This legislation does not limit an employee's entitlement to benefits but limits the number of weeks the employer is responsible for workers' compensation benefits, and eliminates the employer's responsibility for the cost of vocational rehabilitation under Section 319. If the employee is in need of vocational rehabilitation services and/or is entitled to compensation coverage beyond the number of weeks for which the employer is liable, the benefits are provided from the Vocationally Handicapped Provision of the Second Injury Fund established by the State Legislature. The Fund is maintained through an annual assessment against all insurance companies that write workers' compensation policies in the State of Michigan, and all employers who self-insure their workers' compensation liability in Michigan.

MRS is designated in the legislation as the certifying agency for the Vocationally Handicapped Worker Program.

There are two types of certificates in the Vocationally Handicapped certification process.

- A Vocationally Handicapped Worker's Certificate, RA-4476A, issued to the individual is a wallet size card that certifies the applicant met certification criteria. It may be used to inform an employer of potential coverage once Employer Certification is completed.
- A Vocationally Handicapped Employer's Certificate, RA-4476 , issued to the employer, is

necessary to complete the certification process. This completed document initiates employer coverage by the Vocationally Handicapped Provisions of the Second Injury Fund.

Vocationally Handicapped Certification is authorized under Section 915 of Chapter 9 of the Workers' Disability Compensation Act.

8200: Wage Deviation

Policy

Individuals shall be placed in suitable jobs at prevailing wages as allowed by their capability and consistent with their Individualized Plan for Employment (IPE); however, wages below the legal minimum may be appropriate if they are commensurate with the individual's production rate and conform to governmental wage and hour regulations. The employer must obtain wage deviation certification.

Procedures

The Federal Government issues special sub-minimum wage certificates and the State of Michigan issues wage deviation certificates. Federal and State procedures are outlined below.

Federal Certification

Federal certification is required for establishments to pay sub-minimum wages to workers covered by the Fair Labor Standards Act (FLSA) of 1938, as amended and who have a disability for the work to be performed.

Federal certificates are issued to establishments, which pay sub minimum wages rather than issued to individual workers, and are valid for either a 12 or 24 month period on an annually renewable basis. Employers apply for certificates by submitting Forms WH-226 "Application for Authority to Employ Workers with Disabilities at Special Minimum Wages" and WH-226A "Supplemental Data Sheet for Application for Authority to Employ Workers with Disabilities at Special Minimum Wages" to the Wage and Hour Division of the United States Department of Labor at the following address:

U.S. Department of Labor
Wage and Hour Division
230 South Dearborn St. Room 530
Chicago, Illinois 60604-1757
Telephone: 312-596-7195

Web Address for Informational Guides and Fact Sheets:
http://www.dol.gov/general/topic/wages/subminimumwage#doltopics

Approval of an application takes approximately 30-45 days. Employers applying for the first time or who have not submitted a timely renewal application must pay wages consistent with the state minimum wage, the federal minimum wage or, if there is a government contract, the

Service Contract Act (SCA) wage determination rate (whichever is the higher applicable rate) for any work performed until the certificate is issued. Certificates are valid for either a 12 or 24 month period from the approval date. As a courtesy, the U.S.D.O.L. Wage and Hour Division sends renewal applications to employers approximately 60 days prior to the expiration of certificates. Certificate holders are responsible for submitting renewal applications in a timely manner, and failure to receive a renewal application from the Wage and Hour Division is not a valid reason for failure to submit the application. Unless employers renew their certificate or obtain an extension, sub-minimum wages may not be paid beyond the expiration date.

Counselors may assist employers in completing applications for certification. Assistance can include the gathering of prevailing wage rate information in the local area, or assessing employee productivity.

On the form WH-226, a state agency or the U.S. Veterans Administration may authorize Temporary authority for the vocational rehabilitation programs they administer. This temporary authority for an employer to pay sub-minimum wages will exist for 90 days and cannot be extended or renewed by the issuing agency. This may assist counselors in arranging on-the-job evaluation or training programs, schoolwork experiences, and transitional or temporary employment for individuals who perform at non-competitive rates. Employers must apply for a regular certificate if they agree to hire an individual permanently. Applications should be submitted as soon as the decision to hire has been made rather than after the Temporary Certificate has expired, if one has been authorized.

State of Michigan Certification

A Michigan Individual Wage Deviation Certification is required before an employer may pay a sub-minimum wage to a worker covered by the Michigan Minimum Wage Law of 1964. The state law applies to establishments with gross annual receipts under $500,000.00 unless engaged in interstate commerce, and must employ at least two individuals sixteen (16) years or older.

Michigan wage deviation certificates are issued for individual workers rather than for all employees of the certified establishment, and are renewed annually. An employer requests certification for a specified employee and wage rate on an “Application for Individual Wage Deviation Certification”. The application is signed by both the employer and employee, and mailed to:

Michigan Department of Licensing and Regulatory Affairs (LARA)
Wage & Hour Division
PO Box 30476
Lansing, MI 48909-7976
Telephone: 517-322-1825

Web Address for Informational Guides and Fact Sheets:
http://www.michigan.gov/lara/0,4601,7-154-11407_59886---,00.html

Applications for deviated wage certification are forwarded to the Michigan Rehabilitation Services (MRS) Policy unit, along with a “Wage Deviation Appraisal Report” by the LARA Wage and Hour Division. The “Wage Deviation Appraisal Report” form is forwarded to the local MRS district office to be completed by a counselor within two weeks. The counselor may open a case file to purchase diagnostic services if needed to appraise the work capacity of a non client.

Prior to completing the “Wage Deviation Appraisal Report”, the counselor is required to conduct an on site appraisal of the worker's productivity, and determine the resulting commensurate wage rate. The counselor then recommends whether the employer's proposed wage rate should be approved, modified, or denied. The signed “Wage Deviation Appraisal Report” is forwarded to the MRS Policy Unit for review and returned to the LARA Wage and Hour Division. The Wage & Hour Division determines approval of a wage deviation application. Information

A "commensurate" wage is that which reflects the productivity of the worker with a disability proportionate to both the productivity and prevailing wages of non-disabled workers performing similar work. If, for example, a housekeeper with a disability cleans only half as many rooms per shift as non-disabled housekeepers who receive $9.00 per hour, the commensurate wage would be 50% of the prevailing wage, or $4.50 per hour.

Both federal and state certifications require the employer to document worker productivity and prevailing wages for the types of work being performed at sub-minimum rates. Employers must also periodically adjust deviated wages to reflect changes in performance, or in the wages being paid to local non-disabled workers performing similar work. If such adjustments result in a wage that meets or exceeds the minimum wage, certification is no longer necessary.

Establishments may use the prevailing wages paid to their own non-disabled employees when computing a commensurate wage rate. Employers who hire disabled workers only, must use a prevailing wage, which is representative of the local economy. In either case, the sources from which prevailing wage information is obtained must be documented.

8225: Workers Disability Compensation

Policy

Applicants for services with Michigan Rehabilitation Services (MRS) who are receiving Workers' Compensation benefits should be referred to MRS' Disability Management Program. A case shall also be referred to the Disability Management Program if an insurance carrier elects to pay for rehabilitation costs during litigation.

Procedures

Individuals with Workers' Compensation claims may be served in MRS' General Program if:

- The claim is in litigation,
- The claim has been redeemed, or
- They are receiving Workers' Compensation, but it has been determined by the Disability Management Program that they require rehabilitation services that are not the responsibility of the insurance carrier or self-insured employer.

Form RA-140, Workers' Disability Compensation Case Information Report is required to be sent to the Bureau of Worker's Disability Compensation when a case is opened in the General Program, if the case is in litigation or the case will be served concurrently in the Disability Management Program.

The client's written permission should be obtained to exchange any information, other than the RA-140, with the Bureau of Workers' Disability Compensation.
Information

Under the Michigan's Workers' Compensation Act, injured workers are entitled to weekly benefits and medical and vocational services if the employer is legally responsible for the injury.

For consultation and assistance, the Vocational Rehabilitation Division, Bureau of Workers' Disability Compensation can be contacted at:

Department of Licensing and Regulatory Affairs
Workers' Disability Compensation Bureau
P.O. Box 30016
Lansing, MI 4890
888-396-5041

Staff of MRS Disability Management Program can also be consulted.

A litigated case is one that is involved in some type of legal proceeding. If a dispute occurs, the claimant (client) or the carrier may petition for a hearing before a magistrate. This dispute might revolve around the injury itself, the payment of weekly benefits, the provision of vocational rehabilitation services, or other issues.

Carriers cannot be required to provide vocational rehabilitation in those cases where they have filed for a hearing to determine their responsibility to provide Workers' Compensation benefits.

Neither is a carrier obligated to provide vocational rehabilitation in those cases where an order to pay Workers' Compensation is appealed and awaiting a decision.

Counselors can call the Vocational Rehabilitation Division of the Bureau of Worker's Disability Compensation to determine the status of an individual's claim.

Individuals whose cases are redeemed receive a complete and final cash settlement. The carrier is not responsible for further costs. The client and counselor should determine the client's ability to contribute to rehabilitation costs from the settlement.

Under the Workers' Disability Compensation Act (Section 418.319) employers and insurance carriers are responsible only for services needed to address the work-related injury. They are not responsible for services needed to address other disabilities or for services to family members. They may not be responsible for training programs of more than 52 weeks.

9000: Purchased Services

Policy

All purchased services for applicants or eligible individuals shall be authorized prior to or simultaneously with the initiation of services and according to all legal, State purchasing and Michigan Rehabilitation Services (MRS) requirements.

Only vocational rehabilitation services for individuals that are required to determine eligibility and vocational rehabilitation needs, develop an IPE, or implement an IPE or IPE amendment may be purchased.

The counselor shall not authorize for services that have been completed, or for bills that were previously incurred.

Procedures

The justification for an authorization of MRS funds must be documented in an *Aware* Case Note.

Purchased services after an IPE has been developed require an IPE Amendment when they meet the criteria for an IPE Amendment identified in RSM 5150 - IPE Amendment.

Authorizations must be paid in full prior to case closure.

9025: Rates of Payment

Policy

The maximum rate of payment for services shall be the usual, customary and reasonable (UCR) rate charged for the service not to exceed that charged other public agencies. The service that will meet the individual's vocational rehabilitation need at the least cost to Michigan Rehabilitation Services (MRS) shall be the service purchased. MRS shall not place an absolute and arbitrary dollar limit on specific service categories or on the total services provided to the individual.

MRS shall not be responsible for the cost of out-of-state services in excess of the cost of in-state services if either service would meet the individual's vocational rehabilitation needs.

Information

When a lower rate than UCR is charged to other public agencies for a service, the lower rate is the rate to be paid.

The interaction between consumer informed choice and the policy on rates of payment is detailed in procedure related to RSM 2225 - Informed Choice.

When an individual chooses a service or service provider whose cost is higher than another service or service provider that will also meet the individual's vocational rehabilitation need, the counselor is not required to pay the higher cost because it is the individual's choice. Individuals have the right to choose a higher cost service or service provider. One of the disadvantages of that choice is that MRS payment will not exceed that of the lower cost service or service provider that also meets the individual's vocational rehabilitation need. The individual or other resources are responsible for the difference.

9050: Service Provider Standards

Policy

Service providers from whom the Michigan Rehabilitation Services (MRS) purchases services shall be licensed, certified, registered, or accredited as applicable for the occupation, facility or service to be provided. In the absence of these requirements, other equivalent competency assurances are required. Any facility in which services are provided shall meet the accessibility standards required by law, have staff or make arrangements to meet the special communication needs of applicants or eligible individuals, shall take affirmative action to employ and advance in employment individuals with disabilities and assure MRS that policies and procedures are in place to prevent fraud, waste and abuse.

9075: Independent Contractors

Policy

Independent Contractors are persons who are employed and paid directly by the applicant or the eligible individual for whom they provide a service. Such arrangements may be needed for legal or tax reasons and/or to advance self-direction for individuals with the most significant disabilities. Examples are life skills coach, personal care attendant, job coach, mentor, and advisor.

Procedures

These providers and services have arisen due to the intensive nature and scope of services which may be necessary for persons with the most significant disabilities to take their place in the competitive work environment. Such services generally do not have a national or state credentialing standard. If no provider standards exist for these service providers, they shall meet minimum education and training requirements for their practice. Training for such services is often offered by community service organizations, such as United Cerebral Palsy and community mental health providers or may be available through a university or community college. Any assistants whom the independent contractor hires shall be qualified to perform the duties assigned.

The independent contractor assumes all fiscal obligations and must maintain liability insurance. When the individual and counselor decide on a service and provider requiring independent contracting, the individual and the independent contractor are to agree on services to be provided and payment for the service. The counselor may assist in reaching an agreement with the independent contractor, if called upon by the eligible individual. If Michigan Rehabilitation Services (MRS) assists in making payment to the individual to support the services of an independent contractor, a copy of a signed purchase agreement must be in the case record. If the service is being provided as part of the employment goal, the service must be included in the IPE.

Each service shall be separately documented with a Purchase of Service Agreement, RA-4589 for a specific service, over a specified period of time at a pre-determined cost. The counselor shall maintain a copy of any such Agreement in the individual's service record
Information

Independent contractors, by definition, are not employed by, or under contract to an accredited rehabilitation facility or other private or public entity which assumes liability for its employees and/or persons under contract. They perform work or provide a service for which there is no national or state approved or recognized standard, and the services they provide do

not fall within the scope of practice of other occupations for which a service or national standard exists.

9100: Purchase of Services and Priority Order

Policy

Services for clients shall be purchased in the following priority order:

1. An individual-group authorization to vendor.

19. A direct or recurring payment to a client, when a vendor authorization is not possible.

20. Use of the emergency payment fund, when neither a vendor authorization nor direct authorization are possible.

21. Use of a third party, when none of the above are possible.

Procedures

The case record shall document the rationale for an exception to the priority order.

9125: Authorization to Vendor

Policy

Authorizations to vendors are the primary means of purchasing services for individuals. It is federally required that they be issued prior to or simultaneously with the initiation of services.

Procedures

The *Aware* 4-Step Vendor Authorization process shall be followed to draft, issue and pay a vendor authorization.

The vendor must be registered in MAIN before a payment can be processed.

To Generate an Individual Authorization

The following information is necessary to generate an individual authorization:

1. The beginning and ending dates of each service (the actual projected end date shall be used whenever possible)

2. Budget to be used

3. The name of the vendor who will provide the service(s)

4. Where the authorization is to be mailed (i.e. individual, vendor, or other location)

5. A service category and detailed written description of the good(s) and/or service(s) to be provided

6. The amount authorized per service

7. Cost of each specific unit of service and the number of units authorized

8. Individual authorizations shall be issued as a one-page document.

An individual authorization, including amended or edited authorizations, shall be signed by the primary counselor of the caseload or any counselor or supervisor on the caseload group. The signature also verifies the accuracy of the authorization. Counselors may not sign an authorization that exceeds their approval authority (security limit).

Two copies of the individual authorization are to be printed. One signed copy will be provided to the vendor, one signed copy is kept in the file.

To Generate a Group Authorization

Prior to authorization, each customer file shall contain a case note reflecting the need for the good(s) or service(s). A group authorization is limited to the approved categories of service as outlined in 9125a-DD: Data Dictionary for *Aware*-Vendor, Direct and Recurring Authorizations.

In addition to procedures 1-7 for an individual authorization identified above, the following information is necessary to generate a group authorization.

- Customer(s) identified that will be included in the authorization.
- Budget identified that will be utilized for each customer.
- Unlike the individual authorization, when a group authorization is issued it will be a multiple page document.

The Site Manager or District Manager shall be responsible for issuing a group authorization and Drafting of Payment. Release of payment shall be made by individual with the appropriate approval authority (security limit).

One signed copy will be provided to the vendor and one signed copy is kept in the district office. Additionally, an individual electronic copy of the group authorization will automatically be recorded in the *Aware* authorization page for each individual customer receiving goods or services under the group authorization process.

Authorization Amendment

Individual Authorization

Aware permits the following authorization information to be amended:

- End date of services,
- Fund source,
- Change of a service or addition of a service,
- Units of purchase and/or rate of purchase

1. Adding an additional service to an individual authorization

   Services that are added to an authorization must be authorized prior to the service being rendered. To add a service to an authorization, the authorizer must document:

   - Justification for the additional service in a case note

- Description of the service to be added,
- Beginning and ending dates of the service, and
- Amount of the added service.

2. Increasing an individual authorization

An amendment is not necessary if the final payment is increased by 10% but does not exceed $2,500 more than the original authorized amount.

If the payment amount is over 10% of the original amount or exceeds the original authorization by more than $2,500, amendment of the authorization is necessary.
An increase of an authorization must be authorized prior to the service being rendered. To increase an authorization, the authorizer must document:

- Justification for the increase in a case note, and
- Amount of the increase.

Increases may only be for the service originally authorized and within the same fiscal year, and should be approved by the counselor in advance. Increases that cause the total amount of an authorization to exceed the authorizer's approval level must be approved by a manager with the appropriate approval level.

3. Decreasing an individual authorization

To decrease an authorization, the authorizer shall document in a case note:

- Specific service(s) to be adjusted, and
- Amount and type of adjustment.

4. To cancel an individual authorization, the authorizer shall document in a case note:

- Specific service(s) to be cancelled, and
- Reason for the cancellation.

Group Authorization

1. Amendments to a group authorization are not permissible.

2. Edits to a group authorization may occur in the following instances.

- A customer may be cancelled from a group authorization.
- Additional new customers may not be added to an open group authorization. However,

if a customer(s) is cancelled from the group authorization, other customer(s) may be added to the authorization to replace those that have been removed.

3. To cancel a group authorization, the authorizer shall document in a case note:

- Specific service(s) to be cancelled, and
- Reason for the cancellation.

In a group authorization, each customer listed on the authorization is required to have a case note indicating the reason for cancellation.

The customer "signature is required" box must be checked in those instances when only the individual can verify that a good or service has been received or provided, or no other formal documentation can be provided to verify that a good or service has been received. The "signature is required" box need not be checked when other documented verification that the individual is to receive the intended good or service will be produced by the vendor, such as an invoice or receipt signed by the customer, or a written report written by the vendor.

9150: Letter of Intent

Procedures

When circumstances do not permit an authorization to be issued prior to the start of a service, an interim letter of intent or a verbal authorization shall be given to the vendor. Verbal authorizations shall be followed up in writing no later than one working day. Letters of intent shall include the service(s) being authorized, the dates of service(s), the amount authorized, and be signed and dated by the counselor. An RA-Z40 authorization shall be sent as soon as possible to complete the authorization process.

9175: Retroactive Authorizations

Policy

Retroactive authorizations are prohibited.

Procedures

A retroactive authorization is one that is issued after services have been initiated or received. Since this is prohibited by federal regulations, a retroactive authorization constitutes an audit exception that could result in the forfeiture of Michigan Rehabilitation Services (MRS) funds unless prior written or verbal approval was given to the provider. A retroactive authorization may be issued only when oversight or other unavoidable circumstances prevented the authorization from being issued in a timely manner. Retroactively issued authorizations must be accompanied by a case note that documents the reason why the authorization was retroactive, and steps to be taken to correct the recurrence of such an audit exception.

Site Manager approval and signature on retroactive authorizations is required.

9200: Billing - Payment for Services

Policy

The counselor must verify that the authorized goods or services have been received and are satisfactory before approving payment.

Procedures

The *Aware* 4-Step Vendor Authorization process shall be followed to draft, issue and pay a vendor authorization.

Verification of Receipt and Approval for Payment

Prior to approving a billing document for payment, the billing needs to be reviewed for completeness and accuracy as described below:

- The amounts and dates of service entered by the vendor are accurate;
- The billing reflects the receipt of the specific goods or services authorized;
- The applicant or eligible individual has signed the billing, if required, to attest to receipt of the goods or services;
- The vendor has signed the billing in ink (rubber-stamp signatures are not accepted) or attached a separate company/vendor billing document;
- Information requested from the vendor (itemized lists, reports, etc.) has been received; and
- The Partial Billing/Final Billing box has been marked for each service code. If final billing is checked, any remaining balance for that service will be canceled.

Verification of receipt of goods or services is documented in the case record when the customer returns to the office an official receipt that matches the goods or services and amount authorized.

In the event a receipt is not returned to the office by the customer, the assigned counselor shall document in case record multiple attempts and the multiple methods used to obtain verification of receipt of goods or services.

Examples of methods used to obtain verification of goods or services:

- Following up with the customer to request the receipt (phone and/or letter).
- Following up with the vendor to request a copy of the receipt.
- Requesting the customer to return to the vendor to obtain a copy of the receipt.

In the event that a receipt is missing or lost, an Alternate Receipt of VR Goods or Services form (RA-2920) may be submitted in place of an official receipt. This form is an alternate verification method and, when completed, documents the goods or services have been received. In the event the RA-2920, Alternate Receipt of VR Goods or Services form is used, it shall be approved by the Site Manager.

Note: Direct or Recurring Authorizations missing receipts shall be resolved prior to purchasing additional services.

If a Direct or Recurring Authorization is missing receipts and/or is in the process of being verified, supervisory approval is required for the issuance of additional authorizations during the investigatory time period. Supervisory approval shall be documented in a case note.

Examples of instances when the Alternate Receipt of VR Goods or Services form may be utilized:

- Merchandise purchase: Customer loses the receipt/unable to obtain a copy. Customer brings in merchandise and counselor verifies that item(s) have been purchased. Counselor completes a case note documenting the meeting and verification of item(s) purchased and the Alternate Receipt of VR Goods or Services form.
- Mileage payment: Customer loses the receipt/unable to obtain a copy. Counselor verifies the service for which the mileage was provided has been completed. This may include a report from a vendor or a log of miles submitted by the customer. Counselor completes a case note documenting the completed service for which the mileage was provided and completes the Alternate Receipt of VR Goods or Services form.

Examples of visual verification of receipt of purchased item(s) when alternate receipt is required:

- Computer purchase – bring the computer into the office
- Clothing purchase – bring clothing into the office
- Books purchase – bring books into the office
- Gas to search for a job – mileage log
- Gas to go to/from school – grade report
- Incidental allowance at MCTI – MCTI records of attendance
- Food purchased during attendance at a training – verification of the customer's completion of the training

If the Alternate Receipt of VR Goods or Services form is unable to be completed and there is an inability to verify that the goods or services was received, the Site Manager is to be notified. Upon investigation if there continues to be an inability to account for the goods or services

being delivered the MRS Policy Unit is to be notified of the occurrence for possible fraud investigation.
The individual's signature or witnessed mark is required on the Authorization and Billing document, or an attached document, to verify that services were received and satisfactory, except when another document or report, which substantiates that the authorized services were provided, is submitted. For example, written supporting documentation is usually available and acceptable for the following services:

- Medical, psychiatric, or psychological evaluations;
- Hospitalization and related services (i.e., copy of hospital records);
- Community rehabilitation program services; and,
- Postsecondary training and adult education services (i.e., grade reports).

The amount approved for payment must reflect the extent to which authorized goods or services were rendered or delivered. When goods or services were not rendered to the extent authorized, amounts approved for payment should be adjusted accordingly. A case note shall document the contact with the vendor, the outcome, and the amount approved.

When services to family members are provided, the signature of the family member receiving the service is required. If the family member is a minor, the parent or guardian shall sign the billing document.

If the counselor is unable to locate the applicant or eligible individual, the counselor may sign on behalf of the individual after it has been verified that the service was provided. When the counselor signs on behalf of the individual, a case note shall document efforts to locate the individual and the fact that the counselor signed their name verifying that goods were received or services were provided.

An amendment is not necessary if the final payment is increased up to 10% but does not exceed $2,500 more than the original authorized amount.

If the payment amount is over 10% of the original amount or exceeds the original authorization by more than $2,500, amendment of the authorization is necessary.

Billing and Payment of a Group Authorization

In addition to what is referenced above and prior to approving a group authorization for payment, specific documentation requirements are necessary:

- The billing/invoice reflects the receipt of the specified goods or services authorized for each individual listed in the group authorization.
- Prior to releasing payment, a separate report/invoice shall be obtained for each customer reflected in the group authorization.

The Site Manager or District Manager shall be responsible for issuing the group authorization and drafting the payment.

Upon payment, each individual report reflecting the receipt of the service as it pertains to the customer, is to be placed in the corresponding customer file.

Two office files are to be maintained:

1. The first file is to retain the original, signed group authorization form that is generated at the time the authorization is issued and is retained until the final payment of the authorization is issued.
2. The second file is to retain the completed group authorization at the time of final payment. This file is to contain the following:
    - Final authorization signed by the vendor.
    - Billing documents used to verify receipt of goods or completion of the services.

Releasing Payments – All Authorizations

Release of payment shall be made by individual with the appropriate approval authority (security level).

- Prior to releasing payment for a vendor authorization, receipt of the specific goods or services authorized must be verified.
- Payments drafted by MCTI shall be released by MCTI. Verification of receipt of the specific goods or services authorized must be retained by MCTI.

Exemption from Sales Tax

Michigan Rehabilitation Services' (MRS) tax exempt number is printed on the Authorization and Billing document.

MRS is:

- Exempt from paying federal excise tax.
- Exempt from Michigan Sales Tax according to Rule 29 of the General Sales and Use Tax Rules; however, sales tax must be paid either by MRS or the customer whenever MRS funds are expended toward vehicle purchase.
- Not exempt from various federal taxes such as the U.S. transportation tax on airline tickets.

Authorization Amendment

Individual Vendor Authorization

Aware permits the following authorization information to be amended:

- End date of services,
- Fund source,
- Change of a service or addition of a service,
- Units of purchase and/or rate of purchase.

1. Adding an additional service to an individual authorization

Services that are added to an individual authorization must be authorized prior to the service being rendered. To add a service to an authorization, the authorizer must document:

- Justification for the additional service in a case note,
- Description of the service to be added,
- Beginning and ending dates of the service, and
- Amount of the added service.

2. Increasing an individual authorization

An amendment is not necessary if the final payment is increased by 10% but does not exceed $2,500 more than the original authorized amount.

If the payment amount is over 10% of the original amount or exceeds the original authorization by more than $2,500, amendment of the authorization is necessary.
An increase of an authorization must be authorized prior to the service being rendered. To increase an authorization, the authorizer must document:

- Justification for the increase in a case note, and
- Amount of the increase.

Increases may only be for the service originally authorized and within the same fiscal year, and should be approved by the counselor in advance. Increases that cause the total amount of an individual authorization to exceed the authorizer's approval level must be approved by a manager with the appropriate approval level.

3. Decreasing an individual authorization

To decrease an individual authorization, the authorizer shall document in a case note:

- Specific service(s) to be adjusted, and
- Amount and type of adjustment.

4. To cancel an individual authorization, the authorizer shall document in a case note:

    - Specific service(s) to be cancelled, and
    - Reason for the cancellation.

Group Authorization

1. Amendments to a group authorization are not permissible.

2. Edits to a group authorization may occur in the following instances.

    - A customer may be cancelled from a group authorization.
    - Additional new customers may not be added to an open group authorization. However, if a customer(s) is cancelled from the group authorization, other customer(s) may be added to the authorization to replace those that have been removed.

3. To cancel a group authorization, the authorizer shall document in a case note:

    - Specific service(s) to be cancelled, and
    - Reason for the cancellation.

    In a group authorization, each customer listed on the authorization is required to have a case note indicating the reason for cancellation.

The customer "signature is required" box must be checked in those instances when only the individual can verify that a good or service has been received or provided, or no other formal documentation can be provided to verify that a good or service has been received. The "signature is required" box need not be checked when other documented verification that the individual is to receive the intended good or service will be produced by the vendor, such as an invoice or receipt signed by the customer, or a written report written by the vendor.

Receipt of Payment by Vendors

Vendors will receive payment approximately five working days after payment is processed.

A single vendor check may include payments for one or more applicants or eligible individuals if payments were processed on the same day for that vendor. When payments are combined, the check stub will list individual names, authorization numbers, payment amount per authorization, and the vendor invoice number, if provided by the vendor on the billing document and entered in *Aware* during the billing process.

The payment browse screen displays the amount, voucher number and payment date.

9225: Direct and Recurring Authorization

Policy

Direct and recurring payments may be authorized to individuals for maintenance, transportation, and personal care assistance services, and other services when vendors cannot be found who will accept an authorization for the good or service in question.

Procedures

A case note shall document the justification for the use of direct or recurring payments and the basis for the amounts authorized.

All direct and recurring authorizations are entered in *Aware* as transportation, or maintenance or personal assistance. In those instances where the direct or recurring mechanism in *Aware* is used for other services, the case note shall identify the service and the reason a vendor authorization could not be used.

The maximum payment to an individual using a single or recurring authorization cannot exceed $500 per day. Preparing a direct or recurring payment authorization requires the following information to be entered in *Aware*:

- The beginning date of authorization,
- Fund source,
- Warrant mailing location: Checks may be mailed to the individual's mailing address as registered in *Aware*, the office of the primary counselor, or Michigan Career and Technical Institute,
- A service category and detailed written description of the good(s) and/or service(s) to be provided,
- The total amount authorized for each service,
- The frequency of payments for recurring authorizations (i.e., weekly, bi-weekly or monthly) for each service,
- The amount of a check, or checks

Aware direct or recurring authorizations shall be issued as a one-page document.
A Notice of Payment to Participant letter generated through *Aware* shall be sent to individuals prior to receipt of their direct payment or first recurring payment check to advise them of the terms and conditions of their direct payment or recurring payment checks.

A case note shall document the justification for the use of recurring payments and the basis for the amounts authorized. The basis for the amount authorized provides detailed information

specifying how the amount was arrived at.

Counselors shall periodically validate the continuation of recurring payment checks by verifying the individual's status for which checks were issued. The “Open Authorization Report” should be run weekly or biweekly for this purpose. To terminate or interrupt recurring payments to individuals, the appropriate amendments or cancellations must be entered in *Aware* and in a case note documenting the termination and reason for it.

The State Treasury Department disburses checks according to instructions provided by the district office. Direct or Recurring payment checks are mailed to the location indicated on authorization screen according to the payment schedule entered. Five to seven days should be allowed for delivery of the first check.

Verification of Receipt

Verification of receipt of goods or services is documented in the case record when the customer returns to the office an official receipt that matches the goods or services and amount authorized.

In the event a receipt is not returned to the office by the customer, the assigned counselor shall document in case record multiple attempts and the multiple methods used to obtain verification of receipt of goods or services.

Examples of methods used to obtain verification of goods or services:

- Following up with the customer to request the receipt (phone and/or letter).
- Following up with the vendor to request a copy of the receipt.
- Requesting the customer to return to the vendor to obtain a copy of the receipt.

In the event that a receipt is missing or lost, an Alternate Receipt of VR Goods or Services form (RA-2920) may be submitted in place of an official receipt. This form is an alternate verification method and, when completed, documents the goods or services has been received. In the event the RA-2920, Alternate Receipt of VR Goods or Services form is used, it shall be approved by the Site Manager.

Note: Direct or Recurring Authorizations missing receipts shall be resolved prior to purchasing additional services.

If a Direct or Recurring Authorization is missing receipts and/or is in the process of being verified, supervisory approval is required for the issuance of additional authorizations during the investigatory time period. Supervisory approval shall be documented in a case note.

Examples of instances when the Alternate Receipt of VR Goods or Services form may be utilized:

- Merchandise purchase: Customer loses the receipt/unable to obtain a copy. Customer brings in merchandise and counselor verifies that item(s) have been purchased. Counselor completes a case note documenting the meeting and verification of item(s) purchased and the Alternate Receipt of VR Goods or Services form.

- Mileage payment: Customer loses the receipt/unable to obtain a copy. Counselor verifies the service for which the mileage was provided has been completed. This may include a report from a vendor or a log of miles submitted by the customer. Counselor completes a case note documenting the completed service for which the mileage was provided and completes the Alternate Receipt of VR Goods or Services form.

Examples of visual verification of receipt of purchased item(s) when alternate receipt is required:

- Computer purchase – bring the computer into the office

- Clothing purchase – bring clothing into the office

- Books purchase – bring books into the office

- Gas to search for a job – mileage log

- Gas to go to/from school – grade report

- Incidental allowance at MCTI – MCTI records of attendance

- Food purchased during attendance at a training – verification of the customer's completion of the training

If the Alternate Receipt of VR Goods or Services form is unable to be completed and there is an inability to verify that the goods or services were received, the Site Manager is to be notified. Upon investigation, if there continues to be an inability to account for the goods or services being delivered, the MRS Policy Unit is to be notified of the occurrence for possible fraud investigation.

Information

Direct Authorization: An authorization written to the individual for a one-time check that will be mailed by the Department of Treasury or a one-time check that is covered through the

Emergency Warrant process.

Recurring Authorization: An authorization written to the individual for weekly, bi-weekly or monthly checks.

9250: Emergency Payment - Direct Authorization

Policy

Emergency manual warrants may be issued only to provide or support vocational rehabilitation services that are essential to determine eligibility and vocational rehabilitation needs, develop an IPE, or implement an IPE or IPE amendment, when no other method of purchasing these services is possible.

To comply with State Accounting Rules, the district's Emergency manual warrants shall be used only to meet an applicant or eligible individual's immediate emergency vocational rehabilitation needs. Emergency manual warrants cannot be used if a vendor will accept a regular authorization. Emergency manual warrant procedures shall be used when the vendor is the State of Michigan.

Procedures

When used to purchase maintenance or transportation, or any other vocational rehabilitation service, policies and procedures pertaining to these services must be followed.

A case note shall document the justification for the use of the emergency manual warrants procedure and its casework purpose.

The maximum amount for which a check can be written is $500 per day per applicant or eligible individual. Refer to the Fiscal Process Manual for procedures regarding processing of emergency manual warrants.

Emergency manual warrants can be used to provide services to family members under the same conditions as to an individual.

Emergency manual warrants are used when making payments to other State of Michigan departments.

Verification of Receipt

Verification of receipt of goods or services is documented in the case record when the customer returns to the office an official receipt that matches the goods or services and amount authorized.

In the event a receipt is not returned to the office by the customer, the assigned counselor shall document in case record multiple attempts and the multiple methods used to obtain

verification of receipt of goods or services.

Examples of methods used to obtain verification of goods or services:

- Following up with the customer to request the receipt (phone and/or letter).
- Following up with the vendor to request a copy of the receipt.
- Requesting the customer to return to the vendor to obtain a copy of the receipt.

In the event that a receipt is missing or lost, an Alternate Receipt of VR Goods or Services form (RA-2920) may be submitted in place of an official receipt. This form is an alternate verification method and, when completed, documents the goods or services have been received. In the event the RA-2920, Alternate Receipt of VR Goods or Services form is used, it shall be approved by the Site Manager.

Note: Emergency Payment – Direct Authorizations missing receipts shall be resolved prior to purchasing additional services.

If an Emergency Payment – Direct Authorization is missing receipts and/or is in the process of being verified, supervisory approval is required for the issuance of additional authorizations during the investigatory time period. Supervisory approval shall be documented in a case note.

Examples of instances when the Alternate Receipt of VR Goods or Services form may be utilized:

- Merchandise purchase: Customer loses the receipt/unable to obtain a copy. Customer brings in merchandise and counselor verifies that item(s) have been purchased. Counselor completes a case note documenting the meeting and verification of item(s) purchased and the Alternate Receipt of VR Goods or Services form.
- Mileage payment: Customer loses the receipt/unable to obtain a copy. Counselor verifies the service for which the mileage was provided has been completed. This may include a report from a vendor or a log of miles submitted by the customer. Counselor completes a case note documenting the completed service for which the mileage was provided and completes the Alternate Receipt of VR Goods or Services form.

Examples of visual verification of receipt of purchased item(s) when alternate receipt is required:

- Computer purchase – bring the computer into the office
- Clothing purchase – bring clothing into the office

- Books purchase – bring books into the office
- Gas to search for a job – mileage log
- Gas to go to/from school – grade report
- Incidental allowance at MCTI – MCTI records of attendance
- Food purchased during attendance at a training – verification of the customer's completion of the training

If the Alternate Receipt of VR Goods or Services form is unable to be completed and there is an inability to verify that the goods or services were received, the Site Manager is to be notified. Upon investigation if there continues to be an inability to account for the goods or services being delivered the MRS Policy Unit is to be notified of the occurrence for possible fraud investigation.

9275: Third Party Authorizations

Policy

A third party can be used to vend cash to an applicant or eligible individual to purchase a needed service only when the service provider will not accept a Michigan Rehabilitation Services (MRS) authorization, there is no other vendor available to provide the service, and direct payment or emergency payment cannot be used.

A third party may not be used as a secondary purchaser of goods or services for applicants or eligible individuals.

All policies related to purchase of services must be followed.

9300: Competitive Bids and Price Quotations

Procedures

Competitive Bid/Quotation

Three identical written, competitive bids are required for the purchase of all goods and services that cost $3,000 up to $150,000.

All specially constructed, or prescriptive devices, requires three price quotations.

Note: MRS staff provide vendors with copies of prescriptions and/or specifications when requesting price quotations.

Note: Goods/services over $150,000 require a sealed bid process and are arranged through the Division Director.

MRS staff maintain documentation of all competitive bids/price quotations and associated materials.

Request for Competitive Bid/Quotation

The MRS-4587, Request for Bid/Quotation, is the preferred form to be used to request a bid or quotation. However, the vendor may provide the bid in their preferred format, including copies of current published lists or catalogs in place of bids.

When obtaining competitive bid/quotations, it is required that:

- Vendors are provided with identical written specifications.
- Warranties are to be included if stated in the specifications.

Note: A competitive bid/quotation is not required if it is documented that there are not three vendors who can provide the item(s) as specified. MRS staff document the effort to obtain three bids.

Note: A competitive bid/quotation is not required for services delivered under a MRS contracted agreement. MRS staff document compliance with contract specifications.

Information

Competitive Bid: A competitive bid is a vendor's written offer to provide an item at a stated price according to specifications.

Price Quotation: A price quotation is a vendor's statement of the current price of an item. Price quotations may be based on general descriptions of items and are not typically legally binding.

9325: Approval Authority

Policy

Michigan Rehabilitation Services (MRS) staff may not exceed their maximum delegated financial approval authority in authorizing for goods or services.

Procedures

The district manager is responsible for delegating approval authority for authorizations to counselors on an individual basis, within the maximum limits set by *Aware* staff security guidelines. Maximum delegated authority is documented through the "*Aware* Access Request" forms submitted to and maintained at MRS Central Office.

Staff Security Guidelines for *Aware* may be referenced on the MRS shared "S" drive. Exception may be requested via an "*Aware* Staff Access Request" form and must be approved by authorized MRS personnel.

The use of separate authorizations to purchase the same goods or services in order to avoid approval authority limits is prohibited.

9350: Services to Groups of Clients

Policy

Services to groups of clients (SGC) may be authorized for services that will substantially contribute to vocational rehabilitation outcomes, but are not directly related to individual client rehabilitation programs.

Procedures

A group of clients is defined as two or more. Individuals who are not Michigan Rehabilitation Services (MRS) clients may also benefit from the services, but the primary beneficiaries shall be clients. Services that may be authorized for groups of clients are the same as that which may be provided to individual clients, as well as those specifically designated in the Rehabilitation Act of 1973, as amended, for groups of individuals with disabilities.

The SGC authorization is to be issued when rehabilitation needs cannot be addressed in any other way. This process does not replace the community rehabilitation organization construction and establishment grants, nor innovation and expansion grants. Neither does it replace requirements for the use of comparable benefits and services before MRS funds are used.

Services may not be provided for groups of clients that are the legal responsibility of other parties under the Americans with Disabilities Act.

An authorization for a service for a group of clients may be for a one-time occurrence, or for a time-limited service but not for continuing activities such as salary and wages or utilities.

Funds for services to groups of clients are assigned solely to the district manager. The manager is responsible for all decisions relative to purchasing services for groups of clients, the authorization process and for maintaining adequate records to support case service expenditures.

If another agency or organization is involved in the purchase of a service for a group of clients by MRS, there must be a written agreement which:

- Describes the service(s) to be provided and how they will help achieve employment outcomes for clients.
- Estimates the number of clients to be served and the percentage this represents of the total number to be served.
- Estimates the cost to be incurred; and

- Prescribes the methods for disposal of equipment purchased by MRS, or describes the financial adjustment when equipment is to be jointly purchased, in the event the service ceases to be available to clients. Principles which govern the disposal of equipment purchased under this authority are the same as those governing the disposal of equipment by public or nonprofit agencies or organizations under the community rehabilitation organization establishment grant authority.

A file must be maintained for each purchase of a service for a group of clients that contains all fiscal documents, agreements and related correspondence and reports for audit purposes. Files should be organized by fiscal year.

9375: Bulk Authorizations

Policy

Bulk authorizations may only be used to purchase bus tickets/tokens/passes, orientation services, orientation interpreter services, MCTI Caps and Gowns and MCTI Drug Screenings.

Procedures

- Procedures for authorization to vendor identified in RSM 9125 shall be followed.
- A record of individuals who receive services under bulk authorizations and the quantity received shall be kept in the district to provide an audit trail.
- Special Supported Employment funds may not be used as a budget source.
- Total amount of the authorization may not exceed $10,000.
- The Site Manager or District Manager shall sign the "Authorized Signature" field and the "Payment Approved By" field of the Authorization and Billing document. The signature also verifies the accuracy of the authorization.

12000: Pre-ETS Outreach and Referral

Purpose

In accordance with State and Federal regulations, this policy and procedure establishes the guidelines for referral, outreach and student verification for Pre-Employment Transition Services (Pre-ETS) delivered for students served either in the Vocational Rehabilitation (VR) or Prior to Application (PTA) program.

Students are to be provided Pre-ETS when potentially eligible as part of Prior to Application (PTA) program, or when students have applied for or been determined eligible for the Vocational Rehabilitation (VR) program.

Policy

Michigan Rehabilitation Services (MRS) will engage in outreach to students, parents/guardians, schools and community partners to obtain referrals. Processing a referral consists of verification of the student's current educational status, disability status, consent for services and determination of PTA or Vocational Rehabilitation (VR) case type. The referral period is 30 days from the documented date of referral.

Definitions

Student with a Disability*:* An individual who meets the following criteria:
1. Is not younger than 14 years of age and not more than 25 years of age as of September 1 of the school year of enrollment and who has not graduated or exited a recognized education program.

Note: A student who turns 26 years old after September 1 of the school year is a "student with a disability" for the duration of the recognized school year.

Example: If a student turns 26 after the start of the school year such as on December 14th or February 2nd of the school year, they would continue to be eligible for services until the end of that school year.

Example: If a student turns 26 prior to the start of the school year (prior to September 1st) such as August 18th, they would not be considered a student with a disability at the start of the school year and would not qualify for Pre-ETS from that point forward.

2. Has a disability defined as either:
- Eligible for, and receiving, special education or related services under Part B of the Individuals with Disabilities Education Act (IDEA)
- An individual with a disability as defined by section 504 of the Rehabilitation Act of

1973, indicating a determination of:

- Having a physical or mental impairment that substantially limits one or more major life activities
- Having a record of such an impairment
- Being regarded as having such an impairment

3. Has documentation confirming enrollment in secondary, post-secondary or other recognized education program.

Referral Period: 30 days from the referral date

Referral Date: Date MRS receives information that informs MRS of a potential Pre-ETS candidate. This may be submitted in person, by phone, or email and is to include:

- Full name
- Current telephone number, email address, or emergency contact number
- Address

Complete Pre-ETS Referral: Within the referral period, the date all necessary documentation is received to establish a PTA or VR case type. In a PTA case, documentation includes a completed Student and Parental/Guardian Referral/Consent for Pre-Employment Transition Services (MRS-2900), verification of student enrollment and disability status prior to delivery of Pre-ETS.
In a VR case, documentation includes a completed Application for Vocational and Employment Services (MRS-2910), verification of student enrollment and disability status prior to delivery of Pre-ETS.

PTA Case type: A Student with a Disability (SWD) receiving Pre-ETS services who has not applied for or been determined eligible for VR services.

VR Case Type (Pre-ETS): A SWD with an open VR case who can receive Pre-ETS.

Procedures

Outreach

MRS staff develop and maintain cooperative working relationships with state and local secondary education programs (including alternative school programs), post-secondary education programs, state operated programs, and workforce development partners to align services. This is achieved through local agreements and individual community partnerships.

Processing a Referral

MRS staff document in the *Aware* Referral Module:

- Full name

- Current telephone number, email address, or emergency contact number
- Address

This establishes the referral date in *Aware* and initiates the referral period.

Note: MRS staff document potential barriers to completing the referral/intake process and coordinate accommodations, if needed.

Informational Brochures

MRS staff document the review and provision of informational brochures including:

- Pre-ETS service brochures (MRS-Pub-350 and MRS-Pub-351)
- Client Assistance Program (CAP)
- How to Appeal Decisions Made by MRS (MRS-Pub-305)

Verification Requirements

MRS staff verify (1) consent for programming, (2) student status and (3) disability status, for VR/PTA case types during the referral period and prior to delivery of Pre-ETS.

1. Consent for Programming
   - PTA case - Student and Parental/Guardian Referral/Consent for Pre-Employment Transition Services (MRS-2900)
   - VR case -- Application for Vocational and Employment Services (MRS-2910)

2. Student status as of the referral date for both PTA and VR case type
   - School Verification of Student with a Disability; Pre-Employment Transition Services (MRS-2905); or
   - Active Individualized Educational Plan (IEP); or
   - Active 504 Plan; or
   - Post-secondary enrollment verification

3. Disability Status for both PTA and VR case type, using one of the following:
   - Individualized Education Plan (IEP)
   - 504 Plan
   - School documentation confirming disability status
   - Documentation from other sources confirming disability (Examples: medical records/reports or SSA beneficiary information)

MRS staff initial and date the Student and Parental/Guardian Referral/Consent for Pre-Employment Transition Services (MRS-2900) and document receipt of current enrollment and disability verification.

MRS staff are not permitted to contact schools regarding specific students until a release of information is in place.

Establishment of Case Type

MRS staff proceed with completing the referral process by establishing a case type or closing the referral.

PTA Case Type

Upon verification of school status, disability and student/parent/guardian consent for programming, the case moves from the Referral module to the Participant module in *Aware*.

MRS staff input information in the Participant module which automatically closes the *Aware* Referral module.

VR Case Type (Pre-ETS)

If MRS staff document a need for individualized VR services beyond the scope of Pre-ETS, the referral is to be processed as a VR case type.

Closure of Referral due to Non-Receipt or Incomplete Referral Information

MRS staff close the referral within the *Aware* Referral Module when required information is not collected during the referral period.

Note: A referral is not to be reopened once closed in the Aware Referral Module. If a new request for service is made, it becomes a new referral.

12025: Pre-ETS Establishment of Need and Development of Service Agreement

Purpose

In accordance with State and Federal regulations, this policy and procedure identifies the guidelines for establishing need and development of service agreement for Pre-Employment Transition Services (Pre-ETS). This policy pertains to Pre-ETS delivered for students served either in the Vocational Rehabilitation (VR) or Prior to Application (PTA) program.

Policy

Michigan Rehabilitation Services (MRS) is mandated to reserve 15% of its annual federal allotment for the provision of Pre-ETS.

MRS counselors are responsible for establishing need for Pre-ETS and the delivery of services based on a Service Agreement in a PTA case type or Individualized Plan for Employment (IPE) in a VR case type.

Statewide Availability

Pre-ETS must be available Statewide to all students with disabilities in need of such services.

Reasonable Accommodations

MRS may assist with reasonable accommodations when other resources are unavailable.

Definitions

Pre-ETS Student with a Disability (SWD):

An individual who meets the following criteria:

1. Is not younger than 14 years of age and not more than 25 years of age as of September 1 of the school year of enrollment and who has not graduated or exited a recognized education program.

Note: A student who turns 26 years old after September 1 of the school year is a "student with a disability" for the duration of the recognized school year.

2. Has a disability defined as either:

- Eligible for, and receiving, special education or related services under Part B of the Individuals with Disabilities Education Act (IDEA)
- An individual with a disability as defined by section 504 of the Rehabilitation Act of 1973, indicating a determination of:
    - Having a physical or mental impairment that substantially limits one or more major life activities
    - Having a record of such an impairment
    - Being regarded as having such an impairment

3. Has documentation confirming enrollment in secondary, post-secondary or other recognized education program.

PTA Case Type:

A SWD receiving Pre-ETS services who has not applied for or been determined eligible for VR services.

VR Case Type (Pre-ETS):

A SWD with an open VR case who is able to receive Pre-ETS services.

Pre-ETS Services:

Pre-ETS are delivered in coordination with the student's school services and include:

- MRS staff delivered services
- MRS authorized services

Pre-ETS Coordinated Service Delivery:

MRS documents coordination of service delivery with the Local Education Agency (LEA) and/or Intermediate School Districts (ISD), including but not limited to state and local agreements.

Procedures

In addition to the Pre-ETS policies and procedures, MRS staff follow all associated agency policies connected with the delivery of services. This includes all General Policies (Section II), Policy 5100, all Service Policies (Section VI) that are in alignment with permissible Pre-ETS service delivery, and all Fiscal Policies (Section IX).

Establishment of Need

MRS staff establish need for Pre-ETS prior to service delivery for PTA and VR case types.

MRS staff document need based on any of the following resources:

- School records/consultations and/or student/family input
- District/State agreements verifying need for services
- District/student mapping
- Other available resources

All identified services must be in alignment with federally required categories consisting of:

1. Instruction in self-advocacy including in person-centered planning, peer mentoring, and peer mentoring from individuals with disabilities working in competitive integrated employment.

2. Work-based learning experiences, which may include in-school or after school opportunities, or experience outside the traditional school setting (including internships), that is provided in an integrated environment to the maximum extent possible

3. Job exploration counseling

4. Counseling on opportunities for enrollment in comprehensive transition or post-secondary educational programs at institutions of higher education

5. Workplace readiness training to develop social skills and independent living.

Nonuse of Assessment

Interest inventories are permissible as a means to explore potential Pre-ETS. However, MRS staff are not permitted to authorize for the assessment of disabilities towards the establishment of a PTA case type or as a part of service delivery.

> Note: A student receiving Pre-ETS as a part of a VR case type may have assessment of disability as a part of the VR process using VR funds.

Identification of Services

MRS staff document the determination of services necessary to meet the identified needs of the student and coordinate potential service delivery.

> *Note: MRS policy manual Section IX - Fiscal policies are applicable for all services delivered.*

Reasonable Accommodations

MRS staff document need for accommodations necessary for the SWD to actively participate in Pre-ETS.

Allowable accommodation services for Pre-ETS include accessible informational materials, qualified interpreters, readers and auxiliary aids.

> *Note: MRS staff provide the SWD referral information for the VR program if the SWD requires accommodations beyond the examples listed.*

Financial Contribution

A SWD is not required to financially participate in Pre-ETS.

Memorandum of Understanding

MRS has a Memorandum of Understanding (MOU) with the Michigan Department of Education with respect to delivery of the Pre-ETS.

MRS may not approve services that would reduce an Intermediate School District (ISD) or Local Education Agency's (LEA) obligation under the Individuals with Disabilities Education Act (IDEA) or the obligation for Free and Appropriate Public Education (FAPE) as referenced in Section 504 of the Rehabilitation Act of 1973 and IDEA.

MRS staff coordinate services with ISD and LEA partners accordingly.

Development of Pre-ETS Service Agreement

MRS rehabilitation counselors complete a Pre-ETS Service Agreement (MRS-2930) after establishment of need for services, reasonable accommodations and identification of services.

A Pre-ETS Service Agreement is required for a SWD under:

- PTA Case Type
- VR Case Type - Application status in *Aware*
- VR Case Type - Eligibility status in *Aware*

Exception: Customers in VR Case Type – Service, Service X, and Employed status do not require a Pre-ETS Service Agreement (MRS-2930). All planned Pre-ETS are to be identified in the IPE along with the VR related services.

The Pre-ETS Service Agreement (MRS-2930) or IPE documents:

- All services and/or reasonable accommodations to be delivered
- Service providers, including coordinated services delivered by MRS staff or authorized to a vendor
- Estimated dates of service delivery
- Consent for services
- Counselor approval of services in alignment with Pre-ETS categories and consistent with MRS policies/guidelines

Note: MRS staff obtain a release of information for all identified vendors prior to service delivery.

MRS staff may only provide Pre-ETS if those services are identified within either a Pre-ETS Service Agreement or IPE as follows:

- Pre-ETS Service Agreement in a PTA case type
- Pre-ETS Service Agreement in a VR case type, if in Application or Eligibility status
- IPE in a VR case type, in Service status

A new Pre-ETS Service Agreement (MRS-2930) or IPE may be initiated if additional need for Pre-ETS is identified.

Service Delivery

MRS staff document delivery of all services in alignment with MRS policy manual Section IX - Fiscal.

MRS staff document if services are expected to continue when there is a break in service delivery.

12050: Pre-ETS Discontinuation of Services

Purpose

In accordance with State and Federal Regulations, this policy and procedure establishes the guidelines for discontinuation of service delivery for Pre-Employment Transition Services (Pre-ETS). This policy pertains to Pre-ETS delivered for students served either in the Vocational Rehabilitation (VR) or Prior to Application (PTA) program.

Policy

Pre-ETS are discontinued if any of the following are true:

- The Pre-ETS Service Agreement (MRS-2930) is fulfilled and no further services are needed.
- The student applies for VR services (Pre-ETS may be provided in the VR case).
- The service needs are beyond Pre-ETS scope of services.
- The services have not been provided over six months and no further services are needed.
- The student chooses not to participate.
- The student is no longer available for services.
- The student no longer qualifies as a student with a disability.

  Note: In a VR case type, when Pre-ETS are discontinued the case remains open based on need for VR services.

Procedures

MRS staff proceed with discontinuation of Pre-ETS as follows:

- Document rationale for case closure (PTA) or discontinuation of Pre-ETS (VR)
- Pay or cancel all open Pre-ETS authorizations
- If applying for VR services, link PTA case type with VR cse type (make request to *Aware* help desk)
- Notify student in writing of discontinuation of Pre-ETS, case closure, and rights to appeal (PTA)