

Older Individuals Who Are Blind Policy Manual

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1.0 INTRODUCTION

The goal of the Older Individuals Who Are Blind Program (OIB) is to enable individuals with blindness or significant visual impairments to live more independently in their homes and communities with a maximum degree of self-direction.

According to the Code of Federal Regulations 34CFR367.5, “Older individual who is blind means an individual age 55 or older whose significant visual impairment makes competitive employment extremely difficult to attain but for whom independent living goals are feasible”.

In keeping with this directive, the primary goal of the OIB Program is to provide instruction and guidance to help individuals with blindness or visual impairments to acquire the skills and knowledge they need to manage their daily lives, develop self-confidence, and achieve self-sufficiency at the highest attainable level.

1.1 Legal Basis and Funding

The OIB Program is authorized under the Independent Living Services for Older Blind Individuals Program authorized under Section 72 of the Rehabilitation Act of 1973, as amended. Regulations governing the Independent Living Services for Older Blind Program are contained in the *Federal Register* at 34 CFR Part 367.

1.2 Protection of Legal Rights

DSB consumers and potential consumers are afforded certain rights with respect to the following principles:

- Timeliness of services, decisions, and notifications
- Nondiscriminatory availability of services
- Confidentiality of consumer files
- Informed choice
- Allowances for exemptions to policy limitations under reasonable extenuating circumstances
- An opportunity to appeal decisions regarding to their planned services or their eligibility for such services

Additionally, it is intended that consumers of this agency receive the best and most appropriate services available within agency guidelines and funding capabilities.

1.3 Notification of Rights

Consumers will be notified of their rights including the availability of the Client Assistance Program (CAP). The consumer or representative must be notified of their rights in writing at each of the following times:

- During their application or intake
- When a determination of ineligibility for services is made
- When an Individualized Plan for Elders (IPE) is developed or amended
- When DSB decides to initiate a reduction, suspension, or termination of any services being provided under an IPE, including case closure

1.4 Nondiscrimination

Referrals or applicants will not be excluded from applying for services or be found ineligible for services on the basis of: age, sex, race, color, national origin, type of expected employment outcome, source of referral, particular service needs or anticipated cost of services, income level of the applicant or their family, applicant's employment history or current employment status, or applicant's educational status or current educational credentials.

1.5 Confidentiality

All DSB staff are responsible for ensuring that personal information regarding applicants and consumers of OIB Program services furnished to this agency are held confidential.

All information as to personal facts given or made available to employees or representatives of the Division during the administration of the OIB program will be held confidential, including lists of names and addresses; records of agency evaluation; reports of medical examination and treatment; financial information; and photographs.

1.5.1 Release of Information

Release of information to any individual, agency, or organization shall be conditioned upon satisfactory assurance by such individual, agency, or organization that the information will be used only for the purpose for which it is

provided, and it will not be released to any other individual, agency, or organization. Information will not be disclosed, other than in the administration of the OIB program, unless the informed consent of the consumer has been obtained in writing.

Upon written request, information shall be released to the consumer, or, as appropriate, the caregiver/guardian or other representative.

For purposes regarding any proceeding or action for benefit or damages, only information that is relevant to the needs of the consumer may be released.

If DSB has obtained personal information from another agency or organization, it may be released only by the other agency or organization from which it originated.

1.6 Client Assistance Program

The Client Assistance Program (CAP) is established and funded in the Rehabilitation Act. This program is designed to uphold the rights of individuals who are applying for or receiving services from DSB. CAP is operated independent of any agency which provides treatment, services or rehabilitation to individuals under the Rehabilitation Act. This information must be provided to all applicants.

While the applicant or eligible consumer may at any time call the following numbers, it is encouraged that they first pursue the agency's informal appeal process. The numbers are:

- The Division of Services for the Blind's toll-free number 1-800-960-9270
- Client Assistance Program's toll-free number 1-800-482-1174

2.0 OUTREACH

Outreach activities are to inform and educate community organizations in order to obtain referrals for individuals who may be eligible for DSB program services. Activities include staying in touch with key community organizations that can identify and refer potential clients. Outreach follow-up activities can include personal contacts, phone communications, news releases, mail-outs, special events, Public Service Announcements (PSAs), etc. **All DSB counselors are responsible for conducting outreach.**

Outreach means that a counselor will:

- establish and maintain a good working relationship with potential referral sources,
- maintain efficient and accurate referral sources,
- respond to requests and schedules in a timely manner,
- make presentations to individuals and groups, and
- keep appointments and visits.

The counselor should develop working relationships with

- physicians,
- public officials,
- county and state employees,
- area agencies on aging,
- aging network personnel,
- senior center staff and programs,
- health related organizations,
- Employment Security Division,
- county health nurses,
- Department of Human Services staff, and
- other potential referral agencies and sources in the respective area of service
- service organizations, such as Lions Clubs.

3.0 REFERRALS

An individual may be referred to the OIB program by letter, telephone, in person, or by other means. When a consumer is referred to DSB, the DSB 8065 (referral form) should be completed at the time of initial contact. This form should be used to complete the referral in the AWARE Referral Module. This information should be entered immediately upon receipt of a referral. Once entered, the referral will be assigned to the appropriate Area Manager by the person entering the referral. The paper referral is then sent to that Area Manager and their Administrative Assistant, by email, notifying them that the referral has been entered in AWARE. The Area Manager will review the referral and assign it to the VR counselor for that area within 1 business day. The VR Counselor then has 1 business day to contact the consumer and arrange an orientation meeting for the consumer. This meeting should occur within 10 business days of the first contact. If for any reason the consumer cannot meet within 10 business days, the request for a later appointment must be documented in AWARE with the justification. The purpose of this meeting is to provide the consumer with information to allow them to make an

informed choice about applying for OIB services. This is required for any new cases in AWARE. This meeting should include information on eligibility criteria, expectations, and information on OIB services. The consumer may then decide whether or not to apply for OIB services.

An individual who is 55 years of age or older becomes a referral to DSB when contact is made to the OIB Program to request information or services. The following information should be obtained at the time of referral:

- name
- address
- telephone number
- reported disability
- gender
- Social Security Number (if possible)
- referral source name and phone number
- date of referral

3.1 Application

The purpose of the initial interview is to gather information about the client that will be used to determine service needs. The information gathered during this meeting is used to complete the OIB Application and the AWARE Intake Page. The initial interview will be documented in AWARE under the Initial Narrative case note. Once an individual submits a signed application, the individual will be considered an applicant. The actual date of the application should be entered on the Intake Page in AWARE. The date in AWARE must match the date of the signed application. The signed application must be scanned into AWARE.

During the application process, the counselor must gather the necessary documentation to determine eligibility. This includes the consumer's release of information and visual report. Using the DSB Eye Report Form (DSB-8012) or a letter from the consumer's doctor giving the consumer's visual acuity, visual fields, diagnosis, prognosis, and recommendations. The doctor must sign the eye report/letter.

If needed, the following services may be provided while in Application, in order to allow the consumer to participate in the application process:

- assessment
- transportation
- reader service

- interpreter service

4.0 ELIGIBILITY

For an individual to be eligible for the Older Individuals Who Are Blind Program, an applicant must be at least 55 years of age and seeking assistance with independent living goals. Any applicant who wishes to seek an employment goal should be referred to the VR program.

4.1 Eligibility Criteria

There are three criteria for eligibility in the OIB Program:

1. The OIB Program is specially designed to serve older blind and visually impaired Arkansans, therefore, a lower age limit of 55 years of age has been established. No upper age limit may be established that will, in and of itself, result in finding ineligible any individual who is otherwise eligible.
2. The individual's vision loss must constitute a substantial barrier to independent living and there must be reasonable expectation that services provided would enable the program participant to function more independently.
3. The individual must be classified as having one of the following visual conditions:
 - Total blindness – any permanent visual condition resulting in total loss of vision
 - Legal blindness – any visual condition resulting in either
 - a visual acuity for distance vision in the best eye with the best correction of 20/200 or less
 - or the widest diameter of visual field subtending an angle of less than 20 degrees
 - Visual impairment – having either of the following
 - a visual acuity of 20/50 in the best eye after correction that is progressive. Progressive means a visual condition that is more likely than not to result in legal blindness.
 - Imminent danger that the individual may become totally or legally blind within six months as documented by a physician who is skilled in diseases of the eye

4.2 Determination of Eligibility

The primary purpose of determining eligibility is to identify those individuals with visual disabilities who may be served with OIB funds. The intent is to empower the individual to maximize their independence in the home and community. An eye medical report completed by a licensed optometrist or ophthalmologist should be obtained to make an eligibility determination. The eye report must be recent. For DSB, recent means the exam must be no more than one year old at the date of application. It is important to note an eligibility decision can only be made by a vocational rehabilitation counselor, supervisor, or director employed by DSB. All determinations are subject to review by the DSB Director.

When documenting an eligibility decision, the following items must be done before a determination is complete.

1. Enter Disability into AWARE with documentation included
2. Complete the Eligibility Determination Data Page in AWARE
 - a. Print and sign the Eligibility Determination Page
 - b. A copy should be scanned into the file and a copy given to the consumer
3. Eye report must be uploaded into AWARE
4. All other medical and psychological information used in the determination of eligibility is uploaded into AWARE (e.g. Social Security Benefits Letter, Psychological Evaluation).
5. Signed copy of the Eligibility Notification Letter uploaded into AWARE.

During the first six months of a DSB counselor's employment, each Certificate of Eligibility (DSB-8003) must be reviewed and approved by the supervisor.

4.3 Notification

The Counselor will notify the applicant by letter when he/she has been determined either eligible or ineligible for services. Once an eligibility determination has been made the VR counselor will complete the Eligibility Determination data page in AWARE. The counselor must then print and sign the certificate, giving a copy to the consumer and scanning a copy back into AWARE. The date on the Eligibility Certificate, Eligibility Letter, and Eligibility Determination Data Page in AWARE must match to ensure accurate reporting to RSA.

4.4 Eligibility Timeline

Eligibility determinations must be made within 60 calendar days after the consumer has applied for OIB services. Exceptions can only occur if the consumer is notified in writing that exceptional and unforeseen circumstances beyond the agency's control prevent making a determination within the prescribed time (60 calendar days), and the consumer agrees that the extension of time is necessary. This notification must include a timeframe for completion of eligibility determination as well as the reason for the extension request. The determination of need for this exception must be made within 45 calendar days after application for OIB services and requires approval by the Counselor's Area Manager. The extension must be documented in a case note with a description of the reason and the consumer's consent to the extension date. A signed copy of the written notification provided to the consumer must be attached to the case note. DSB allows extensions for up to 30 days past the original eligibility deadline.

4.5 Residence Requirement

In accordance with § 361.42(c)(1), no residence requirement will be imposed which excludes from an eligibility determination or receipt of OIB services any individual who is present in the State. The other conditions of eligibility required by policy must be met.

4.5.1 Residential Care Facilities

Older individuals who are in residential care facilities are eligible to receive all OIB Program services if all other eligibility criteria are met.

5.0 NEEDS ASSESSMENT

ALL applicants are entitled to participate in the preliminary Needs Assessment. Needs Assessment includes the most applicable assessment tool (e.g. Comprehensive Functional Assessment (CFA), Orientation & Mobility Evaluation, etc.) and is used to establish goals for the client. This assessment should determine the nature and scope of services needed by the consumer in order to develop the IPE.

If the client is requesting independent living services, a CFA must be administered. If the client is requesting limited training in a specific area, then the appropriate assessment tool is to be completed (e.g. Orientation & Mobility Evaluation, Assistive Technology, etc.). Completion of the CFA or other appropriate assessment must be documented in AWARE. Assessments are to be administered

in a face to face meeting. The assessment will be entered at the start of the case, at closure and annually on anniversary date. All exceptions must be documented.

5.1 Functional Limitations

Functional limitations are limitations imposed by a visual disability that impedes or limits an individual's ability in an area of physical or mental functioning. Functional limitations may be substantiated by medical or psychological reports but are primarily documented through a functional skills assessment. This assessment must be documented in AWARE.

Skill categories which need to be assessed include, but are not limited to the following:

- orientation and mobility
- medical management
- self-care management
- communication
- time management
- meal preparation
- laundry
- leisure time activities
- homemaking skills

6.0 INDIVIDUALIZED PLAN FOR ELDERS

The Individualized Plan for Elders (IPE) is a personal schedule for consumers receiving services from the OIB Program. The IPE is jointly developed between the consumer and/or representative, as appropriate, and VR Counselor. The IPE is considered a limited partnership and can be changed by an amendment during the rehabilitation process. All amendments require the signature of both the consumer and the VR counselor.

The individualized plan must be developed within 90 days of eligibility determination based on assessment results and client input. The plan should identify the services that will enable the client to achieve their designated goal. Both initial and amended plans must be signed by the client and the counselor prior to beginning services and uploaded into AWARE. The IPE should be for at least six months to ensure adequate time to deliver services. The signature date in AWARE and the signature date on the IPE must match.

The IPE should define the consumer's specific independent living goals and how progress will be measured. Each service on the IPE should be designed to assist the consumer in achieving that goal. Services on the IPE must clearly state their specific relation to the IPE goal, how progress in that service will be measured, and how that will result in a successful goal for the consumer.

Once the IPE is signed, the signature date should be placed on the plan in AWARE. This will move the case into Service Status. Once in Service Status, the consumer can begin to receive all services on the plan.

Cases should not remain in Service longer than one year from the date the consumer signed the IPE. Supervisory approval is required if it becomes necessary to extend this timeframe.

The IPE Development Narrative should be entered into AWARE at the time the IPE is signed. This narrative documents the need for the services and how the services will assist the consumer in accomplishing their goal and achieving independence.

7.0 SERVICE PROVISION

Services identified in the client's plan will be provided individually or in a group setting agreed upon by the client.

Planned services are to be initiated within 30 days of a signed Plan and are to be provided continuously until all planned services are completed and the client's case is closed unless a reason for the interruption is clearly documented.

Services are to be provided in a manner, pace and schedule, best suited to meet the client's individual needs, learning capacity and availability. Services must be continuous and in accordance with the plan (at least monthly), until closure, unless a reason for the delay or interruption of services is documented. If a client does not have a monthly actual service progress note, the provider must have documented the reason in an AWARE entry titled "Client Inactivity for Month/Year".

Service documentation contains information related to training provided and/or client's progress toward their identified goal as outlined in their Plan. List and describe the responsibilities of DSB, the consumer and any other entities involved for each service. Information will be in sufficient detail to ensure that all parties involved know exactly what is expected of them during the OIB process. Services

descriptions should include the name of the vendor and expected pricing and how the progress will be measured. Each service description must include how this service pertains to the consumer's stated goal.

All other available sources of funding must be utilized before DSB funds are expended.

7.1 IPE Amendment

An amendment to the original IPE is made when a change takes place in the rehabilitation program after its original development. Should it become necessary to make changes in the IPE, the VR counselor and consumer must both agree and sign the IPE amendment before any changes may go into effect.

The original IPE needs to be amended when the VR counselor and consumer agree that a service, aid or appliance, or extension of time, etc. is needed in order to accomplish the independent living goal. An amendment reflects a change in the IPE that was not evident as something needed at the time the plan was originally developed.

8.0 SERVICE DELIVERY

Services are activities which motivate individuals toward the kind of functioning they desire within the framework of their individual capacities and potential. All goods and services necessary for the consumer to achieve a successful outcome will be provided as planned for on the IPE. Only those services specified on the IPE may be provided by DSB. Should the consumer need additional services to reach the IPE goal, an amendment to the IPE must be completed.

All provided services must be either paid by an authorization or provided by DSB staff in house. For all authorizations a justification case note documenting why the service was provided and the purpose of the authorization is required. For any in house service, DSB staff provide (such as counseling and guidance), the VR counselor must enter an Actual Service entry on the AWARE Actual Service Data Page.

8.1 Out of State Services

It is the policy of DSB to provide all services to consumers from within the state whenever possible. If DSB purchases a service outside of the state that is available

within the state, the consumer will be responsible for any difference in the cost of the service.

If a consumer needs a service that will assist in achieving a successful outcome, and the service is not available within the state, the service may be provided from a vendor outside the state and the expense endured fully by DSB.

8.2 Services Interrupted

Services may be interrupted from time to time for many reasons. When services are interrupted for any reason, a case note must be entered into AWARE providing an explanation for the interruption. If the duration of the interruption exceeds 90 days, the case should be reviewed. If the individual will be able to resume participation in the foreseeable future, the specifics should be documented in a case note and the case should remain open. If services must be suspended indefinitely, the case should be closed and then reopened, later, if appropriate.

9.0 SERVICES

The Division of Services for the Blind may provide the services below to eligible consumers based on their specific needs and goals. No services other than assessment for eligibility ([OIB Policy 9.2.1](#)) may be made without being on a signed IPE, except for those required in order to access services ([See OIB Policy 3.1](#)). Assessments for Orientation and Mobility should be done under Orientation and Mobility ([OIB Policy 9.3.1](#)).

9.1 Comparable Benefits

Any outside funding or services available to the consumer will be used before spending DSB agency resources. Repayable loans and merit-based awards and scholarships are not comparable services and benefits. Comparable services or benefits are:

- Provided or paid for, in whole or in part, by other federal, state, or local public agencies, by health insurance, or by employee benefits;
- Available to the individual at the time needed to ensure the progress of the individual toward their independent living goal
- Commensurate with the services that the individual would otherwise receive from DSB.

9.2 Clinical/Functional Vision Assessments

9.2.1 Vision Assessments for Eligibility

For consumers who do not have a recent eye report, DSB may pay for the consumer to receive an assessment to determine eligibility for services. This assessment must be provided by a certified ophthalmologist or optometrist.

9.2.2 Low Vision Assessments

This service is provided to enable persons, who can benefit from low-vision aids, to utilize magnification devices since these devices can be of invaluable assistance in maintaining independence. When appropriate, the VR counselor will provide a low vision assessment. This assessment is to aid the VR counselor and consumer in determining if the consumer will need a more thorough assessment by a low vision specialist.

DSB may pay for a consumer to receive an assessment by a low vision specialist in order to determine the consumer's need for Low Vision Aids. ([See DSB Policy for OIB 9.2.1](#)). This assessment may only be conducted as part of the IPE.

A low vision specialist must evaluate the consumer and a recommendation obtained before DSB can purchase a closed-circuit television (CCTV).

9.2.3 Surgical or Therapeutic Treatments

Surgical or therapeutic treatments to prevent, correct, or modify disabling eye conditions. This service would include prescription optical devices. However, nonprescription optical aids and devices should be under Assistive Technology ([OIB Policy 9.2](#)).

These services are provided to enable a consumer to become self-sufficient in the home and community by reducing or eliminating functional limitations imposed by the disabling condition, providing greater opportunity for the consumer to live

more independently. Prior to the provision of any surgical or therapeutic services, the VR counselor must determine if a comparable service or benefit is available to provide such services or cover a portion or total cost thereof.

DSB may pay for prescriptions or injections related to these procedures but for no longer than 60 days. This time frame should be used to assist the consumer to find alternative methods of payment assistance.

9.3 Assistive Technology Devices and Services

9.3.1 Assistive Technology Devices

Assistive technology means any item, piece of equipment, or product system that is used to increase, maintain, or improve functional capabilities of individuals with disabilities. This includes but is not limited to items such as canes, adaptive cooking items, braille devices, and insulin gauges.

9.3.2 Technology Evaluations

All DSB purchases of computers or software must go through the DSB Technology Lab. The VR counselor will make a referral to the DSB Tech Lab for an assessment of the consumer. After completing the assessment, the DSB Tech Lab will make a recommendation for purchase to the VR counselor.

9.3.3 Assistive Technology Services and Training

Services include the evaluation of technology needs, maintenance and repair of assistive technology, and training on the use of the technology. This service entails the provision of and instruction in the use of devices that are specially designed and adapted to the needs of visually impaired persons.

9.4 Independent Living and Adjustment Training Services

9.4.1 ORIENTATION AND MOBILITY

Orientation consists of instructing blind and visually impaired persons in the use of their remaining senses to understand their relationship to their environments and how to move about safely within them.

Mobility services are designed to provide instruction in the use of aids, methods and skills which enable blind and visually impaired persons to move from one place to another with confidence, safety and purpose.

Orientation and mobility training can be provided by contracting with a certified O & M specialist. This service can be negotiated between the VRC and the Certified O & M Specialist using the DSB Fee Schedule. The number of hours and duration of training must be indicated on the Service Agreement Form. Hourly rates include travel. Therefore, vendor will provide an invoice showing the number of hours door to door and stating how much of that time was designated to direct training. The vendor will provide a follow-up training report to the counselor.

9.4.2 Communication Skills

The provision of this service is designed to increase the consumer's abilities to adapt in a sighted society by utilizing basic communication methods. This may include the teaching of Braille, training in the use of telephones, readers, newspaper reading services, radio and talking book services, and other communication skills and technologies. Communication aids and supplies may be purchased, when necessary, as a part of the provision of this service. This service includes keyboarding and computer literacy. However, training in the use of specialized computer software, such as screen reading software, and adaptive equipment should be reported under Assistive Technology ([OIB Policy 9.2](#)).

9.4.3 DAILY LIVING SKILLS

Independent living services entail the instruction of consumers in the skills which enable them to adapt and readjust to methods of caring for their daily living needs. This service includes training in the use of blindness and low vision alternative techniques for telling time, food preparation, grooming and dress, household chores, medical management, shopping, and recreational activities. Recreational helps may include the purchase of games, adaptive equipment, transportation, supplies, or other services that will enhance the consumer's social interaction.

9.4.4 Advocacy Training and Support Networks

Advocacy training includes anything for which you expose your participant to training, gatherings or "consumer organization meetings" to promote personal development.

9.4.5 Counseling (peer, individual, and group)

Counseling services are those services provided to assist the consumer with adjusting to visual impairment or blindness. These ongoing services may be provided during any stage of the rehabilitation process. Counseling may be provided individually or in group settings as appropriate. Counseling from the VR counselor occurs when the counselor provides guidance and support for the consumer in determining their needs/services to successfully be independent.

9.4.6 Information, Referral, and Community Integration Services

Information and Referral services are those services which assist a consumer in accessing other agencies or resources to enhance adjustment, independent living, and integration into the community. These services are provided according to the individual needs of the consumer.

9.5 Supportive Services

Supportive services are services provided to consumers so that they can access other program services. They are designed to assist the consumer to actively participate in the program and attain their independent living goals.

9.5.1 Reader Services

Reader service is oral reading or taped recording provided by a vendor to a blind consumer. The material read is that which is otherwise inaccessible to the consumer. The VR counselor and consumer should negotiate the number of hours of reader service needed. This is a limited service and the consumer should understand this at the onset of this service. The VR counselor and the consumer should work to locate alternate access to the inaccessible material to reduce the continued need for reader services.

The fee for this service, should be negotiated between the VR counselor and the reader and reported on a DSB statement of reader service form. The statement of reader service form should be submitted to the VR counselor by the consumer at the end of each calendar month for payment. The VR counselor will pay the vendor directly for this service.

9.5.2 Transportation

Transportation is defined as necessary travel and related expenses in connection with transporting a consumer who is disabled for the purpose of providing OIB services. It is considered a supportive service which contributes to the consumer's ability to benefit from other OIB services. Transportation services may be furnished in connection with other rehabilitation services at any time during the rehabilitation process to allow the consumer to participate in that service.

When transportation is being paid to the consumer it shall be at the state mileage rate. For official transportation vendors, DSB will pay their standard rate for service.

9.5.3 Personal Attendant Services

Personal attendant services are those personal services that an attendant performs for an individual with a disability such as bathing, feeding, dressing, providing mobility and transportation, etc.

9.5.4 Interpreter Services

Interpreter services are sign language or oral interpretation services for individuals who are deaf or hard of hearing and tactile interpretation services for individuals who are deaf-blind. Specially trained individuals perform sign language or oral interpretation. Also include here real-time captioning services for persons who are deaf or hard of hearing. Do not include language interpretation in this category, but in "other services".

9.5.5 Other Support Services

Other services frequently involve coordination with associate agencies, volunteers and community organizations. The VR counselor will enlist the support of all appropriate resources that will provide the opportunity for each consumer to achieve his/her maximum potential.

9.6 Community Awareness Activities

This service is the support of community awareness activities and events. At these events, staff may provide information and referral to individuals for whom this was the only service provided. Examples of this type of service are hosting/attending health fairs for seniors, training for professionals, and inquiries about services for

older individuals who are blind. This is not designed to be an individual service, but one that might be provided to a group.

10.0 AUTHORIZING SERVICES

All services or goods for which DSB is to pay must be authorized in writing at least 15 business days prior to the service occurring. Per federal regulations, all services must be approved and authorized prior to a consumer receiving a service. However, DSB may pay for anesthesia, radiology, and pathology services according to the DSB Fee Schedule. In most cases, these services cannot be pre-authorized. It is understood that these services may be needed in conjunction with surgery and will have to be authorized after the date of surgery. When this occurs, the counselor must document the reason for this action in a case narrative. Other exceptions to pre-authorizations include eyeglasses, textbooks, medication, and medical emergencies.

All authorizations require approval by both the VR counselor and the Area Manager before they are approved to go to the vendor. Once signed by the agency and vendor an authorization is a binding contract. It is imperative that all DSB staff work to ensure authorizations are accurate and timely. In addition, every authorization must be accompanied by an authorization justification narrative in the AWARE case file.

10.1 Authorization Justification Narrative

Every authorization created by DSB must be accompanied by an authorization justification. This justification should be written by the VR counselor and provided to the Rehab Assistant (RA) who will be creating the authorization by email. Once the RA has created the authorization, the justification narrative must be entered into an AWARE case note containing the authorization number. The justification must include why the specific service is being authorized and how it will contribute to the consumer successfully completing their IPE goal.

11.0 CASE CLOSURE

Cases may either be closed Goals Met or Goals Not Met. Before case closure the VR counselor must review the case and ensure all required documentation has been entered into the case file. All consumers must receive a 30-day closure

warning letter to provide them an opportunity to address any concerns about case closure.

Once a case is ready for closure the VR counselor must review the case and complete the closure draft. All cases must have a Closure Narrative addressing the conditions for closure. Once this is complete, their supervisor will review the case and enter the closure date or send the case back for corrections.

11.1 Goals Met

When a case is closed Goals Met, this means that all planned services have been provided and the IPE goal has been achieved. At the time of closure both the consumer and VR counselor should be satisfied that all available services have been provided and the consumer can now live independently.

11.2 Goals Not Met

A case may close Goals Not Met for a variety of reasons that indicate the consumer was not able to achieve self-sufficiency and independence during their case. The reason for closure must be documented in the case file and included in the closure narrative.

Reasons for unsuccessful closure are:

- voluntary withdrawal of participation in services,
- the consumer is deceased
- unable to locate consumer or consumer has moved,
- consumer institutionalized, and/or
- consumer fails to cooperate.

12.0 CASE TRANSFERS

A transfer will be made when a consumer on a caseload permanently moves into another VR counselor's area or if deemed appropriate by the Field Administrator. Transfers cannot be made if there is an outstanding balance for the case, any exceptions require approval by the Field Administrator.

When it is determined that a case should be transferred to another VR counselor, the following instructions should be followed:

- All outstanding authorizations need to be paid or cancelled
- Update case narratives and document the reason for the transfer
- Update the address and phone number

- Send the case file to the receiving counselor via **CERTIFIED MAIL, RETURN RECEIPT REQUESTED** if not in the same office.
- The **LAST** step will be transferring the case in the case management system. The VR counselor should ensure that the case is in order and updated before the actual transfer. Once the transfer action has taken place, the original VR counselor no longer has access to the case.
- The VR counselor receiving the case should review the case for concerns and may send the case back to the original VR counselor for corrections.