2800  REHABILITATION SERVICES.

2801  Requirements for Rehabilitation Service Provision. Rehabilitation services will be provided as follows:

A. Services will be provided, as appropriate:
   1. for assessment to determine eligibility and rehabilitation needs; or,
   2. for a Trial Work Experience (vocational rehabilitation only); or,
   3. in accordance with an Individualized Plan for Employment (IPE).

B. Medical and allied medical services will be provided based upon the recommendation and written prescription, as appropriate, of a licensed physician or other authorized health care professional. Copies of recommendations for treatment, prescriptions, and reports of progress or outcome of treatment will be placed in the record of services. See Section 3800.

C. Services will be purchased only from professionals licensed or certified according to state law and approved by the Division.

D. Services will be provided in accordance with the Division’s economic need policy and purchasing procedures.

2802  Scope of Vocational Rehabilitation Services. Vocational rehabilitation (VR) services are any goods or services necessary to render an individual employable, including but not limited to the following:

A. An assessment for determining eligibility and priority for services by qualified personnel including, if appropriate, an assessment by personnel skilled in rehabilitation technology;

B. An assessment for determining VR needs;

C. Vocational counseling and guidance;

D. Referral and other services necessary to help applicants and eligible individuals secure needed services from other agencies and to advise those individuals about the Client Assistance Program;

E. Physical restoration and mental health services, including:

   1. Corrective surgery or therapeutic treatment that is likely, within a reasonable period of time, to correct or modify substantially a physical or mental impairment that constitutes a substantial impediment to employment;
2. Diagnosis of and treatment for mental and emotional disorders by a licensed psychiatrist, licensed psychologist, or a psychologist employed by a school system;

3. Dental services;

4. Nursing services;

5. Necessary hospitalization (either inpatient or outpatient) in connection with therapeutic treatment, corrective surgery, or clinic services;

6. Medication and medical supplies;

7. Prosthetic, orthotic, or other assistive devices, including hearing aids;

8. Eyeglasses and visual services;

9. Podiatry;

10. Physical therapy;

11. Occupational therapy;

12. Speech or hearing therapy;

13. Mental health services; or,


F. Vocational and other training services, including personal and vocational adjustment training, books, tools, and other training materials, except that no training or training services in an institution of higher education may be paid for with Division funds unless maximum efforts have been made by the client to secure grant assistance in whole or in part from other sources to pay for that training. Institutions of higher education include universities, colleges, community or junior colleges, vocational schools, technical institutes, or hospital schools of nursing.

G. Interpreter services for individuals who are deaf and tactile interpreting services for individuals who are deafblind;

H. Reader services, rehabilitation teaching services, and orientation and mobility services for individuals who are blind;

I. Recruitment and training services to provide new employment opportunities in the fields of rehabilitation, health, welfare, public safety, law enforcement, and other appropriate public service employment;
J. Job search and placement assistance and job retention services;

K. Supported employment services;

L. Specific post employment services necessary to assist clients to maintain, regain, or advance in employment;

M. Occupational licenses, tools, equipment, initial stocks, and supplies;

N. Rehabilitation technology services, telecommunications, sensory and other technological aids and devices;

O. Transition services;

P. Vehicular modification;

Q. Other goods and services determined necessary for the individual with a disability to achieve an employment outcome; and,

R. Support Services. The following services may be provided while a client is receiving other VR services:

1. Maintenance for additional costs incurred while participating in rehabilitation;

2. Transportation;

3. VR services to family members (an individual who either is a relative or guardian of an applicant or eligible individual; or lives in the same household as an applicant or eligible individual; has a substantial interest in the wellbeing of that individual; and who requires VR services to enable the applicant or eligible individual to achieve an employment outcome); and,

4. Personal assistance services.

2803 Informed Choice.

2803.1 General. While the concept originated with and was a major theme in the Rehabilitation Act Amendments of 1992, neither the Act nor regulations defined informed choice, leading to various interpretations. The following definition was proposed by the 1995 Institute of Rehabilitation Issues: “Informed choice is the outcome of a process that occurs within a partnership where the partners identify and explore together the various options at each decision point in the consumer’s rehabilitation, where the positive and negative implications from the consumer’s perspective are identified, and where the Counselor provides support as needed for the consumer to make the informed choices that will result in a meaningful career outcome.”
2803.2 Considerations. When identifying feasible options with the client, the Counselor should consider that:

A. The client’s choices may be limited by laws, regulations, policies, or qualification issues. Should this occur, the Counselor will fully explain the reason(s) for it.

B. Client choices may be limited by the disability itself. Therefore, the Counselor must ensure that the client understands limitations imposed by the disability.

C. The IPE must be developed and implemented to afford eligible clients the opportunity to exercise informed choice in selecting an employment outcome, rehabilitation services, service providers, and methods for procuring services. This opportunity requires special emphasis during IPE development. See Section 2700.

2803.3 Role and Responsibility of the Applicant and/or Eligible Individual. To accomplish the goal of a client’s participation in making an informed choice, the client must decide about options for IPE development, the extent of technical assistance needed to exercise the various options, and the extent to which family members and others are to be involved in the IPE planning process. Exercising informed choice and taking more responsibility in the rehabilitation process may be demanding on individuals with disabilities as well as upon other people in their lives. To be fully engaged in the process, including IPE development, the client must:

A. Gather and use information to the extent possible, participate in planning and problem solving, make and implement decisions, and seek or identify needed resources; and,

B. Assume responsibilities identified in the IPE for implementing decisions and achieving the employment outcome once the IPE has been signed by both the client and the Counselor.

2803.4 Counselor Role and Responsibility in Informed Choice. The Counselor’s role in informed choice includes the following responsibilities to:

A. Inform each applicant and/or eligible individual, through effective modes of communication, about the opportunities to exercise informed choice throughout the VR process, including the availability of support services for clients who require assistance in exercising informed choice;

B. Provide information that must include:

1. Cost, accessibility, and duration of services;

2. Types of services;

3. Degree to which service settings are integrated;
4. Qualifications of service providers; and,

5. To the extent available, information about consumer satisfaction with those services;

   C. Use counseling skills to encourage an insecure, doubtful, and uncertain client to become a partner in planning;

   D. Make certain the client is aware of all relevant options;

   E. Recognize that in a partnership the client has equal responsibility to perform research necessary to identify and analyze options;

   F. Ensure that the client is aware of the implications of each option;

   G. Consider options from the client’s point of view;

   H. Understand that choices are not informed unless they are based upon the pool of options remaining after possibilities have been identified, considered, and options less preferable to the client and Counselor are discarded;

   I. Ensure that choices clients make truly are their own and not choices imposed by a family member, guardian, or other well meaning individual;

   J. Remember that accommodations and technological solutions exist to overcoming many obstacles presented by the severity of the client’s disabling condition; and,

   K. Say “no” when appropriate and to help the client understand that the universe of choices is finite. It is important for the client to understand that funds, availability of resources, legalities, limitations of the disability, and the job market may limit some choices.

2803.5 Counseling Tools for Informed Choice. Sometimes the most difficult task in counseling is helping clients understand and analyze their limitations, strengths, and interests; to be knowledgeable about various options that may be available in services, goals, and job market opportunities; and to have the desire to explore fully the spectrum of opportunities that exist. Before planning a goal, a client must have a strong sense of self awareness, understand what it will require to reach the desired goal, and have the ability and motivation to obtain the skills necessary to reach the goal. Affording the client the opportunity to participate in discovery of answers to these concerns is the intent of informed choice. Utilization of tools such as self-determination guides, career assessment inventories, and other assessments allow the client to advance through various stages of the self-discovery and goal setting process.

2803.6 Self Determination. Self determination is key to making an informed choice and achieving goals.
A. **Components.** In 1995, Martin and Huber Marshall identified the following components of self determination:

1. **Self awareness** is the ability to identify and understand one’s needs, interests, strengths, limitations, and values.

2. **Self advocacy** refers to the ability to express one’s needs, wants, and rights in an assertive manner.

3. **Self efficacy** is commonly referred to as self confidence and is the belief that one will attain a goal.

4. **Decision making** is the complex skill of setting goals, planning actions, identifying information to make decisions, and choosing the best option to reach one’s goals.

5. **Independent performance** is the ability to start and complete tasks through self-management strategies.

6. **Self evaluation** includes the ability to self-assess performance and determine when a goal or task has been completed satisfactorily.

7. **Adjustment** is the process of revising one’s goals and plans to improve performance or success.

B. **Process.** Participation in the self-determination process will assist the client to identify strengths, capabilities, barriers, interests, and resources. Additionally, self determination assists the client to develop skills relevant to decision making, goal setting, problem solving, and self advocacy. The Self-Determination Guide is a tool to encourage clients to evaluate their own strengths, interests, and barriers relating to employment. See Figure 2800-1.

C. **Self-Determination Guide.** This assessment tool is completed during the comprehensive assessment or at any time during the rehabilitation process when the client experiences difficulty making employment related decisions. In addition to other assessment data, this information is used by the client and Counselor to develop an appropriate vocational goal.

D. **When Required.** The Self-Determination Guide must be completed when the client:

1. Is a school transition student; or,

2. Has little work history or large gaps in work history; or,

3. Has little knowledge about strengths or barriers; or,
4. Is unable to express specific work interests; or,

5. Has identified a vocational goal that does not complement abilities, strengths, and barriers.

E. Completing the Self-Determination Guide. The client and Counselor will determine the best approach to complete the Self-Determination Guide. In some cases, the client may complete the Guide at home or in the Counselor’s office. In other instances, the client may benefit from Counselor assistance to complete the Guide. Therefore, completion of the Guide may occur over a period of time and require several counseling sessions.

F. Use of Completed Self-Determination Guide. The Guide is a counseling tool which requires the Counselor to meet with the client to discuss the results and how this information impacts selection of an appropriate vocational goal. Information gleaned from the Guide also may indicate the need for more career exploration, career counseling, and other self-determination activities.

2804 Comparable Services and Benefits. The Counselor will determine whether comparable services or benefits are available under any other program prior to providing any VR service. Awards and scholarships based on merit are not to be considered in the determination of comparable services or benefits. The Counselor will ensure that determination of the availability of comparable services or benefits will not interrupt or delay:

A. The client’s progress toward achieving the employment outcome identified in the IPE;

B. An immediate job placement;

C. The provision of needed VR services to any client at extreme medical risk;

D. Information and referral services to persons classified into a closed category of the order of selection;

E. Assessment for determining eligibility and VR needs, including assessment of rehabilitation technology needs;

F. Counseling and guidance, including information and support services necessary to assist a client in exercising informed choice throughout the rehabilitation process;

G. Referral and other services necessary to assist a client in securing needed services through cooperative agreements with other agencies who also are members of the statewide workforce investment system when such services are not available from the Division;

H. Job-related services, including job search and placement assistance, job retention services, follow-up services, and follow-along services; and,
I. Rehabilitation technology services, including telecommunications, sensory, and other technological aids and devices.
SELF-DETERMINATION GUIDE

Self-determination means having the knowledge and freedom to make informed decisions about your life and vocational goals. The following questions ask about your values, attitudes, and strengths as related to jobs. The questions also address any limitations or barriers that may affect your decisions.

The Self-Determination Guide is a tool that will give you and your Counselor information about yourself so that you can work together to identify an appropriate and realistic vocational goal. The Guide is one of many information sources that will help you and your Counselor to develop a goal as well as strategies for reaching your goal. Please note that the Division of Rehabilitation Services may refuse to provide financial sponsorship for any training or educational program supporting a vocational goal that does not complement your strengths, aptitudes, resources, and limitations.

When answering the following questions, please remember that there is NO right or wrong answer.

<table>
<thead>
<tr>
<th>Strengths</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are your talents?</td>
</tr>
<tr>
<td>List three abilities about which you feel confident.</td>
</tr>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
<tr>
<td>What is a personal accomplishment that you are most proud of?</td>
</tr>
<tr>
<td>What hobbies do you enjoy? What do you enjoy about the hobby? (Examples: I enjoy working on cars which requires that I work with my hands and understand how mechanical things work. I like to ride my bicycle which requires me to use my body to physically challenge myself.)</td>
</tr>
</tbody>
</table>

Figure 2800-1. Self-Determination Guide.
What were your best subjects in school and why did you like them? (Examples: I found the subject interesting. I found the subject challenging. I found the subject easy to understand.)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

What jobs have you had? ___________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Which job(s) did you feel best suited your abilities and why? ___________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Have you done volunteer work? If so, where and what type of work did you do? __________

__________________________________________________________________________

__________________________________________________________________________

### Job Preferences

Think about what you want in a job. Please mark (X) all of the following that are important to you:

___ Work alone  ___ Work that uses my mind

___ Work around people  ___ Physical work

___ Work only Monday through Friday  ___ Easy job

___ Work weekends  ___ Challenging job

___ Work days  ___ Work inside
## Work Nights
- Work nights
- Quiet workplace
- Active, busy workplace
- Little supervision
- A lot of supervision
- Important to work fast
- Detail important

**Others:**

---

Of the job preferences that you marked as important, which three are the **MOST** important to you when considering a job?

1. 
2. 
3. 

---

## Job Dislikes

Think about what you don’t want in a job. Please mark (X) all of the following items that you absolutely **WILL NOT** consider in a job.

- Large company
- Dusty places
- Waiting
- Long sitting periods
- Pressure to work fast
- Being too hot or too cold
- Standing
- Being told what to do
- Dirty hands
- Orders with no explanations
- Heavy lifting
- Repetitive tasks

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*Figure 2800-1. Self-Determination Guide (continued).*
___ Travel long distance to work       ___ Jobs that require math

___ Jobs that require reading

Others: ____________________________________________________________

_________________________________________________________________

Personal Information

My impairment/disability is: _______________________________________
_________________________________________________________________

As a result of the impairment/disability, I have difficulties with: ________
_________________________________________________________________

I believe the difficulties can be overcome by: _________________________
_________________________________________________________________

_________________________________________________________________

What other obstacles stand in my way? (Examples: transportation, need for training, lack of family/social support, etc.) __________
_________________________________________________________________

_________________________________________________________________

Defining Career Goals

This section asks questions that get you to think about what kind of job you would like to have, the kinds of questions you need to ask about jobs, and how your skills and abilities fit in when considering a specific job.

My dream job is: __________________________________________________
_________________________________________________________________

_________________________________________________________________
What about my dream job appeals to me? 

What level of education or training is required for this job? 

What skills does a person need for this job? 

Do I have the skills for this job? Please list your skills that you believe apply to your dream job.

What are the characteristics of this job? (Examples: requires physical labor, work independently, repetitive tasks, etc.) 

Does this job match job preferences and dislikes that I identified on pages 2 through 4? If necessary, review your identified preferences and dislikes on pages 2 through 4.

___ Yes    ___ No

Is this job available in my community? If so, where? 

If this job is not available in my community, I (please mark (X) only one response):

___ will relocate; or,    ___ will not relocate.

How often do people get hired for this type of work? 

How much money can I earn? 

Figure 2800-1. Self-Determination Guide (continued).
Is this salary enough for me to live independently?  

| Yes | No |

What limitations do I have that would prevent me from working in my dream job? (Examples: physical demands, learning problems, lack of skills, etc.)

________________________________________________________________________

Are there other jobs that would better match my strengths and limitations? If so, what are they?

________________________________________________________________________

**Action Steps**

Please check (X) any/as many of the items below that would help you determine a vocational goal and overcome any obstacles for reaching your goal.

__ Career exploration __ Appropriate clothing for job hunting

__ Writing a resume’ __ Interviewing skills

__ Completing applications __ Information about disability accommodations

__ Finding job openings __ Assistance with childcare

__ Accessing community services __ Learning to stand up for myself

__ Communicating better __ Problem solving

__ Handling conflict __ Managing stress

__ Training __ Disclosure of disability issues (when to disclose limitations, information about my disability)

__ Other: ____________________________

Client’s Signature and Date: ________________________________________________

**Figure 2800-1. Self-Determination Guide (continued).**