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SECTION 1: LAW, REGULATION AND STATE PLAN

This manual relies on the authorities, which include the following:

- PL 105-220, Rehabilitation Act Amendments of 1998
- 34 CFR Parts 361, 363 and 365
- PL 113-128, Workforce Innovation and Opportunities Act
- State Plan for the Vocational Rehabilitation Services Program with supplement for the Supported Employment Services Program

The Director of the Office of Vocational Rehabilitation (OVR) is responsible for the administration and all other provisions of law relating to the functions of OVR; is responsible for the preparation of a consolidated State plan, which serves as the basis for CNMI's operation and administration of the vocational rehabilitation program, Supported Employment program, Independent Living Services, and the Independent Living/Older Blind program; is responsible, upon receiving Federal approval of the State plan, for the distribution of copies of the approved State plan to every field office operated by either OVR and other appropriate entities.

The State plan will be developed and updated annually or when there is a significant and relevant change in the information or the assurances contained in the plan, the administration or operation of the plan or in the organization, policies or operation of the Designated State Unit. In developing and revising State plans, the Director shall consider, among other things, the amount of funding available from the Federal government for the programs of OVR, the conditions under which such funds are accepted and the limitations of CNMI legislative appropriations for the programs.

The OVR is the Designated State Unit, which is primarily concerned with vocational and other rehabilitation needs of individuals with disabilities. The OVR is an agency created under a federal/state partnership to provide and facilitate direct services to people with disabilities in order to promote independent living, skill development and eventual employment (Title I). OVR personnel must meet the minimum qualifications as required under the Rehabilitation Act. OVR employs Rehabilitation Counselors and support staff to assist program participants in understanding the rehabilitation process, applying for and receiving services. The OVR employs staff whose purpose is to conduct program planning and evaluation, provide for staff development and determine the extent of rehabilitation facility utilization and the need for facility development.

OVR is located within the Office of the Governor and is tasked to extend rehabilitation services to individuals with disabilities to prepare for, secure, retain, or regain employment.

SECTION 2: OVR MISSION STATEMENTS

The Office of Vocational Rehabilitation exists to provide information and/or services needed to improve an individual's ability to become independent, productive and employed.

The mission of the Office of Vocational Rehabilitation is to increase employment and promote independence among eligible individuals with disabilities throughout the Commonwealth of the Northern Mariana Islands.

VALUES

We value the rights, worth and dignity of persons with disabilities. We value all staff, their individual talents, unique abilities and contributions to our mission. We value participatory leadership and management at all levels. We value resources sufficient to enable partnerships that support our mission.

VISION

OVR envisions the CNMI as a “true island paradise,” a place where:

- There is no discrimination or fear about individuals with disabilities.
- Qualified OVR staff, service providers, and employers assist individuals with disabilities compete equally for employment with persons without disabilities.
- Individuals with disabilities are recognized not for their disabilities, but abilities.
- Individuals with disabilities are respected, accepted, valued, active, independent, included in family and social events, and integrated in all aspects of an island community environment.

PHILOSOPHY

We recognize and respect the contributions of all individuals as a necessary and vital part of a productive society.

SECTION 3: EQUAL RIGHTS

Eligibility requirements are applied without regard to race, age, creed, color, gender, sexual orientation, national origin or type of disability. No upper or lower age limit is established which will, in and of itself, result in a finding of ineligibility for any person who otherwise meets basic eligibility requirements.

Discrimination occurs when a person is treated differently based on the person's disability, age, sex, race, religion or other status protected by law. It is the OVR policy to provide services to eligible persons with disabilities without discrimination on the basis of physical or mental disability, age, sex, color, ethnic group, race, national origin, ancestry, religion, medical condition, sexual orientation, residency (must have legal status to work in the CNMI and the United States) or marital status.

SECTION 4: INFORMED CHOICE

Citations:

The Rehabilitation Act of 1973, as amended:

Sections 2(c)(1), 100(a)(3)(C); 101 (a)(6)(C), (8)(A), (9)(B), and (19); 102(b)(1)(A), (2)(B) and (C), (3)(A) and (3)(E) (i) and (ii); 102(d); and 103(a) and (a)(2); 34 CFR 361.52;

RSA Policy Directive-PD-O 1-03 (US Department of Education, Rehabilitation Services Administration)

Policy Statement:

It is the policy of the OVR that its Vocational Rehabilitation (VR) programs "must provide applicants and individuals eligible for VR services with the opportunity to exercise informed choice throughout the VR process, including making decisions about the employment goal, VR services, and service providers, settings for employment and service provision, and methods for procuring services. To enable an individual to make such decisions, the OVR must provide information, support and assistance needed by the individual. The OVR have the responsibility to implement policies, procedures, and practices, and to develop resources that enable applicants and individuals eligible for VR services to exercise informed choice throughout the entire VR process; these policies, procedures, and practices must be consistent with Federal statutory and regulatory requirements." Individuals who are applicants or eligible for VR services must be active and full partners in the VR process, making meaningful and informed choices. The informed choices made by individuals are not binding but must be seriously considered by the VR programs in the development and provision of services.

Legal Requirements:

- Inform each applicant and individual eligible for VR services, through appropriate modes of communication, about the opportunities to exercise informed choice throughout the VR process, including the availability of support services for individuals who require assistance in exercising informed choice;
- Assist applicants and eligible individuals in exercising informed choice in making decisions related to the provision of assessment services;
- Provide or assist eligible individuals in acquiring information that enables them to exercise informed choice in the development of their Individualized Plans for Employment (IPE) with respect to the selection of the employment outcome, VR services and service providers, the employment setting and the setting in which the services will be provided, and the methods for procuring services;
- Develop and implement flexible procurement policies and methods that facilitate the provision of services and afford eligible individuals meaningful choices among procurement methods; and
- Ensure that the availability and scope of informed choice is consistent with the

obligation of the VR programs

- Counseling and guidance services include information and support services to assist an individual in exercising informed choice, reinforcing the facilitative and supportive role of the Rehabilitation Counselor

34 CFR 361.52 (c) specifies the minimum information about services and service providers that must be provided by the VR programs to applicants and eligible individuals during the process of developing the IPE. The information includes: the cost, accessibility, and duration of services; the types of services; the degree to which service settings are integrated; the qualifications of services providers; and to the extent available, information about participant' satisfaction with those services. These regulations also suggest various methods and sources for acquiring information about service providers. These methods may include agency lists of services and service providers; periodic participant satisfaction surveys or reports; referrals to other participants, participant groups, or disability advisory councils qualified to discuss the services or service providers; relevant accreditation, certification, or other information relating to the qualifications of service providers; and opportunities for individuals to visit or experience various work and service provider settings. Rehabilitation Counselors may also assist the individual in the identification of information resources and information gathering techniques. The OVR may also refer individuals to other participants, participant groups, disability representatives or reference sources identified as qualified to discuss vocational goals, objectives, and vocational rehabilitation services.

Implementation of Informed Choice:

Implementation of informed choice should ensure that the individual, or if appropriate, the individual, through his or her representative:

- Has a range of options from which to make decisions or, to the extent possible, the opportunity to create new options that will meet the individual's specific rehabilitation needs;
- Has access to sufficient information about the consequences of various options;
- Has skills for evaluating the information and for making decisions, or, to the extent possible, the opportunity to develop such skills or support and assistance in carrying out these functions;
- Makes decisions in a way that reflect the individual's strengths, resources, priorities, concerns, capabilities, and interests; and
- Takes personal responsibility, to the extent possible, for implementing the chosen options

Roles and Responsibilities:

Effective implementation of informed choice depends on efforts of the individual and, as appropriate, people important in the individual's life, working jointly with the Rehabilitation Counselor.

The Applicant and/or Eligible Individual:

Exercising informed choice and taking more responsibility in the VR process makes demands on individuals with disabilities, and may also make demands on other people in their lives. To be fully engaged in the VR process, including development of the IPE, the individual must gather and use information to the extent possible, participate in planning and problem solving, make and implement decisions, and seek or identify needed resources. Once the IPE has been signed by both the individual and the Rehabilitation Counselor, the individual assumes the responsibilities identified in the IPE for implementing the decisions and achieving the employment outcome.

The Rehabilitation Counselor:

Implementation of informed choice has changed the role of the consumer-Rehabilitation Counselor relationship, and in many cases Rehabilitation Counselors will serve more as facilitators of plan development. (The Conference Report for HR 1385, Workforce Investment Act of 1998, House Report 105-659, p. 355). The Rehabilitation Counselor facilitates the process with the knowledge of the rehabilitation and VR process, an understanding of informed choice, information regarding rehabilitation resources and current labor market trends, and the experience of assisting other individuals through the VR process.

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

The Rehabilitation Counselor also assists the individual in exercising informed choice, informing the individual of services that support exercising informed choice, and helps the individual link with any necessary support services. The Rehabilitation Counselor facilitates the development of the individual's ability to gather information and supports individuals in making decisions to the best of the individual's ability.

The Rehabilitation Counselor works with the individual to build relationships and to align resources that will enable the individual to exercise informed choice and to work toward the employment outcome.

The OVR and Its VR Programs:

The OVR is responsible to administer the VR programs in a manner that supports the joint efforts of the individual and the Rehabilitation Counselor. The OVR can provide such support by implementing policies and procedures that provide the maximum opportunity for individuals to exercise informed choice, for the Rehabilitation Counselor to support individuals in that effort, and for the development of employment and service options that meet a wide range of individual needs.

SECTION 5: RESIDENCY

There is no residency requirement for eligibility purposes. However, to apply for services, an individual must be present in the CNMI to complete the Vocational Rehabilitation program and benefit from the services provided through the Individualized Plan for Employment (IPE).

All applicants must comply with the Immigration Reform and Control Act of 1986. Unauthorized Workers are prohibited from receiving vocational rehabilitation services.

“Unauthorized Workers,” describes immigrant workers who do not possess authorization to be employed pursuant to U.S. law (IRCA of 1986). This group includes workers who are in the CNMI legally for various reasons (e.g. student visas, asylum applicants) but who nevertheless lack the authorization to work.

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

SECTION 6: REFERRAL OF PARTICIPANTS

Referral Information:

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

OVR will maintain accurate and updated listings of Federal, State, local governmental, private and private non-profit agencies and organizations which assist and/or provide services to individuals with disabilities and their families. To the extent possible, when referring persons for assistance and/or services from another agency or organization, staff of OVR will utilize existing information/referral systems in the CNMI such as those available through the Client Assistance Program (CAP).

REFERRAL OF EMPLOYEES AND/OR RELATIVES OF EMPLOYEES

Applicants that are VR employees or relatives of VR employees will be referred to a Rehabilitation Counselor chosen by the OVR Director.

The Rehabilitation Counselor will notify the OVR Director of any employee or employee relatives who have applied for services to ensure compliance with this policy and procedures.

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

The employee may not discuss the status of the case with the Rehabilitation Counselor or other VR staff during work hours. Break times or lunchtime is the appropriate time to contact VR staff unless the employee chooses to take annual leave.

In the rare circumstance in which a conflict of interest has been determined as unavoidable due to an applicant's/consumer's relation to the OVR Director and/or staff, an off-island Vocational Rehabilitation entity in the U.S. or insular areas will be utilized to assist with eligibility determinations and the rehabilitative process.

SECTION 7: MANAGEMENT INFORMATION SYSTEM (MIS)

Information about the Vocational Rehabilitation Services program can be found in the RSA-Management Information System (MIS). The MIS contains forms, data, and reports from various state VR agencies.

Reports include:

ARR - RSA Annual Review Report. ARR: This is a good place to start if you want an overview of your state VR agency. The report is prepared by the RSA and combines information from other reports to show how the agency is performing as compared to other agencies and prior years.

CAP - Corrective Action Plan.

PIP - Program Improvement Plan.

RSA-113 - Quarterly Cumulative Caseload Report.

RSA-2 - Annual Vocational Rehabilitation Program/Cost Report.

RSA-692 - Grant Reallotment Form. RSA Grant Reallotment Form

RSA-722 - Resolution of Applicant/Client Appeals.

SF-269 - Financial Status Report.

SF-425 - Federal Financial Report.

OVR State Plan

Evaluation Standards and Performance Indicators

Individuals who wish to read the available reports may visit [Http://rsamis.ed.gov](http://rsamis.ed.gov), select the appropriate state—the Northern Marianas—and select the appropriate report.

SECTION 8: APPLICATION FOR SERVICES, ELIGIBILITY, ELIGIBILITY EXTENSION

An application is a signed and dated request for services. It may be an agency form, an Internet application, a letter or other equivalent. Evidence of signature may be, as appropriate, a witnessing mark, audiotape or TTY (TDD) record.

TTY is an acronym for the Tele Typewriter—a device that uses text instead of voice to communicate via telephone lines. Sometimes the acronym TDD (Telecommunications Device for the Deaf) is also used as reference to the same device.

The formal date of application is the date that the Case Services Manager receives the application. A date stamp will be affixed to the application upon receipt. Any lag time between the receipt of the application (mailed in, handed in after orientation, etc.) and intake interview is counted toward the 60-day* eligibility determination timeframe.

A Rehabilitation Counselor or designee may review and screen an applicant, who is seeking service, preferably within 30 calendar days* (from the date the application is received), to learn if the person would be more suitably served by another employment-focused or social services program. Referrals to other appropriate outside entities will be made. If an application is submitted, a standardized intake summary will be completed. Referrals to other appropriate outside entities will be made if the individual is found to be ineligible, or if the individual decides that appropriate services would be better provided through another service provider.

The qualified rehabilitation professional will determine whether an individual is eligible for vocational rehabilitation services or accepted for an extended evaluation within a reasonable period of time not to exceed 60 calendar days* after receipt of an application or from the date the individual is available to participate in the assessment process. The qualified rehabilitation professional will notify the applicant that exceptional and unforeseen circumstances exist beyond the control of the OVR precluding the completion of the determination within the prescribed time frame and if the applicant agrees the time period can be extended. The Rehabilitation Counselor and applicant attest to the extension as evidenced by both of their signatures on the eligibility extension form. The Rights and Responsibilities will be provided to each applicant during intake.

* (If the final 30/60th day falls on a holiday or weekend, then an extension is allowed to the next business day)

SECTION 9: THE IDENTIFICATION AND REPORTING OF SSDI/SSI RECIPIENTS

The Rehabilitation Counselor is responsible for:

1. Identifying and reporting the recipient or potential recipient (an individual who has applied for SSDI/SSI, but is pending a decision); and,
2. Verifying SSDI/SSI benefits.

The thorough and accurate completion of reporting documents is essential since this information is required to verify and track recipients for the SSA/VR Reimbursement Program.

HOW TO IDENTIFY THE SSDI/SSI STATUS OF APPLICANTS

An inquiry about Social Security benefits should be made during the intake interview. Recipients or potential recipients may be identified by asking the participant, parent or guardian if the individual receives SSDI/SSI benefits; the type and amount of the benefits; how long the individual has received benefits; and which, if any, medical benefits are received (from the medical card). Additional sources of information to identify benefits include a copy of an award letter, viewing the monthly benefit check, or SSA referral information from the Social Security Administration. If the participant receives SSDI benefits under an insured worker parent or spouse, such as survivor's benefits to a disabled spouse or child, document both the social security number of the insured relative and the participant.

WHERE TO REPORT THE SSDI/SSI STATUS

Rehabilitation Counselors are to be diligent in following up with participants who have been awarded benefits after application for vocational rehabilitation services.

- a. Note briefly the following information in the financial section of the intake interview summary; the source, the type and amount of benefits, medical benefits, and the social security number of an insured parent worker if pertinent.
- b. Rehabilitation Counselors will complete the application. The Rehabilitation Counselor will complete the intake components of the application and/or narrative. Check the appropriate code for the primary source of support:
 - Public Assistance, at least partly with Federal funds (SSI) and/or
 - Social Security Disability Insurance (SSDI)
- c. Complete the CLOSURE form for every case, which is closed.

VERIFICATION FOR SSA/VR REIMBURSEMENT PROGRAM

Verification of the SSDI/SSI benefits of all individuals reported as recipients at any time during the rehabilitation process and closed in an employment outcome will be requested from the Social Security Administration (SSA).

SECTION 10: ELIGIBILITY DETERMINATION FOR VOCATIONAL REHABILITATION

All eligibility determinations must be completed within 60 calendar days* from the date the application is received unless an extended evaluation period is required, 34 CFR 361.41 (see Section 8.)

* (If the final 60th day falls on a holiday or weekend, then an extension is allowed to the next business day.)

An applicant is eligible for vocational rehabilitation services if the individual:

- A. Is an individual with a disability, and,
- B. Has a physical or mental impairment which for such individual constitutes or results in a substantial impediment to employment; and can benefit in terms of an employment outcome from vocational rehabilitation services; and,
- C. Requires vocational rehabilitation services to prepare for, secure, or retain employment; and,
- D. Has legal status to allow employment in the CNMI or the United States.

Eligibility is determined in accordance with A., B., C. and D. above. Those individuals whose vision can be restored to normal with correcting lenses do not meet the criteria of blind or visually impaired.

An applicant who is allowed Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) under Title II or Title XVI of the Social Security Act meets criteria A above. Verification of benefits, as evidenced by Social Security Administration (SSA) documentation, is all that is required to determine eligibility. Medical documentation will be acquired to assist in service identification for vocational rehabilitation needs. Eligibility is presumed so long as the individual intends to achieve an employment outcome consistent with the unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice of the individual. No additional tests shall be used to validate a SSA disabled recipient's intent to work. Staff may reiterate the program's focus on employment outcomes. The OVR may make an ineligibility determination if clear and convincing evidence demonstrates that the applicant is incapable of benefiting in terms of an employment outcome from vocational rehabilitation services due to the severity of the disability of the individual.

Individuals with disabilities, including individuals with the most significant disabilities, are presumed to be capable of benefiting in terms of an employment outcome from vocational rehabilitation services.

The presumption of any individual's ability to benefit from vocational rehabilitation services may only

be rebutted as related to the severity of an individual's disability through the provision of a period of trial work experience, as described in Section 12; and/or extended evaluation.

The presumption of eligibility shall not be construed to create an entitlement to any vocational rehabilitation service.

The eligibility requirements are applied without regard to the particular service needs or the anticipated cost of services required by an applicant or the income level of an applicant or the applicant's family.

INELIGIBILITY DETERMINATIONS

An individual may be determined ineligible for services if:

- An individual does not have a physical or mental impairment, which constitutes or results in a substantial impediment to employment; or
- Clear and convincing evidence demonstrates that the individual cannot benefit in terms of an employment outcome from vocational rehabilitation services; or
- An individual does not require vocational rehabilitation services to prepare for, enter, engage in, or retain gainful employment

The following conditions must also be met when an ineligibility determination is made:

- a) The determination is made only after providing an opportunity for full consultation with the individual, or, as appropriate the individual's representative;
- b) The participant has been informed in writing, supplemented by other appropriate modes of communication, of the determination, including the reasons for the determination, as well as requirements and means by which the individual may seek remedy for any dissatisfaction;
- c) The individual is provided a description of services available under the Client Assistance Program and how to contact the program;
- d) The individual is referred to other training or employment-related programs that are part of the WIA service delivery system;
- e) If the determination has been made based on a finding that the individual is incapable of achieving an employment outcome, a review of the determination must be made within 12-months, and annually thereafter if requested by the individual, or if appropriate, the individual's representative. The review of ineligibility determination need not be conducted if the individual has refused service, the individual has refused a review of the ineligibility determination, the individual is no longer in the CNMI, the individual's whereabouts is unknown, the individual's medical condition is rapidly progressive or terminal. (CFR361.43)

Both a determination of ineligibility and the results of an ineligibility review will be recorded on the Certificate of Ineligibility form and in a progress review note.

SECTION 11: ORDER OF SELECTION

In the event that OVR is unable to serve all eligible individuals due to limited resources, those with “most significant” disabilities will be served first through an Order of Selection (OOS) procedure. Under OOS, consumers are placed on a prioritized waiting list by level of significance of disability and are served when funding and resources are available.

Order of Selection for Vocational Rehabilitation Services

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

- a) Determine the need for an Order of Selection
- b) Time the establishment of an Order of Selection
- c) Develop priority categories for an Order of Selection
- d) Implement and monitoring an Order of Selection
- e) Determine a priority category for each eligible individual
- f) Manage the resources available for the provision of vocational rehabilitation services for each fiscal year
- g) Assure that first priority for vocational rehabilitation services is given to individuals with the most significant disabilities
- h) Assure the “commonwealth wideness” of the Order of Selection
- i) Define the circumstances under which the OVR will not require an Order of Selection

Determination of Need for Order of Selection for Vocational Rehabilitation Services

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

- a) Project the cost of determining eligibility for all applicants for vocational rehabilitation services in the next fiscal year; and
- b) Project the cost of serving, in the next fiscal year, the projected number of individuals with IPE’s in place at the end of the current fiscal year; and
- c) Project the cost of serving, in the next fiscal year, individuals whose IPE’s will be put in place in that year

After the start of a fiscal year, the Director of OVR will declare Vocational Rehabilitation Programs under Order of Selection for vocational rehabilitation services when the budget information available indicates that the projected resources (staff and funding) available for vocational rehabilitation services identified, for the remainder of the fiscal year, are not adequate to meet all projected costs for the remainder of the year.

NOTE: Authority cited: 34 CFR 361.36 (entire)

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

- a) Any geographical location of residency within the CNMI
- b) Any duration of residency requirement, provided the individual is available to participate
- c) Type of disability
- d) Sex, race, age, religious creed, color, ancestry, national origin, sexual orientation, or marital status
- e) Source of referral
- f) Type of expected employment outcome
- g) The particular service need or anticipated cost of services required by an individual, and
- h) The income level of an individual or an individual's family

NOTE: Authority cited: 34 CFR Sections 361.5(b)(30) and 361.36

Definitions

The following definitions apply:

- a) "Accommodation" for the purpose of evaluating the impact in a functional capacity area means any type of assistance required as a result of an impairment including, but not limited to, work site adaptation, job restructuring, assistive technology devices, personal assistance services, prescribed medication, alternate media, or prosthesis.
- b) "Assess" or "Assessment," for the purposes of Order of Selection only, means quantifying the impact of the limitations presented by an individual's disability considered in a full range of environments. This assessment takes place after an individual has been determined to be eligible for services from the OVR or the Services to the Blind and Visually Impaired.
- c) "Extended Period of Time" means more than six months.
- d) "Functional Capacity Area" means communication, interpersonal skills, mobility, self-care, work skills, work tolerance, dexterity/coordination, and self-direction which are impacted by an individual's disability.
- e) "Communication" means the ability to use, give and/or receive information.
- f) "Interpersonal Skills" means the ability to establish and/or maintain appropriate interactions with others.
- g) "Mobility" means the ability to move from place to place.
- h) "Self-Care" means the ability to plan and/or perform activities of daily living.
- i) "Work skills" means the ability to sustain the required level of work functions.
- j) "Work Tolerance" means the ability to sustain the required level of work functions.
- k) "Level of Significance of Disability" means one of the following: no significant disability (disabled), significantly disabled, or most significantly disabled as determined by the following criteria:
 - 1) No Significant Disability (Disabled)"means an eligible individual who meets the following criteria:

- 1. Who has no serious limitation in terms of an employment outcome in any functional

- capacity area; or
- 2. Who vocational rehabilitation is not expected to require multiple vocational rehabilitation services, or
- 3. Whose vocational rehabilitation is not expected to require an extended period of time

m) Significantly Disabled means an eligible individual who meets the following criteria:

1. Who has a serious limitation in terms of an employment outcome in at least one functional capacity area, and
2. Whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services, and
3. Whose vocational rehabilitation can be expected to require an extended period of time, and
4. Who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, acquired traumatic brain injury, heart disease, hemiplegia, hemophilia, HIV infection, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders, (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation, or
5. Who has a disability or is blind as determined pursuant to Title II or Title XVI of the Social Security Act (42 USC 401 et seq. and 1381 et seq.)

Note: If the OVR and the Services to the Blind and Visually Impaired are serving only individuals who are the Most Significantly Disabled under Order of Selection, the OVR shall complete the Significance of Disability Instrument, to determine whether they are Most Significantly Disabled.

n) Most Significantly Disabled means an eligible individual who meets the following criteria:

1. Who has a serious limitation in terms of an employment outcome in at least three functional capacity areas (mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills); and
2. Whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time; and
3. Who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, acquired traumatic brain injury, heart disease, hemiplegia, hemophilia, HIV infection with clinical evidence of immunosuppression, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific

- learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation; or
4. Who has a disability or is blind as determined pursuant to Title II or Title XVI of the Social Security Act (42 USC 401 et seq. and 1381 et seq.) and who has a serious limitation in terms of an employment outcome in at least four functional capacity areas, receives disability or blindness payments under title I, II, X, XIV, or XVI of the Social Security Act [42 U.S.C. 301 et seq., 401 et seq., 1201 et seq., 1351 et seq., 1381 et seq.] or receives disability retirement benefits from a governmental agency because of a disability considered permanent under section 221(i) of the Social Security Act (42 U.S.C. 421 (i)).
- o) “Multiple Vocational Rehabilitation Services” means two or more vocational rehabilitation services, excluding counseling and guidance, services to family members, and transportation.
 - p) “Priority Category” means the order in which individuals will be served. The category shall be established, first, based on their level of significance of disability, and second, their date of application.
 - q) “Serious Limitation in Terms of an Employment Outcome” means a reduction of one’s capacity to perform, due to severe physical or mental impairment.
 - r) “Transportation” for the purposes of Order of Selection, only means the use of public or private modes of travel. The purchase of a vehicle, vehicle modification, repair, and mobility evaluation are not defined as transportation for purposes of determining the need for multiple vocational rehabilitation services.

NOTE: Authority cited: 34 CFR Sections 361.5(b)(6)(30) and (31) (i) (ii) (iii) and 361.36 (entire)

Order of Selection for Vocational Rehabilitation Services Process

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

- a) A determination will be made as to which priority categories can be served by comparing the projected costs of serving all individuals assigned to a priority category, and the projected resources available to meet these costs
- b) All eligible individuals assigned to a priority category, who do not have a signed IPE, shall be notified, in writing, of the OVR’s intention to implement Order of Selection for Vocational Rehabilitation Services. If the individual chooses, a designated representative may receive notification on his/her behalf
- c) The Order of Selection for Vocational Rehabilitation Services shall be effective ten (10) working days following the Director’s declaration. The application date used to establish the order in which services will be provided may be prior to the date of the Director’s declaration

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

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

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

- a) Eligible individuals determined to be most significantly disabled, as defined in Definitions, beginning with the earliest application date
- b) Eligible individuals determined to be significantly disabled, as defined in Definitions, beginning with the earliest application date
- c) All other eligible individuals determined to have no significant disability as defined in Definitions, beginning with the earliest application date
- d) When eligible individuals determined to be significantly disabled can be served, all eligible individuals determined to be most significantly disabled shall be served regardless of the date of application
- e) When eligible individuals who are determined to have no significant disability can be served, all eligible individuals determined to be significantly disabled shall be served regardless of the date of application

Individuals who are not included in the priority category(ies) being served shall be placed on a waiting list in accordance with Monitoring the Order of Selection for Vocational Rehabilitation Services.

NOTE: Authority cited: 34 CFR Sections 361.5(b)(6)(30) and (31)(i) (ii) (iii) and 361.36 (entire)

Modifying Order of Selection for Vocational Rehabilitation Services

When the Director of OVR has declared an Order of Selection for Vocational Rehabilitation Services, at least a quarterly review will be done to determine whether the projected resources available to serve individuals in priority category/ies, currently being served, are adequate to meet all projected costs for such individuals for the remainder of the fiscal year.

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

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

If the review indicates that the projected resources are adequate to serve individuals in additional priority categories, those categories will be served.

The Director shall make a declaration of any change in priority categories.

NOTE: Authority cited: 34 CFR 361.36 (entire)

Determining Level of Significance of Disability

Assessing the level of significance of disability shall be:

- a) A collaborative effort on the part of the OVR staff and the individual with a disability and, as appropriate, his/her family, or advocates, or designated representative; and
- b) Based on information collected from a wide variety of sources; and
- c) Based on a review of the individual's daily life, including community, home, school, and work, considering an individual's ability to participate in major life activities, as they impact an employment outcome; and
- d) A consideration of the impact of an individual's impairment(s) in each of the functional capacity areas (communication, interpersonal skills, mobility, self-care, work skills and work tolerance)

When assessing the functional impact of the disability, OVR staff shall, in collaboration with the individual and/or the individual's representative, complete the Basic Services Eligibility and Severity Criteria Guidelines, indicating whether any serious limitation in terms of an employment outcome exists in each of the functional capacity areas. The following factors are to be considered in determining if a serious limitation in terms of an employment outcome exists in each functional capacity area. The factors listed below and on the Eligibility and Severity Criteria Guidelines for each of the functional capacity areas are not considered to be all-inclusive or fully comprehensive.

A serious limitation in terms of an employment outcome is indicated in the area of communication when, as a result of the physical and/or mental impairment:

- a) The individual requires accommodation to use, give and/or receive verbal/auditory information; or
- b) The individual requires accommodation to use, give and/or receive visual information
- c) A serious limitation in terms of an employment outcome is indicated in the area of mobility when, as a result of the physical and/or mental impairment;
- d) The individual requires accommodation to move from place to place; or
- e) The individual is limited in terms of distance and/or terrain that can be traveled.

A serious limitation in terms of an employment outcome is indicated in the area of interpersonal skills when, as a result of the physical and/or mental impairment, the individual requires accommodation to establish and/or maintain appropriate interactions with others.

A serious limitation in terms of an employment outcome is indicated in the area of self-care when, as a

result of the physical and/or mental impairment, the individual requires accommodation to plan and /or perform activities of daily living.

A serious limitation in terms of an employment outcome is indicated in the area of work skills when, as a result of the physical and/or intellectual impairment:

- a) The individual requires accommodation to sustain the required level of work function; or
- b) The individual is restricted from working in certain work environments, which may include, but are not limited to, cold, heat and noise

The individual, or the individual's designated representative, and the Rehabilitation Counselor shall sign the form and it shall be included in the individual's case file.

NOTE: Authority cited: 34 CFR Sections 361.5(b)(6)(30) and (31) (i) (ii) (iii) and 361.36 (entire)

Waiting List

Upon determination in accordance with the Determination of Need for Order of Selection for Vocational Rehabilitation Services that an Order of Selection must be implemented, the OVR shall establish a waiting list.

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

6 FUNCTIONAL CAPACITY AREAS:

Mobility Communication Self-Care Interpersonal Skills Work Skills Work Tolerance

<p><u>Category I</u> Most Significantly Disabled</p>	<p>Four or more impacts: needs for multiple services over an extended period.</p>
<p><u>Category II</u> Significantly Disabled</p>	<p>One of more impacts: needs for multiple services over an extended period.</p>
<p><u>Category III</u> Disabled</p>	<p>No impacts: no needs for multiple services, no needs over an extended period.</p>



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"Together We Can Build A Future"

BASIC SERVICES ELIGIBILITY AND SEVERITY CRITERIA GUIDELINES

(To be used as an additional guideline to assist with eligibility determination-Form 06a)

ELIGIBILITY CRITERIA

1. Evidence of a physical or intellectual disability.
 - Show sufficient evidence that the individual has impairment.
 - Show evidence that the individual receives Social Security or SSI benefits due to a disability. **\$501.00/month**

2. Evidence that the individual requires vocational rehabilitation services to prepare for, enter, engage in, or retain gainful employment.
 - Provide evidence that at least one VR service was necessary for the individual to enter or maintain employment.
 - Provide evidence that the service or services will address the employment impediment(s) caused by the impairment.

3. Has a legal status to allow employment in the United States (U.S.) and Insular areas.

SEVERITY

- Meets Vocational Rehabilitation eligibility criteria.

- Has one (1) or more chronic impairments (duration of more than 6 months) which impact one (1) or more functional areas. These include:
 - 1. Mobility
 - Unable to use regular transportation without special adaptations assistance
 - Unable to obtain drivers license due to disability
 - Cannot travel alone in unfamiliar areas
 - Needs adaptive equipment for ambulation

 - 2. Work Tolerance
 - Unable to climb 12 steps or walk 100 yards on level surface without pausing
 - Cannot sit/stand for more than 3 hours
 - Cannot carry more than 10 lbs. (for prolonged periods)
 - Needs supported employment for training

- "She may work for ½ day...doing light physical work, e.g., clerical, librarian, computer, etc."
- "May not do moderate to heavy physical activity"
- "Not allowed to lift >5 lbs"
- "Special care given to L upper extremity where has had AVFistula to facilitate dialysis"

3. Dexterity/Coordination

- Unable to button buttons, wind watch, etc.
- Loss of use of dominant hand
- Significant impairment of motor function

4. Communication

- Talks excessively, interrupts, intrudes
- Speech unintelligible
- Below 5th grade reading, spelling or math level
- Hearing impairment affects employment

5. Self Care

- Difficulty managing daily schedule
- Places self at risk due to poor decision-making/reasoning, judgment
- Significant impairment of motor function
- Requires attendant care

6. Self Direction

- Places self at risk due to poor decision-making/reasoning, judgment
- Significant impairment of motor function
- Requires attendant care

7. Interpersonal Skills

- Social isolation, withdrawal/rejection
- Poor peer relationships/interactions
- Fails to understand obvious social cues
- Frequent grossly inappropriate behavior
- History of anti-social behavior
- Low Self-Esteem

8. Work Skills:

- Limited job training.
- Lack of work history
- Limited job training and work history

OVR SERVICES

Requires two (2) or more Vocational Rehabilitation services.

These services include:

- _____ Adaptive Equipment/Rehab Engineering
 - _____ Home/Vehicle/Work site Modifications
 - _____ Job Coaching
 - _____ Job Placement
 - _____ Mobility Aids
 - _____ Mental Restoration
 - _____ Physical Restoration
 - _____ Substantial Counseling and Guidance
 - _____ Training
 - _____ Information & Referral
 - _____ Other substantial services: diabetic schools (if prescribed by doctor), job search & placement assistance services (e.g. police clearance, drug test and medical clearance, if required, including job placement and follow-up services
-

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SECTION 12: ASSESSMENT OF ELIGIBILITY/CERTIFICATE OF ELIGIBILITY or EXTENSION

- A. An assessment of eligibility is required to document eligibility and must be completed within 60 days after receipt of application unless the Rehabilitation Counselor and applicant agree that more time is warranted. (See Section 7 regarding application for services.)
- B. Scope of assessment. The assessment places primary emphasis upon determining whether an applicant is eligible for vocational rehabilitation services based, to the maximum extent possible, on a review of existing information (i.e., medical, psychological, school, Social Security records) and, if additional data is necessary, a preliminary assessment of such data (including the provision of goods and services during such assessment).

The assessment may include evaluations or other assessments conducted by qualified personnel of the potential to benefit from rehabilitation technology services.

1. Vocational Assessment-this assessment involves a referral to Vocational Evaluators employed by the Designated State Unit (DSU). Upon referral the Vocational Evaluator will assess the referral and determine vocational evaluation needs with the Rehabilitation Counselor. The Vocational Evaluator will identify specific assessment tools and write an Evaluation Plan. The Vocational Evaluator will conduct orientations to the assessment process for all participants and modify the assessments utilized or assessment environment based on functional limitations of the participant. Assessments include individualized testing, group testing, and community-based assessments.
2. Timelines and Reporting Requirements-Community Based Assessments (CBA's) must be developed within 30 work days of the date of referral, unless an extension is mutually agreed upon between the Vocational Evaluator, Rehabilitation Counselor and applicant. The Vocational Evaluator monitors the CBA's and must provide weekly progress notes to the Rehabilitation Counselor. There is no time requirement for individual or group testing, however, tests are to be administered within a reasonable period of time. Assessment reports require completion within 8 days of the date the applicant exits the evaluation process. The results of the assessment(s) must be documented in a standardized report format, completed by a Vocational Evaluator. Vocational Evaluators will conduct staffing with the applicant, identifying a variety of potential vocational goals that are based on assessment results, analysis and synthesis of applicant behavioral data, functional limitations, past work history, current labor market trends and any other information necessary. Additional contact with applicants requires the entry of a progress review note within 2 working days of the contact and a copy provided to the Rehabilitation Counselor.

SECTION 13: ASSESSMENT OF VOCATIONAL REHABILITATION NEEDS (AVRN)

As soon as eligibility has been determined and to the extent necessary, the Rehabilitation Counselor conducts an Assessment of Vocational Rehabilitation Needs (AVRN) to determine, as appropriate in each case, the nature and scope of needed services. The assessment and subsequent IPE must address the applicant's barrier to employment and identify methods for removing or diminishing the barriers.

The assessment consists of a comprehensive assessment of the applicant's unique strengths, resources, priorities, interests and needs, including an assessment of the need for supported employment. The AVRN documentation will be entered into the case record. A comprehensive assessment is limited to information that is necessary to identify the applicant's vocational rehabilitation needs and to develop the Individualized Plan for Employment (IPE).

To complete the assessment existing information is utilized to the maximum extent possible, as appropriate, and in accordance with confidentiality requirements and information provided by the participant and by the participant's family, where appropriate.

The assessment may include, to the degree needed to make such a determination, an assessment of the consumer's personality, interest, interpersonal skills, intelligence and related functional capacities, educational achievements, community based assessment, vocational attitudes, personal and social adjustments, and employment opportunities of the consumer. It may include the study of medical, psychiatric, psychological, and other pertinent vocational, educational, cultural, social, recreational, and environmental factors, which affect the consumer's employment and vocational rehabilitation needs.

The assessment may include an appraisal of the consumer's patterns of work behavior and services needed for the individual to acquire occupational skills and services needed to develop work attitudes, work habits, work tolerance and social and behavior patterns necessary for successful job performance. This may include the utilization of work in real job situations to assess and develop capacities to perform adequately in a work environment; and may also include referral.

The assessment may contain, where appropriate, the provision of rehabilitation technology services to assess and develop the consumer's capacities to perform in a work environment.

SECTION 14: TRIAL WORK EXPERIENCE OR EXTENDED EVALUATION

- A. A period of trial work experience or extended evaluation must be provided for rebuttal of the presumption of an individual's ability to benefit from vocational rehabilitation services.
- B. The OVR shall explore the individual's abilities, capabilities, and capacities to perform in work situations, through the use of trial work experiences with appropriate supports provided through the agencies, except when an individual cannot take advantage of such experiences. Such experiences 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 applicant's disability.
- C. Trial work experience or extended evaluation in determining eligibility or ineligibility, requires:

1. The consumer be identified as experiencing a significant disability.
2. The Rehabilitation Counselor's qualified opinion that the severity of the disability may preclude the individual from benefiting from vocational rehabilitation services, in terms of an employment outcome.
3. Development of a time-limited written evaluation plan of the trial work experience to be provided.
4. The time-limited written evaluation plan (utilizing a modified IPE format clearly identified in the eligibility section as Extended Eligibility) must be jointly developed with the informed consent of the consumer and/or their representative and must be signed by Rehabilitation Counselor and consumer and/or their representative.
5. The time-limited written evaluation plan must identify the specific types of work and the duration of work activities.
6. Periodic assessment of the individual's potential to benefit from vocational rehabilitation services during the period of trial work experience.
7. Provision of appropriate supports and training, including the provision of needed rehabilitation technologies.
8. Provision of compensation for the work activities that is at least minimum wage or meets Fair Labor Standards Act sub-minimum wage requirements; and,
9. A determination of eligibility or ineligibility must be made at the completion of the defined trial work experience.

D. Trial work experience does not require:

1. The development of an Individualized Plan for Employment (IPE); however, this format is used to identify the goals of the trial work experience on the IPE modified and to indicate in the Eligibility drop down menu: "Trial Work Experience Only"; the identification of or a relationship to any specific vocational goal; and,
2. The provision of specific occupational training services prior to initiating or while conducting the trial work experience.

SECTION 15: SUPPORTED EMPLOYMENT

Supported Employment is a service that is integrated into the existing vocational rehabilitation delivery system. Supported Employment services expand employment options for consumers with the most significant disabilities, many of whom are able to engage in competitive work with the provision of intensive training, supervision and other services. The term includes transitional employment for persons who are individuals with the most significant disabilities due to mental illness.

A. APPLICABILITY OF THIS POLICY TO TITLE I SERVICES

Supported employment services funded under Title I and Title VI, Part B of the Rehabilitation Act must adhere to the provisions in this addendum. This policy does not apply to short-term job coaching and other related services to consumers who do not require supported employment services to enter or retain competitive employment.

B. REFERRAL PROCESS

Requests to the OVR for supported employment services are made to the Rehabilitation Counselor who determines eligibility for vocational rehabilitation services and evaluates the consumer's need for supported employment.

C. DETERMINATION OF ELIGIBILITY FOR SUPPORTED EMPLOYMENT

An individual is eligible for supported employment services if:

- a) The individual is eligible for vocational rehabilitation services
- b) The individual is determined to be an individual with the most significant disabilities; and,
- c) Comprehensive assessment of the rehabilitation needs of the individual identifies supported employment as the appropriate rehabilitation objective or vocational goal for the individual.

D. ASSESSMENT OF NEED FOR SUPPORTED EMPLOYMENT SERVICES

The following criteria are assessed to determine the individual's need for supported employment:

1. The consumer is an individual with a most significant disability for whom competitive employment has not traditionally occurred or for whom competitive employment has been interrupted or intermittent as a result of the severity of the individual's disability; and,
2. The consumer has the ability or potential to engage in a training program leading to supported employment, a need for intensive ongoing support services or extended services in order to perform competitive work and the ability to work in a supported employment setting.

The determination that the above criteria for supported employment are met is first documented in the case record and IPE under the heading, "Determination of Need for Supported Employment Services. Intensive ongoing support services or extended services must be noted.

D. SUPERVISORY REVIEW AND APPEALS

The Rehabilitation Counselor may review the determination of need for supported employment with their immediate supervisor prior to referral of the consumer to a community-based supported employment service provider or off-island referral when such service provider is not available on-island. However, supervisory review and approval is required only if the purchase will exceed Rehabilitation Counselor spending authority.

Appeals resulting from dissatisfaction with determinations regarding a need for supported employment services may be referred to the Client Assistance Program and handled through the conventional appeals process.

E. REFERRAL TO COMMUNITY-BASED SERVICE PROVIDER(S)

Following the determination of eligibility and need for supported employment services, the consumer is referred to a community-based supported employment service provider. Consumers are served on a first come, first serve basis.

Consumers who are waiting for services over three (3) months are staffed by the Rehabilitation Counselor and a representative of the community-based services provider. A report of the staffing is recorded in the case record. Progress toward initiation of services and continued need for supported employment services is reviewed quarterly and recorded in the case record.

F. SCOPE OF SERVICES

In addition to the full scope of services provided by the OVR, the consumer may receive the following supported employment services:

1. An assessment of the need for supported employment which is supplemental to the determination of eligibility.
2. Development of and placement in jobs, or placement into an enclave work program within an integrated work setting that promises to lead to competitive employment; and,
3. Intensive services, at or away from the work site, that are needed to maintain employment stability, including:
 - a. The provision of skilled job trainers who accompany the consumer for intensive job skill training at the work site.
 - b. Social skills training.
 - c. Regular observation or supervision of the participant.
 - d. Follow-up services consisting of regular contact with employers, trainees, parents, guardians or representatives of trainees, and other professional and informed advisers to reinforce and stabilize the job placement.
 - e. Facilitation of natural supports at the work site; and,
 - f. A service similar to another service described in this section of the addendum.

The above services are provided for a period of time not to exceed 18 months, unless under special circumstances the eligible individual and the Rehabilitation Counselor jointly agree to extend the time in order to achieve the rehabilitation goal and objectives identified in the IPE.

H. EXTENDED SERVICES

Extended services are specific ongoing support services that are provided, organized and made

available in such a way as to assist the participant to maintain integrated competitive employment or employment in integrated work settings in which individuals are working towards competitive work, such as an enclave.

Extended services are provided once the time-limited services of assessment, job development, placement and intensive job skills training at the work site are completed.

Extended services are provided, at a minimum, twice monthly at the work site of the consumer, or, at the request of the consumer or work site.

Title I and Title VI, Part B, funds may not be used for the provision of extended services. The specific method used to provide extended services may vary according to the employment setting, the funding source and resources available. Sources may include interagency agreements with other agencies, such as the OVR of Mental Health and Developmental Services, or natural supports, such as family members, supervisors or coworkers at the work site or residential care givers.

I. INDIVIDUALIZED PLAN FOR EMPLOYMENT (IPE)

An IPE is jointly developed with the consumer, the consumer's parent, guardian or representative. In addition to the standard contents of the IPE, the following must be included for any consumer for whom supported employment services are planned:

1. A description of the supported employment services to be provided.
2. The identification of the provider of extended services.

J. REPORTING REQUIREMENTS

Community-based vendors are required to submit invoices with a monthly progress report (this requirement will be noted on the authorization) for each consumer receiving direct job training services.

1. OVR Reports: The OVR designated representative is responsible for:
 - a) Monitoring the monthly reports submitted by the vendor.
 - b) Monitoring supported employment fund expenditures; and,
 - c) Preparing quarterly reports of supported employment services.
2. Federal Reporting Requirements: The Rehabilitation Counselor reports consumers served under supported employment when checking the box on the IPE titled "Supported Employment". Supported employment outcomes are tracked as work status is entered at time of consumer's move to Employment.

SECTION 16: INDIVIDUALIZED PLAN FOR EMPLOYMENT (IPE)

- A. After determination of eligibility, Counselor shall develop an individualized plan for employment (IPE) within 60 work days, and the identification of rehabilitation needs, there will be an IPE initiated. Services will be provided in accordance with the IPE and subsequent service changes. The IPE will be developed jointly by the Rehabilitation Counselor and the consumer or the consumer and their parent, guardian or authorized representative, including other suitable professionals and informed advisors and be mutually agreed upon.
- B. In developing the IPE, the Rehabilitation Counselor provides or assists the consumer in acquiring information necessary to make an informed choice about vocational goals, services and providers. This information must include cost, accessibility, duration of services, satisfaction with those services as available, the qualifications of potential service providers, the types of services offered by providers and the degree to which services are provided in integrated settings. The Rehabilitation Counselor may utilize:
1. Regional lists of services and service providers (i.e., telephone book.)
 2. Periodic satisfaction surveys and reports.
 3. Referrals to other consumers, local consumer groups, or disability advisory councils qualified to discuss the services or service providers; and,
- C. Relevant information about qualifications of providers. A copy of the current IPE will be provided to the consumer or consumer representative. The Rehabilitation Counselor will advise each consumer or consumer representative of procedures and requirements affecting the development and review of an IPE. To the maximum extent possible, the IPE should be provided in the consumer's or consumer representative's native language or mode of communication or in accessible formats such as Braille, large print or audiotape. The IPE must be initiated in a timely manner after documentation of eligibility, and signed by the Rehabilitation Counselor and consumer or the consumer representative. See Definitions for clarification on "timely manner."
- D. Any eligible consumer who does not have an IPE within 6 months of eligibility determination requires written justification by the Rehabilitation Counselor. It is suggested that an Activity Due be entered at eligibility determination as a reminder to complete this task in a timely manner. Specific timelines for IPE development must be included in the justification. The justification must be submitted to the Rehabilitation Counselor's supervisor for approval.
- E. The IPE is the comprehensive, central document that delineates all planned services and their coordination. It will be reviewed when necessary, but at least annually. Annual reviews are conducted to assess the advancement of the consumer's progress toward achievement of the identified employment outcome. Each consumer or consumer representative will be given an opportunity to review the plan and, if necessary, jointly redevelop and agree to its terms.
- F. Modifications shall not take effect until agreed to & signed by the Rehabilitation Counselor and

consumer or consumer representative. Goods and services cannot be authorized without these signatures.

SECTION 17: CONTENT OF THE INDIVIDUALIZED PLAN FOR EMPLOYMENT

A. The Individualized Plan for Employment (IPE) will be based on a determination that a consumer requires and can benefit in terms of an employment outcome from vocational rehabilitation services. It shall be designed to achieve the consumer's employment objective consistent with the consumer's unique strengths, career interests, resources, priorities, concerns, informed choice, abilities and capabilities and shall include the following:

1. The specific, long-term vocational goal, selected by job category and further identified by specific employment goal such as "Janitors and Cleaners", "Other Food Service Workers";
2. The specific, planned service related to the attainment of the long-term vocational goal;
3. The projected dates for the initiation and duration of each service and the projected time-frame for the achievement of the consumer's vocational goal;
4. A procedure and schedule for periodic review and evaluation of progress towards achieving planned services based upon evaluation criteria. The Rehabilitation Counselor records this information in the case record. Specific measurable evaluation criteria will be noted in the case record for each planned service;
5. The terms and conditions for the provision of services, including the consumer's responsibilities for participating in the IPE; the extent of the consumer's participation in the cost of services; the extent to which goods and services will be provided in the most integrated settings possible, consistent with the informed choices of the consumer; the availability of comparable services and benefits; the service providers and the process used to provide or procure the services;
6. Information regarding a consumer's right to express and seek remedy for dissatisfaction with Rehabilitation Counselor determinations including the opportunity for an informal administrative review, mediation and a hearing before an impartial hearings officer;
7. The availability of the Client Assistance Program;
8. Information about the right to review the IPE and jointly modify it. Any modifications to the IPE resulting from such review shall be incorporated into the plan.

B. With regard to students receiving special education services, the IPE:

1. Is developed in consideration of the student's IEP.
2. Will contain a description of the IEP services relevant to the VR IPE.
3. Will contain a description of the coordination activities between the school and the vocational rehabilitation program noted in the IPE.
4. Will also contain specificity regarding any share of cost in the provision of services to the student noted in the IPE. "Source of Comparable Benefits" will be noted.

C. With regard to supported employment, the IPE will also contain:

1. A description of the supported employment services to be provided; and,
2. A description of the extended services needed and identification of the source of extended services. In the event that identification of the source is not possible at the time the IPE is developed, there will be a statement explaining the basis for concluding that there is a reasonable expectation that services will become available.

D. With regard to post-employment services, IPE or modifications will contain a statement including:

1. The expected need for post-employment services.
2. A reassessment of the need for post-employment services prior to a determination that the consumer has achieved an employment outcome.
3. A description of the terms and conditions for the provision of post-employment services including their anticipated duration, after the consumer achieves an employment outcome; and,
4. If appropriate, a statement of how post-employment services will be provided or arranged through agreements with other providers.

E. IPE Estimated Service Costs

The IPE estimated service costs are entered at the time of plan development. The IPE form which identifies services, service providers and estimated cost of each service will be completed by the Rehabilitation Counselor prior to obtaining signatures on the IPE. Supervisory review, approval or disapproval will be documented on a Formal Case Review Form or a Record of Case Supervision.

IPE modification costs must be pre-approved, according to signature authority levels based on cumulative IPE expenditures. That means that each subsequent individual authorization requires supervisory review once a spending authority level has been exceeded. Supervisory review, approval or disapproval will be noted.

SECTION 18: SCOPE OF VOCATIONAL REHABILITATION SERVICES

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OFF ISLAND SERVICE POLICIES

OVR may provide out-of-State services when it is necessary to meet the vocational rehabilitation needs of an individual and the services are identified in the individual's Individualized Plan for Employment (IPE). All out-of-State services should reflect the joint development of the IPE between the counselor and the individual, and should be consistent with the individual's interests, skills, abilities and informed choice.

General Information

1. Once the consumer and the counselor assess service needs, explore the options available, and develop the most appropriate plan of action, an individual receiving vocational rehabilitation services may choose to participate in an appropriate out-of-State service, even though services available in the CNMI would meet his or her rehabilitation needs.
2. However, if such services are appropriate and available in the CNMI OVR will only cover the costs of comparable services in the CNMI. Transportation and living expenses shall not be the responsibility of OVR. If appropriate IPE services are not available in the CNMI, then OVR shall be responsible for transportation to and living expenses at the nearest available service provider that meets the rehabilitation needs of the consumer. The consumer may elect receive services by an appropriate provider of their choice, however costs exceeding those of the nearest available and appropriate provider will be the responsibility of the consumer.
3. Documentation in the record of services supporting such a request must demonstrate that in-State public educational institutions, training programs, services, etc., were explored, the basis for their rejection, and how the course of study, training, or service at the out-of-State institution will meet the individual's needs.
4. In all cases, out-of-State services must meet the same criteria as services provided in CNMI in terms of comparable benefits, economic need, and relevance to the individual's IPE. However, OVR will not pay for the cost of the out-of-State service that exceeds the cost of a comparable service located in CNMI. This out-of-State policy applies to all OVR services.
5. The following criteria apply to out of state travel for service provision:

Transportation - Coach or economy class air transportation shall be used if the consumer can be accommodated by that service. Rehabilitation services lasting more than six months will include no more than one (1) round trip in a calendar year including the initial trip to the service area.

Local transportation will be by the most cost effective means, i.e. public transportation. For out-of-state ground transportation, rate will adhere to CNMI Government travel regulations.

Lodging and other living expenses to be covered by OVR will be detailed in the IPE and will adhere to CNMI government travel regulations. Lodging cost is based on the hotel or

apartment rate and maintenance allowance of \$35.00 per day (out-of-state), \$20.00 per day (Guam), and \$20 (inter-island) to be covered by OVR will be detailed in the IPE and will adhere to CNMI Government travel regulations.

Personal Assistant services - OVR will approve the cost of one personal assistant if required to accompany the consumer to the service destination. Contractors located at the service destination will be employed for personal assistance services if needed for completion of the service. It will be determined prior to completion and approval of the IPE the level of personal assistance required to complete the IPE services.

6. Approvals for out of state services will be given by the OVR Director.

The IPE document is to be completed with the consumer and with all service parameters/timeframes with the understanding that the document must be submitted to the quality control supervisor. After review by the QA supervisor the IPE will be forward to the OVR Director for final approval. The IPE documents may then be submitted to the consumer for their signature and plan implementation.

7. On-going assessment of progress will be made on at least a monthly basis by the counselor and reported in the record of service for review by the QA supervisor. This will include progress reports received from the service provider, direct contact with the consumer and/or discussions with provider personnel.

Reference:

Federal Regulation:

- §361.50

OUT-OF-STATE SERVICES QUESTIONS & ANSWERS

What Services are covered by this policy?

All services included in the state plan and deemed necessary for the completion of an approved IPE may be received out of state.

What will OVR pay for?

The extent to which OVR will be responsible for the costs associated with the IPE is covered in the Off Island Service Policies and depends on the availability of the services in the CNMI and the location of

the selected services if such services are not available in the CNMI.

Will OVR pay for costs with CNMI medical referrals to foreign countries?

OVR agrees to review shared cases to determine if cost of services that are not or partially funded by the CNMI Medical Referral Office will be funded by the VR program, which include the procurement of assistive devices (eyeglasses, wheelchair, hearing aids, etc.). Review of comparable benefits will be conducted and if benefits are available, they will be utilized to meet in whole or in part for the cost of vocational rehabilitation services.

All funds must be used for intended purposes and as appropriated. In the event the patient/OVR consumer, including escorts, returns to the CNMI earlier than expected the unspent funds (i.e. ground transportation, subsistence allowance, etc.) must be returned to OVR.

All services funded by the VR program must be to help the individual prepare for, obtain and retain employment. This will be determined on a case-by-case basis.

May a family member be a personal assistant?

According to the Office of Disability Employment Policy (2008) within the U.S.

Department of Labor, Personal Assistant Service (PAS) in the workplace is provided as a reasonable accommodation to enable an employee to perform the functions of a job. PAS might be required for personal care-related activities (e.g., activities of daily living such as accessing the restroom and eating) as well as work-related tasks (e.g., reading, communication, and business-related travel). PAS could be provided both formally through paid personal assistants hired by a company, agency, or person with disability, and informally by a family member or a co-worker.

May I travel first class to the service area?

Not if coach or economy class will accommodate the needs of the consumer with respect to mobility and/or health needs.

May I rent a car at the service area?

Normally the least costly appropriate transportation will be authorized. For the most part this will mean public transportation. If required, other means will be approved. Rental of a vehicle must be approved in the IPE and authorization supplied to a vendor by OVR.

How much may I spend for food and lodging?

Rates may vary for each location. The IPE will include the appropriate rate for the city in which the service is provided. This rate is established in CNMI government policy.

How many times may I come home during the provision of services?

No more than one (1) round trip, including the initial trip, will be authorized by OVR in any calendar year.

VENDOR REQUIREMENTS FOR PROVISION OF SERVICES

All services will be provided by qualified personnel who meet the appropriate State licensure or certification requirements or national standards, if such standards exist. All vendors must meet the following criteria for certification:

- a) A current business license.
- b) Registered with the state controller's office and possess a state vendor number.
- c) A federal tax ID number.
- d) General professional liability coverage.
- e) Automobile insurance coverage.
- f) Worker's compensation coverage.

SCOPE OF VR SERVICES

1. As appropriate to the vocational rehabilitation needs of each consumer consistent with informed choice, the following services are available:
 - a) Assessment for determining eligibility and vocational rehabilitation needs including, if appropriate, an assessment by personnel skilled in rehabilitation technology.
 - b) Vocational rehabilitation counseling and guidance, including information and support services to assist a participant in exercising informed choice.
 - c) Referral and other services necessary to help applicants and eligible consumers secure needed services from other agencies including Workforce Investment partners, Medicaid, public institutions of higher education or other agencies participating in an Interagency Agreement if such services are not available under the Rehabilitation Act.
 - d) Physical and mental diagnosis and restoration services, when financial support is not readily available from alternative sources consistent with the Individualized Plan of Employment (IPE). Restoration must be achievable within a reasonable period of time (see *Definition of Terms* for a definition of restoration.)
 - e) Vocational and other training services, including personal and vocational adjustment training, on the job training, books, tools, and other training materials.
 - f) Maintenance for additional costs incurred while participating in an assessment for determining eligibility and vocational rehabilitation needs or while receiving services under an IPE (see *Definition of Terms* for a definition of Maintenance.)
 - g) Transportation, including adequate training in the use of public transportation systems, that is provided in connection with the assessment of eligibility or the provision of any other service

- described in this section and needed by the consumer to achieve an employment outcome.
- h) Select services to family members of an applicant or participant if necessary to enable the consumer to achieve an employment outcome.
 - i) Indigenous languages, other language interpreter services or other primary modes of communication for consumers who are monolingual, bilingual, deaf, or otherwise have a disability involving communication.
 - j) Rehabilitation teaching services, and orientation and mobility services, for consumers who are blind or consumers, as appropriate, that have other disabling conditions; and reader services for consumers who are determined to have a disability involving printed language.
 - k) Job search, placement assistance and job retention services.
 - l) Supported employment services.
 - m) Personal assistance services while the participant is on-the-job or during the period a consumer is receiving any other service described in this section.
 - n) Post-employment services, specific to a necessity to assist an individual retain, regain, or advance in employment.
 - o) Occupational licenses, tools, equipment, initial stocks, and supplies.
 - p) Technical assistance and other consultation services to eligible individuals who are pursuing self-employment or telecommuting or establishing a small business operation as an employment outcome.
 - q) Rehabilitation technology, including telecommunications, sensory and other technological aids and devices.
 - r) Transition services; and,
 - s) Other goods and services determined necessary for the consumer to achieve an employment outcome.

2. The nature and scope of the services outlined above are subject to the following restrictions:

All Services:

- a) Are subject to the Spending and Signature Authorities in this manual.
- b) Are subject to the Financial Participation Guidelines included in this manual; and,
- c) Must be a part of the IPE and must be necessary to achieve an employment outcome specified in the IPE or the IPE amendment.

MEDICAL, DENTAL, PSYCHOLOGICAL/PSYCHIATRIC TREATMENT

Medical, dental, psychological, psychiatric or corrective surgical treatment requires recommendation by the treatment professional and, as appropriate, review by a specialty consultant.

When the consumer fails to attend a medical, psychological, dental or other provider appointment, a \$50.00 fee can be paid for a report indicating that the consumer failed to attend.

Dental Services

Each case requiring dental services will be reviewed on a case-by-case basis and services will be provided based on the good judgment of the Rehabilitation Counselor within their authority level.

Dental treatment requires recommendation by a treatment professional and review by a dental consultant.

Dental services will be provided only if a dental disability exists which impedes the ability to work or interferes with the maintenance of the present or chosen occupation.

Dental restorative services will be provided at the lowest cost per consultation with the OVR Dental Consultant.

Non-traditional Treatment

Non-traditional medical or psychological treatment such as acupuncture, homeopathy, bariatric surgery, etc. may be provided upon recommendation of an appropriate consultant.

Example: Bariatric Surgery

Assistance with the cost of Bariatric Surgery (Roux-en- Y Gastric Bypass and Lap Band) or other associated procedures can be provided only when all of the following conditions have been met and there is documentation to support that:

The individual is under the care of a physician and has made legitimate efforts at weight loss through participation in multiple weight loss programs such as counseling, a monitored diet (i.e. Weight Watchers, HMR, Jenny Craig) and exercise. Any diet program must contain a required weigh-in component and a consultation component. Documentation from these service providers must indicate legitimate efforts have been made on the part of the individual. In addition, physician documentation must indicate that all acceptable alternatives have been exhausted;

If these weight loss programs are provided as services under an IPE, OVR will pay up to \$500.00 of the cost. The cost of nutritional products and/or food which might be a part of these programs is the responsibility of the consumer. If the consumer participated in any such program(s) prior to referral to OVR , some element of this participation must have occurred within 12 months of referral;

The individual has been diagnosed with morbid obesity. According to the National Institutes of Health (NIH), a person is considered "obese" when he or she weighs 20 per cent or more than his or her ideal body weight. Obesity becomes "morbid" when it significantly increases the risk of one or more obesity-related health conditions or serious diseases (also known as co-morbidities). Morbid obesity, sometimes called "clinically severe obesity," is defined by NIH as being 100 Ibis. or more over ideal body weight or having a body mass index of 40 or higher. Morbid obesity is a serious chronic disease, meaning that

its symptoms build slowly over an extended period of time;

The individual has been administered a General Psychological Test Battery to include Clinical Interview, Intellectual, Vocational Interest, Educational Skill, and Personality Evaluations; and Written report to include Clinical Impressions, Diagnoses, Prognoses, and Recommendations by a Licensed Psychologist, Certified Psychologist with Autonomous Functioning or a Licensed Psychological Practitioner *not affiliated with the bariatric center proposing the surgery*;

The medical or psychological cause(s) of the individual's weight gain has been properly identified prior to surgery and appropriate treatment has been applied or administered in accordance with the diagnosis;

The individual has been evaluated by a bariatric practice - and; At least one physician other than the surgeon has been consulted and did determine the procedure to be medically necessary and the only remaining option for treatment.

All bariatric surgeries are done on a By Report basis. As with all physical restoration services, OVR assistance can only be provided with those surgical procedures that have been approved in the United States. Procedures that are still in clinical trials or considered experimental will not be covered even if all the above conditions have been met. This service, as is the case with all physical restoration services, is subject to financial needs testing and utilization of all comparable benefits.

As is the case with all services, bariatric surgery services must be required in order for the consumer to secure, retain, or prepare for employment.

NOTE: It is important to note that the Vocational Rehabilitation Program exists to educate and to help individuals with disabilities find, retain, or regain employment and NOT to prevent disabilities from occurring or to provide for clinical care necessary to sustain life.

Acute Conditions

A Rehabilitation Counselor cannot determine an applicant eligible only to correct an acute condition in the absence of a need for other substantial rehabilitation services (re: RSA Region IX: Medical Restoration Services Summary, 11114/84.)

Secondary Sexual Characteristics

Funds may not be used for changing primary or secondary sexual characteristics (RSA-PI-81-3).

EXTREME MEDICAL RISK

Investigation of comparable services and benefits must be accomplished prior to provision of restoration services unless there is medical evidence that there exists a risk of substantially increasing functional impairment if rehabilitative services are not provided promptly.

SCOPE OF VR SERVICES TO GROUPS OF INDIVIDUALS WITH DISABILITIES

1. The OVR may provide services to groups of individuals that benefit the vocational development and employment of agency consumers and/or other persons with disabilities. The purpose of the services to groups is for innovation or expansion of services, enhancement of employability or employment opportunities and to promote the full integration and self-sufficiency of individuals with disabilities. Funding of construction is not permissible. These services include:
 - a) The establishment, development, or improvement of community rehabilitation programs.
 - b) The development and support of telecommunication systems.
 - c) Special services to provide non-visual access to information.
 - d) Technical assistance and support to businesses not subject to Title I of the ADA that are seeking to employ individuals with disabilities.
 - e) Support to small businesses that employ persons with significant disabilities.
 - f) Consultative and technical assistance services to assist educational agencies in the provision of school to post school activities; and,
 - g) Other services that promise to contribute substantially to the rehabilitation of groups of individuals but are not related directly to the IPE of anyone individual with a disability. An example of this is a pager that can be used by several participants throughout the rehabilitation process to enhance communication with rehabilitation staff. Another example is provision of workers compensation coverage to a number of participants for Community Based Assessments.
2. All services to groups funding must have the approval of the OVR Director. OVR Director may elect to:
 - a) Disapprove; or,
 - b) Approve use of the OVR's authorization process.
3. All services to groups, regardless of the funding mechanism, must identify:
 - a) The specific services provided; and,
 - b) The cost of the services provided; and,
 - c) To the extent feasible, an estimate of the number of individuals benefiting from those services.
4. Payment for services to groups will be made via the requisition or contract process. The requisition to purchase services or contract will define the specific services or activities as well as specific reporting and invoicing requirements.

SUBSTANCE ABUSE DISORDERS

Assessment of Eligibility

The assessment serves as the basis for further vocational planning. The Rehabilitation Act Amendments of 1998, Section 7 (2) and (20) define general eligibility requirements and identify that certain, but not all, individuals actively using illegal controlled substances or alcohol may not be considered to be "an individual with a disability." If an individual is determined to be eligible for services, on the basis of some other physical or mental disability, the individual shall not be excluded from services solely on the basis of substance abuse. Substance abuse concerns should be addressed in the IPE.

1. Disability: Diagnoses, Specialist Exams and Assessments

General Health Appraisal

Since substance abuse can result in medical problems, a current appraisal of the consumer's physical health should be considered at the Rehabilitation Counselor's discretion and with the consumer's informed choice.

Substance Abuse Diagnostic Statement and Supporting Assessment

The diagnosis of an individual who has a disability of alcohol or drug abuse is sufficient if it is provided by a physician skilled in the diagnosis and treatment of such disorders or by a licensed clinical psychologist, licensed clinical social worker, licensed marriage and family therapist, and licensed or certified substance abuse counselor, or a certified substance abuse counselor intern. The diagnostic statement should include Diagnostic and Statistical Manual classification, prognosis and treatment program recommendations.

If an individual reports the completion of a treatment and/or aftercare program in excess of 12 months prior to the application, a current statement or reassessment is required to determine whether there is a barrier to employment.

2. Substantial Impediment To Employment

The Rehabilitation Counselor must determine if the consumer's functional limitations constitute a substantial impediment to employment. The Rehabilitation Counselor must determine how the substance abuse impedes the consumer's occupational performance by assessing how the consumer is prevented from obtaining, retaining or preparing for employment in keeping with the individual's abilities. The judgment of the Rehabilitation Counselor is paramount to this determination and must be guided by the consumer's singular limitations, work history and circumstances.

3. Eligibility: Required Minimum Criteria

The following criteria are basic requirements for rendering eligibility decisions. These criteria should be identified in the assessment of eligibility.

- a) The individual must be participating in a treatment program certified by the state or national certification board or seeing a licensed or certified practitioner; or,
- b) The individual must have completed a certified treatment program within the last two years and is participating in a maintenance/aftercare program or recognized support group (i.e., Alcoholics Anonymous (AA) Narcotics Anonymous (NA)); and,
- c) There must be reasonable belief that the individual is abstinent and has completed 30 consecutive days of abstinence at the time of eligibility determination.

The applicant may participate in a certified treatment program on a trial basis as part of an extended evaluation, enabling the applicant to demonstrate the ability to benefit in achieving an employment outcome from VR services.

A written report or statement can verify criteria A and B by a professional affiliated with the program. Criterion C can be verified by an external source other than consumer self-report. Verification of abstinence can be obtained in writing by a source the Rehabilitation Counselor deems appropriate (e.g. AA sponsor, parole and probation officer, urinary analysis or other appropriate laboratory tests.)

Recognized Treatment Programs

Treatment programs include medical model hospital inpatient and outpatient treatment programs, community/mental health programs, halfway/transition/residential programs or certified private programs and certified substance abuse counselors. Twelve-step programs may at the Rehabilitation Counselor's discretion meet requirements.

Determination of Significant Disability (SD)

Substance abuse can be a major disabling condition. However, it is not referenced automatically as a significant disability. Rehabilitation Counselors should refer the Definitions of Terms in this manual for the definition of an Individual with a Significant Disability. The Participant Services Policies and Procedures Manual, the Technical Handbook and the Definition of Terms classify substance abuse as SD only if based on functional limitations requiring multiple services over an extended period of time. Relevant diagnostic assessment and functional limitation documentation should be present in the case and noted on the certificate of eligibility to justify a SD determination.

Payment for Treatment Programs

Payment for treatment programs may be considered only after other related benefits (e.g. employee assistance programs, programs receiving funds from the OVR of Alcohol and Drug Abuse (BADA), private health insurance, etc.) have been investigated. OVR sponsored payment for treatment programs must receive approval from the Rehabilitation Counselor's immediate supervisor and should not,

depending on consumer need, exceed three months duration. As a general rule, the OVR s do not pay for residential substance abuse treatment programs. Any cost of treatment or activity ordered by a court is the consumer's responsibility and will not be paid for with OVR funds.

Drug Testing

OVR funds can be used for drug screening charges if drug screening is required for employment. Other uses for drug testing require a written rationale of the need for drug testing and prior approval by the OVR Director. If, at any time during the rehabilitation process, the Rehabilitation Counselor suspects that a consumer is using illegal drugs or the consumer reports to the Rehabilitation Counselor that they are using illegal drugs, the Rehabilitation Counselor with prior approval by the OVR Director may pay for drug testing. If the test result is positive the month after the consumer has been advised to discontinue use of illegal drugs, the Rehabilitation Counselor can close the case based on non-cooperation for noncompliance with policy. The consumer must be notified, in writing, of this policy and the possibility of case termination.

PROVISION OF HEARING EQUIPMENT AND SERVICES

To meet the eligibility criteria for substantial impediment to employment, the applicant must demonstrate functional limitation(s) in communication, such as difficulty understanding speech, inability to participate in conversation without speech reading, sign language or other visual cues, cannot interpret telephone conversation, cannot hear or understand the content of spoken conversations or cannot be readily understood by others. These functional limitations in communication must result in a substantial impediment to employment and the applicant must experience at least one of the following conditions as verified by an Otolaryngologist (ENT) and/or a licensed Audiologist:

1. Average pure tone loss of 40 dB (ANSI) or more in the worst ear in the speech range (500, 1,000, and 2,000 cycles per second), unaided; or
2. Average pure tone hearing loss of 20 dB (ANSI) or more in the better ear in the speech range when pure tone average loss in the other ear exceeds 80 dB (ANSI), unaided in best ear; or
3. Speech discrimination of 80%, or less, at the Most Comfortable Level (MCL) in an unaided environment regardless of pure tone average loss; or
4. ENT statement of rapidly progressive and/or chronic condition, not contingent on upon decibel loss in either ear.

A. Deaf Blindness.

To meet the eligibility criteria for substantial impediment to employment, the applicant must meet all of the following criteria:

1. The applicant must be either legally blind or have a progressive visual loss that may result in blindness; and,
2. The applicant must have a hearing impairment of 55db or more, unaided for either speech reception threshold (SRT) or pure tone average (PTA) in the better ear; and,
3. The applicant must have speech discrimination less than 50 percent or a statement by an Otolaryngologist (ENT) indicating progressive loss.

B. Exceptions.

Exceptions to these eligibility criteria will be submitted to the OVR Director for review and approval.

Hearing Thresholds:

Normal hearing - average pure tone threshold was less than 25 decibels (dB HL)

Mild hearing loss - average pure tone threshold fell between 25-35dB (HL)

Mild to moderate hearing loss - average pure tone threshold fell between 35-40dB (HL)

Moderate loss - average pure tone threshold fell between 40-65dB (HL)

Moderate to severe - average pure tone threshold fell between 65-70dB (HL)

Severe - average pure tone threshold fell between 70-85dB (HL)

Severe to profound - average pure tone threshold fell between 85-90dB (HL)

Profound - average pure tone threshold was greater than 90dB (HL)

An individual who presents with impaired hearing will be evaluated and provided, as appropriate, with the following services:

Obtain existing medical documentation related to hearing loss

A Rehabilitation Counselor may document a disability and forego the need for purchasing an Ear, Nose and Throat (ENT) evaluation, audiological exam and vision evaluations if existing medical documentation is available that assesses these three areas. If a rapidly progressive hearing loss is diagnosed, or the purchase of a hearing aid is intended, evaluations must have been performed within the past 3 months. Evaluations must include a diagnostic statement provided by the professionals defined below.

Obtain an ENT evaluation

The evaluation shall include the diagnostic statement and, if appropriate, prognosis and treatment recommendations. The exam must be provided by an otolaryngologist or physician skilled in diseases of the ear. A written report summarizing the examination shall be provided to

the referring Rehabilitation Counselor.

Obtain a comprehensive audiological evaluation

Audiological evaluation: shall include; pure tone air conduction thresholds, bone conduction thresholds, speech reception thresholds and speech discrimination testing. An audiogram must be provided.

Obtain a hearing aid evaluation

Hearing aid evaluation: should include; Uncomfortable Loudness Level (DCL), Most Uncomfortable Level (MCL), frequency response, gain and Saturation Sound Pressure Level (SSPL). Prescriptive recommendations for monaural or binaural, type, manufacturer, model and cost of hearing aids) must be provided.

If the consumer currently has a hearing aid(s) the devices should be evaluated by a certified vendor to determine if they are repairable before the consumer is evaluated for a new instrument(s). Adequacy of the present aid(s) should be based on the present audiological prescription.

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

Determine the need for a visual examination

Consumers who receive services related to impaired hearing and who depend on visual cues for communication may be provided an evaluation of their vision if the Rehabilitation Counselor believes this is necessary. Vision evaluations will be performed by an ophthalmologist or optometrist.

Consultation with a physician who is a hearing specialist is necessary only when special interventions, beyond the usual ENT, audiological and visual examinations, have been recommended.

Determine eligibility for vocational rehabilitation services.

Investigate comparable benefits.

Develop an Individualized Plan for Employment (IPE.)

Authorize services (if hearing aids are prescribed.)

Approved authorizations will be made for the hearing aid equipment package to include the following services:

- a) Fitting and dispensing consultations. Recommendations shall be consistent with the physician and audiologist recommendations. Consultations must be provided by a State licensed hearing aid specialist or audiologist as defined above; and
- b) One package of batteries.

BLINDNESS AND VISION

Eligibility

1. A visual loss that can be corrected with the use of glasses to the extent that a functional limitation of vision does not result is not a substantial impediment to employment for eligibility purposes.
2. To document loss of visual acuity, an evaluation by a physician skilled in the diagnosis and treatment of visual conditions or an optometrist licensed in the state in which he/she practices must be provided.

IPE Planning

1. Disability Related Skills Training should be considered for all clients who are blind or visually impaired.
2. The provision of comprehensive services is most efficient and effective and should be used whenever possible.
 - a. This training is provided with or before other vocational services.
 - b. It should always be provided in a context of an employment goal.
 - c. Components of Comprehensive disability related skills training related to individuals who are blind or visually impaired include:
 - i. Orientation and adjustment to disability
 - ii. Rehabilitation teaching
 - iii. Orientation and mobility
 - iv. Assistive Technology and related computer skills training
 - v. Job readiness and/or work adjustment services when the focus is placed on overcoming

barriers that exist due to blindness/visual impairment and self advocacy

vi. Work-station evaluation is included in comprehensive disability services once the disability adjustment and vocational skills have been acquired with emphasis on accommodating the workplace for individuals who are blind or visually impaired

vii. Job development, placement and job coaching once basic disability adjustment and vocational skills are acquired with emphasis on supporting individuals who are blind or visually impaired

3. For individuals who are blind, a screening for hearing loss, done by appropriate medical specialist or certified audiologist, will be obtained if deemed necessary/appropriate by the counselor and client.

4. Prior to assistive technology (AT) purchases, assessments are needed to determine the best approach to addressing the consumer's training and employment needs.

5. Purchases are approved according to a "feature match approach".

6. There are four considerations in the selection of equipment:

a. Abilities/limitations of the consumer,

b. Specific tasks related to IPE,

c. Specific environmental considerations

d. How features of the recommended equipment can support the previous three considerations.

Individuals found eligible for services based on legal blindness may be provided an audiological examination and evaluation of their hearing if it appears or it is reported there is also a hearing impairment. Any consumer who is eligible for BSB services will be afforded the opportunity of an evaluation of mobility and daily living skills.

Bioptics - Provision of Telescopic Devices

The OVR will provide a Bioptic Telescopic Device if it is:

- a) A vocational rehabilitation need and
- b) Is an integral part of an approved IPE.

An assessment of driving alternatives must be considered and documented in the progress review notes and must include:

1. An optometrist's report stating that individual's best corrected visual acuity using the

- recommended telescopic device is within the guidelines described in National Standards.
2. The individual's current mode of transportation.
 3. The reasonableness of using other modes of transportation or solutions such as:
 - a) Taxicabs
 - b) Car pool
 - c) Paid co-workers, volunteers or attendants
 - d) Public transit; and
 - e) Para-transit, accessible public transit or other community services

Consumers with vision disabilities who are provided with a Bioptic Telescopic Device for the purpose of operating a motor vehicle must meet the requirements for issuance of a driver's license as defined in NAC 483.410, which are:

The best-corrected vision of the individual must be:

- a) At least 20/40 when looking through the telescopic device; and
- b) At least 201120 when looking through the carrier lens.
- c) The field of vision of the applicant must be at least 130 degrees.
- d) The condition which defines the individual's visual disability must be stable.
- e) The applicant must pass a comprehensive road test to determine whether he is able to operate a motor vehicle safely while using the telescopic device and carrier lens.

After a Bioptic Telescopic Device is dispensed, the consumer and the OVR must be provided with a report, as defined below, from the dispensing optometrist.

For reference, the application to operate a motor vehicle while wearing a device is defined in NAC 483.405, and is as follows:

1. Each applicant for a license to operate a motor vehicle requiring the use of a telescopic device must submit to the Department of Motor Vehicles and Public Safety (DMVPS) an application approved by DMVPS and a report from a physician or optometrist which is dated not more than 90 days before the date the department receives the application and report.
2. The application must include the applicant's name, date of birth and social security number, if he has obtained one, and any information required by the department relating to his driving record.
 - a) The report of the physician or optometrist must include:
 - b) Best corrected vision of applicant when looking through the telescopic device.
 - c) Best corrected vision of applicant when looking through the carrier lens.
 - d) Field of vision of applicant.

3. Statement describing the nature of the applicant's visual deficiency, including whether the condition is progressive or stable; and
4. Any other information which the DMV IPS deems appropriate.
5. The application and report may be delivered in person to any office of the department or may be mailed to the regional manager of the department for the region in which the applicant resides.

Required Information:

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

1. Access to the use of a registered vehicle (which includes proof of insurance.)
2. A report from prescribing optometrist as proof the individual meets the requirements for licensure.
3. After the driver's license has been issued, the consumer must meet with the Rehabilitation Counselor and make the license available to copy for the case file.

COMMUNITY BASED ASSESSMENTS

This section distinguishes On-the-Job Training (OJT) from Community Based Assessment (CBA). The procedures outlined for OJT do not apply to CBA's.

CBA's provide the consumer and Rehabilitation Counselor with assessment information in an integrated setting and is not to be considered an OJT or employment. Reports are required for all evaluation services on a regular basis.

Community Based Assessment:

This assessment involves the performance of actual job duties in a real work situation. Performance is supervised and evaluated by the employer and/or Vocational Evaluator. This evaluation is typically completed prior to IPE completion.

Community Based Assessment For Situational Assessment Purposes:

This assessment involves a systematic observation process to evaluate work related behaviors in a semi-controlled real work environment through the utilization of on-site vocational evaluation staff and/or a job coach. This evaluation is typically completed prior to IPE completion.

Community Based Assessment For Work Adjustment Purposes:

This evaluation utilizes an individualized series of techniques, methods and processes to enable an individual to achieve harmony between self and the real work environment through the utilization of on-site vocational evaluation staff and/ or job coach. This evaluation is typically completed prior to IPE completion.

Community Based Assessment for work hardening services:

This evaluation is an individualized work oriented process involving the individual in real work tasks that are structured and graded to progressively increase physical tolerances, stamina, endurance and productivity, with the eventual goal of improved employability. On-site vocational evaluation staff and/or a job coach is utilized. This evaluation is typically completed prior to IPE completion.

Community based assessment is different from a volunteer status where the individual provides either a public, religious or humanitarian service which is usually part-time without pay. A community based assessment is limited to 96 hours at State minimum wage or limited in the number of hours so that the wage and total cost of the CBA does not exceed a \$599 threshold and, must take place in a competitive job environment.

CBA Extensions:

If an extension of the CBA is necessary, all requests must be submitted in writing with a detailed rationale to OVR Director for pre-authorization. The participant must become an approved vendor. To become an approved vendor the participant must register with the State Controller's office and possess a state vendor number prior to the initiation of the CBA extension.

CBA's are the most accurate and direct method for analyzing work behaviors and work readiness. CBA sites may be used for one or more consumers. The *CBA* differs from OJT because it is not considered employment or training but is an assessment. Referrals for CBA should be handled through the vocational evaluation staff if sub-minimum wage is indicated, vocational evaluation staff are authorized to certify sub-minimum wages where productivity is not competitive. If vocational evaluation staff are not available, pre-approval by the OVR Director is required prior to the use of external community based providers for the establishment of a CBA.

CBA's are for assessment purposes and job shadowing is not considered a CBA. If an individual wishes to participate in job shadowing, another alternative, such as volunteering, will need to be considered. All required state and employer volunteer forms must be completed and worker's compensation coverage via the agency or the employer, and must be verified prior to the initiation of the volunteer activity.

Worker's Compensation Coverage For CBA's:

Worker's compensation coverage is provided by the entity that issues the paycheck. I. TRAINING

No training services in institutions of higher education (universities, colleges, community colleges, vocational schools, technical institutes or hospital schools of nursing) can be paid for with Vocational Rehabilitation funds unless maximum efforts have been made to secure grant assistance including the Pell Grant in whole or in part, from other agencies or programs. These alternative funds are considered first dollar funds for training purposes. Scholarships paid directly to the consumers from another source are not considered as first dollar funds and will not be included in the calculation of the training costs.

Private training

Vocational Rehabilitation will utilize the most cost effective method of training to assist an individual in meeting their vocational goal. Exceptions may be made due to extenuating circumstances (such as length of time for training program and consumer's need for immediate employment.)

An individual may choose a more expensive training program, however, the rehabilitation agency will only pay training costs consistent with state college rates and the consumer will be responsible for the remaining costs. The combined contribution of the Pell Grant and the rehabilitation agency will not exceed what would be paid at a state college/university rate.

Example: If the state college training program is \$2,000.00 and the private training program is \$5,000.00 and the Pell Grant pays \$1,000.00 then the rehabilitation agency will pay \$1,000.00. The combined rate of the rehabilitation agency and the Pell Grant should not exceed the \$2,000.00 for the state college rate.

Out of state training for consumers may be provided under the following circumstances:

- a. No facilities or courses are available in CNMI which meet the needs of the consumer; or,
- b. The support system and financial situation of the consumer is such that Rehabilitation Counselor approval would be more cost-effective; or
- c. Judgment is required to balance needs of the consumer with prudent expenditure of public funds. The State will pay training costs consistent with in-state services and determination of comparable services and benefits.

Timeliness in training:

Timeliness in training is considered to be the usual and customary time necessary for the average individual to complete training. Training institutions indicate the number of credits considered full or part time. Consumers are expected to attend training on a full time basis. However, timely progress in training also takes into account individualized needs and circumstances. Timeliness criteria must be reflected on the consumer's IPE based on the unique abilities and circumstances of the individual. If training is anticipated to last six months or more beyond the usual and customary time period an explanation must be included in the progress review notes. Examples of usual and customary training times include: 4 years for a Bachelor's Degree, 2 years for an Associates degree and for certificate

programs, the time specified by the college or training facility as noted in their school catalog.

Example of progress review note documenting the need for extension of timely training activity:

- a. Consumer has limited stamina as substantiated by consumers self-report, physician's report and the results of a situational assessment.
- b. Consumer will be unable to complete training on a full time basis, and will be limited to 9 credit hours per semester. Consumer will take two years to complete the certification program needed to reach her vocational goal versus the customary 18 months.
- c. IPE to reflect timeliness extension. Medical status will be monitored for reassessment of timeliness extension criteria.

ON-THE-JOB TRAINING (OJT)

This section distinguishes OJT from community-based assessments (CBA). The procedures outlined for OJT do not apply to CBA's.

OJT enables a consumer to learn the tasks, routine and skills of an assigned job at the actual work site. OJT offers a wide range of preparatory opportunities and is adaptable to the unique needs and abilities of individuals. This training resource is effective when formal training in the consumer's vocational objective is unavailable or where ability to benefit from formal training is questionable.

OJT is not appropriate where there is a prerequisite for specific education or licensing, which the consumer lacks. OJT is not intended to serve as an alternative to job placement when the consumer already meets the minimum qualifications for the job and no additional skills training is needed. OIT payment is intended to reimburse the employer/trainer for the extraordinary costs associated with the training of the consumer/trainee; it is not a subsidy of employee wages. Community resources available in the WIA offices such as Career Enhancement Program (CEP) or other Workforce Investment Act (WIA) partner programs may also provide OJT funding.

OJT Trainee Wages and Fringe Benefits

Trainees are deemed employees of the employer. Trainees shall be compensated in accordance with the Fair Labor Standards Act (FLSA), and at the prevailing minimum wage rate of the CNMI, including periodic increases, as other persons employed by the employer in the same or similar jobs.

Trainees shall be assured of fringe benefits at the same level and same extent as all other employees of the employer including worker's compensation benefits, unemployment insurance, health insurance and other benefits.

Reimbursement

The OVR may reimburse the employer for any portion of the consumer's actual wages/salary, usually averaged or decreased over the length of the training period. While the Rehabilitation Counselor may reimburse the employer for the worker's compensation premiums, the premiums must be paid directly by the employer to a worker's compensation provider.

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

Duration of On-the-Job Training Agreements

OJT agreements are generally for a period of six (6) months. After this initial period, the OJT may be extended for an additional six (6) months period provided that the individual and the employer agree to a continuation. OJT is intended to result in continued or permanent employment in the assigned job or in a closely related job at the conclusion of the training period.

On-the-Job Training Agreement

The On-The-Job Training Agreement (OJT Memorandum of Understanding form), Job Description, Reimbursement Form, Certification and General Provisions must be completed for all on-the-job training. The Rehabilitation Counselor will include in the agreement, a description of the essential functions of the job as provided by the employer, and the employer's commitment to train to these specific requirements of the job. The agreement also will state that the employer will consider a permanent hire at the conclusion of the training period, and will provide appropriate supervision during the training.

All parties, including the consumer, prior to the initiation of the training, must approve the On- the-Job Training Agreement. The OJT program must be clearly defined in the IPE.

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

On-the-Job Training Reimbursement Form

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

On-the-Job Training Monthly Progress Reports

The employer submits training progress reports with the invoice to the Rehabilitation Counselor. The invoice cannot be processed for payment without receipt of the progress report.

Modifications to the Agreement

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

Exceptions to the OJT Requirements

When the OJT is funded by another provider (e.g. WIA partner or), then the OJT procedures and forms required by the funding agency will be used in lieu of the procedures and forms contained herein. The case record however, shall include copies of the training progress reports.



Office Of Vocational Rehabilitation

OFFICE OF THE GOVERNOR

P.O. Box 501521

Navy Hill – Bldg. N2

Saipan, MP 96950

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ON-THE-JOB (OJT) TRAINING MEMORANDUM OF UNDERSTANDING

This On-The-Job Training Agreement between the CNMI Office of Vocational Rehabilitation (OVR) and _____ (Employer) at _____ (address), is a joint agreement to provide On-the-Job Training for _____ (Consumer) as a(n) _____ (position title). The specific occupational training will be conducted by _____ (Trainer).

In consideration of the training services rendered to the consumer, OVR agrees to reimburse the Employer for the consumer’s wages as set forth in this agreement.

On-the-Job Training Plan

OJT Training Outline

Provide a description of the specific occupational skills/subjects the Consumer will be expected to learn in this OJT program.

Occupational Skills/Subjects:	Training Length: (No. of Hours)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

OJT Start Date: _____

Est. End Date: _____

No. of Hrs. p/day: _____ Total Number of OJT Hrs: _____

OVR's responsibilities:

- To ensure that the consumer has been provided information on how a paid OJT may impact their benefits (SSI, SSDI, etc.);
- Monitor and ensure that the consumer is on training on scheduled hours;
- Follow-up with employer on the progress of consumer;
- Provide on-going support and technical assistance to the employer to ensure that the consumer's needs are met leading to successful OJT;

Employer's responsibilities:

- Provide training and supervision of the consumer in the essential functions of the training;
- Pay the consumer on the company's payroll cycle and invoice OVR for paid hours;
- Pay the consumer based on the prevailing minimum wage rate.
- Ensure that the consumer is complying with attendance and other workplace policies;
- Informal and formal feedback on the performance of the consumer;
- Complete a performance evaluation and provide final performance feedback to include recommendations to the OVR.

Reimbursement

OVR will reimbursement Employer (see Form OVR 11b) upon receipt of completed invoices to be submitted to the Director on a monthly basis. The invoices shall detail the hours on training and associated payroll cost of consumer's gross wages. The hours reimbursed will be based on the consumer's time and attendance sheet. As the consumer progresses and learns the required occupational skills, the number of training hours will be reduced. The number of hours required for training will be adjusted based on the review of the OJT Progress Report and agreed to by the VR Counselor, Trainer, and consumer.

Reports of Trainee Progress

The written OJT Progress Report (Form OVR-11a) will be submitted monthly and reviewed by the VR Counselor, Trainer, and consumer.

Notice to Employer/Trainer

An employer/employee relationship exists and this agreement does not affect in any way the employer's responsibilities under any federal or local laws pertaining to employment, unemployment compensation, worker's compensation, withholdings, insurance, retirement, or any other applicable deductions or payments.

Modifications

Any modifications to the MOU or OJT Plan shall be agreed to in writing by the OVR, Employer/Trainer, and the Consumer.

Signatures:

Director, Office of Vocational Rehabilitation

Date

Employer/Trainer

Date

Consumer or Authorized Representative

Date

Tel.: (670) 322-6538 Fax: (670) 322-6536 TTY: (670) 322-6449 E-Mail: nmidir@ovrgov.net website: ovrgov.net



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REIMBURSEMENT (OJT)

Employer: _____ Trainer: _____

Consumer: _____ Billing Period: From _____ To _____

No. of hours spent training: _____ Total Reimbursement Amount: _____

Please attach consumer’s time and attendance records, copy of payroll checks issued, and Company’s billing statement for reimbursement.

Is this the Final OJT Invoice for this Trainer? Yes [] No []

Notice to OJT employers: **CNMI OVR program does not reimburse employers for vacation, sick leave time taken or overtime hours worked**

I certify that the training hours reported were in accordance with the OJT agreement. All legal requirements have been fulfilled as to payroll deductions, employer contributions, and workers compensation insurance, and any other applicable deductions or payments.

Employer’s Signature

Date

Consumer’s Signature

Date

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ON-the-JOB TRAINING (OJT)
MONTHLY PROGRESS REPORT

Consumer _____
Job Title _____

Company _____ **Reporting Period** _____
From To

Trainer _____ **Trainer’s Job Title** _____

Nature of Work or Subject Area _____

PERFORMANCE EVALUATION:

	Excellent (90%-100%)	Good (80%-89%)	Average (70%-79%)	Poor (BELOW 69%)
Quality of Work				
Rate of Progress				
Dependability				
Ability to Get Along with Others				
Personal Appearance and Hygiene				
Learning Ability				
Attitude				
Attendance				

Explain in Poor Rating: _____

Do you recommend that the consumer continue in this program? Yes No
If no, please explain _____

Trainer's Signature

Date

Tel.: (670) 322-6538 Fax: (670) 322-6536 TTY: (670) 322-6449 E-Mail: nmidir@ovrgov.net, website: ovrgov.net

MAINTENANCE

Maintenance refers to basic living expenses such as food and shelter that are in excess of the normal expenses of applicants and eligible individuals and that are necessary for the individual to participate in an assessment or carry out the terms of the IPE. All services are to be recorded and justified in the IPE and progress notes that monitor the provision of these services and goods are to be included in the case record.

The following guidelines apply to the provision of maintenance assistance:

1. Maintenance may be provided for applicants or eligible individuals when it is necessary to support and derive the full benefit of other Vocational Rehabilitation services being provided. Maintenance will not be provided as a sole service. Maintenance should not be used as a device for removing a consumer from an undesirable home situation or for therapeutic reasons only. Subsidy of a consumer's home through payment of any type of maintenance to parents, spouses, relatives, and/or other persons is not allowable. Maintenance should not be provided in the consumer's own hometown if the individual has an established residence. Exceptions should be discussed with the OVR Director or their designee if extenuating circumstances exist. Maintenance, other than for diagnostic purposes or training that requires the consumer to receive those services that are listed in the IPE outside of their town of residence or that are not within commuting distance are subject to the consumer's FINANCIAL NEED AND DETERMINATION OF THE AVAILABILITY OF COMPARABLE SERVICES AND BENEFITS.
2. All maintenance should cease whenever the first paycheck is received or within 90 days after a consumer is employed. Maintenance costs should not exceed established rates. See Definition of terms for other examples. Per diem and lodging shall be paid, as evidenced by a receipt and will not exceed that paid to state employees.

TRANSPORTATION

Payment or reimbursement is limited to actual cost as evidenced by a receipt and will not exceed that paid to state employees. Transportation is a supportive service and must be in connection with an assessment of eligibility or with another planned service.

VEHICLE MODIFICATIONS AND REPAIR

The OVR will modify or repair a vehicle for a consumer if it is:

1. A vocational rehabilitation need;

2. More cost effective than the use of public transportation; and
3. An integral part of an approved Individualized Plan for Employment (IPE).

Modification means the following:

1. Installation of a wheelchair lift.
2. Purchase and/or installation of hand controls.
3. Alteration to the structure of the vehicle such as lowering the floor or raising the roof.
4. Installation of carpeting or paneling to interior of vehicle, per prescription.
5. Specialized equipment such as a Scott's Driving System; and,
6. Vehicle equipment packages recommended in prescriptions from driver evaluation teams such as air conditioning; CB radios, wheelchair tie-down, power seats, heavy-duty battery, tires, vehicle handling system, etc.

Repair means the following: replacement or adjustment of driveline, mechanical, electrical and/or structural components or tires.

The Rehabilitation Counselor must document the consumer meets the following criteria for vehicle modification:

1. Has a stable or slowly progressive disability that interferes with normal driving or access to public or private transportation; and
2. Following plan as agreed or is demonstrating motivation in training or in other activities which indicate the plan will be successful and lead to an employment outcome; or,
3. Has a job offer that requires "independent transportation"; or,
4. Is working, including self-employment; and,
5. The consumer's combined potential income and resources are expected to be sufficient to maintain the vehicle, any modifications and insurance coverage for the vehicle and equipment.

Since vehicle modification or repair is contingent upon a vocational goal or sufficient evidence that the consumer will complete a program which will lead to an employment outcome, a vehicle may not be repaired or modified prior to eligibility determination.

An assessment of alternative transportation must be considered and documented in the progress review notes must address:

1. The consumer's current mode of transportation.
2. The reasonableness of using other modes of transportation or solutions such as:
 - a. Taxicabs.
 - b. Car pools.
 - c. Paid co-workers, volunteers or attendants.
 - d. Para-transit, accessible public transit or other community services; and,
 - e. Relocating consumer to where the individual's specialized needs may be met if such a move is cost effective and if the individual is employed.

The OVR will only participate in modifying or repairing essential functions of the vehicle to enable the consumer to drive safely or to use the vehicle for transportation as a passenger in order to derive full benefit of their IPE.

For modifications, adding items like automatic transmissions, power steering and brakes, air conditioning, power windows, door locks or tilted steering wheels is subject to approval by the Rehabilitation Counselor and be recommended via the medical or driving evaluation prescription. Consumers who purchase vans are cautioned to assure the van has appropriate equipment such as power steering and brakes, sliding doors with windows, and heavy-duty electrical system. Generally the OVR will not sanction lowering floors on a unibody and/or short wheel base van.

Required Information

The Rehabilitation Counselor must include the following documentation for inclusion in the IPE or amended IPE:

1. Modification & Repair:

Before modification or repair begins, proof of registered ownership (which includes proof of insurance) of the vehicle by the consumer or a family member who owns the vehicle is needed.

2. Modification & Repair:

Proof of a driver's license by the consumer or the primary driver.

3. Modification:

If the consumer owns a vehicle that is over three years old or has 40,000 miles or more on the odometer,

the consumer must have a qualified mechanic inspect the vehicle's power train, brakes, electrical system, body and safety features and certify in writing that the inspected items are in good condition.

4. Modification:

Modification requires three (3) estimates of cost or bids from vendor(s). If the number of vendors providing this service within a 50-mile radius of the OVR office is less than three, only a bid per vendor is necessary.

5. Modification:

Driver evaluation report is required only if the client is driving from wheelchair or will utilize hand controls.

6. Modification:

A prescription for a driver evaluation from a physician.

7. Modification:

If the consumer will drive from a wheelchair: condition and type of chair.

8. Repair:

If the consumer owns a vehicle that has 50,000 miles or more on the odometer, a qualified mechanic must inspect the vehicle to document the condition and reliability of the vehicle's engine and/or other appropriate systems prior to repair.

9. Repair:

Repair requires three (3) estimates of cost or bids from vendor(s). If the vehicle cannot be driven, the number of bids or estimates required is one.

Driver Evaluation

Everyone requesting a modification to enable independent driving and who will be a driver must be evaluated by a certified driver evaluation unit for safe driving ability and for equipment needed to drive safely. If appropriate, a report from a certified driver evaluation unit will include prescriptive specifications for adaptive driving equipment and vehicle modification.

Passenger Evaluation

A consumer who will be a passenger only who is requesting a vehicle modification needs no driver

evaluation but must be evaluated by a physical or occupational therapist for recommendation of modification needs. Any installation must meet factory specifications and meet the functional needs of the consumer.

Cost of Vehicle Modification

The OVR will assist the consumer in the arrangements and pay for the cost of evaluation including transportation and per diem. The Rehabilitation Counselor must include a cost estimate from a certified installer. Financial approval of the IPE will adhere to this manual's spending authority requirements.

Cost Of Vehicle Repair

The Rehabilitation Counselor must include a cost estimate from three (3) certified mechanics (see #12 for exceptions.)

Installation Of Equipment Or Structural Modification

If modification is determined, and amount authorized by the OVR Director, the Rehabilitation Counselor will authorize the modification to the installer. The consumer will make arrangements with the installer for transporting the consumer's vehicle and when fittings must be done, transporting himself to the installer.

Training In The Use Of The Modified Systems And Devices

Prior to accepting the vehicle modifications or making payment for the vehicle modification the consumer must receive training in the operation of all modifications, *hand controls*, and assistive technologies.

Driver Training

If the prescription requires driving training, the Rehabilitation Counselor will arrange for and document receipt of the training prior to OVR payment. Only driving schools and trainers who are licensed or certified under NRS 483.70-780 regulation may be used.

Hand Controls:

Hand controls MUST be installed by a qualified installer. The consumer must also be evaluated by a certified professional, such as an occupational therapist or driver evaluator, and must be trained in the use of the prescribed hand controls.

Replacement Of Vehicle Modification Equipment:

A current (within 3 months) statement from a physician is necessary to document the medical status of the consumer, any medical changes since the last installation of equipment, and the physician's opinion

on the new equipment recommended by a vendor. If the physician cannot make such a recommendation, an evaluation by an Occupational or Physical Therapist must be completed. If the recommended modification equipment is different from the existing equipment, additional training on the new equipment must be completed.

The OVR may participate in the cost of the modification or repair but does not represent that it is an expert. Questions will be directed to the equipment dealer, mechanic and/or the installer.

Certifications: Consumer, Mechanic and Installer

Upon completion of the modification, the vendor will submit an invoice with:

1. Consumer.

Certification of Inspection, signed and dated that the work has been completed by the mechanic and/or installer to the consumer's satisfaction; and,

2. Mechanic, installer.

Certification signed and dated by the vendor that the work has been completed in full compliance with the prescription and specifications as bid and warranties have been provided to the consumer. Upon receipt of the certifications, the OVR will process the vendor's invoice for payment.

VEHICLE PURCHASE/LOAN PAYMENTS

Provision of purchasing, making loan payments or down payments, a vehicle must be an identified IPE service and in direct relationship to the achievement of an employment outcome. Under no circumstances is the vehicle to be purchased, or any loan or down payments made, without the authorization of the OVR Director.

The Rehabilitation Counselor must review and verify all applicable items, such as: the consumer's valid driver license; the vehicle's reliability and serviceability, age, mileage, and insurance coverage. Before purchase, loan payment or down payment is proposed; the counselor must explore and utilize comparable benefits such as PASS (Plans for Achieving Self-Support.) Justification must be made on why the consumer cannot utilize public transportation or utilize some other form of transportation (paying a co-worker, taxis, bicycle etc.)

1. The consumer and Rehabilitation Counselor must always justify a reason for purchasing a vehicle and the need for a new rather than a reliable used vehicle. Also, insure vehicle rental or leasing have been considered where appropriate; and,
2. The primary objective is for assistance with startup costs. For a vehicle, this means the cost for the consumer to take possession of the vehicle, get it on the road and be able to absorb the ongoing costs.

This may involve a down payment, registration fees and insurance binders, repairs and routine maintenance. When determining the amount of the allowable down payment, consider how much the consumer can afford to pay on a monthly basis (ongoing payments, gasoline costs, routine maintenance costs), and provide an assessment of relocation costs or other transportation alternatives.

PROVISION OF OTHER GOODS AND SERVICES

In the case of telecommunications, sensory and other technological aids and devices, individualized prescriptions and fittings may be performed only by persons licensed in accordance with CNMI law or by appropriate, certified professionals. Provision of items manufactured to prescription requires Supervisor's review.

Firearms, explosives or other items and materials generally considered to be lethal weapons will not be provided.

SERVICES TO FAMILY MEMBERS

The OVR may provide services to members of a consumer's family when necessary as part of the consumer's rehabilitation program. "Family member" includes any relative by blood or marriage and other individuals living in the same household with whom an eligible consumer has a close personal interpersonal relationship. Services to family members are to be recorded and justified in the IPE and progress notes in the same manner as services to the consumer. Services provided to a family member or members must be based on a determination that:

1. The eligible consumer would be unable to begin or continue the IPE, and/or
2. The program would be jeopardized to the extent that employment would be delayed or could not be achieved, and/or
3. The needed services are not readily available and feasible through existing community agencies.

Services to family members may include:

1. Homemaker services to prepare a family member to assist a consumer in a program of independent living skills and to adapt to new or altered methods of home management (e.g., daily personal care and home maintenance provided by an outside resource during periods of stress or illness);
2. Counseling with family members to help them understand the needs of the eligible consumer;

3. Day care services of children to enable an eligible consumer to complete the IPE;
4. Foster family care to enable the family to remain as a unit to permit an eligible consumer to complete an IPE (e.g. services to maintain all children within a family unit when an eligible consumer must leave home temporarily for vocational training or other services);
5. Family planning or marital counseling services;
6. Assistance in locating adequate living quarters for the family.

HOME MODIFICATION

The OVR may participate in the funding for the purchase of services to remove physical barriers that interfere with a consumer's full participation in rehabilitation services leading to employment. Financial participation requirements apply to the provision of these types of services. Certified Occupational and Physical Therapists, Assistive Technology Specialists, and Rehabilitation Engineers, can assist Rehabilitation Counselors with coordination of these services.

Home modification expenses (as identified in the IPE) must be authorized by the OVR Director before presentation to the consumer for signature. The Rehabilitation Counselor must address the following criteria for home modification, and in accordance with the Authorization of Services policy (Section 21).

The case file must contain documentation that:

1. The consumer cannot be relocated.
2. The dwelling is owned and maintained by the consumer or,
3. The consumer has the property owner's written permission to modify.
4. The property owner must provide a written statement to the Rehabilitation Counselor verifying that there is a lease agreement equal to the length of time required to complete the IPE before modifications begin.
5. OVR will not restore the property to its original state after modifications have been made.
6. The Rehabilitation Counselor must obtain three (3) bids from licensed contractors prior to authorization of the service. The Rehabilitation Counselor must also comply with procedures outlined in Section 21.
7. The Rehabilitation Counselor must investigate comparable benefits, such as Medicaid, to determine other sources of payment.
8. The Rehabilitation Counselor can include structural repairs such as: adding grab bars to allow for independent use of bathroom facilities, widening a doorway to allow for wheelchair accessibility, building a partition, or putting in a ramp.
9. The Rehabilitation Counselor cannot authorize the purchase of land, building permanent

structures or modifying exterior walls. Home modification includes: fabricating, modifying, designing, and installing to accommodate the consumer's disability as required to participate in the VR program.

10. All required building permits must be obtained, as required by the CNMI Ordinance prior to beginning the modifications to assure that the contractor is properly licensed.
11. The Rehabilitation Counselor may submit home modification plans for additional approval according the Signature Authority guidelines.
12. Upon completion of the modification and prior to paying the bill, an inspection must be conducted by the Rehabilitation Counselor and appropriate local authorities to assure that the work is completed properly as authorized.
13. The building materials used for the modifications need to be comparable to existing building materials. Any upgrades must be justified and pre-approved by the OVR Director.
14. There are no liens against the property.

SECTION 19: RELEASE OF LIABILITY

In the event that any non-traditional treatment or surgical procedure has been determined, and is in conformance with the role of the vocational rehabilitation program, and is decided through informed choice by the individual and advised by treatment professionals and/or specialty consultants, it becomes necessary for participants of any activity to acknowledge the risks that are likely to occur. The release of liability form releases the Office of Vocational Rehabilitation, the CNMI Government, agents and employees, from liability upon any resulting injury and/or possibly death caused by treatment participation.



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RELEASE OF LIABILITY

I/We, _____ have, on my/our own initiative, opted for medical treatment involving surgery while cognizant of the risks associated with medical or surgical procedures. I/We testify that I/we am/are of sound mind and that I/we am/are fully aware of the potential risks from this procedure or treatment.

By virtue of My/Our affixed signature(s) below, I/We agree that the Office of Vocational Rehabilitation and/or the CNMI Government and all its subdivisions, agents and employees, will not be held responsible for any loss of life, injury, harm or complication of any kind, directly or indirectly, that may result from any related travel and/or treatment.

I/We acknowledge and understand that the Office of the Vocational Rehabilitation and/or the CNMI Government and all its subdivisions, agents and employees, have acted in good faith in providing vocational rehabilitation services and are not responsible or liable in any way for any direct or indirect harm experienced as a result of medical consultation or treatment.

_____ Date: _____
OVR Consumer/Client (print and sign)

_____ Date: _____
Official Representative (print and sign)

_____ Date: _____
Vocational Rehabilitation Counselor

Witness Name: _____ Date: _____
(print and sign)

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SECTION 20: COOPERATION AND COORDINATION OF BENEFITS WITH OTHER AGENCIES

The Rehabilitation Act of 1973, as amended, requires the development of cooperative agreements, formal interagency agreements and memorandums of understanding, as appropriate, with other public agencies (CFR 361.22, CFR361.23, 361.24.) The cooperative agreement is designed for use whenever public agencies enter into agreements for joint or cooperative and does not involve an exchange of funds. This may be accomplished by executing a COOPERATIVE AGREEMENT BETWEEN PUBLIC AGENCIES, and obtaining required signatory approvals.

The Rehabilitation Act of 1973, as amended, also allows for third-party cooperative arrangements (CFR 361.28). Interlocal contracts with public agencies may be entered into by executing an INTERLOCAL CONTRACTS BETWEEN PUBLIC AGENCIES and obtaining required signatory approvals. The interlocal contract is designed for use whenever public agencies contract with one another for the performance of any government service.

SECTION 21: SELF-EMPLOYMENT

INTRODUCTION

Fundamental change has been occurring in the work place. Individuals are leaving the traditional “Job” and are forging new ways to work that are more in line with their needs, interests, and priorities. Self-employment ranks high as a preferred choice of almost all workers, and as such should be an option for the worker with a disability. OVR considers self-employment as a valid employment outcome option and one that should be considered by consumers and counselors as they work toward the development of an appropriate vocational goal.

DEFINITION

For the purposes of this policy, “self-employment” refers to an employment outcome in which an individual works for profit or fees in “their own” business, profession, or trade. The consumer will manage and operate a business they own. Occupations such as cosmetology and realtor would be considered self-employment under this policy only if the consumer owns the business. When appropriate, individuals who legally organize their business as a corporation, and are employed by their corporation, may be eligible while in the startup phase of operations. Self-employment requires that the business is, at a minimum, 51% owned, controlled and managed by the OVR consumer.

“Self-employment” also requires that the anticipated net income of a business will solely support the individual or will significantly assist an individual monetarily if that person has income from other sources.

ROLE OF VOCATIONAL REHABILITATION

The primary role of the OVR in assisting consumers with an interest in self-employment will be assisting the consumer in making informed choices by:

- a) Providing relevant information
- b) Reducing or eliminating barriers created by the disability
- c) Providing training regarding small business and self-employment
- d) Providing assistance in identifying resources
- e) Coordinating services
- f) Providing support as deemed appropriate in the startup of the business

When OVR resources are identified as one of the sources for meeting the business startup costs, the specific guidelines that follow will determine the extent of this involvement. The OVR's ability to provide direct financial support for the startup of a business is limited and should not be considered the primary funding source. OVR funds will not be used for the ongoing support of a business.

CONSUMER RESPONSIBILITIES

Exercising informed choice in the rehabilitation process, in this case, choosing a vocational goal in which self-employment is the outcome, has attendant responsibilities that must be assumed by the consumer with assistance from the Vocational Rehabilitation (VR) Counselor. These responsibilities include but are not limited to:

- a) The information gathering and assessment process
- b) Planning
- c) Decision making
- d) Securing resources
- e) The development of skills and abilities necessary to operate a business
- f) Financial participation
- g) Business implementation

Specific action steps required by the consumer will be clarified in the "Process" section of this policy. Additionally, as the file is considered for closure, the consumer will have the responsibility of providing financial documentation to the OVR that will demonstrate the success of the venture.

SELF-EMPLOYMENT PROCESS

The case record will reflect the following:

1. Assessment of Consumers Business Potential.
 - a. Evaluation of consumer's interests, skills, aptitudes and personal qualities as they relate to self-employment. This may include formal vocational assessment to the degree necessary to ensure the individual has the basic skills necessary to operate and

manage a small business. Formal assessment may be waived by the counselor if the consumer's work and educational history support the pursuit of the proposed self-employment goal.

When available, counselors should encourage individuals to attend training sessions on "Exploring Entrepreneurship" to affirm advantages and disadvantages of business ownership, preparedness from a personal perspective, assessment of skills related to the business venture, and OVR guidelines for receiving technical and financial assistance for business development.

- b. Examine the consumer's financial goals related to self-employment. Issues such as terminating government benefits, supplementing family income vs. primary source of family support, and earning sufficient funds to maintain competitive employment standards should be considered.
 - c. Consumer expectations relative to the financial support they are expecting from the OVR should be discussed at the onset. It is important the consumer understand that the OVR is not in a position to capitalize new business and any funding directed to the startup of the business will be limited.
2. Assess Consumer's Disability as it relates to the Self-employment Goal
 - a. Ensure the viability of self-employment as it relates to the consumer's disability. This may require consultation with medical or psychological service providers that have been treating the consumer. If clear information is not available reflecting the consumer's ability to handle the physical, mental/emotional, and cognitive aspects of the selected goal, additional assessments such as a functional capacity evaluation, an assessment of cognitive skills and abilities, mental status evaluations, as well as job site analysis would be encouraged.
3. Develop Business Idea and Explore its Feasibility
 - a. Consumers will be referred to outside resources for assistance in examining their business ideas and feasibility. Examples of programs providing said assistance are the Small Business Development Centers, CNMI's Micro Enterprise Initiative, Community Economic Development programs, Disabled Business Persons Association (for Veterans), and the Community Business Resource Center. The information developed at this stage will provide much of the basic data that will be used in completing the "Business Plan" to be written later. The following are questions that could be considered in a feasibility study:
 - Is the idea practical and will it fill a need?
 - What is the competition?
 - What is your advantage over existing business?
 - Can you deliver a better quality service or product?
 - Where will you locate the business?
 - What equipment or supplies will be needed?
 - What financing will be needed?
 - What are your resources?

Testing the feasibility of the business idea should be formalized through a written Feasibility Assessment, a report documenting the following:

- ✓ **Concept Feasibility:**
Clear description of the business idea; individual's background related to the business concept including education, training, direct experience and transferable skill sets; and a summary statement identifying issues of concern regarding the feasibility of the concept.
- ✓ **Market Feasibility:**
Geographic description of market area; description of competitors working in or marketing to potential customers in geographic area; definition of target markets including size and scope of each market; zoning issues/requirements for establishing a business at intended location.
- ✓ **Financial Feasibility:**
Capitalization requirements (startup funding not to exceed 6 months) consistent with individual's business concept; identification of resources for startup funding and ongoing capitalization.

At this point in the process, it is required that a criminal background check be conducted to ensure that the consumer will be able to obtain all the necessary licenses, permits, certifications, etc. and that no unanticipated barriers related to the consumers legal status will be encountered as the self-employment process is pursued.

4. Consumer Training/Education

- a. All consumers will be expected to attend and complete training and technical assistance services related to self-employment. This could include options such as a training class or seminar through the university / community college system, Small Business Development Centers, CNMI Micro Enterprise Initiative, etc., and consist of subjects such as exploring entrepreneurship, small business development, business plan development, small business management, and business financing. Exceptions to the above requirement may be made with supervisory approval in limited circumstances such as:
 - The individual has previous successful business experience, and/or has developed a business plan and the counselor is comfortable with and can document the consumer's skills in this area.
 - Courses cannot be scheduled in a timely fashion or at a location that is inaccessible to the individual and waiting would jeopardize the consumer's ability to pursue the selected goal.

The above courses may be offered pre Individualized Plan of Employment (IPE) as

part of the comprehensive assessment or as part of the initial IPE with a specific self-employment goal.

- b. In addition to the above, consumers may require business specific skill training to eliminate skill gaps or prepare for the operation of the business. This could include coursework such as accounting/bookkeeping, using computers in business, typing, human resources in business, etc. It is expected that these courses would be built into the IPE as necessary.

5. Business Plan Development

The “Business Plan” is viewed as an essential element in any business venture and will be the document used by the agency to determine the feasibility of the business and whether or not to participate in its development.

- a. A comprehensive business plan will be required for all cases in which the agency’s cost participation in the development of the business is expected. The counselor must cover the various elements of the business plan with the consumer/client and feel comfortable that the consumer/client has adequately addressed these elements in the Feasibility Assessment.
- b. In preparing the business plan, the counselor will refer the consumer to community resources for technical assistance and guidance in development of the plan. It is expected that the business plan will be prepared by the consumer, however in certain instances where significant or unexpected difficulties are encountered in the writing and researching of said plan; services could be purchased from vendors to assist with the completion of this task.

6. Explore and Apply for Resources Available From Other Sources

The consumer’s investment into his/her business is an important reflection of his or her commitment to achieving success. Therefore, the consumer will be encouraged to contribute from their own resources, as much as they are able. Additionally, it is expected that consumers will explore and where appropriate, apply for funding from other sources. These might include the micro loan programs, banks, or programs with funds to assist certain populations such as women and minorities.

7. OVR/Outside Reviews of Self-employment Plans

The level of the OVR’s financial participation in the self-employment plan will determine the level of agency review and approval required.

- a. Review by a self-employment panel will be mandatory for self-employment plans in which participation will exceed \$8,000. The makeup of this panel includes:
 - OVR Director
 - Fiscal Officer
 - Program Manager and/or Case Service Manager

- Rehabilitation Counselor

The OVR will retain the right to have the plan reviewed and obtain recommendations by an outside resource with expertise in small business development. The ultimate decision and approval will rest with OVR and will be dependent on a variety of factors including but not limited to total startup costs, viability of the business plan, potential for other financial resources, the availability of funds and the impact the approval will have on agency programs and services to other consumers.

Note: The cumulative cost of a case will drive the level of review required.

b. Review and approval levels are as follows:

For the purposes of this policy, training and assistive technology costs will not be included in calculating the cost of the self-employment plan. Rather, the actual costs of initiating the business should be the focus.

Note: Only the OVR Director has authority to obligate OVR funds.

c. Process for Review by Self-employment Panel

- The Rehabilitation Counselor will submit a cover memo to the committee that includes a brief description of the proposed business venture, the projected cost to the agency, why it is expected to be successful, and the counselor's support for or reservations regarding the plan.
- The Rehabilitation Counselor will submit a copy of the consumer's "Business Plan" along with an unsigned IPE or IPE Amendment to the panel for review.
- The panel will convene and conduct its review within 15 working days of receiving the review materials.
- As it is possible that individuals outside the agency may be reviewing the proposal, an "Information Release" signed by the consumer will be submitted as part of the review package.
- The panel will provide opportunity for participation by the consumer, consumer representative, and consumer's Rehabilitation Counselor.
- The panel will review the Business Plan for viability and probability of success, offer suggestions for improvement if necessary, and make recommendations for approval or disapproval.
- The review panel will provide a written response with recommendations to the Rehabilitation Counselor within 10 working days of their review.
- The review panel will provide a written letter of approval or denial of the self-employment plan to the client within 10 working days of the panel review.

8. IPE or IPE Amendment Related to self-employment

- a. All self-employment plans will require an IPE or IPE amendment reflecting the specifics of the self-employment plan.
- b. Assessing the feasibility of a “Self-employment Plan” may be completed in an initial IPE. The initial IPE may include classes and seminars with a focus on self-employment issues, feasibility assessment development, business plan development, and other exploratory or preparatory activities that would help evaluate the viability and ensure the success of the self-employment endeavor. (Note - The above services may also be completed pre-IPE as part of the comprehensive assessment). An IPE or an amendment is initiated when the “Business Plan” is completed by the consumer. The IPE or amendment includes the specific services to be provided and the level of OVR financial participation in the self-employment effort. The IPE, amendment and Business Plan is then submitted for the necessary review and approval.

FINANCIAL PARTICIPATION REQUIREMENTS

The OVR will not become the sole funding source for any self-employment endeavor. Consumers will be required to make a contribution toward the self-employment venture in cash, materials, or in-kind labor in an amount consistent with the schedule below. The consumer’s contribution may come from personal resources, property critical to the business operation, loans from banks, loans from micro-lender organizations, or funds derived from a PASS plan. The minimum level of consumer participation for business start-up costs (excluding training or modifications necessitated by the consumer’s disability) is as follows:

<u>Cost of Plan</u>	<u>Percentage of Consumer Financial Participation</u>
\$1 - \$5000	10%
\$5,001 - \$10,000	20%
\$10,001 - \$20,000	30%
Above \$20,001	40%

The above guidelines will be followed when self-employment is the objective. If the consumer does not contribute at the above levels, justification must be submitted, reviewed, and approved by rehabilitation management at the appropriate level of signature authority.

LIMITATIONS AND RESTRICTIONS

Consumers must be informed that self-employment services do not include any of the following services:

- Businesses deemed illegal by the CNMI Attorney General
- Speculative real estate development
- Utility deposits that are refundable to the consumer or business
- Salary or benefits for any owner or employee of the business

- Purchase of land, real estate, or the erection of any buildings
- OVR will not approve a business that sells firearms and/or will not provide firearms for occupations that require a weapon
- OVR will not approve a business that sells alcohol or tobacco products
- Refinancing existing debt – business or personal
- Subsequent to the initial start-up costs, VR funds may not be used for any ongoing (not to exceed 6 months) operating costs

EXCEPTIONS

If OVR staff determines that there are circumstances in an individual case that warrant an exception to the above exclusions, a written justification must be presented to the OVR Director and/or management requesting an exception.

Payments From the OVR

Business plans anticipating receipt of any funding from the OVR shall be designed on a cash reimbursement basis. In other words, the OVR will not advance cash to businesses, but will reimburse the business only upon receiving a pre-approved receipt for services rendered or products received. Upon receipt of a pre-approved receipt for services rendered or products received, the OVR at its discretion, may pay the consumer directly or may pay the vendor directly. Exceptions to this policy may only be made by the OVR Director or designee, and will generally only be made in emergency cases. Accordingly, it is not appropriate for any proposed business plan to anticipate the receipt of funding from the OVR that is inconsistent with this policy.

Additional Business Requirements

The OVR will only consider approval of a business that it determines will have a reasonable business return on investments.

CASE CLOSURE AND FOLLOW-UP

Cases closed as having achieved a successful employment outcome will meet the standards identified in Section 21 of the Program Services Policy and Procedures Manual. Additional considerations for cases closed in self-employment are as follows:

- a. The business shows reasonable signs of stability as reflected by financial records.
- b. The revenues equal or exceed operating costs.
- c. The business must have been operating for a minimum of 90 days, but in many cases will require a longer period to adequately assess the success of the business.
- d. As agreed in the IPE, services that were necessary to reach the employment goal have been provided and the consumer agrees with the decision to close the case.

SUMMARY OF ACTIVITIES REQUIRED

1. Completion of all necessary assessments to ensure that the consumer has the qualities necessary to pursue self-employment in his/her chosen field.
2. Evaluate the feasibility of the business idea through a written Feasibility Assessment. Evidence of consultation with programs or individual with small business or self-employment expertise and the results of the consultation and evaluation should be reflected in the case file.
3. Obtain criminal background check.
4. Completion of a comprehensive business plan for any self-employment effort involving OVR cost participation. The comprehensive business plan must include a case narrative reflecting the counselor's rationale for the plan.
5. The Rehabilitation Counselor will prepare a written memo that includes a brief description of the proposed business venture, the projected cost to the agency, why it is expected to be successful according to the consumer, and the counselor's support and/or reservations regarding the business plan.
6. Plans will be submitted for supervisory review and approval at the appropriate level of signature authority.
7. Plans in which requested agency participation exceeds \$8,000 will be submitted to the "Self-employment Panel" for review, suggestions and recommendations.
8. The consumer and counselor will explore the availability of comparable services and other resources that may help in the self-employment endeavor, and pursue said resources as appropriate.
9. An IPE/IPE Amendment that will reflect the specific self-employment services required.
10. The rehabilitation counselor provides the consumer with regular updates on the status of the plan review process.

SECTION 22: CLOSURES

Closures require notification of appeal rights and an explanation of the availability of the Client Assistance Program (CAP).

- A. Closing a Case from Application or Extended Evaluation - such closures may occur when a applicant/consumer is not eligible or due to other reasons.

Closure for reasons other than ineligibility

1. A case may be closed when the individual is unavailable during an extended period to complete an assessment of eligibility and the Rehabilitation Counselor has made repeated efforts to contact the individual. Repeated efforts include an attempt to elicit an individual's response such as letters, phone messages, personal contact or rescheduling missed appointments. A 15-day closure letter is sent after an unsuccessful attempt has been made to contact the individual.
2. A closure without a determination of eligibility is not an ineligibility determination, but the closure reason must be documented in the case file and titled "Closure Summary."

C. Closure from applicant or extended evaluation conducted under a trial work experience and eligibility requirements are not met

1. Ineligibility determinations must be based on clear and convincing evidence and require the completion of a Certificate of Ineligibility.
2. Ineligibility determinations are made only after full consultation or after an opportunity for full consultation with the consumer or representative.
3. Determinations of ineligibility must be based on one of the following:
 - a. The individual does not have a physical or intellectual disability which, for that individual, constitutes or results in a substantial impediment to employment, or
 - b. The individual does not require such services to prepare for, enter, engage in, or retain gainful employment.
4. It shall be presumed that an individual can benefit in terms of an employment outcome unless the OVR can demonstrate by clear and convincing evidence that the severity of an individual's disability precludes the individual from benefiting from vocational rehabilitation services in terms of an employment outcome. In making the demonstration required under this paragraph concerning the severity of an individual's disability(ies), the OVR shall first provide a period of Trial Work Experience, conducted in Extended Evaluation.
5. Ineligibility determinations other than for significance of disability also require clear and convincing evidence.

6. Ineligible individuals must be referred to other appropriate programs.

D. Annual Review of Ineligibility Determination

Review is required of cases with an ineligibility determination because an individual cannot benefit in terms of an employment outcome or when an extended evaluation has been terminated due to severity of the disability. The OVR must, with the individual, review the determination within 12 months unless the individual refuses the review, is no longer in CNMI, the individual's whereabouts are unknown or their medical condition is rapidly progressive or terminal.

E. Employment Outcomes – Employment outcomes occur when a consumer is determined to have achieved an employment outcome in an integrated setting. Vocational rehabilitation consumers closed employed must, as a minimum have been:

- a. Determined to be eligible;
 - b. Provided an assessment of eligibility and vocational rehabilitation needs as essential vocational rehabilitation services;
 - c. Provided appropriate vocational rehabilitation services that have contributed to the employment outcome in accordance with the IPE; and
 - d. Determined to have achieved and maintained suitable employment for at least 90 days.
2. When necessary, post-employment services must be provided after the consumer has been closed in employment to assist the consumer to maintain, advance in or regain other suitable employment.
3. An employment outcome closure statement is a required document and will outline:
- a. The basis on which the participant has achieved an employment outcome; and,
 - b. If necessary, plans for the provision of post-employment services and the basis on which those plans are developed.

F. Case Closures after the Initiation of an IPE

1. The consumer must have been determined eligible and assessed for vocational rehabilitation needs and been provided at least one service under an IPE; and,
 - a. Was not provided counseling & guidance as an essential vocational rehabilitation service; or,
 - b. Was not provided appropriate services in accordance with an IPE; or
 - c. Did not maintain suitable employment for at least 90 days, with refusal of further services; or,
 - d. Clear and convincing evidence indicates the consumer can no longer benefit from services in terms of an employment outcome.
2. A statement signed and dated by the Rehabilitation Counselor, identified as a certificate of ineligibility, must be completed.

3. There must have been full consultation with or opportunity for consultation with the consumer or representative.

4. Closure in Extended (Sheltered) Employment

The status of consumers closed in extended employment in community rehabilitation programs (including workshops) must be reviewed and re-evaluated at least annually for a period of at least two years to determine the potential for competitive employment. Maximum effort should be made to place these consumers in integrated work settings or training for competitive employment whenever possible. These closures cannot be counted as employment in an integrated setting.

Cases may also be closed from plan status without an ineligibility determination (i.e., moved, died, refused services).

G. Review of Ineligibility Determination in Cases Closed from Plan Status

The determination must be reviewed within 12 months unless the consumer has refused review, is no longer present in CNMI, the consumer's whereabouts are unknown or their medical condition is rapidly progressive or terminal. Only a first review is initiated by the OVR.

H. Closing a Case after Eligibility and before Plan Initiation

Determining ineligibility at this point requires a certificate, a rationale, consultation, notification, review and appropriate referral as when closing a case ineligible and unsuccessful (see D above).

Cases may also be closed from eligibility status without an ineligibility determination (i.e., moved, died, refused services, unable to develop an IPE).

SECTION 23: CONSUMER'S SERVICE RECORD

A consumer/case service record shall be maintained for each consumer served by OVR. The counselor shall document all information for consumers in writing. Required Documentation includes the following:

- 1) Documents supporting the existence of a disability (by qualified personnel).
- 2) Documentation supporting a determination of eligibility.
- 3) Documentation supporting a determination of ineligibility after receiving VR services under an IPE.
- 4) Documentation describing the justification for closing an applicant's/consumer's case service record if closure is based on reasons other than ineligibility.

- 5) Documentation supporting a determination that an individual with a disability is an individual with a significant disability (SD) or an individual with a most significant disability (MSD).
- 6) Documentation supporting the need for, and the plan relating to, an exploration of abilities, capabilities, and capacity to perform in realistic work situations through the use of trial work experiences or, as appropriate, an extended evaluation to determine whether the individual is an eligible individual and documentation regarding the periodic assessments carried out during the trial work experiences or, as appropriate, the extended evaluation.
- 7) Documentation describing the IPE and any amendments to the IPE.
- 8) Documentation describing the extent to which the consumer exercised informed choice regarding the provision of assessment services and in the development of the IPE with respect to the selection of the specific employment outcome, the specific VR services needed to achieve the employment outcome, the entity to provide the services, the employment setting, the settings in which the services will be provided, and the methods to procure the services.
- 9) Documentation that justifies providing VR services in a non-integrated setting.
- 10) Documentation verifying that the consumer in competitive employment is compensated at or above the minimum wage and that the consumer's wage and level of benefits are not less than that customarily paid by the employer for the same or similar work performed by non-disabled individuals.
- 11) In the event a consumer achieves an employment outcome or OVR closes the case record of an individual in extended employment on the basis that the consumer is unable to achieve an employment outcome or the individual chooses to remain in extended employment, documentation describing the results of the annual reviews, of the individual's input into those reviews, and of the individual's or, if appropriate, the individual's authorized representative's acknowledgement that those reviews were conducted.
- 12) Documentation concerning any action or decision resulting from a request by an individual for a review of determination made by the OVR.
- 13) Documentation of the request by the consumer to amend the case service record.
- 14) If a consumer believes that information in the case record is inaccurate or misleading, the consumer may request that the information be amended. The request, content, and decision regarding an amendment shall be documented in the case record.
- 15) In the event an applicant/consumer is referred to another program, the reason for the referral and documentation on the nature and scope of services provided by OVR to the applicant/consumer.
- 16) In the event a consumer's case record is successfully closed, documentation demonstrating that services provided under the individual's IPE contributed to the achievement of the employment outcome.
- 17) In the event a consumer's case record is closed other than Status 26, documentation verifying that the requirements for closure have been met.

SECTION 24: PURCHASES AND PAYMENTS OF GOODS AND SERVICES, AUTHORITY LEVELS, CASH PAYS, IPE REVIEWS, AUTHORIZATIONS

OVR shall follow the same policies and procedures it uses for procurements from its non-Federal funds when procuring property, goods, and services under the grant. These policies and procedures are described in the Division of Procurement and Supply, Department of Finance, CNMI Procurement Regulations publication.

OVR shall include any clauses required by Federal statutes and executive orders and their implementing regulations in every purchase order or other contract that is issued for the expenditure of federal funds.

SECTION 25: FINANCIAL NEED AND DETERMINATION OF THE AVAILABILITY OF COMPARABLE SERVICES AND BENEFITS

A. Financial Need

Financial needs are assessed in two ways:

1. During the intake or plan development while exploring comparable services and benefits.
2. Via the financial participation assessment form for non-exempt consumers.

Remember: VR is a secondary source of financial assistance.

I. Vocational Rehabilitation services that DO NOT require financial participation:

- a. An assessment by qualified personnel for determining eligibility and priority for services except those non-assessment services that are provided during an exploration of the individual's abilities, capabilities, and capacity to perform in work situations through the use of Trial Work experiences (TWE) or an extended evaluation (EE) and, if appropriate, an assessment by personnel skilled in rehabilitation technology;
- b. Assessment for determining rehabilitation needs by qualified Vocational Rehabilitation Counselor;
- c. VR counseling and guidance, included information and support services to assist an individual in exercising informed choice consistent with statutory requirements on informed choice;
- d. Referral and other services to secure needed services from other agencies through cooperative agreements developed with other components of the statewide workforce development system, if such services are not available from the Agency;
- e. Interpreter or interpreter/translator services provided by qualified personnel for individuals

who are Deaf-Blind or individuals who are both visually and hearing impaired;

- f. Reader Services (RS) for individuals who are determined to be blind;
- g. Rehabilitation teaching services and orientation and mobility services, including adequate training in the use of public transportation vehicles and systems for individuals who are blind;
- h. Job-related services, including job search and placement assistance, job retention services, follow-up services, and follow-along services;
- i. Independent Living and Older Blind (ILOB) services including transportation and training supplies, contingent upon an individual's eligibility to the ILOB program;
- j. On-the-job training (OJT);
- k. Transition Services (TS) for students with disabilities that facilitate the achievement of the employment outcome identified in the IPE (exceptions are necessary for those services which are based on economic need);
- l. Supported Employment (SE) services;
- m. Diagnostic Transportation;
- n. Personal Assistance Services (PAS) provided while an individual is receiving VR services;
- o. Technical Assistance Services and other consultation services to conduct market analyses, develop business plans, and otherwise provide resources, to the extent such resources are authorized to be provided through the statewide workforce investment system, to eligible individuals who are pursuing Self-Employment (SE) or telecommuting or establishing a small business operation;
- p. Rehabilitation technology including telecommunications, sensory aids, and other technological aids and devices for eligible individuals who have an IPE, who are working toward an employment goal that requires specific technology to attain, regain, or maintain employment and who have the capability to use the equipment.

Sensory aids are assistive technology (AT) devices for people who are blind, visually impaired, or hearing impaired. These devices may include hearing aids, FM systems (transmitter/microphone system), auditory trainers, eyeglasses, low vision aids, reading devices, and telecommunication devices for the deaf.

II. Vocational Rehabilitation services that are CONDITIONED on economic need:

- a. To the extent that financial support is not readily available from a source (such as through

health insurance of the individual or through comparable services and benefits) other than the OVR, diagnosis and treatment of physical and mental impairments:

- 1) Corrective surgery or therapeutic treatment necessary to correct or substantially modify a physical or mental condition that constitutes a substantial impediment to employment, but is of such a nature that such correction or modification may reasonably be expected to eliminate or reduce such impediment to employment within a reasonable length of time;
 - 2) Necessary hospitalization in connection with surgery or treatment;
 - 3) Prosthetic and orthotic devices;
 - 4) Eyeglasses and visual services as prescribed by qualified personnel who meet State licensure laws and who are *selected* by the individual/consumer;
 - 5) Special services (including transplantation and dialysis, artificial kidneys, and supplies necessary for the treatment of individuals with end-stage renal disease; and
 - 6) Treatment for mental and emotional disorders by qualified personnel who meet State licensure laws;
- b. Maintenance for additional costs incurred while receiving services under an IPE, except for additional costs incurred while participating in an assessment for determining eligibility and OVR needs;
 - c. Transportation that is provided in connection with the provision of any other rehabilitation services needed by the individual to achieve an employment outcome, except for additional transportation costs incurred while participating in an assessment for determining eligibility and OVR needs;
 - d. Services to the family of an individual with a disability necessary to assist the individual achieve an employment outcome;
 - e. Specific Post-Employment Services necessary to assist an individual with a disability to retain, regain, or advance in employment (except for those services which are not based on economic need);
 - f. Occupational licenses, tools, equipment, and initial stocks and supplies;
 - g. Other goods and services determined necessary for the eligible individual to achieve an employment outcome.

B. Comparable Services And Benefits

If comparable services and benefits are available, they must be utilized to meet in whole or in part for the cost of vocational rehabilitation services.

When a consumer is eligible for comparable services and benefits under any other program or agency, those benefits must be utilized first unless obtaining these benefits interferes with achieving the consumer's employment objective except as noted in the subsection below, per 361.54 and 361.48.

Excluded as income and are not considered as comparable benefits:

- Student loans
 - Academic scholarships
 - Vocational scholarships

Agency resources will be considered only after comparable services and benefits have been used or if obtaining those benefits would delay a consumer in meeting the rehabilitation objectives or an employment outcome identified in the IPE.

PELL grants must be applied directly to the cost of tuition, books or supplies.

If a student loan guaranteed by the Federal Government is in default, the consumer must have in writing from the lender an agreement to repay the loan, including deferred payments, or have the loan forgiven due to bankruptcy. If a consumer fails to follow through with repayment arrangements, the rehabilitation counselor shall withdraw OVR financial assistance for post- secondary training until the consumer has provided written documentation from the lender that repayment arrangements are being met by the consumer.

C. Consumer Cost Responsibility

The amount and type of services to be purchased by the consumer should be clearly defined on the IPE.

Any changes should be reflected on the IPE form if services are altered, or changes in amounts have become necessary, after the initiation of the original IPE. Payment(s) will be made by the consumer directly to the vendor. The amount of consumer cost responsibility is to be specified on the authorization for services and the IPE.

Note: OVR is not responsible for any consumer debts.

Financial Participation Assessment (FPA) Form

Procedure for Completion:

The Rehabilitation Counselor shall:

1. Explain the Financial Participation Assessment (FPA) guidelines during orientation/intake;
2. Assist the consumer to complete the FPA form in applicant status. Review the consumer's cost responsibility, and, if appropriate, review the amount of financial participation;
3. Estimate the total cost or percentage for rehabilitation services and the amounts of participation to be provided by both the consumer and the OVR at the time the IPE is written or modified; and
4. Amend the FPA form during annual reviews or as needed to reflect changes in the payment sources.

Directions for Completion:

1. Exemption Status:

Exempt individuals do not need to complete the FPA form. The following are NOT required to participate in the Financial Participation Assessment (see Exclusion Table A):

- a. Individuals who receive SSDI, SSI, Unemployment Insurance benefits, public assistance (TANF, Food Stamps, etc. and other General Assistance) are not required to make a financial contribution toward the cost of services.
- b. Any individual who has annual income less than 330% of the Federal HHS (Dept. of Health and Human Services) Poverty Guidelines, is single and currently unemployed, or
- c. Was not legally required to file a Federal Income Tax Return in the year prior to application,

The Rehabilitation Counselor must make a progress review note in the file that the consumer is exempt from financial participation and by what exemption status reason.

2. Dependency Status:

Single persons 18 years old or older are considered to be independent, unless adjudicated as incompetent, and only their income and expense information is to be considered.

For married consumers, the assessment should reflect the finances of the consumer and spouse.

For persons under age 18, the financial data of the parent or guardian claiming the consumer as a dependent must be considered.

3. Financial Resource and/or Income Data:

The Vocational Rehabilitation Counselor may obtain information about an individual's financial resources/income. All sources of financial information must be documented. Financial resources and/or income information will be reported by the consumer and is subject to verification by the OVR.

These available financial resources include:

- Current income, including any benefit to which an individual may be entitled by way of pension, compensation for injury or other work loss, or insurance, as well as any in-kind service or remuneration in the case of Work Experience/On-the-Job Training (OJT);
- Assets, including both real and personal property; and
- Any other resources which the Vocational Rehabilitation Counselor considers to be significant.

Financial resources information can include: 1) most recent IRS tax filings; 2) employment security wage or unemployment benefit reports; 3) employer check stubs; 4) retirement program documents; 5) savings/checking account statements (if determined necessary); and/or 6) documentation from public or private economic support programs (if determined necessary).

a. Modification

The individual or their representative may request modification to the FPA at anytime, as needed to adjust for changes in income or other economic circumstances. If modification is requested, the OVR reserves the right to obtain verification from the sources listed above.

b. Exceptional Cases

In exceptional cases, circumstances may occur where rigid adherence to the Financial Participation Policy and Procedures could seriously jeopardize the consumer's opportunity to achieve rehabilitation objectives and an employment outcome.

Requests for a waiver will be directed to the OVR Director, or designee, who will render a decision within 10 working days. Waivers involving the OVR's participation in costs must be approved by the OVR Director and the OVR Fiscal Officer.

4. Total Income Excluded:

This figure is the Income Exclusion Allowance (see Table A) plus exclusion of disability related expenses, per 34 CFR 361.54(2)(iv)(B).

For the purposes of this manual, the Social Security Administration's use of impairment- related work expenses will serve as a guideline to disability related expenses.

An Impairment Related Work Expense (IRWE) is an expense for an item or service which is directly related to enabling an impaired individual to work and which is necessarily incurred by that individual because of a physical or mental impairment. To qualify as an IRWE, the expense must be paid by the individual. Expenses paid by sources such as health insurance, vocational rehabilitation and the employer are not considered IRWE's for the individual with the impairment.

Examples include, but are not limited to:

- The cost of attendant care services rendered in the work setting or in assisting the individual in making the trip to and from work (attendant care rendered on non work days or those performed at any time which involve shopping or general homemaking are not considered IRWE's, additionally attendant services performed for other family members, such as babysitting, are not considered IRWE's).
- Durable medical equipment which can withstand repeated use, used to serve a medical purpose and generally not useful to a person in the absence of an illness or injury, such as wheelchairs, hemodialysis equipment, respirators, pacemakers, traction equipment.
- The cost of the modification of a vehicle (but not the cost of the vehicle) in order to drive or be driven to work, where the modification is critical to the vehicle's operation or its accommodation of the individual. The modification must be directly related to the impairment (without the modification the individual would either be unable to drive or would be unable to ride in the vehicle).
- Expenses paid by a person with blindness in owning a dog guide including the costs of purchasing a dog, food, licenses and veterinary services.
- Prosthetic devices that replace internal body organs or external body parts (a prosthetic device that is primarily for cosmetic purposes usually is not considered an IRWE).
- The cost of drugs and medical services that are necessary for control of the disabling condition, thereby enabling the individual to work (drugs and medical services used for minor physical or mental problems not resulting in any significant loss of function such as yearly routine physical examinations, dental examinations and optician services and eyeglasses when unrelated to a disabling visual impairment are not considered IRWE's).
- Work equipment and assistants that are required to accommodate the impairment and perform the job such as a one-handed typewriter, telecommunications device and a job coach paid for by the individual.

For further examples see SSA Program Operations Manual System. A public version of this may be found at the following web site:

[http://policy.ssa.gov/poms.nsf/aboLLtpoms\(DI24001.035-Impairment Related Work Expenses, section D, 1-8\)](http://policy.ssa.gov/poms.nsf/aboLLtpoms(DI24001.035-Impairment Related Work Expenses, section D, 1-8))

5. Applicable Income:

This section enables the OVR to specify the extent of expected participant cost responsibility toward the cost of services. Applicable Income equals Income minus the Total Income Excluded plus Disability Related Expenses.

To illustrate, if the income for a family of one was \$40,000 minus Income Exclusion of, \$37,917 and disability related expenses of \$500 (Total Income Exclusion is \$38,417) the Applicable Income would be \$1,583.

The Income Exclusion Allowance information used in the Exclusion Table (Table A) is adjusted

annually to reflect 330% of current Federal HHS Poverty Guidelines.

6. Determination of Required Participation:

The Participation Table (Table B) is formulated to assess that portion of Applicable Income, which is considered to be available to meet the cost of services. The consumer is expected to contribute toward the service cost(s) at the specified percentage of participation level.

Based on the above example, a determined Applicable Income of \$1,583 will result in the financial participation of 10% of service costs. The amount of financial participation as determined by Table B will be due to the provider of services and not to OVR.

For instance, if vocational rehabilitation costs are \$1,000 for a consumer to achieve the goal identified in their IPE, the consumer's share of cost would be \$100; based on the 10% financial participation. OVR would then pay the service provider \$900 and the consumer would pay the service provider \$100.

7. Certification:

The consumer or person completing the form will be asked to verify by signature that the information provided is correct. The respondent should be advised that if the information provided is questioned, the consumer may be asked to document the financial information provided or the agency will attempt to verify the income information from external sources such as the most recent IRS tax filings, Employment Security Wage or Unemployment Benefit Reports, employer generated pay stubs, retirement program documents, or documentation from public or private economic support programs. The form will then be signed by the Rehabilitation Counselor.

Comparable Services and Benefits:

If comparable services and benefits are available, they must be utilized first to meet in whole or in part for the cost of vocational rehabilitation services.

- a. When a consumer is eligible for comparable services and benefits under any other program or agency, those benefits must be utilized first unless obtaining these benefits interferes with achieving the consumer's employment objective except as noted in the subsection below, per 361.54 and 361.48.
- b. Services provided under an assessment for determining eligibility and vocational rehabilitation needs do not require consideration of comparable services and benefits, however, services provided in a trial work period and/or an extended evaluation period do require consideration.
- c. Counseling and guidance service, including information and support services to assist an individual in exercising informed choice, do not require consideration.
- d. Referral and other services to secure needed services from other agencies through interagency

agreements do not require consideration.

- e. Job-related services, including job search and placement assistance, job follow up and follow along services do not require consideration.
- f. Rehabilitation technology services, telecommunications, vehicle modifications, sensory and other technological aids and devices do not require consideration.



Office of Vocational Rehabilitation
OFFICE OF THE GOVERNOR
 P.O. Box 501521
 Navy Hill – Bldg. N2
 Saipan, MP



“Together We Can Build a Future”

FINANCIAL PARTICIPATION ASSESSMENT FORM

<p>I. <u>EXEMPTION STATUS:</u></p> <p>SSI, SSDI, TANF, food stamps, general assistance, annual income less than 330% of Federal HHS Poverty Guidelines or was not required to file a Federal income tax return the year prior to application.</p> <p>Yes * -- STOP -- do not complete form</p> <p>No -- Continue</p> <p>II. <u>DEPENDENCY STATUS:</u></p> <p>Independent ___ (consumer)</p> <p>Dependent ___ (consumer’s parent/guardian)</p> <p>Married ___ (consumer spouse/joint return)</p> <p>III. <u>INCOME DATA:</u></p> <p>INCOME - Wages, Salaries, Tips, Savings/Checking Account (liquid assets), etc.</p> <p>U.S. Individual Income Tax Return (forms 1040, 1040A)</p>	<p style="text-align: center;"><u>SHARE OF COSTS:</u></p> <p>1. Annual Income _____</p> <p>2. Family Size _____</p> <p>3. Excluded Income</p> <p style="padding-left: 20px;">a. Exclusion Allowance _____ (refer to Table A)</p> <p style="padding-left: 20px;">b. Disability Related _____</p> <p style="padding-left: 20px;">c. Total Excluded (a + b) _____</p> <p>4. Applicable Income (1-3c) _____</p> <p>5. % of Participation _____ (refer to Table B)</p> <p>6. Cost of Service _____</p> <p>7. Consumer Share of Cost _____ (no. 5 x 6)</p>
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IV. CERTIFICATION: I hereby certify the above accurately represents my income and dependency status. I will provide documentation to support the above information upon request. I agree to notify my Rehabilitation Counselor if my financial condition changes.

 Signature of Consumer, Parent/Guardian Date

 Signature of Rehabilitation Counselor Date

TABLE A - EXCLUSION TABLE

Based on 330% of the 2013 Federal HHS Poverty Guidelines, rounded to the nearest whole dollar.

<u>Family Size*</u>	<u>Income Exclusion Allowance</u>
1	\$37,917
2	\$51,183
3	\$64,449
4	\$77,715
5	\$90,981

For each additional person, add: \$13,266

(*family size determined by applicant, spouse and number of dependents)

TABLE B - PARTICIPATION TABLE

Applicable Income	% of Participation
100-1,999	10% of services costs up to
2,000 - 3,999	15%
4,000 - 5,999	20%
6,000 - 8,499	25%
8,500 - 10,999	30%
11,000 - 13,999	35%
14,000 - 16,999	40%
17,000 - 19,999	50%
20,000 - 24,999	60%
25,000 - 29,999	70%
30,000 - 39,999	80%
40,000 and above	100%

Tel.: (670) 322-6538 Fax: (670) 322-6536 TTY: (670) 322-6449 E-Mail: nmidir@ovrgov.net, website: ovrgov.net

SECTION 26: FAIR HEARING AND MEDIATION PROCEDURE

1. Federal Regulations 34 CFR 361.57 provides the legal requirements to assure fundamental fairness to a person (consumer) applying for or receiving vocational rehabilitation service that is dissatisfied with the denial of services or the manner in which services are provided.
2. The Rehabilitation Act of 1973, as amended, provides each consumer the opportunity for review by an impartial hearing officer of determinations made by the OVR.
3. All applicants and consumers with disputes will be advised of the availability of assistance from the Client Assistance Program (CAP) and will be provided a copy of the OVR *Fair Hearing Process*.

In addition, participants will be advised that the CAP can offer technical assistance and further offers advocacy in the context of alternative dispute resolution (whether informal or during mediation) and during the fair hearing process. The extent of technical assistance and/or advocacy, if any, is determined by the Program Director of the CAP.

4. All applicants or consumers requesting review of OVR determinations will be provided an opportunity to informally resolve their concerns through meeting(s) with the Rehabilitation Counselor, a Rehabilitation Supervisor, and/or the Director.

An applicant or consumer can request a fair hearing at any time there is a dispute. A request for a hearing must be made in writing not later than 60 calendar days from the date of receiving notice of the disputed determination. The written request is made to the OVR Director.

At the request of the applicant or consumer, the OVR may extend the 60 calendar day time limit for a specific time, if determined by the Director, or designee, to be for good cause.

5. A hearing will be held within 60 calendar days of receipt of an applicant's/consumer's request. The request must:
 - Be in writing;
 - Identify the occurrence which resulted in the dissatisfaction;
 - Identify the resolutions desired

An impartial hearing officer will be selected to conduct the fair hearing regarding disputes.

An extension beyond 60 calendar days may be approved if both the applicant/consumer and the OVR agree and is approved by the Hearing Officer.

Other Methods to Resolve Disputes

Applicants/Consumers may also wish to exercise their rights to use other methods to resolve disputes. The following options apply.

Option 1: An applicant/consumer who is aggrieved by a decision of the OVR, may request to

resolve the dispute with advocacy assistance from the Client Assistance Program (CAP) using informal Alternative Dispute Resolution (ADR). A written request must be received by the Administrator not later than 30 calendar days after the applicant/consumer receives notice of the aggrieved decision. The Administrator may waive the 30 calendar day timeline at his sole discretion. The ADR process is:

- Voluntary on the part of both the applicant/consumer and the OVR;
- Not used to deny or delay the right of an individual to a hearing or to deny any other right afforded under the Rehabilitation Act of 1973, as amended; and
- Conducted with the assistance of the CAP Program Director to informally resolve disputes between the applicant/consumer and the OVR.
- May be conducted without the advocacy assistance of CAP at the discretion of the applicant/consumer.

The applicant/consumer may contact the CAP program at:

Client Assistance Program
Northern Marianas Protection and Advocacy Systems, Inc. (NMPASI)
PO Box 503529
Saipan, MP 96950
Telephone: (670) 235-7273
Toll Free: (800) 633-9879
TDD: (670) 235-7278
Fax: (670) 235-7275

Option 2: An applicant/consumer aggrieved by a decision of the OVR may also request to resolve the dispute using mediation. As with informal Alternative Dispute Resolution, the applicant/consumer may request advocacy assistance through the Client Assistance Program. A written request must be received by the Director not later than 30 calendar days after the applicant/consumer receives notice of the decision. The Director may waive the 30 calendar day timeline at his/her sole discretion.

This formal mediation process is:

- Voluntary on the part of both the applicant/consumer and the OVR.
- Not used to deny or delay the right of an individual to a hearing or to deny any other right afforded under the Rehabilitation Act of 1973, as amended;
- Conducted by a qualified and impartial mediator who is trained in effective mediation techniques to resolve disputes between a applicant/consumer and the OVR, and
- The mediator is paid by the OVR

The written request for alternative dispute resolution (ADR) and mediation shall be made to the OVR Director at the following address:

Director
Office of Vocational Rehabilitation
P.O. Box 501521
Saipan, MP 96950
Telephone: (670) 322-6537/8
TDD: (670) 322-6449
FAX: (670) 322-6536

NOTE: Neither option relieves the applicant/consumer of the responsibility to request a hearing in writing within 60 calendar days from the date of receiving notice of the disputed determination. If an applicant/consumer also wants a hearing, they have to request a hearing in writing within 60 calendar days of the determination.

6. Unless the applicant/consumer or an authorized representative so requests, pending a final determination of a hearing or other final resolution of appeal, the OVR shall not institute a suspension, reduction or termination of services being provided under the Individualized Plan of Employment (IPE), unless the services have been obtained through misrepresentation, fraud, collusion or other criminal conduct on the part of the consumer.

The hearing officer will make a decision based on the provisions of the approved State Plan, and applicable Laws and Regulations, and the CNMI policies and laws that are consistent with Federal requirements. The hearing officer will provide to the applicant/consumer or the applicant's/consumer's representative and to the Director of OVR, a decision setting forth findings of facts, conclusions of law, and an order (decision) within 30 calendar days of the completion of the hearing. The decision of the hearing officer is final for the purposes of Judicial Review.

7. The applicant/consumer may request advocacy services through the Client Assistance Program for the fair hearing process.

INFORMATIONAL STATEMENT

FAIR HEARING PROCESS

1. Both CNMI and federal law require that the OVR afford both an applicant for vocational rehabilitation services and an existing consumer/client of the OVR the opportunity to request a "fair hearing" if they are aggrieved by a decision of the OVR.
2. The OVR has developed a fair hearing process which is set forth in this informational statement. Please pay attention to any timelines because failure to meet them may preclude you from the fair hearing process.
3. If you disagree with, or are in some manner aggrieved by a decision of the OVR, the following options are available to you:
 - a. Within 60 calendar days after you receive notice from the OVR of a decision over which you have a disagreement, you may request a fair hearing. The request must be in writing. The written request for a fair hearing can be hand delivered, mailed, or faxed as follows:

Director
Office of Vocational Rehabilitation
P.O. Box 501521
Saipan, MP 96950
Telephone: (670) 322-6537/8
TDD: (670) 322-6449
Fax: (670) 322-6536

When requesting a fair hearing, you must make the written request to the contact persons specified in this informational statement and not to your assigned counselor.

- b. While the OVR can grant an extension of time for you to file a request for a fair hearing for good cause beyond the 60 calendar day time limit, such a decision rests solely with the OVR and may be denied. Therefore, you should always file requests for a fair hearing in a timely manner.
- c. Please remember that you can always attempt to work out your differences with the OVR informally. However, even if you are attempting to work out your differences informally, you must still request a fair hearing within the 60 calendar day time period.
- d. The written request for a fair hearing must put the OVR on notice of the issue that you wish to appeal, and should set forth in detail your argument as to why you disagree with the decision of the OVR.
- e. In addition to, or in lieu of requesting a fair hearing, you may request either mediation or alternative dispute resolution. Requests for mediation or alternative dispute resolution must be

received in writing within 30 calendar days after you receive notice from the OVR of a decision over which you have a disagreement. The OVR has sole authority to determine whether to grant an extension to the 30 calendar day requirement for requesting alternative dispute resolution.

Remember: If you request mediation or alternative dispute resolution with the OVR, you must still request a fair hearing in writing within 60 calendar days if you desire to pursue such an option.

- f. At any time in the process you may be represented by a person of your choosing. The person does not have to be an attorney. Your representative will be at your own expense.

THE ROLE OF THE CLIENT ASSISTANCE PROGRAM

The Client Assistance Program (CAP) is a required program under federal law. The program offers technical assistance, and can offer advocacy in the context of alternative dispute resolution (both informal and mediation) and during the Fair Hearing process. The extent of technical assistance and/or advocacy, if any, is determined by the Program Director of the CAP.

You may contact the Client Assistance Program as follows:

Client Assistance Program
Northern Marianas Protection and Advocacy Systems, Inc. (NMPASI)
PO Box 503529
Saipan, MP 96950
Telephone: 670 235-7273
TDD: 670 235-7278
Fax: 670 235-7275

MEDIATION

Mediation is a form of dispute resolution where a trained and neutral third-party attempts to bring the parties together to resolve their disputes. Under federal law, the OVR must provide mediation as an option to resolve disputes. However, both parties must agree to mediation. If either party is unwilling to engage in mediation, the mediation process will not go forward. Here are some facts about mediation:

- ❖ Mediation is confidential and nothing said by either party can be used in any future legal proceedings. The parties will be required to sign a confidentiality agreement prior to mediation.
- ❖ The OVR will pay for the cost of the mediator.
- ❖ The OVR will have a list of mediators and will randomly select a mediator.
- ❖ At your own cost, you may be represented by an attorney or other person of your choosing at the mediation. You may also request advocacy assistance from the Client Assistance Program.

However, the Program Director of the Client Assistance Program has the discretion to determine whether to afford you advocacy services.

- ❖ The location and time of the mediation will be set at a time and location convenient to the parties.
- ❖ The mediator may ask both parties to submit confidential statements prior to the mediation to assist him/her with the mediation process.

ALTERNATIVE DISPUTE RESOLUTION

Alternative dispute resolution (ADR) is a general term that implies the use of procedures other than formal hearings to resolve disputes. In the context of the federal Rehabilitation Act, alternative dispute resolution is a process that involves an aggrieved person using the Client Assistance Program. The Client Assistance Program along with OVR employees will work with an aggrieved person and discuss possible options for alternative dispute resolution if those are appropriate.

FAIR HEARING PROCESS

If you request a fair hearing in writing, that request will be forwarded by the OVR to a separate and neutral state agency for assignment to a hearing officer. A fair hearing will be held within 60 calendar days of receipt by the OVR of your fair hearing request. With the written approval of the assigned hearing officer, both you and the OVR can agree to continue the hearing beyond 60 calendar days. Some additional facts about the fair hearing process are:

- ❖ The hearing officer may require the parties to submit pre-hearing statements that set forth the factual and legal issues of the case.
- ❖ At your own cost, you may be represented by an attorney or other person of your choosing at the hearing. You may also request advocacy assistance from the Client Assistance Program. However, the Program Director of the Client Assistance Program has the discretion to determine whether to afford you advocacy services.
- ❖ The hearing officer is not bound by the technical rules of evidence.
- ❖ You will present your case first, followed by the OVR. Each party shall have the opportunity to cross-examine witnesses as allowed by the hearing officer.
- ❖ The hearing officer will issue a written decision not later than 30 calendar days after the hearing.

SECTION 27: PROTECTION, USE AND RELEASE OF PERSONAL INFORMATION:

Section 504 (A) of the Workforce Investment Act of 1998, Sections 12(c) of the Rehabilitation Act of 1973 as Amended; 29 USC 709(c), 711(c)(d) and 721(a)(6)(A)

34 CFR 361.38 (entire)

PERSONAL INFORMATION

The concept of confidentiality is based on the consumer's right to privacy, expressed or implied by law. It means that disclosure made by the consumer to any OVR staff member will not be revealed to others except under certain circumstances.

Confidentiality regulations, both state and federal, protect the person who is receiving vocational rehabilitation services and ensure that information shared by the person or gathered by the agency will be used for the person's rehabilitation. In handling personal information, an OVR employee has an ethical obligation and a legal responsibility to respect the privacy of the consumer. The consumer should be confident that the OVR would use this information constructively on his/her behalf. The OVR must provide protection against improper disclosure, and must share pertinent information with appropriate persons at appropriate times in order to provide the best possible service. It is the obligation of OVR staff to promote the rehabilitation of the consumer by following federal regulations and state statutes that protect privacy and prohibit the unwarranted disclosure of personal information.

By signing the general consent on the OVR application for services, the consumer permits the OVR to provide only that information needed to obtain services from service providers, vendors, other agencies, and facilities, to obtain placement from employers and to report to the referral source.

If more information that which identifies the consumer is released to a service provider or a cooperating agency, the OVR must inform the provider of the following:

1. If any of the information released may have a potentially adverse effect on the consumer, and therefore any release must be pre-approved by the OVR Director;
2. That the information may not be released to others without the consumer's consent; and
3. That the information must be used only for the purpose provided.

Personal information will be held confidential by the OVR and will not be disclosed to any other person or entity except:

1. When a properly signed Release of Information form, conditioned and dated, IS presented, or;
2. For the purposes directly connected with the provision of services and/or the administration of the rehabilitation program under which services are provided as defined in 34 CFR 361.38 and 34 CFR 364.56, or;

3. When the OVR believes it is necessary in order to protect the consumer/client or others if the client poses a threat to his or her safety or to the safety of others, or;
4. For reasons in accordance with the stated regulations and/or any other applicable federal law, state law, policy or regulation.

All questions related to the release of information should be directed to the OVR Director or the Program Manager for clarification.

A. **System of Records:** The OVR maintains identifiable personal information pertaining to consumers it serves in a system of records from which information is retrievable by name, social security number or other unique personal identifier. An active record is maintained for each consumer who applies for services until the case is closed. After closure the case is retained in an inactive (stored) status for a record retention period of five (5) years following the submission of the final Federal reports for the Federal fiscal year in which the case was closed.

General Provisions

These policies and procedures are adopted to safeguard the confidentiality of all personal information, including photographs and lists of names. These policies and procedures assure that:

Current and stored personal information is protected;

All applicants and consumers and, as appropriate, those individuals' representatives, service providers, cooperating agencies, and interested persons are informed through appropriate modes of communication of the confidentiality of personal information and the conditions for accessing and releasing this information;

All applicants, consumers, and/or their representatives are informed about the Rehabilitation OVR's need to collect personal information and the policies governing its use, including:

1. Identification of the authority under which information is collected;
2. Explanation of the principal purposes for which the OVR intends to use or release the information;
3. Explanation of whether providing requested information to the OVR is mandatory or voluntary and the effects of not providing requested information;
4. Identification of those situations in which the OVR requires or does not require informed written consent of the individual before information may be released; and,
5. Identification of other agencies to which information is routinely released.
 - a) An explanation of the OVR's policies and procedures affecting personal information will be provided to each individual and, if appropriate, in that individual's native language or through the appropriate mode of communication.
 - b) These policies and procedures provide no fewer protections for individuals than CNMI laws and regulations.

Program Use:

All personal information in the possession of the OVR must be used only for the purposes directly connected with the provision of services and the administration of the vocational rehabilitation program. Information containing identifiable personal information may not be shared with advisory or other bodies that do not have official responsibility for administration of the program. In the administration of the program, the OVR may obtain personal information from service providers and cooperating agencies under assurances that the information may not be further divulged, except as provided under paragraphs (c), (d), and (e) of this section.

Release of personal information to the Designated State Agency, the Department of Employment, Training and Rehabilitation, and its sub units is permissible as related to administration of the program.

Release to Applicants and Eligible Individuals:

1. Except as provided in paragraphs (c)(2), (c)(3), (c)(4), and (c)(5) of this section, if requested in writing by an applicant or eligible individual, the OVR shall make all requested information in that consumer's record of services accessible to and shall release the information to the individual or the individual's representative within 10 working days. The OVR may establish reasonable fees to cover extraordinary costs of duplicating records or making extensive searches and shall establish policies and procedures governing access to records.
2. An applicant or eligible individual who believes that information in the consumer's record of services is inaccurate or misleading may request that the OVR amend the information, if the information is not amended, the request for an amendment must be documented in the record of services.
3. Vocational rehabilitation programs are exempt from HIPAA requirements.
4. The OVR can withhold medical or psychological information from a consumer if it determines that the information may be harmful to the consumer. In such a case, the OVR can release information to a third-party chosen by the participant. Prior to withholding information under this subsection, a counselor shall inform his/her supervisor.
5. If the OVR obtains personal information from another agency or organization, it may be released only by, or under the conditions established by, the other agency or organization. Prior to withholding information under this subsection, a counselor shall inform his/her supervisor.

Release For Audit or Evaluation: Personal information may be released to an authorized organization, agency or individual engaged in audit or evaluation or research only for purposes directly connected with the administration of the vocational rehabilitation program, if the organization, agency or individual assures that:

1. The information will be used only for the purposes for which it is being provided;
2. The information will be released only to persons officially connected with the audit, or evaluation.
3. The information will be managed in a manner to safeguard confidentiality; and,
4. The final product will not reveal any personal identifying information without the informed written consent of the involved individual or their representative.

Release To Other Programs Or Authorities:

1. Upon receiving the informed written consent of the individual or representative, the OVR may release personal information to another agency or organization or individual.
2. The OVR shall release personal information if required by Federal law or regulations. All questions related to the release of information shall be directed the OVR Director or Program Manager.
3. The OVR shall release personal information (name, address and phone number) in response to investigations in connection with law enforcement, fraud, or abuse, as expressly permitted by Federal or CNMI laws or regulations, and in response to a court order issued by a judge, magistrate or Justice of the Peace. All questions related to the release of information shall be directed the OVR Director or Program Manager.
4. The OVR is authorized to release information in order to protect the consumer/client or others if the consumer/client poses a threat to his or her safety or to the safety of others. All questions related to the release of information shall be directed the OVR Director or Program Manager.

Temporary Consent: In those instances where the consumer's consent for the release of information defines a period of authority with a given expiration date; the consent statement will be presumed to expire upon completion of the processing and compliance with the request for disclosure. When the consumer's written consent specifically identifies information to be released to the authorized representative, it will be presumed to be limited to the specified information in the absence of a clearly expressed intent.

Audits: Disclosure is required for purposes of fiscal and program audit and for the purpose of complying with a variety of Federal laws, e.g., the Fair Labor Standards Act (FLSA), the Minimum Wage and Hour Act, the Civil Rights Act of 1964 and many others.

All questions related to the release of information shall be directed the OVR Director or Program Manager.

Disclosures to Judicial Orders, Subpoenas: OVR policy requires that employees who are in receipt of subpoena immediately notify the OVR Director or the Program Manager who will then immediately notify the Deputy Attorney General assigned to the OVR.

The OVR must comply with "Judicial Orders" directing the disclosure of personal identifiable information.

It is the policy of the OVR to encourage attorneys or others seeking identifiable personal information with respect to an involved individual to first seek consent of that individual in which case the necessity for a subpoena is avoided. Nonetheless, OVR staff named in a subpoena must be mindful of the date, time and place at which their appearance is required. Failure to obey a subpoena constitutes contempt of court.

1.Records Of Deceased Persons: All questions related to the release of information should be directed to the Rehabilitation Supervisor who will contact the OVR Director for clarification .

SECTION 28: TICKET TO WORK

Introduction

Ticket-to-Work is a voluntary program funded by the Social Security Administration (SSA) for the purpose of helping people receiving disability benefits to go to work by decreasing the barriers to employment and increasing the choices of vocational service providers.

The Ticket-to-Work program is part of the Ticket-to-Work and Work Incentives Improvement Act (TWWIIA). There are two distinct components to the Act: Work Incentives Improvements and the Ticket-to-Work program. Many work incentives are available to SSA beneficiaries whether or not their Ticket has been assigned. A limited number of benefits are available to SSA beneficiaries from the Ticket-to-Work program, and those benefits can only be used if the Ticket has been assigned to an approved Employment Network (EN).

Intake, Plan and Ticket Assignment

The following are guidelines for Rehabilitation Counselors to use when working with the SSA Ticket to Work program. The purpose of these guidelines is to ensure the OVR will receive the maximum appropriate outcome payment, and/or traditional reimbursement, possible for our work with Ticket holders who become employed as a result of OVR services. However, it is important to note that neither the Ticket-to-Work program nor the payment mechanisms built into the program should influence the implementation of the basic VR process according to the federal Rehabilitation Act of 1973, as Amended in 1998.

Current Consumers of OVR

Current OVR consumers who are receiving Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI), and are between the ages of 18 to 64, will remain with their existing Rehabilitation Counselor. A current consumer is any consumer who has been through an intake and has begun working with a Rehabilitation Counselor prior to November 15, 2002. If the consumer is between the ages of 18 and 64, the Rehabilitation Counselor should have them sign a completed "Authorization for the Release of Confidential Information" and forward to OVR Administration Section (Administration).

Upon receipt of the completed release form, Administration will contact the Ticket Program Manager to confirm the consumer has an assignable Ticket. After contacting the Ticket Program Manager, Administration will contact the Rehabilitation Counselor via e-mail with the response from the Ticket Program Manager. If the response is yes and the Ticket is assigned to the OVR, when the consumer reaches plan, the Rehabilitation Counselor needs to have the consumer sign a completed 1365 form, and route it to Administration along with the completed 1365 Attachment A form. If the applicant has the Ticket received from SSA in hand, the Rehabilitation Counselor should make a copy for the consumer's case file. It is not necessary for the consumer to have the actual Ticket to assign the Ticket. The consumer only has to have a confirmed assignable Ticket.

Pipeline Consumers/Participants of OVR

Pipeline consumers are those SSI/SSDI participants who have signed an Individual Plan for Employment (IPE) with OVR prior to receiving their Ticket. Eligible Ticket participants with a 1 at the

end of their SSN and were in plan prior to November 15, 2002, would be considered a “pipeline” case. This will apply to all consumers with a signed IPE as the Ticket is rolled out in CNMI, based on the last digit of their SSN. The Rehabilitation Counselor needs to route a completed “Authorization for the Release of Confidential Information” to Administration, for confirmation of Ticket assignability. Administration will notify the field via e-mail of the Ticket Program Manager’s response. If the response is yes, the completed 1365 Ticket Assignment and 1365 Attachment “A” forms need to be signed and forwarded to Administration. Administration will proceed with Ticket assignment to VR. If the applicant has the Ticket received from SSA in hand, the Rehabilitation Counselor should make a copy for the consumer’s case file. It is not necessary for the consumer to have the actual Ticket to assign the Ticket. The consumer only has to have a confirmed assignable Ticket.

Pipeline participants will also remain with their existing Rehabilitation Counselor.

New Ticket to Work Eligible Applicants

Intake (New Applicants):

During the intake process, the Rehabilitation Counselor will identify consumers who are SSA beneficiaries between the ages of 18 and 64, and obtain a signed and completed “Authorization for the Release of Confidential Information” and forward to Administration. Upon receipt of the completed release form, Administration will contact the Ticket Program Manager to confirm the consumer has an assignable Ticket. After contacting the Ticket Program Manager, Administration will contact the Rehabilitation Counselor via e-mail with the response from the Ticket Program Manager. If the response is yes, when the consumer reaches plan, the Rehabilitation Counselor needs to have the consumer sign a completed 1365 form, and route it to the OVR administrative office along with the completed 1365 Attachment A form. If the applicant has the Ticket received from SSA in hand, the Rehabilitation Counselor should make a copy for the consumer’s case file. It is not necessary for the consumer to have the actual Ticket to assign the Ticket. The consumer only has to have a confirmed assignable Ticket.

Between intake and plan development, discussions should begin between the Rehabilitation Counselor and the applicant regarding benefits counseling and where the consumer may ultimately choose to assign their Ticket.

Plan Development/OVR Ticket Assignment/Timely Progress:

Ticket assignment to OVR, as the EN, occurs automatically with the signing of the IPE.

- A. At that time, the Rehabilitation Counselor must complete the Ticket Assignment Form (SSA 1365) and forward the form to Administration.
- B. If the Rehabilitation Counselor determines that a Medical Continuing Disability Review (CDR) will adversely affect the consumer’s benefits, the following Timely Progress goals must be included in the consumer’s IPE and met by the consumer in order to maintain an “In Use” status of the Ticket.

Timely Progress Guidelines

First 24 Months – This time can be used to prepare for work. The beneficiary’s employment plan, however, must indicate a goal of working for a minimum of three months during the following 12-

month period.

Next 12 Months – Beneficiaries must work at least three months during the past 36 months. This work can occur at any time during the past 36 months and does not have to be consecutive.

Next 12 Months – Beneficiaries must work six months at a level in which their earnings are above the SGA.

Next 12 Months & Subsequent 12-Month Periods – Beneficiaries will be required to work a minimum of six months in each year and have earnings in each such month, sufficient to eliminate the payment of SSDI benefits and Federal SSI benefits.

The consequences of not meeting the Timely Progress goals may result in a Medical CDR. If the consumer's case is going to extend past the first 24 month period, and a work goal at an SGA level is not included in the initial plan, an IPE amendment can be written to cover Timely Progress goals. If the consumer is in an extended plan, i.e. college education, and will not meet Timely Progress goals, the Ticket will go into a "Not In Use" status. This will in no way affect the consumer's SSA benefits nor will it affect the VR process. The only result of a "Not In Use" status is that the consumer may be subject to a Medical CDR. A Medical CDR may effect a consumer's SSA benefits and should be discussed prior to signing the IPE.

Completion of Ticket Assignment Process

To complete the Ticket assignment process:

- The Rehabilitation Counselor must complete the Ticket Assignment Form (SSA-1365).
- The consumer and Rehabilitation Counselor must sign the Ticket Assignment Form.
- A copy of the Ticket Assignment Form must be routed to Administration along with the completed 1365 Attachment A.
- The original Ticket Assignment Form is placed in the participant's case file.

Prior to completion of the assignment of the Ticket, the consumer should be encouraged to consult with a benefits advisor regarding the potential impact of achieving the vocational objectives identified in the IPE.

Plan Development When Ticket Is Not Assigned to VR

It is the Policy of the OVR that if a Ticket holding participant, after counseling and consulting with a benefits advisor,

- Refuses to assign their Ticket to OVR;
- Wishes to participate in a IPE with OVR; and
- Has not assigned their Ticket to another EN, can proceed as normal within the VR process.

Under these conditions, the Ticket will not be assigned to OVR, even though, under SSA rules, the consumer/participant upon signing the IPE is considered to have assigned the Ticket to OVR and cannot work with another EN without sending a written request to the Ticket Program Manager for SSA.

- The Rehabilitation Counselor will still need to complete the Ticket Assignment Form (SSA-1365) after the consumer/participant signs the IPE;
- On the consumer/participant signature line of the SSA-1365 the Rehabilitation Counselor will enter “Participant refuses to assign Ticket”;
- The original SSA-1365 will be filed in the consumer’s/participant’s case file;
- A copy of the SSA-1365 should be routed to Administration;
- The Rehabilitation Counselor will also route a completed and signed Authorization to Release Information form to Administration for periodic confirmation of the status of the consumer’s/participant’s Ticket. If the consumer/participant refuses to sign the Authorization to Release Information, complete the form and write “Participant refuses to sign” on the participant signature line and route the form to Administration.

Plan Development when Ticket is Assigned to Another EN and Participant is Referred to OVR for Services

Prior to the provision of services, by the OVR, to a mutually eligible Ticket holder who has assigned their Ticket to another EN, an EN Participation Agreement must be completed, signed and implemented as follows:

To initiate this process, the EN must contact OVR Administration to request:

- The Consumer/Participation Agreement between ENs and the OVR;
- The Ticket to Work/EN referral to OVR;
- The format for the EN Quarterly Report; and
- The EN Authorization Form.

Upon receipt of the above information, the EN will complete, sign and return the Consumer/Participation Agreement to Administration. Administration will review, sign and return a copy of the agreement to the EN, and register the EN as an approved EN in the OVR’s Ticket database.

The next step of the process requires the EN to complete the EN Referral form and the EN Authorization form. The consumer/participant must agree to and sign the EN Authorization form. When these forms are completed and signed the Rehabilitation Counselor can begin to negotiate with the consumer/participant and referring EN regarding the services that can be included in the IPE with OVR and the projected costs involved. Following plan development and agreement by the EN, the consumer/participant, and the Rehabilitation Counselor service provision can begin.

**If no Employment Network agreement is in place, do not refer out for job placement unless the ticket has been assigned to the CNMI vocational rehabilitation program.

SECTION 29: INDEPENDENT LIVING AND OLDER BLIND PROGRAMS

INDEPENDENT LIVING FOR OLDER BLIND PROGRAM (ILOB)

The ILOB Program is a federally funded program that provides independent living services to visually impaired individuals aged 55 and older to assist them in maintaining their independence.

Assessment of Eligibility

Determination of eligibility is required and must be completed within 60 days from the date of the receipt of the application.

The determination of eligibility for ILOB Program services is based to the maximum extent possible on a review of existing information. If additional data is necessary, assessments will be scheduled. Medical documentation of the visual impairment is required to determine eligibility.

Eligibility Determination

An individual is eligible for ILOB Program services if the individual:

- a. Is legally blind or severely visually impaired, (severely visually impaired is defined as: 20/70 vision in the better eye), and
- b. Is age 55 or older, and
- c. Is no longer able to obtain or retain gainful employment or is retired, and
- d. Is in need of Independent Living Rehabilitation services to maintain their independence.

INDEPENDENT LIVING PROGRAM

The Independent Living Program is a federally funded program that provides independent living services to visually impaired individuals, aged 55 and under to assist them in maintaining their independence. OVR contracts with the Center for Living Independently (CLI) for functions specific to this program.

An individual is eligible for services if the individual:

- a. Is in need of independent living (IL) rehabilitation services to maintain their independent status in the community or (if a child) in the family
- b. Is legally blind or severely visually impaired, (severely visually impaired defined as: “20/70 vision in the better eye, and/or 50% or less field”)
- c. Is no longer able to obtain or retain gainful employment
- d. Is an adult, legally and/or functionally visually impaired, under age 55, or
- e. Is a child who is not eligible for comparable services

Assessment of Independent Living Needs for Older Blind and Life Skills

Both the Center for Living Independently (CLI) and the OVR will work together through collaborative application processes to create opportunities to share resources to maximize the benefits to their mutual clients.

The following guide will be used for OVR staff.

1. When a client applies and is found eligible for the Older Blind or Independent Living program, the OVR staff will evaluate the needs of the client. If the client can benefit from assistive technology, OVR staff will obtain a signed release of information from the client and contact the Center for Living Independently (CLI) to facilitate a referral for Independent Living program services;
2. When a client applies and is found eligible for Independent Living services, if the client needs evaluative, counseling or mobility instruction, Independent Living staff will obtain a release of information from the client and contact OVR staff to facilitate a referral for OVR services;

Referrals and shared client process will be focused on securing necessary services across both programs. It is the responsibility of both OVR and the CLI to ensure that the client does not get lost between the two programs.

Services Provided by OVR

- Information and Referral
- Individual Advocacy Training
- Peer Counseling
- Outreach Services
- Hearing/Visual Diagnostic
- Surgical/Therapeutic Treatment: prevent, correct or modify disabling eye conditions, and hospitalization related to services
- Provision of Eyeglasses or other Visual Aids (magnifier, etc.)
- Equipment to be more Mobile and/or Self-Sufficient (cane, walker, talking watch/alarm clock, talking glucometer, talking blood pressure reader, big button phones, hearing aids, cassette-talking books, grab bars, long handled faucets, lifts, raised toilet, shower chair, transfer board, colored tapes, reading lamps w/magnifiers, etc.)
- Transportation
- Health Maintenance Training (Diabetes, High Cholesterol, Hypertension)
- Family Support

OVR staff and community providers will process referrals and provide services in a timely manner. A consumer/client will be contacted within five (5) working days to start the process. If there is no waitlist, services will start within 30 days.

Scope of Services for Older Blind and Independent Living Programs

It is OVR policy that all services

- Must be pre-authorized for payment
- Are subject to the spending and signature authorities noted in the Program Services Policies and Procedures Manual
- Must be part of the Individualized Service Plan and relate to the goal of increased independence and self-sufficiency
- Must be performed by personnel qualified, and/or licensed, and/or certified in their respective professional disciplines
- Surgeries are not offered in these programs

Financial Need and Determination of the Availability of Comparable Services and Benefits

The OVR considers the financial need of consumers for the purpose of determining the extent of their participation in the costs of independent living services. If comparable services and benefits are available, they must be utilized to meet in whole or in part the cost of independent living services.

Individualized Service Plan

Policy: A written, signed Individualized Service Plan (ISP) will be developed for each eligible individual for ILOB program services. Services provided will be developed jointly by the designated staff person and the consumer. Guardians, authorized representatives, and other suitable professionals and informed advisors may also be included. A copy of the plan and any amendments will be provided to the consumer and/or representative. To the maximum extent possible the plan should be provided in the consumer's native language or mode of communication in accessible formats such as Braille, large print or audiotape.



Office of Vocational Rehabilitation
OFFICE OF THE GOVERNOR

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"Together We Can Build A Future"



Independent Living Older Blind
INDIVIDUALIZED SERVICE PLAN
(Status 46a)

___ Original Plan

Amended Plan # _____

CONSUMER'S NAME:

SSN:

CASE #:

GOAL:

COMPARABLE BENEFIT PROVIDERS:

- 1.
- 2.

<u>SERVICES AND PROVIDERS</u>	<u>% Agency Amount</u>	<u>% Comp Ben Amount</u>	<u>% Consumer Amount</u>	<u>Begin Date</u>	<u>Projected End Date</u>
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Consumer/Authorized Representative

Date

OVR Caseworker

Date

OVR Director

Date

Tel.: (670) 322-6538 Fax: (670) 322-6536 TTY: (670) 322-6449 E-Mail: nmidir@ovrgov.net, website: ovrgov.net

Closures

Closure for reasons other than ineligibility:

A case may be closed when the consumer is unavailable to participate or to complete an assessment of eligibility and the designated staff person has made unsuccessful attempts to contact the individual. Attempts to elicit consumer response include letters, phone messages, and personal contact or missed appointments. All closure reasons must be documented.

Closure from applicant status when eligibility requirements are not met

Ineligibility determinations must be based on the following:

- a. The individual does not have a visual disability
- b. The individual cannot benefit from services
- c. The individual has an unfavorable medical prognosis
- d. The individual is able to obtain or retain gainful employment
- e. The individual does not meet age criteria

Closure reasons must be documented and case closed immediately. Ineligible individuals should be referred to other appropriate programs.

Successful Closures

Successful closures occur when a consumer has received services resulting in decreased reliance on institutional services, outside services, and/or has successfully completed the services on the ISP. Closure reason must be documented and the case closed within 30 calendar days of completion of the ISP.

Unsuccessful Closures

Cases may be closed unsuccessfully when:

1. The participant refuses services
2. Evidence indicates the individual cannot benefit from services
3. Relocation so that they are no longer able to participate
4. Whereabouts unknown
5. Medical condition rapidly progressing or terminal
6. Death
7. Institutionalization

Case Record

A written case record for each applicant and/or consumer of ILOB program services will be established and maintained by designated OVR staff.

A file/case record will contain the following, as applicable:

- a. Case Notes
- b. Client Documentation (birth certificate, identification cards, medicaid, etc.)
- c. OVR Intake/Referral Form
- d. Application for Services
- e. Consent to Release/Receive Confidential Information
- f. Correspondence between OVR/Clinic and Consumer/Client
- g. Case Status Change Form
- h. Plan Developed/Waived Form
- i. Individualized Service List Form
- j. Individualized Service Plan Form
- k. Equipment Title Contract (ETC)
- l. Acknowledgement of Receipt of Services (ARS)
- m. Authorization for Services (AS)
- n. Case Closure Documentation

SECTION 30: JOB DEVELOPMENT AND PLACEMENT FEE FOR SERVICE PROCEDURES

The only mechanism utilized for job development services with a Community Rehabilitation Provider (CRP) will be on a fee for service basis.

A Community Rehabilitation Provider is required to meet the following criteria for Fee for Service Job Development and Placement Services:

1. Vendor registration has been completed.
2. Vendor qualifications have been verified.
3. Vendor business licensure, professional liability insurance has been verified.

If the consumer is a SSI/SSDI recipient, verification that the ticket has been assigned to OVR.

OVR will compensate the vendor for competitive job placement services at a reasonable rate charged by the vendor, or at a rate agreed upon by both OVR and the vendor via contract.

REFERRAL CRITERIA

Those consumers who are considered “significantly” or “most significantly” disabled, who require intensive coordination of services from the Rehabilitation Counselor, and individualized assistance for job placement can be referred for to outside agency job development service.

“Significantly Disabled” (SD)

means an eligible individual who meets the following criteria:

- Who has a serious limitation in terms of an employment outcome in at least one functional capacity area, and
- Whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services, and

- Whose vocational rehabilitation can be expected to require an extended period of time, and
- Who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, acquired traumatic brain injury, heart disease, hemiplegia, hemophilia, HIV infection, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders, (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation, or
- Who has a disability or is blind as determined pursuant to Title II or Title XVI of the Social Security Act (42 USC 401 et seq. and 1381 et seq.)

“Most Significantly Disabled” (MSD)

means an eligible individual who meets the following criteria:

- Who has a serious limitation in terms of an employment outcome in at least four functional capacity areas; and
- Whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services; and
- Whose vocational rehabilitation can be expected to require an extended period of time; and
- Who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, acquired traumatic brain injury, heart disease, hemiplegia, hemophilia, HIV infection with clinical evidence of immunosuppression, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation; or
- Who has a disability or is blind as determined pursuant to Title II or Title XVI of the Social Security Act (42 USC 401 et seq. and 1381 et seq.) and who has a serious limitation in terms of an employment outcome in at least four functional capacity areas, receives disability or blindness payments under title I, II, X, XIV, or XVI of the Social Security Act [[42 U.S.C. 301](#) et seq., [401](#) et seq., [1201](#) et seq., [1351](#) et seq., [1381](#) et seq.] or receives disability retirement benefits from a governmental agency because of a disability considered permanent under section 221(i) of the Social Security Act ([42 U.S.C. 421 \(i\)](#)).

Those participants who are considered “disabled” (not “significantly” or “most significantly”) cannot be referred for to an outside agency for job development services unless:

- 1) Case file documentation is submitted to the supervisor which clearly identifies:
 - a) The specific need for specialized, intensive services; and
 - b) Why these services cannot be provided by in-house staff or the CNMI One-Stop.

- 2) The referral must be pre-approved and noted by the supervisor in the case file.

“Disabled” (D)

means an eligible individual who meets the following criteria:

- Who has no serious limitation in terms of an employment outcome in any functional capacity area; or
- Who vocational rehabilitation is not expected to require multiple vocational rehabilitation services; or
- Whose vocational rehabilitation is not expected to require an extended period of time.

Job Development & Placement Where the Job Developer Becomes the Employer

Under certain circumstances it may be beneficial and acceptable to the consumer, the OVR and the Job Developer, if the Job Developer has the consumer hired as a permanent employee. As with any other decision regarding the IPE and the associated services, the best interests of the consumer and compliance with the IPE must remain in focus.

Other Needed Services Identified during Job Development & Placement Process

As determined necessary, appropriate, and in the best interest of the consumer and the employer, and in accordance with the IPE, the counselor may authorize (in separate authorizations for each service) additional services for the consumer, as part of the IPE, and subject to the approval of the OVR Director. Such services might include, as appropriate:

- Job Coaching
- Community Based Assessment
- Additional Supervision
- Other On-The-Job Training services.

Job Coaching - agreement must be reached regarding the level of Job Coaching required by the consumer and the coaching/supervision ratio in the given job setting. Payment for Job Coaching services shall be at an agreed upon hourly rate. The terms of the agreed upon hourly rate shall be negotiated between OVR and the Job Coaching provider.

Community Based Assessment - Counselor will determine the length of time and hours for the assessment and authorize payment of consumer wages.

Additional Supervision & OJT expenses - should be provided in compliance with On-the-Job Training Program Services Policy and Procedures. Additional supervision payment shall be at an agreed upon sum or negotiated between OVR and the service provider/employing agency. The hourly wage amount and number of employees that individual supervises will be documented by the provider organization and subject to verification by the Rehabilitation Counselor in a review of provider wage and position information records.

The above policies will apply at any point during the normal Job Development & Placement process if the Job Development & Placement Organization desires to place the Consumer in a job in their own organization.

CBA or OJT location developed by the Job Developer/Job Development & Placement Organization.

The counselor may elect to use a Job Developer for the creation of or location of a Community Based Assessment, or On-the-Job Training site in the community, that is unique and specific to the individual needs of the consumer if appropriate and in the best interest of the consumer and in accordance with the IPE. Use of the Job Developer for this purpose is seen as expanding the potential range for the development of CBA/OJT sites in the community. The following guidelines are to be followed:

1. Where development of a CBA or OJT site is independent of a Job Development & Placement activity, the counselor must:
 - a. Obtain supervisory approval for utilization of the job developer in this manner,
 - b. Make certain that the OVR or Job Development/Placement Organization is able to provide the assessment component of the CBA in a reasonable timeframe,
 - c. Insure that the Job Developer will initiate contact with the potential CBA/OJT site and attend a meeting between the employer, evaluator, consumer and counselor to establish the framework for the CBA/OJT.
2. The counselor would draft payment schedule to the Job Developer for this service. This schedule must be approved by the OVR Director, and would be paid for each site developed and utilized, specific to a consumer's individual need.
3. Where the CBA/OJT development leads to a placement service, the Job Developer would have the first right of refusal regarding assignment of the Job Development & Placement follow up retention and monitoring.
 - a. If the Job Developer accepts the placement assignment, the counselor must draft a compensation package, authorized by the OVR Director, as compensation to the Job Developer.
 - b. The Job Developer will provide Retention and Monitoring services.

REFERRAL, PLACEMENT, RETENTION & MONITORING

Referral (Phase 1) Procedure for Review and Rejection of Referral

The Counselor will process an Authorization for Services to the Community Rehabilitation Provider who will then accept or reject the referral.

If the Community Rehabilitation Provider rejects the referral, a written report documenting the rejection must be submitted. The report must include: 1) initial assessment of job readiness; 2) client barriers preventing job readiness; 3) additional job seeking skills training needs of the client; and 4) why or why not the vocational goal is or is not achievable.

If the Community Rehabilitation Provider accepts the referral, a written report along with the invoice must be submitted. The report must include: 1) documents of the acceptance of the contract and reporting requirements; 2) initial assessment of job readiness; 3) need for additional referral information

from the rehabilitation counselor; and 4) readiness to write and implement the “Job Development Plan” within 10 working days of the date of the referral.

For extensions, the Community Rehabilitation Provider must submit to the Rehabilitation Counselor the completed and implemented job development plan, documentation of the results of job development efforts and placement barriers, modifications to the job development plan to mitigate placement barriers, written request for extension (specifying extension length), and must receive written approval from OVR for the extension.

Placement (Phase 2)

The Community Rehabilitation Provider has submitted an invoice and written, implemented and forwarded a copy of the “Job Development Plan” to the referring Vocational Rehabilitation Counselor.

Retention & Monitoring (Phase 3)

The Community Rehabilitation Provider must provide an invoice, written documentation that the consumer/client has retained job for 30, 60, or 90 days, to include:

- 1) consumer/client satisfaction with the job
- 2) employer satisfaction with the consumer’s/client’s work performance
- 3) verification of hours worked and wages paid
- 4) need for accommodation or other individualized assistance to facilitate employment stability

AUTHORIZATION:

The authorizations will be a three-phased authorization process using the phases above, clearly identifying each payment phase and will be completed for each phase.

If an authorization spans two fiscal years, the new fiscal year authorization must clearly reflect only those services not rendered in the previous fiscal year. For example, if “Referral (Phase I)” were all that was completed on the initial authorization, the new authorization for the next fiscal year would not have a reference to Phase I or the dollar amount.

Phase Extensions: No additional fees are paid for extension activity. The Rehabilitation Counselor must provide written approval to the CRP for the extension.

SECTION 31: EQUIPMENT and TOOL PURCHASE, RETRIEVAL AND INVENTORY

OVR’s purchase of equipment and tools are for use by consumers during training or for employment. Work tools and equipment are purchased when tools are needed for training, self-employment, or a job offer has been made to the consumer that is contingent upon having tools and/or equipment for the job.

When tools and/or equipment is provided the following must be documented:

1. A comparable benefit review to determine whether equipment and tools are routinely available or provided by the employer.
2. Consultation with the employer or trainer to determine what tools are necessary.

An Equipment Title Contract (ETC) will be completed by the Rehabilitation Counselor and consumer

prior to the issuance of equipment/tools and maintained in the case file. A copy of this contract will be provided to the consumer.

If a consumer no longer needs the equipment/tools because the consumer is no longer attending training, or working in the area for which the equipment/tools were purchased, the Rehabilitation Counselor will request in writing, that the consumer return the tools/equipment. However, requests for return of tools/equipment could be canceled under the following conditions, and must be approved by the OVR Director:

1. Recovery of the equipment will have a negative impact on the health of the consumer or ability to maintain his/her independence;
2. After completion of a Rehabilitation Counselor survey it has been determined that the equipment/tools cannot be readily used by other participants;
3. Any technology equipment that is over 3 years old, i.e. computers;
4. The value of the equipment had depreciated to less than \$3000; or equipment is in poor condition;
5. The consumer has contributed towards the cost of the items.

An analysis in the form of a progress review or case note must justify recovery or non-recovery of equipment and tools.



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**EQUIPMENT TITLE CONTRACT (ETC)
(Equipments/A.T. Devices/Computers)**

Basic Support Supported Employment Independent Living/Older Blind (OIB)

Consumer Name _____ SS# _____ Case # _____

The following equipment has been purchased for your use under the program that has been marked above.

FOR BS/SE ONLY

By signing below, you further understand that the equipment or device is the property of OVR and that it will only be released to you as you continue to actively participate in your rehabilitation plan. Employment for at least 90 days must be maintained otherwise OVR will either repossess the equipment/device or you will be required to reimburse OVR for the cost of the equipment/device.

Transfer of Title: Consumer Name _____ Consumer Signature _____
VRC Signature _____ Date: _____

Repossession: No Yes - Condition of Equipment: _____
VRC Signature _____ Date _____ Consumer Signature _____

Reassignment: Equipment reassigned to Case No.: _____
VRC Signature _____ Date _____

I ACKNOWLEDGE RECEIPT OF TOOLS, EQUIPMENT, A.T DEVICES AND UNDERSTAND THAT I AM RESPONSIBLE FOR ALL MAINTENANCE AND UPKEEP OF THE FOLLOWING:

Date Received	Description	Serial Number	Cost

Consumer/Authorized Representative

Date

OVR Representative

Date

Tel.: (670) 322-6538 Fax: (670) 322-6536 TTY: (670) 322-6449 E-Mail: nmidir@ovrgov.net; Website: ovrgov.net

DEFINITION OF TERMS

DEFINITIONS APPLICABLE TO VOCATIONAL REHABILITATION INCLUDING SUPPORTED EMPLOYMENT SERVICES

American National Standards Institutes (ANSI) facilitates development of American National Standards (ANS) by accrediting the procedures of standards developing organizations. These groups work cooperatively to develop voluntary national consensus standards. Accreditation by ANSI signifies that the procedures used meet the Institute's essential requirements.

Applicant means an individual who submits an application for vocational rehabilitation services in accordance with the description below. An individual is considered to have submitted an application when the individual or representative:

1. Has completed and signed an agency application form or through another modality has otherwise requested services;
2. Has provided information necessary to initiate an assessment to determine eligibility and priority for services; and,
3. Is available to complete the assessment process.

Appropriate modes of communication means specialized aids and supports that enable an individual to comprehend and respond to information that is being communicated. Appropriate modes of communication include, but are not limited to, the use of interpreters, open and closed captioned videos, specialized telecommunications services and audio recordings, Braille and large print materials, materials in electronic formats, augmentative communication devices, graphic presentations, and simple language materials.

Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain or improve the functional capabilities of an individual with a disability.

Assistive technology service means any service that directly assists an individual with a disability in the selection acquisition or use of an assistive technology device, including:

1. The evaluation of the needs of an individual with a disability including a functional evaluation of the individual in their customary environment;
2. Purchasing, leasing or otherwise providing for the acquisition by a participant of an assistive technology device;
3. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing assistive technology devices;
4. Coordinating and using other therapies, interventions or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
5. Training or technical assistance for a participant or their family members, guardians, advocates or representatives necessary to achieve an employment outcome; and,
6. Training or technical assistance for professionals (including individuals providing education and rehabilitation services), employers or others who provide services to employ or who are otherwise substantially involved in the major life functions of participants, to the extent that training or technical assistance is necessary to the achievement of an employment outcome.

Community rehabilitation program means a program that provides directly or facilitates the provision of one or more of the following vocational rehabilitation services to individuals with disabilities to enable them to maximize their opportunities for employment, including career advancement:

1. Medical, psychiatric, psychological, social, and vocational services that are provided under one management;
2. Testing, fitting, or training in the use of prosthetic and orthotic devices;
3. Recreational therapy; physical and occupational therapy;
4. Speech, language, and hearing therapy;
5. Psychiatric, psychological and social services, including positive behavior management;
6. Assessment for determining eligibility and vocational rehabilitation needs;
7. Rehabilitation technology;
8. Job development, placement, and retention services;
9. Evaluation or control of specific disabilities;
10. Orientation and mobility services for mobility impaired participants;
11. Extended employment;
12. Psychosocial rehabilitation services;
13. Supported employment services and extended services;
14. Services to family members, if necessary, to enable the applicant or eligible individual to achieve an employment outcome;
15. Personal assistance services; and,
16. Services similar to the services described in paragraphs (A) through (P) of this definition.

For the purposes of this definition, the word program means an agency, organization or institution, or unit of an agency, organization or institution, that provides directly or facilitates the provision of vocational rehabilitation services as one of its major functions.

Comparable services and benefits means services and benefits that are:

1. Provided or paid for, in whole or in part, by other Federal, State, or local public agencies, by health insurance or by employee benefits;
2. Available to the participant at the time needed to achieve the intermediate rehabilitation objectives in the IPE; and,
3. Commensurate to the services that the participant would otherwise receive from the vocational rehabilitation agency.

Competitive employment means work:

1. In the competitive labor market, self employment, BEP operations or telecommuting that is performed on a full-time or part-time basis in an integrated setting comparable to that of others performing similar work; and,
2. For which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by employees who are not disabled.

Consumer means any individual who has been determined eligible for, or is a recipient of, Vocational Rehabilitation services.

Decision Point means any judgment or conclusion reached regarding a participant during the rehabilitation process from applicant status through case closure.

Employment outcome means, with respect to a consumer, entering or retaining full-time or, if appropriate, part-time competitive employment in the integrated labor market; supported employment or any other type of employment, telecommuting, or business ownership, that is consistent with an individual's strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. Regulations dated January 22, 2001, discuss and provide for homemaker and unpaid family worker successful closures.

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. Regulations dated January 22, 2001, indicate that extended employment is a vocational rehabilitation service and is not considered to be a successful closure.

Extended services, as used in the definition of "Supported Employment," means ongoing support services and other appropriate services that are needed to support and maintain an individual with a most significant disability in supported employment, and that are provided by a State agency, a private nonprofit organization, employer or any other appropriate resource from funds other than regular vocational rehabilitation funds.

Extreme medical risk means a probability of substantially increasing functional impairment or death if rehabilitative services, including mental health services, are not provided expeditiously.

Impartial hearings officer means an individual who:

1. Is not an employee of a public agency (other than an administrative law judge, hearings examiner, or employee of an institution of higher education);
2. Is not a member of the Vocational Rehabilitation Council for the Rehabilitation Division;
3. Has not been involved in previous decisions regarding the vocational rehabilitation of the applicant or eligible individual;
4. Has knowledge of the delivery of vocational rehabilitation services, the State plan, and the Federal and State regulations governing the provision of services;
5. Has received training with respect to the performance of official duties; and,
6. Has no personal, professional or financial interest that would be in conflict with the objectivity of the individual.

NOTE: An individual may not be considered to be an employee of a public agency for the purposes of this definition solely because the individual is paid by the agency to serve as a hearings officer.

Individual who is blind means any person whose visual acuity with correcting lenses does not exceed 20/200 in the better eye, or whose vision in the better eye is restricted to a field of 20 degrees or less. An individual who is blind also means any person who by reason of loss or impairment of eyesight is unable to provide himself with the necessities of life, and who has not sufficient income of his own to maintain

himself. (NRS 426.041 and 426.520) a person who is blind within the meaning of the applicable Nevada law.

Individual with a disability, for the purposes of vocational rehabilitation eligibility, means an individual:

1. Who has a physical or mental impairment;
2. Whose impairment constitutes or results in a substantial impediment to employment; and,
3. Who can benefit in terms of an employment outcome from the provision of vocational rehabilitation services.

Individual with a most significant disability means, as defined by the Division, an individual with a physical or intellectual disability which seriously limits functional capacity in two or more major life activities and who requires multiple services over an extended period of time.

Individual with a significant disability means an individual with a disability:

1. Who has a severe physical or mental impairment that seriously limits one or more functional capacities (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of an employment outcome;
2. Whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time; and,
3. Who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, intellectual developmental disability, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation; or,
4. Who is a recipient of SSI or SSDI benefits.

Individual's representative or an applicant's representative means a parent, a family member, a guardian, an advocate such as the Client Assistance Program, or an authorized representative of an individual or applicant, respectively.

Informed Choice means, all applicants and eligible individuals or their representatives will be provided with information, referral and other support services including information regarding the labor market and the cost, duration, types of services provided, accessibility, integrated setting of the services, qualifications and consumer satisfaction, as available, to facilitate the opportunity to exercise informed choice throughout the vocational rehabilitation process. An individual's Informed Choice is not binding but must be seriously considered in establishing an employment outcome, needed vocational rehabilitation services, the entity providing services and the methods to be used in procuring services.

Institution of Higher Education has the meaning given the term in section 1201(a) of the Higher Education Act of 1965 (20 U.S.C. 1141(a)).

Integrated setting:

1. With respect to the provision of services, means a setting typically found in the community in which applicants or consumers interact with non-disabled individuals other than individuals who are providing services to them; or,
2. With respect to an employment outcome, means a setting typically found in the community in which applicants or consumers interact with non-disabled individuals, other than individuals who are providing services to them, to the same extent that non-disabled individuals in comparable positions interact with other persons.

Major Life Activities means activities regarding mobility, communications, self care, interpersonal skills, self-direction, work tolerance/acceptability to employers, work skills and learning ability.

Maintenance means monetary support provided to applicants and eligible individuals for those expenses, such as food, shelter and clothing that are in excess of the normal expenses of the individual and that are necessitated by the individual's participation in vocational rehabilitation services.

NOTE: The following are examples 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 Rehabilitation Counselor judgment.

Example: The cost of a uniform or other suitable clothing that is required for a consumer's job placement or job seeking activities.

Example: The cost of short-term shelter that is required in order for a consumer to participate in vocational training at a site that is not within commuting distance of the individuals home.

Example: The initial one-time costs, such as a security deposit or charges for the initiation of utilities, that are required in order for the consumer to relocate for a job placement.

Ongoing support services, as used in the definition of "Supported Employment":

A. Means services that are:

1. Needed to support and maintain an individual with a most significant disability in supported employment;
2. Identified based on a determination by the Rehabilitation Counselor of the consumer's needs as specified in an IPE; and,
3. Furnished by the State agency from the time of job placement until transition to extended services, unless post-employment services are provided following transition, and thereafter, by one or more extended services providers throughout the consumer's term of employment in a particular job placement or multiple placements if those placements are being provided under a program of transitional employment;

B. Must include an assessment of employment stability and provision of specific services or the coordination of services at or away from the worksite that are needed to maintain stability based on:

1. At a minimum, twice-monthly monitoring at the worksite of each consumer in supported employment; or,
2. If under special circumstances, especially at the request of the consumer, the IPE provides for off-site monitoring, twice-monthly meetings with the individual.

C. Consist of:

1. Any particularized assessment supplementary to the comprehensive assessment of rehabilitation needs
2. The provision of skilled job trainers who accompany the consumer for intensive job skill training at the work site
3. Job development and placement
4. Social skills training
5. Regular observation or supervision of the consumer
6. Follow-up services including regular contact with the employers, the consumer, the parents, family members, guardians, advocates or representatives and other suitable professional and informed advisors, in order to reinforce and stabilize the job placement
7. Facilitation of natural supports at the worksite
8. Any other service identified in the scope of vocational rehabilitation services for consumers, described in Section 14 of this manual; or,
9. Any service similar to the foregoing services.

Personal assistance services means a range of services provided by one or more persons designed to assist a consumer 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 consumer's control in life and ability to perform everyday activities on or off the job. The services must be necessary to participating in assessment or eligibility or an employment outcome and may be provided only while the consumer is receiving other vocational rehabilitation services. The services may include training in managing, supervising and directing personal assistance services.

Physical and mental restoration services means:

1. Corrective surgery or therapeutic treatment necessary to correct or modify a physical or mental condition that constitutes a substantial impediment to employment, but is of such a nature that such correction or modification may reasonably be expected to eliminate or reduce such impediment to employment within a reasonable length of time
2. Diagnosis of and treatment for mental or emotional disorders by qualified personnel in accordance with federal and state licensure laws
3. Dentistry
4. Nursing services
5. Necessary hospitalization (either inpatient or outpatient care) in connection with surgery or treatment and clinic services
6. Drugs and supplies
7. Prosthetic, orthotic, or other assistive devices, including hearing aids
8. Eyeglasses and visual services, including visual training, and the examination and

services necessary for the prescription and provision of eyeglasses, contact lenses, microscopic lenses, telescopic lenses and other special visual aids prescribed by personnel that are qualified in accordance with Nevada licensure laws

9. Podiatry
10. Physical therapy
11. Occupational therapy
12. Speech or hearing therapy
13. Mental health services
14. Treatment of either acute or chronic medical complications and emergencies that are associated with or arise out of the provision of physical and mental restoration services, or that are inherent in the condition under treatment
15. Non-traditional medical or psychology treatment such as acupuncture and homeopathic treatments; and
16. Other medical or medically related rehabilitation services.

Physical or mental impairment means an injury, disease, or other condition that materially limits, or, if not treated, is expected to materially limit mental or physical functioning.

Post-employment services means one or more of the services that are provided subsequent to the achievement of an employment outcome and that are necessary for a consumer to maintain, regain or advance in employment, consistent with the consumer's strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice.

NOTE: Post-employment services are intended to ensure that the employment outcome remains consistent with the consumer's strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. These services are available to meet vocational rehabilitation needs that do not require a complex and comprehensive provision of services, and should be limited in scope and duration. If more comprehensive services are required, a new rehabilitation effort should be considered. Post-employment services are to be provided under an amended IPE, and a re-determination of eligibility is not required. The provision of post-employment services is subject to the same requirements in this part as the provision of any other vocational rehabilitation service.

Post-employment services are available to assist a consumer to maintain employment.

Example: The consumer's employment is jeopardized because of conflicts with supervisors or co-workers and the individual needs mental health services and counseling to maintain the employment.

Post employment services are available to regain employment.

Example: The consumer's job is eliminated through reorganization and new placement services are needed.

Post employment services are available to advance in employment.

Example: The employment is no longer consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice.

Qualified Personnel means those individuals whom the State has determined meet the definition of "qualified personnel" in light of State licensure laws and State standards (or who meet nationally recognized standards as applied to the profession or discipline) for providers of services.

Example: State certifications for substance abuse counselors, or interpreters for individuals who are deaf, licensure for psychologists, physicians, dentists, or other licensed or certified personnel.

Qualified Rehabilitation Counselor means those individuals whom the State has determined meet the definition of “qualified rehabilitation professional” in light of Federal laws and regulations and State standards (or who meet nationally recognized standards as applied to the profession or discipline).

Example: At the current time, Qualified Rehabilitation Counselors must meet the following criteria: 1) have a masters degree in Rehabilitation Counseling from a CORE-accredited program; 2) or have a masters degree in Rehabilitation Counseling that was not fully accredited by CORE at the time the degree was granted; 3) or have a masters degree granted by a college or university accredited by a recognized regional accreditation body at the time the degree was conferred; or 4) must be engaged in training/education plan to work towards a masters degree in Rehabilitation Counseling; all must be eligible to sit for the CRC examination.

NOTE: The CNMI utilizes the nationally recognized standard, which has been established by the Commission of Rehabilitation Counselor Certification (CRCC).

Rehabilitation engineering means the systematic application of engineering sciences to design, develop, adapt, test, evaluate, apply and distribute technological solutions to problems confronted by individuals with disabilities in functional areas such as mobility, communications, hearing, vision and cognition, and in activities associated with employment, independent living, education and integration into the community.

Rehabilitation technology means the systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of, and address the barriers confronted by, individuals with disabilities in areas that include education, rehabilitation, employment, transportation, independent living and recreation. The term includes rehabilitation engineering, assistive technology devices and assistive technology services.

Restoration means restoration services (physical or mental restoration) designed to correct or substantially modify within a reasonable period of time a physical or intellectual condition which is stable or slowly progressive, and results in a substantial impediment to employability. Restoration services are provided to enable an individual to achieve an employment outcome by reducing or eliminating functional limitations resulting from the disability, thus lessening the impediment to employment and providing greater opportunity for vocational success.

Services contributing to an employment outcome means any service that is a part of an IPE, which is delivered in the context of a counseling and guidance relationship, and contributes in an identifiable and positive way to the vocational rehabilitation of the individual.

Substantial impediment to employment means that a physical or mental impairment (in light of attendant medical, psychological, vocational, educational, and other related factors) hinders an individual from preparing for, entering into, engaging in, or retaining employment consistent with the individual's abilities and capabilities.

Supported employment means:

- A. Competitive work in integrated work settings, or employment in integrated work settings leading to competitive work, consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual with ongoing supports services for individuals with the most significant disabilities.
1. For whom competitive employment has not traditionally occurred or for whom competitive employment has been interrupted or intermittent as a result of a significant disability; and,
 2. Who, because of the nature and severity of their disabilities, need intensive supported employment services from the involved agency and extended services after transition in order to perform this work; or,
- B. Transitional employment for individuals with the most significant disabilities due to mental illness. **Supported employment services** means ongoing support services and other appropriate services needed to support and maintain an individual with a most significant disability in supported employment that are provided by the Designated State Unit:
1. That are provided singly or in combination and are organized and made available in such a way as to assist an eligible individual achieve competitive employment;
 2. That are based on a determination of the needs of an eligible individual, as specified in an IPE; and,
 3. For a period of time not to exceed 18 months, unless under special circumstances the eligible individual and the Rehabilitation Counselor jointly agree to extend the time in order to achieve the rehabilitation objectives identified in the IPE; and,
 4. Following transition to extended services, as post-employment services that are unavailable from an extended services provider and that are necessary to maintain or regain the job placement or advance in employment.

Timeliness means that services are provided without any undue delay or interruption.

Transition services means a coordinated set of activities for a student designed within an outcome-oriented process that promotes movement from school to post-school activities including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living or community participation. The coordinated set of activities must be based upon the student's needs, taking into account the individual's preferences and interests, and must include instruction, community experiences, the development of employment and other post-school adult living objectives, and, if appropriate, acquisition of daily living skills and functional vocational evaluation. Transition services must promote or facilitate the accomplishment of long-term rehabilitation goals and intermediate rehabilitation objectives identified in the student's IEP.

Transitional employment, as used in the definition of "Supported Employment," means a series of temporary job placements in competitive work in integrated settings with ongoing support services for individuals with the most significant disabilities due to mental illness. In transitional employment, the provision of ongoing support services must include continuing sequential job placements until job permanency is achieved.

Transportation means travel and related expenses that are necessary to enable a consumer to participate in a vocational rehabilitation service including the provision of training in the use of public transportation systems.

NOTE: The following are examples of expenses that would meet the definition of transportation. The examples are purely illustrative, do not address all possible circumstances, and are not intended to substitute for Rehabilitation Counselor judgment. All expenses are paid or reimbursed to the consumer at State per diem rates.

Example: Travel and related expenses for a personal care attendant or aide if the services of that person are necessary to enable the consumer to travel to participate in any vocational rehabilitation service.

Example: Short-term travel-related expenses, such as food and shelter, incurred by an applicant participating in evaluation or assessment services that necessitates travel.

Example: The purchase and repair of vehicles, including vans, but not the modification of these vehicles because modification would be considered rehabilitation technology.