**Independent Living Services for Older Individuals Who Are Blind (OIB) Policy and Procedure Manual**

# Originally Published 7/27/2017

# Revision Log

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| --- | --- |
| **Date** | **Description** |
| 08/01/2022 | Updated voter registration requirements to chapter 1, Removed Post- Closure services throughout the document, updated BLR to reflect VR Division wide guidance of 300% of Federal Poverty Level in 3.5.15, updated guidance for providing services to customers in nursing homes, updated eligibility requirements for Criteria 2 in 3.3.6. |
| 08/01/2022 | Updated guidance for eligibility and plan development that indicate that customers should be moved into these phases as soon as possible, or by timeframes given when possible. |
| 10/01/2021 | Added policy on voters registration requirements to chapter 1, section 1.8 and 1.8.1. |
| 10/1/2019 | Removed purchasing processes and procedures from section 7.9 Purchasing Goods and Services for Customers, and added references to the VR Services Manual D-200: Purchasing Goods and Services. |
| 6/3/2019 | Removed all references to VR Teacher services. |
| 12/17/2018 | 4.4.9 Service Dates  Added statement regarding the ILP documentation of the estimated service completion date and the estimated case closure date to align with ReHabWorks release. |
| 9/17/2018 | All direct form links replaced by links to VR form lists (internal and external), and all form references changed from “DARSXXXX” to “VRXXXX,” where XXXX represents the form number. |
| 8/3/2018 | 6.3.6 Procedure for Closure before or after Application  Added content confirming that individuals have the right to appeal decisions made regarding eligibility and case closure. |
| 8/3/2018 | 6.4.7 Procedure for Closing a Case as Successful  Added content confirming that customers will be provided with information about the Client Assistance Program. |
| 12/28/2017 | Updated with references and links to combined DSU manuals. |

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# Chapter 1: Foundations, Roles, and Responsibilities

## 1.1 Introduction

This policy manual is used to administer the Independent Living Services for Older Individuals Who Are Blind program (OIB), which will be referred to throughout this manual as “OIB” program. The manual is the primary resource for the OIB worker and other Texas Workforce Commission (TWC) professionals to deliver services and goods necessary for customers to achieve success while staying in compliance with federal and state laws.

OIB workers are required to become familiar with each chapter in this manual.

This manual is designed to provide guidance for the OIB staff to use best business practices and approaches that can empower customers to reach their independent living goals. OIB customers face a variety of needs and circumstances. Consistent with TWC’s policy framework, the OIB worker must be understanding, resourceful, and creative in order to contribute to the success of the customer.

The OIB worker and other workers who use this manual are encouraged to foster a meaningful partnership, not only with the customer, but with all others involved in the case progression. This could include providers, family members, medical professionals, friends, and contacts from other participating organizations. The OIB worker’s commitment, knowledge, and perseverance are critical to positive case progression. Customers often require a variety of forms of training, which the OIB worker identifies, discusses, and coordinates. These types of training are addressed in this manual.

This policy manual also includes links to other important forms and documents, including the VR Standards for Providers Manual.

## 1.2 Nondiscrimination Policy

TWC’s Independent Living Services for Older Individuals Who Are Blind (OIB) program does not deny services because of age, gender, race, color, creed, or national origin.

### 1.2.1 Section 504 Compliance

The OIB program does not deny services to any individual in Texas—who is otherwise qualified—because of a disability.

## 1.3 Basic Rights, Appeals Procedures, and Hearings Procedures

Applicants for, and individuals receiving, services provided by OIB are afforded certain rights, which include the right to:

* be informed in writing of their rights;
* services that are nondiscriminatory;
* protection of personal information contained in program records; and
* appeal decisions regarding planned services or the eligibility for such services.

### 1.3.1 Notification of Applicant and Customer Rights and the Appeals Process

Applicant and customer rights that pertain to each program are summarized in a brochure entitled “Can We Talk.” The brochure must be provided, at a minimum:

* at application;
* at the time of initial plan development, if one is developed;
* when the individual is determined ineligible for services;
* when services are being reduced, suspended, or terminated; and
* upon applicant or customer request.

A more detailed description of the appeals process is available upon request by the applicant or customer and is sent when an appeal is filed.

**Note:** Documentation must be included in the case file that the “Your Rights” booklet was provided. Documentation can be made in a case note or in the Application Plan.

### 1.3.2 Appeals and Hearings Process

The OIB program aims—within policy and fiscal constraints—to provide customer satisfaction. However, not every decision will be satisfactory to an applicant or customer. When an applicant or a customer is dissatisfied, he or she may consider a complaint, an appeal, or both.

Complaints: TWC fairly and impartially addresses any customer's complaints about furnishing or denying services. To avoid an interruption of services, TWC handles complaints promptly and at the lowest possible management level.

When the OIB worker receives a complaint, he or she should explore all options in OIB policy to resolve the complaint. If the OIB worker or his or her supervisor cannot resolve the complaint, tell the customer that he or she has a right to appeal. The applicant or a customer may request a formal hearing and/or mediation.

This policy addresses the following procedures for resolving a customer's complaint:

* the due-process hearing; and
* mediation.

Appeals: When an issue is not resolved after discussion between the applicant or customer and the OIB worker, an appeals process is available to remedy dissatisfaction with respect to:

* denial, reduction, suspension, or termination of services;
* the nature or content of the customer’s OIB plan; and/or
* the delivery or quality of counseling and guidance.

The appeals procedures:

* supplement the procedures required by law; and
* do not permit class actions.

### 1.3.3 Appeals and Hearings Policy

The “Can We Talk” brochure has information about the TWC appeals and hearings policy.

### 1.3.4 Customer Assistance Number and Client Assistance Program

The “Can We Talk” brochure contains information about the Texas Workforce Solutions customer assistance number and the Client Assistance Program (CAP).

Applicants and customers may contact Texas Workforce Solutions customer assistance at 1-800-628-5115.

For more information about their rights, applicants and customers can contact CAP at 1-800-252-9108.

“The Designated State Agency (TWC) and all other service providers under this part shall use formats that are accessible to notify individuals seeking or receiving services under this part about (a) the availability of CAP authorized by section 112 of the Act; (b) The purpose of the services provided under the CAP; and (c) How to contact the CAP.”

34 Code of Federal Regulations (CFR) §367.68

## 1.4 Confidentiality and Use of Customer Records and Information

A customer representative is any person designated by an applicant or eligible individual, including a parent, guardian, other family member, or advocate. If a court has appointed a guardian or representative for an applicant or eligible individual, that person is the individual's representative.

For TWC to safeguard the customer's confidentiality, the customer or customer representative must provide documentation of customer representation to TWC. The customer's representative will have responsibilities related to the provision of TWC services until TWC is notified by the customer or the customer representative that the person is no longer the customer representative.

The paper case file must include documentation as detailed below:

|  |  |
| --- | --- |
| **Representative Type** | **Paper Case File Documentation Requirements** |
| Customer Representative | * Completed [VR1487, Designation of Applicant or Customer Representative](https://twc.texas.gov/forms/index.html) * Power of Attorney, or * a written statement signed by the customer designating a representative |
| Court-appointed Guardian or Representative | Current legal documentation of guardianship or representative |

### CONFIDENTIAL Markings on Released Customer Records

Any customer records released must have a “CONFIDENTIAL” stamp imprint on each file, assuring that the information will:

* be safeguarded;
* be used only for the purpose provided; and
* not be released to unauthorized individuals.

**Exception**: If more than 10 pages are released, the pages may be stapled together with the stamp imprint on a cover page or, if appropriate, use the following:

* [VR1515, Notice for Release of Confidential Records Pursuant to Legal Process or Investigation](http://intra.twc.state.tx.us/intranet/gl/html/vocational_rehab_forms.html); or
* [VR1516, Notice for Release of Confidential Records for Audit, Research, Evaluation, or Other Program Purposes](http://intra.twc.state.tx.us/intranet/gl/html/vocational_rehab_forms.html).

For additional information, refer to the [VR Services Manual (VRSM) A-207: Confidentiality and Use of Customer Records and Information](https://twc.texas.gov/vr-services-manual/vrsm-a-200#a207).

## 1.5 Release of Information for Research Purposes

Pursuant to federal regulations at 34 CFR 367.69, under certain circumstances, TWC is authorized to release personal information to an organization, agency, or individual engaged in audit, evaluation, or research, but only for purposes directly connected with program administration, or for purposes that would significantly improve the quality of life for individuals with disabilities. Release of information can only be made in accordance with a written agreement between TWC and the organization, agency, or individual engaged in audit, evaluation, or research. Among other things, any such written agreement must ensure that the released information is used only for the purposes for which it is being provided; will be released only to persons officially connected with the audit, evaluation, or research; and will safeguard confidentiality.

When such a request is received, the OIB worker contacts TWC Open Records department to determine whether OIB would be authorized to provide the information and to obtain the documentation that must be signed by the recipient when such information is released.

## 1.6 Reporting Allegations of Abuse, Neglect, or Exploitation

### 1.6.1 Documenting the Report

To report allegations of abuse, neglect, or exploitation, the individual who has cause to believe that abuse, neglect, or exploitation has occurred:

1. immediately contacts law enforcement if the incident is a threat to health or safety;
2. immediately reports the incident to the appropriate investigatory agency, as listed in the table below;
3. documents which investigatory agency was contacted in the customer’s case file, including the reference number provided by the investigatory agency; and
4. notifies his or her manager, supervisor, or the appropriate contract manager of the allegation.

Any staff member who has cause to believe that a minor child, an adult with a disability, or an individual 65 years of age or older is at risk of or in a state of harm due to abuse, neglect, or exploitation must immediately report the information to the appropriate investigatory agency (see the table below), and, if the incident is a threat to health or safety, the local law enforcement agency.

Reporting suspected abuse, neglect, or exploitation to the appropriate investigatory agency directly is required, regardless of the circumstances.

#### Reporting Process

|  |  |
| --- | --- |
| **If the alleged abuse, neglect, or exploitation occurs in:** | **The TWC staff member who has cause to believe abuse, neglect, or exploitation has occurred, reports the information to:** |
| * A Texas Department of Family and Protective Services licensed child care operation, including a residential child care operation; * A state-licensed facility or community center that provides services for mental health, intellectual disabilities, or related conditions; * An adult foster home (with three or fewer customers, which is not licensed by a Texas Department of Aging and Disability Services (DADS) facility; * An unlicensed room and board facility; * A school; or * An individual's own home | Texas Department of Family and Protective Services Statewide Intake P.O. Box 149030 Austin, Texas 78714-9030 Voice 1-800-252-5400 Fax (512) 832-2090  [Texas Abuse Hotline](http://www.txabusehotline.org) |
| * DADS licensed assisted living care facility; * nursing home or adult day care; * private intermediate care facility for individuals with intellectual disability; or * adult foster care | Texas Department of Aging and Disability Services Complaints Management & Investigations P.O. Box 149030, Mail Code E-340 Austin, Texas 78714-9030  1-800-458-9858 |
| A Texas Department of State Health Services–licensed substance abuse facility or program | Texas Department of State Health Services Substance Abuse Compliance Group Investigations 1100 W. 49th St. Austin, Texas 78756 Mail Code 2823 1-800-832-9623 |
| A Texas Department of State Health Services–licensed hospital | Texas Department of State Health Services Facility Licensing Group  1100 W. 49th St.  Austin, TX 78756  Complaint Hotline  1-888- 973-0022 |

### 1.6.2 Reporting in a Facility

Incidents that involve customers residing in a facility should be reported to the authority responsible for the facility.

To report allegations of abuse, neglect, or exploitation, the individual who has cause to believe that abuse, neglect, or exploitation has occurred:

1. immediately contacts law enforcement if the incident is a threat to health or safety;
2. notifies his or her manager, supervisor, or the appropriate contract manager of the allegation.

The supervisor, manager, or appropriate contract manager:

1. consults with TWC Human Resources for next steps;
2. consults with TWC Office of General Counsel (OGC), as appropriate; and
3. fills out an RSM-4740 Security Incident Report on the same day, or no later than 48 hours of the date the allegation was made, and forwards it by email to:
   * [Incident Reports - RSM](mailto:IncidentReports.RSM@twc.state.tx.us); and
   * his or her chain-of-management.

## 1.7 Responding to Subpoenas for Customer Records

TWC releases customer information to a federal or state court, an administrative hearing officer, or a judge when presented with a subpoena, an order, or a summons. Valid subpoenas are binding upon TWC, with or without the customer's consent.

If the OIB worker receives a subpoena, court order, or other summons, the OIB worker immediately contacts TWC Office of General Counsel (OGC) directly and notifies the immediate supervisor. Release of information under a subpoena, court order, or summons is centrally coordinated through the OGC. Subpoenas are centrally tracked through the TWC Open Records department. Release of records is prohibited unless expressly approved by OGC, including, but not limited to, the following circumstances:

* a customer, customer's representative, or lawyer requests that a TWC employee verbally discuss a subpoena with a lawyer;
* a lawyer, judge, magistrate, or clerk of court calls or writes TWC concerning a subpoena; or
* a TWC employee is served with a subpoena that requires him or her to appear:
  + in court;
  + before an administrative proceeding; or
  + for an oral deposition.

### 1.7.1 Preparing Customer Records for Release

The OIB worker sends any requests to answer written questions that accompany a subpoena to OGC and awaits instructions for processing.

## 1.8: Voter Registration

On February 21, 2018, under the National Voter Registration Act of 1993 and Chapter 20 of the Texas Election Code, Texas Workforce Commission-Vocational Rehabilitation Division (TWC-VRD) was designated by the Secretary of State to provide voter registration services through its Vocational Rehabilitation (VR) and Independent Living Services for Older Individuals Who Are Blind (OIB) programs. TWC-VRD is required to offer customers an opportunity to register to vote when they apply for services or when they report a change of address.

Note: From September 1, 2016 to May 11, 2018, policy did not require that TWC-VRD staff offer voter registration services to VR or OIB customers.

OIB staff is prohibited from:

* influencing a customer's political preference or party registration;
* displaying political preference or party affiliation;
* making any statement or taking any action to discourage a customer from registering to vote; and
* documenting—in ReHabWorks (RHW) case management notes or case files—any customer response or reaction to being given the opportunity to register to vote.

OIB staff may email questions on policies and procedures related to TWC voter registration services to the Vocational Rehabilitation Services Manual Support mailbox at [vrsm.support@twc.texas.gov](https://twcgov-my.sharepoint.com/personal/matt_berend_twc_texas_gov/Documents/PPD%20Team/Voter/vrsm.support@twc.texas.gov), and review [VR1680INST, Instructions for the Opportunity to Register to Vote](https://intra.twc.texas.gov/intranet/gl/html/vocational_rehab_forms.html).

OIB staff must inform OIB customers that they may contact the Texas Secretary of State Elections Division at any time to ask questions or file a complaint, and must provide the contact information:

Elections Division

Texas Secretary of State

P.O. Box 12060

Austin, Texas 78711-2060

Phone: (800) 252-VOTE (8683)

Email: [elections@sos.texas.gov](https://twcgov-my.sharepoint.com/personal/matt_berend_twc_texas_gov/Documents/PPD%20Team/Voter/elections@sos.texas.gov)

Website: <http://www.votetexas.gov>

### 1.8.1: Voter Registration Procedures

OIB staff must offer the customer the opportunity to register to vote at the time of application for services, or when the customer reports a change of address.

#### Application for Services

During the application for services, OIB staff must:

* provide a Texas Voter Registration Application to customers of voting age (in Texas, an individual may register to vote when they are at least 17 years and 10 months old, if they will be 18 years of age on Election Day);
* help the customer complete the Texas Voter Registration Application, if the customer requests assistance;
* mail the completed application for the customer unless the customer declines assistance and indicates that they wish to submit the application to the voter registrar or take the blank application form, in which case OIB staff must inform the customer that they can submit it to the voter registrar;
* document that voter registration services were provided to the customer by completing the:
  + Opportunity to Register to Vote page of the Personal Information page in RHW, or
  + In the event that RHW is unavailable, complete [VR1680, Opportunity to Register to Vote](https://intra.twc.texas.gov/intranet/gl/html/vocational_rehab_forms.html) and obtain the customer’s signature unless the customer refuses to sign, in which case OIB staff will check the appropriate box. For additional information about completing this form, refer to [VR1680INST, Instructions for the Opportunity to Register to Vote](https://intra.twc.texas.gov/intranet/gl/html/vocational_rehab_forms.html);

#### Change of Address

When a customer reports a change of address in-person, OIB staff must:

* provide a Texas Voter Registration Application to customer if they are of voting age (in Texas, an individual can register to vote when they are at least 17 years and 10 months old, if they will be 18 years of age on Election Day);
* help the customer complete the Texas Voter Registration Application, if the customer requests assistance;
* mail the completed application for the customer unless the customer declines assistance and indicates that they wish to submit the completed application to the voter registrar or take the blank application form with them, in which case the OIB staff member must inform the customer that they may submit it to the voter registrar;
* document that voter registration services were provided to the customer by completing the:
* Opportunity to Register to Vote page on the Personal Information page in RHW, or
* in the event that RHW is unavailable, complete VR1680, Opportunity to Register to Vote and obtain the customer’s signature unless the customer refuses to sign, in which case VR staff will check the appropriate box. For additional information about completing this form, refer to VR1680INST, Instructions for the Opportunity to Register to Vote.

It is not required to obtain the customer’s signature on the VR1680 when a customer reports a change of address by phone, email or other communication. OIB staff must:

* mail a Texas Voter Registration Application and [VR1681, Texas Voter Registration Application Letter](https://intra.twc.texas.gov/intranet/gl/html/vocational_rehab_forms.html) to customers who are of voting age;
* help the customer complete the Texas Voter Registration Application, if the customer requests assistance; and
* document that voter registration services were provided to the customer by completing the Opportunity to Register to Vote page on the Personal Information page in RHW.

# Chapter 2: General Overview

## 2.1 Purpose and Scope of the OIB Program

The Texas Workforce Solutions (TWS) Independent Living Services for Individuals Who Are Blind (OIB) program makes available specialized services to eligible individuals age 55 and older whose independence is threatened because of vision loss.

The OIB program’s primary purpose is to assist individuals to avoid institutionalization and remain in the community. This is accomplished by focusing on helping customers adjust to blindness and develop skills to enable them to live confidently and independently in their homes and communities.

### 2.1.1 Whom Does OIB Serve?

OIB assists customers:

* who have a significant visual impairment;
* whose ability to function independently in the home, family, or community is substantially limited due to visual impairment; and
* for whom the delivery of independent living (IL) services will substantially improve ability to function, continue functioning, or progress toward functioning independently in the home, family, or community.

Although similar to the VR process, the OIB program’s process is not identical. Information about the OIB case-flow processes is detailed in the following section.

### 2.1.2 OIB Funding and Partnerships

The OIB program is funded through the federal Rehabilitation Services Administration (RSA). OIB maximizes successful service-delivery outcomes through its partnerships with the Centers for Independent Living (CILs), the Texas State Independent Living Council, the Texas Health and Human Services Commission, and OIB caseloads.

Together, these programs promote independent living through customer control, peer support, self-help, self-determination, equal access, and individual and systemic advocacy to ensure full integration and inclusion into society.

### 2.1.3 What Services Are Provided Through OIB?

Federal law at 34 Code of Federal Regulations (CFR) §367.3 defines IL services for older individuals who are blind to include:

* “services to help correct blindness, such as:
  + outreach services;
  + visual screening;
  + surgical or therapeutic treatment to prevent, correct, or modify disabling eye conditions; and
* hospitalization related to these services;
* the provision of eyeglasses and other visual aids;
* the provision of services and equipment to assist an older individual who is blind to become more mobile and more self-sufficient;
* mobility training, braille instruction, and other services and equipment to help an older individual who is blind adjust to blindness;
* guide services, reader services, and transportation;
* other appropriate services designed to assist an older individual who is blind in coping with daily living activities, including support services and rehabilitation teaching services;
* IL skills training, information and referral services, peer counseling, and individual advocacy training;
* facilitating the transition from nursing homes and other institutions to home and community-based residences with the requisite supports and services;
* helping customers who are at risk of entering institutions to remain in the community; and
* other IL services, including the local Centers for Independent Living (CILs).”

While Federal regulations allow for the above services to be purchased with OIB funds, services are subject to available funding. Currently OIB does not assist with medical services (See 5.2.4). OIB services are designed to be responsive to the amount and kind of assistance needed. These services can include the following:

* information about adaptive techniques and resources related to vision loss;
* referral to other community resources related to aging, disability, and other individualized concerns;
* group training to encourage self-confidence–building experiences;
* one-on-one in-home adaptive skills training; and
* peer support development.

For additional details about OIB services, refer to [Chapter 4: Plan Development](#_Chapter_4:_Plan) and [Chapter 5: Service Delivery](#_Chapter_5:_Service).

### 2.1.4 Role of the OIB Worker

Independent living services (ILS) are provided by the OIB worker and/or an IL contract provider or CIL for a specific service.

The role of the OIB worker is to:

* determine eligibility;
* coordinate services with available resources (Available resources will vary with different locations. However, CILs, the Department of Aging, and senior citizen organizations can be viable resources.);
* perform customer assessments;
* provide or coordinate arrangements for skills training and other active services;
* use all available comparable services and benefits before spending agency funds;
* inform each customer of services that require determination of economic need and the necessity of applying comparable benefits before purchasing services;
* communicate with providers concerning the Independent Living Services (ILS) program to assist them in understanding the overall goals of the program, the limited funds available, and the need for skills training;
* support informed choice by advising customers of their rights, responsibilities, and agency expectations surrounding active OIB services;
* educate customers regarding accessing available services and assist with access as needed;
* be aware of and develop community resources;
* assist customers by functioning as an advocate as needed; and
* promote attainment and practice of the six core elements of [Texas Confidence Builders](http://www.twc.state.tx.us/files/jobseekers/tx-confidence-builder-twc.pdf) for OIB.

**Note:** The OIB worker generally performs the customer assessment and may provide direct training services, refer the customer to a vocational rehabilitation teacher, or work with a contract service provider. More detail about provision of IL skills training is provided later in this chapter.

### 2.1.5 Customer's Responsibility

The customer will be encouraged to take the primary responsibility for contacting other agencies. The OIB worker retains the responsibility for monitoring progress and providing support as needed.

The customer's responsibility is to:

* through informed choice, take an active role in planning his or her Independent Living Plan (ILP);
* actively participate in services; and
* inform the OIB worker of changes that might affect participation in active services, including comparable benefits, changes in income status, changes in living situation, and changes in health or vision.

# Chapter 3: Intake

## 3.1 Referral and Initial Contact

### 3.1.1 Definitions of Referral and Initial Contact

#### Referral

A “referral” is an individual who has:

* been referred to the Texas Workforce Commission (TWC) Independent Living Services for Individuals Who Are Blind (OIB) program by:
  + a Center for Independent Living (CIL);
  + a letter;
  + direct contact;
  + telephone; or
  + other means; and
* given basic information to program staff, including:
  + name;
  + address;
  + information for OIB services (date of birth and visual disability);
  + referral source; and
  + Social Security number (SSN) or temporary SSN.

**Note:** A temporary SSN can be created in ReHabWorks (RHW) when the permanent SSN is not available. Before creating a temporary SSN, staff must:

* request that the customer provides the SSN later, within appropriate time frames;
* review the appropriate alternative identity verification documentation as set out below in [3.2.4 Identification Verification Documents](#_3.2.4_Identification_Verification);
* ensure that the file contains a copy of alternative identity verification documentation; and
* if SSN is provided later, update the file with SSN, including changing the temporary SSN in RHW.

If necessary, the temporary SSN may be used at closure.

For more information about a temporary SSN, see [RHW Users Guide Chapter 8: PINS](https://online.twc.state.tx.us/services/rhwhelp/ch8.htm).

#### Promoting TWC Programs

TWC staff promotes all relevant Texas Workforce Solutions services. TWC staff communicates a message to customers, potential customers, providers, community partners, stakeholders, and all other partners that TWC Vocational Rehabilitation (VR) and OIB are part of the larger Texas Workforce Solutions, within which multiple programs may be beneficial and appropriate for an OIB customer.

Staff members who answer the main telephone line for a field office greet the caller by identifying the office as “Texas Workforce Solutions-Vocational Rehabilitation Services” (TWS-VRS) rather than as the office for a particular division or program.

### 3.1.2 Appropriate Referrals for Independent Living Services for Older Individuals Who Are Blind

“An older individual with blindness refers to an individual age 55 or older whose severe visual impairment makes securing competitive employment extraordinarily difficult but for whom independent living goals are feasible.”

34 Code of Federal Regulations (CFR) §367.5

Therefore, in accordance with federal regulations, an appropriate customer for the OIB program is an individual who is 55 years of age or older and has a severe visual impairment.

**Note:** Customers who are interested in employment should be referred to the Vocational Rehabilitation program.

### 3.1.3 Referral Process

#### Referrals to a TWS-VRS Office

If a customer contacts a TWS-VRS office by phone, email, or in person, or if a referral is made from an outside source, staff at that office:

* takes the information needed from the customer (see [3.1.4 Gathering Information during the Initial Contact](#_3.1.4_Gathering_Information));
* makes the referral to the appropriate OIB worker in the customer’s area if the customer meets the age and disability criteria for services;
* makes a referral to the CIL for other independent living (IL) services as needed; and
* refers the customer to the appropriate CIL, if the customer does not meet the basic eligibility criteria for OIB services.

**Note:** OIB staff must work with CIL staff to coordinate services to the customer.

#### Referrals from a Center for Independent Living

If a customer contacts a CIL for IL services, CIL staff:

* takes an application to assess eligibility and need for services;
* refers the customer to the appropriate TWS-VRS office for OIB services if the customer meets the age and disability criteria for services. (The CIL proceeds with a plan and service delivery for other IL services that the customer needs.); and
* coordinates with OIB staff to provide services to the customer.

If the customer does not meet the criteria for OIB services, CIL staff proceeds with a plan and service delivery for other IL services that the customer needs.

### 3.1.4 Gathering Information during the Initial Contact

When getting information from a referral during an initial contact, the OIB staff member completes the following in RHW:

* Initial Contact page;
* Referral Source page;
* Personal Information page of the application for services; and
* Disability Information page under the Eligibility section.

### 3.1.5 Moving into Initial Contact with Case Assignment

Movement into Initial Contact with Case Assignment automatically occurs when the initial contact is completed and the individual is assigned to an OIB caseload.

If it is determined that the customer is 55 years or older and has a significant visual impairment, then staff completes the Case Assignment page under Initial Contact.

An initial case note is automatically generated once the customer is assigned an OIB worker.

**Note:** The case remains in RHW in the Initial Contact with Case Assignment until the OIB worker completes the application and enters the customer’s signature.

The purpose of Initial Contact with Case Assignment is to:

* collect basic information; and
* provide information and referral services, which may include:
  + the [Independent Living for Older Individuals Who Are Blind or Visually Impaired](http://www.twc.state.tx.us/files/students/vr-ils-older-individuals-who-are-blind-twc.pdf); and
  + other types of information and referral services based on the individual’s stated need.

### 3.1.6 Minimal Services Available after Initial Contact

Minimal services can be provided after Initial Contact is completed and the individual is in Initial Contact with Case Assignment in RHW.

Minimal services during Initial Contact with Case Assignment in RHW can include:

* a copy of the *Independent Living for Older Individuals Who Are Blind or Visually Impaired* publication;
* information and referral services that are not covered in the *Independent Living for Older Individuals Who Are Blind or Visually Impaired publication*;
* a face-to-face meeting to start determining eligibility for IL services;
* beginning assessment of IL goals and needs;
* ordering adaptive devices that are required for the individual to participate in the application process;
* ordering minimal adaptive devices, such as handheld magnifiers, if that is the only IL service that is needed or requested; and/or
* marking appliances and equipment.

### 3.1.7 Independent Living for Older Individuals Who Are Blind or Visually Impaired Procedures

Every first-time referral to the OIB program must be provided a *Independent Living for Older Individuals Who Are Blind or Visually Impaired* publication by mail or in person,which has information about vision loss.

When the Initial Contact is taken, the OIB worker or other designated staff:

1. records the individual’s information in RHW, including all the items on the:

* Initial Contact page;
* Personal Information page; and
* Disability Information page;

1. enters a service record for information and referral services;
2. mails a copy of the *Independent Living for Older Individuals Who Are Blind or Visually Impaired* publication;
3. contacts the individual to:

* explain the OIB program;
* provide guidance;
* obtain SSN, if temporary personal identification number (PIN) is being used;
* begin assessing needs; and
* determine whether a face-to-face meeting is needed to assess needs in the home.

If information and referral services fully address the individual’s needs, the OIB worker:

1. updates the service record;
2. writes an outcome case note; and
3. closes the case successfully.

If a face-to-face contact is necessary, the OIB worker:

1. updates the service record;
2. enters a case note stating that a visit will take place with the customer and the OIB worker; and
3. processes the case per the outcome of the visit.

### 3.1.8 When to Move a Customer Out of Initial Contact with Case Assignment

A customer can be moved out of Initial Contact with Case Assignment when:

* his or her needs are met through the *Independent Living for Older Individuals Who Are Blind or Visually Impaired* publication, information and referral services, or minimal services (When this happens, the case is moved from Initial Contact with Case Assignment to a Successful Closure.);
* he or she needs additional services; and
* he or she has signed a VR5051, Application for Services..

Case closure is appropriate for other reasons, including the individual:

* cannot be located;
* is deceased; or
* refused OIB services.

## 3.2 Application

### 3.2.1 Introduction

“Application” is the term used in RHW to describe applicant activities. These activities are used to determine if an applicant is:

* eligible for services; and/or
* able to complete an application and needs assessment.

### 3.2.2 Applicant

The term “applicant” is used to refer to the individual applying for services.

### 3.2.3 Definition

An “applicant” is an individual who has:

* provided the required RHW application information, which includes:
  + personal information;
  + disability information;
  + address and phone number (Initial Contact page);
  + OIB services requested; and
  + financial information; and
* signed (or had his or her representative sign) the [Application Statement](https://online.twc.state.tx.us/services/rhwhelp/ch10.htm#statement) electronically in RHW or the paper application.

**Note:** If the customer signs the printed version of the VR5053, Application Statement—OIB, then the OIB worker must enter the application into RHW within two business days. The printed and signed VR5053 must be maintained in the customer’s paper case file after the data is entered.

### 3.2.4 Identification Verification Documents

To receive OIB services, an applicant must be present in Texas. If an applicant has not provided an SSN during application, the applicant must provide one of the following documents before he or she is eligible for OIB services.

The most commonly available items include:

* a driver’s license; state-issued identification (ID) card; or federal, state, or local government agency or entity ID card with:
  + name;
  + birth date;
  + gender;
  + height;
  + eye color; and
  + address; or
* a Permanent Resident Card or Alien Registration Receipt Card with a photograph of the applicant (I-151 or I-551).

Other acceptable documents include:

* current US passport with an unexpired stamp stating “Process for I-551”;
* Certificate of US Citizenship (N-560 or N-561);
* Certificate of Naturalization (N-550 or N-561);
* current foreign passport with an I-551 stamp or attached I-94 indicating unexpired employment authorization;
* unexpired Temporary Resident Card (I-688);
* unexpired Employment Authorization Card (I-688A);
* unexpired Reentry Permit (I-327);
* unexpired Refugee Travel Document (I-571);
* Certification of Birth Abroad (FS-545 or DS-1350);
* original or certified copy of a birth certificate issued by a state, county, or municipal authority, or an outlying possession of the United States bearing an official seal;
* voter registration card;
* US Citizen ID card (I-197);
* ID card for use of resident citizen in the United States (I-179);
* US military ID card or draft record;
* military dependent ID card;
* Native American tribal document; and
* US Coast Guard or Merchant Marine ID card.

### 3.2.5 Application Purpose

The Application purpose is to gather information to determine the applicant’s:

* risk of increased dependence without service;
* access to support systems;
* consideration of residential care;
* need for IL training and services; and
* eligibility or ineligibility for OIB services.

If TWC determines that the applicant is eligible for OIB services, the applicant’s personal information in RHW must be kept updated throughout the life of the case because current economic and disability status is needed for planning and providing services.

### 3.2.6 When to Move into Application

Movement into Application automatically occurs when:

* all [application information](https://online.twc.state.tx.us/services/rhwhelp/ch10.htm) is completed in RHW;
* the applicant (or his or her representative) signs the [Application Statement in ReHabWorks](https://online.twc.state.tx.us/services/rhwhelp/ch10.htm#statement) electronically or signs a paper application; and
* the OIB worker or designee approves the Application Statement in RHW electronically and signs the paper application, if applicable.

**Note:** If the customer signs the printed version of the VR5053, Application Statement—OIB, then the OIB worker must enter the application into RHW within two business days. The printed and signed VR5053 must be maintained in the customer’s paper case file after the data is entered.

### 3.2.7 PIN Usage

A customer’s PIN is used to sign documents in the electronic case file. All OIB program documents that are available for electronic signature in RHW may be signed using a PIN or by original signature on the forms listed below:

* [VR5053, DBS IL Program Application Statement](http://intra.twc.state.tx.us/intranet/gl/html/vocational_rehab_forms.html)
* [VR5154, Waiver of Independent Living Plan](http://intra.twc.state.tx.us/intranet/gl/html/vocational_rehab_forms.html)
* [VR5155, Independent Living Plan](http://intra.twc.state.tx.us/intranet/gl/html/vocational_rehab_forms.html)
* VR5156, Independent Living Plan Amendment

#### Electronic Signature

The customer enters a PIN that only he or she knows. The customer does not share the PIN with the OIB worker.

#### Original Signature

In the OIB program, most customers sign a hard copy of the IL Application Statement, IL Plan, IL Plan Waiver, or IL Plan Amendment. If a hard-copy signature is obtained instead of a PIN signature, then the hard copy of the signed document must be filed in the customer’s paper case file.

For more information about PINs, see [RHW Users Guide Chapter 8: PINS](https://online.twc.state.tx.us/services/rhwhelp/ch8.htm).

### 3.2.8 Minimal Services Available in Application

Minimal or limited services provided during Application include:

* making face-to-face contact(s) to begin the process of determining eligibility for OIB services;
* assessing OIB goals and needs;
* providing information and referral services;
* ordering adaptive devices that are required for the individual to participate in the application phase;
* ordering minimal adaptive devices, such as handheld magnifiers, if that is the only IL service that is needed or requested;
* marking appliances and equipment; and/or
* providing information and supportive counseling to family members.

### 3.2.9 Procedures for Finalizing Applications

**Responsibilities of OIB Worker**

The OIB worker is responsible for the following procedures:

1. Recording application information in RHW, including OIB, and approving the Application Statement as the program designee in the RHW case management system. The OIB worker’s manager may authorize other staff members to assist with applications.
2. Having the applicant sign the [VR5060, Permission to Collect Information](http://intra.twc.state.tx.us/intranet/gl/html/vocational_rehab_forms.html), and the [VR5061, Notice and Consent for Disclosure of Personal Information](http://intra.twc.state.tx.us/intranet/gl/html/vocational_rehab_forms.html). Both release forms must be signed for OIB to provide services that require referrals to vendors or other agencies and to request an eye report.
3. Documenting in RHW the applicant’s perception of problems, including a summary of OIB services requested and observations made during the application assessment. The OIB worker also documents in a case note in RHW the application assessment at the time the application is entered.
4. Requesting copies of medical records, including vision tests, and/or arranging for an eye exam, if necessary. The OIB worker also issues a service authorization before the eye exam and receives the report before authorizing payment.

### 3.2.10 Who May Participate

All applicants are entitled to participate in the application assessment regardless of economic need or the applicant’s ability to participate financially.

### 3.2.11 Allowable Purchased Items during the Application

Limited purchases may be authorized after completion of the application to support the assessment of the customer’s eligibility for services. (This period is referred to as “Application phase.”)

Allowable purchases during Application phase include:

* an eye examination;
* a low-vision examination;
* physician reports; and
* an IL skills contractor visit to complete an application assessment.

**Note:** An IL skills contractor may complete an application assessment in regions that have contracts available and when authorized by the OIB worker with a service authorization.

**Note:** Diagnostic tests will be purchased only when studies that are needed for the eligibility determination are not readily available from other sources, or when available information is incomplete or inadequate.

### 3.2.12 Moving out of Application

Movement out of Application automatically occurs when a determination is made and:

* the customer is certified as eligible for OIB;
* the case is closed after Application (ineligible for OIB services); or
* the case is closed successfully because of minimal or limited services having met the customer’s needs in no more than two visits.

## 3.3 Eligibility Determination

### 3.3.1 Purpose

Eligibility determination occurs when an applicant is in Application in RHW. Eligibility identifies OIB program applicants who have a significant visual disability and who can benefit from IL services. These services provide eligible applicants with an opportunity to reach a level of independence within their families and communities based on their capacity, interest, and ability.

### 3.3.2 Older Individuals Who Are Blind Worker Responsibilities

The OIB worker uses three eligibility criteria to determine whether an applicant is eligible for OIB. Eligibility should be determined as soon as possible, but within 60 days of the application being signed except for unforeseen circumstances or if customer is receiving minimal services during application. If eligibility determination is delayed, the reason must be stated in a case note. Only exceptional and unforeseen circumstances beyond TWC’s control should prevent the decision from being made as soon as possible, or within 60 days of the application being signed.For example, the customer cannot attend a required examination or evaluation at the scheduled time and had to delay this important activity due to an unforeseen temporary medical condition.

### 3.3.3 Eligibility Criteria

The eligibility criteria for OIB services are:

* **Criterion 1—**The individual is 55 years of age or older;
* **Criterion 2—**The individual has a visual impairment that is a substantial limitation to living independently; and
* **Criterion 3—**The delivery of OIB services will improve the customer’s ability to function, continue functioning, or move toward functioning independently.

**Note:** The applicant must meet all three criteria to be eligible for the OIB program.

### 3.3.4 Application Assessment and Use of Existing Information

The OIB worker should use the Application Assessment to answer the questions that determine eligibility decisions.

When possible, OIB workers may use existing information to determine eligibility, including:

* information available from other programs and providers, particularly information used by the Social Security Administration (SSA); and
* information provided by the applicant and the family.

Available information does not have to be current but must reflect the current condition of the applicant. For example, an eye exam report that is two years old documenting that the applicant has been totally blind since birth is acceptable as current information. Conversely, if a two-year-old eye exam indicates that the applicant’s visual acuity is 20/60, another eye exam may be needed to determine whether the applicant’s vision has changed.

### 3.3.5 Criterion 1—Age

Individuals must be 55 years of age or older at the time of referral. If they are younger than age 55, they are not eligible for OIB services and should be referred to a CIL for provision of IL services.

### 3.3.6 Criterion 2—Visual Impairment

An eye exam can be used to document a visual impairment, and should be obtained if at all possible in determining eligibility or throughout the life of the case (to ensure disability page in RHW is updated correctly before case closure), but the OIB Worker should not delay eligibility if the customer has an observable visual disability or there are other means listed below that can be used. Eligibility can be determined by the following methods:

* Eye Report indicating:
  + Blindness - visual acuity with best correction of 20/200 or less in the better eye; a visual field of 20 degrees or less; or a combination of both.
  + Low Vision- visual acuity with best correction of 20/70 or less in the better eye; a visual field of 30 degrees or less in the better eye; or a combination of both.
  + Significant Visual Impairment - A disease or condition of the eye that does not meet the definitions of Blind or Low Vision but does create a significant impediment to independent living and cannot be corrected with glasses or contact lenses.
* An observable visual disability—when the OIB worker sees that the customer has a visual impairment causing substantial limitations to living independently.
* Social Security Disability records indicating vision loss and eligibility for benefits.
* Past Records indicating they have previously been a customer of VR or OIB services.

If it is known that the customer has a progressive eye condition but does not meet the criteria above, they may still be determined eligible for services if their visual impairment is causing a substantial limitation in independence (Refer to 3.6.6 Substantial Limitation to Independent Living).

Under Texas Workforce Commission Chapter 853 Independent Living Services for Older Individuals Who Are Blind rule §853.1 and §853.5(a), OIB staff is required to use the visual acuity that meets the following criteria in order to determine eligibility:

* reflects the best corrected distance;
* is obtained with simple refraction (glasses or contact lenses) rather than low-vision aids; and
* is measured by the Snellen eye chart or converted to the distance Snellen eye chart equivalent by an ophthalmologist or optometrist.

If it is determined that the individual does not have a visual impairment that affects independent living, he or she is not eligible for OIB services and should be referred to a CIL for provision of IL services.

“Significant visual impairment” is defined as:

* “a visual acuity of 20/70 or less in the better eye with best correction;
* a visual field of 30 degrees or less in the better eye; or
* a combination of both.”

“Legal blindness” is defined as:

* “a visual acuity of 20/200 or less in the better eye with best correction;
* a field restriction of 20 degrees or more (that is, a limitation in the field of vision such that the widest diameter of the visual field subtends at an angle no greater than 20 degrees); or
* a combination of both.”

If it is determined that the individual does not have a visual impairment that affects independent living, he or she is not eligible for OIB services and should be referred to a CIL for provision of IL services.

### 3.3.7 Criterion 3—Services and Impact on Independent Living

The OIB worker evaluating an applicant’s potential for independent living considers how services will:

* decrease limitations to independent living; and
* provide greater opportunity for independent living.

To determine eligibility for Criterion 3, the OIB worker must consider how the applicant’s vision loss limits daily activities. A visual impairment affects each individual differently. Some critical questions include the following:

* Is the applicant blind, or does he or she have low vision?
* How does low vision or blindness affect the applicant’s independence?
* What daily living tasks are difficult or impossible for the applicant to accomplish because of low vision or blindness?
* Are there other disabilities or limitations that affect the applicant’s independence?
* Will OIB likely increase the applicant’s independence?
* Does the applicant have difficulty remembering information?
* If the applicant has difficulty remembering, is the ability to learn new skills significantly impaired?

To establish eligibility under Criterion 3, the application assessment must indicate that an applicant needs services and that services will improve the customer’s ability to function, continue functioning, or move toward functioning independently. The OIB worker must state in a case note his or her decision to determine that an applicant is eligible or ineligible.

If the OIB worker determines that the applicant does not meet this criterion, then the applicant is not eligible for OIB services. The OIB worker then consults with local CIL staff to determine whether the CIL can provide IL services.

Although this initial evaluation is critical for the eligibility decision, evaluating an applicant’s ability to benefit from OIB continues throughout the life of the case and, depending on the nature and severity of the disability, may vary greatly from one individual to another. Services that may be provided to assist in determining eligibility can include:

* a preliminary screening using the *Guide to Independent Living for Older Individuals Who Are Blind or Visually Impaired* process;
* an application assessment to get vision diagnoses;
* a comprehensive assessment to determine the potential scope of services; and
* continued observations by the OIB worker and other service providers (such as in-house service providers, IL contract service providers, and CILs).

### 3.3.8 Procedures for Intake in a Nursing Home

An OIB worker should use the following procedures for intake for an individual who is in a nursing home:

* Identify the individual’s primary concern.
* Determine whether the primary concern can be addressed by working with the nursing home to educate its staff about the individual’s needs.
* If customer needs minimal services, provide them and work for case closure.
* If the customer needs more substantial services, move forward with completing the ILP, ensuring that if the customer has a Power of Attorney or legal guardian that they are fully involved in the OIB case.

### 3.3.9 Certifying Eligibility

To certify an applicant as eligible for OIB services, the OIB worker reads and electronically signs the following Eligibility Statement, which is included in the drop-down menu for eligibility selection:

“I certify that this individual is eligible for Independent Living services based on:

* the presence of a significant physical, mental, or sensory disability that interferes with his or her ability to become or remain independent in the home, family, and/or community and the presence of a severe disability; and
* Independent Living services are required to enable this individual to be independent, maintain independence, or move toward independence in the family, home, and/or community.”

The OIB worker does not have to print the Eligibility Statement unless the customer requests a copy or it is needed by another agency. Movement into Eligibility and Plan Development occurs automatically when the applicant is certified by the OIB worker as eligible in RHW.

### 3.3.10 Certifying Ineligibility

An applicant can be ineligible for OIB services for any of the following reasons:

* diagnostics indicate that there is no visual disability;
* the visual disability presents no substantial limitation to living independently; or
* the applicant’s secondary disability or related health condition is too significant to allow him or her to benefit from OIB services.

To certify an applicant as ineligible, the OIB worker:

* discusses the decision with the applicant;
* completes the Closure After Application page in RHW;
* explores with the applicant other resources and potential avenues for referral, such as CILs; and
* reviews the ineligibility decision annually.

## 3.4 Referral to Other Programs or Services

If it is determined that an applicant is ineligible for IL services, referral to other programs or services may be appropriate. Referral to other programs could occur at any point in the case, such as after:

* the application assessment; or
* services are planned or initiated, if the applicant’s situation changes.

### 3.4.1 Referral to Centers for Independent Living

When a disability other than vision represents the most significant factor restricting independent living, or when an applicant does not meet the criteria for the OIB program, he or she will be referred to the appropriate CIL for provision of IL services.

The OIB program and CILs may simultaneously serve the customer if:

* the customer meets the criteria for the OIB program; and
* the combination of vision loss and other disabilities creates a restriction on the customer’s independent living.

The OIB program and CILs may offer services to address different disabilities; however, the OIB program and CIL staff should collaborate closely through consulting and sharing resource information to address the customer’s IL needs.

### 3.4.2 Referral to the Vocational Rehabilitation Program

Customers who do not meet eligibility criteria for the OIB program or who wish to seek employment may be referred to the VR program at the same location or the nearest VR field office.

### 3.4.3 Other Community Programs

A variety of community programs might be able to help people with specific needs (for example, Meals on Wheels programs, senior activity centers, and Lighthouse for the Blind organizations). The OIB worker should help the customer gain access to these programs.

## 3.5 Customer Participation in the Cost of Services

### 3.5.1 Purpose

The purposes of customer participation in the cost of services are to:

* encourage customer commitment to an independent living goal;
* create a cooperative relationship between the customer and TWC; and
* maximize OIB funding.

States are neither required to charge nor prohibited from charging customers for the cost of IL services under the OIB program. [34 CFR 367.67(a)(1)] If a state charges customers or allows service providers to charge for the cost of IL services provided under the OIB program, the state is neither required to nor prohibited from considering the individual customer’s ability to pay in determining how much the customer must contribute to the costs of services. [34 CFR 367.67(a)(2)]

However, if a state chooses to charge or allow service providers to charge for the cost of IL services provided under the OIB program, 34 CFR 367.67(b) requires the state to maintain policies that meet certain criteria. The guidelines in the following sections are designed to document those policies.

### 3.5.2 Guidelines

Consistent with federal law and historical practice, TWC requires the participation of individual customers in the cost of services provided under the OIB program. Therefore, the OIB worker must:

* ask all customers, regardless of their economic resources, about ability to pay for IL services,
* ensure that documentation is provided in the file of the customer’s financial need;
* explain the method for determining the amount charged for the IL services and how the financial need test will be applied;
* discuss with each customer the costs of specific services and determine the financial responsibility of each party; and
* ensure that customers who have been determined eligible for Social Security benefits under Titles II and XVI of the SSA, relating to Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI), shall not be charged any cost to receive IL services under the OIB program.

If a customer is a dependent, then the economic resources of the family or guardian are used to determine participation in the cost of services.

Comparable services and benefits must be used before spending OIB funds. Comparable services must be adequate in terms of timeliness, location, scope, and the willingness of the applicant or customer to participate.

### 3.5.3 Factors for Participation in Cost

Customer participation in the cost of services is based on the economic resources of all members of the customer’s family who have a legal obligation to support the customer. The family’s resources are evaluated in terms of the maximum allowable amount of economic resources as calculated in RHW.

### 3.5.4 Economic Resources

“Economic resources” refers to the family’s monthly income minus allowed adjustments, resulting in the net monthly income.

### 3.5.5 Family

The term “family” means:

* the customer;
* the customer’s parent(s) and/or legal guardian(s); and
* all individuals residing in the household for whom the customer, the parent(s), and/or the legal guardian(s) have legal and/or financial responsibility.

### 3.5.6 Monthly Income

Monthly income is income derived from:

* wages and salaries, after deductions for:
  + income tax;
  + Social Security tax;
  + one qualified retirement program;
  + health insurance premiums; and
  + trade or professional dues and assessments;
* regular contributions from family, individuals, or organizations;
* net rentals from property;
* scholarships and fellowships;
* public assistance payments;
* assistance from private welfare agencies;
* stock dividends and bond interest;
* child support payments;
* self-employment, which is defined as gross receipts minus allowable Internal Revenue Service expenses from one’s own business that results in income;

**Note:** Gross receipts include the value of all goods sold and services rendered. Expenses include the cost of goods purchased, rent, utilities, wages and salaries paid, and business taxes (not personal income taxes or self-employment Social Security taxes).

* available pension or insurance payments, including:
  + Social Security Disability Insurance;
  + health and/or hospitalization insurance plans;
  + workers’ compensation;
  + veterans’ benefits;
  + Old Age and Survivors Insurance from the SSA;
  + labor union insurance and/or health and welfare benefits; and
  + unemployment compensation; and
* participation in savings plans.

### 3.5.7 Net Monthly Income

Net monthly income is calculated from gross monthly income minus:

* disability-related expenses paid by the family, including, but not limited to, medical payments because of disability and/or illness;
* prescribed family medication and prescribed diets;
* rent or home mortgage payments; and
* family obligations imposed by court order.

### 3.5.8 Dependent

For purposes of the OIB program, an individual age 55 years or older may be considered a dependent if he or she is claimed as a dependent for income tax purposes during the current tax year by his or her:

* adult children or family member;
* parent(s) or legal guardian(s); or
* conservator.

In such instances, TWC applies economic resources criteria to the family’s income.

### 3.5.9 When to Determine and Apply Economic Resources

A determination of customer economic resources is:

* made after determination of eligibility; and
* applied before service planning.

### 3.5.10 Reevaluation of Economic Resources

Economic resources must be reevaluated:

* at least annually;
* when a service is purchased; and
* when there is reason to believe that the family’s economic status has changed.

Dollar amounts should be entered in RHW on the Monthly Financial Information page, which is under Application.

### 3.5.11 Refusal to Disclose Economic Resources

Customers and individuals included in the definition of family have the right not to disclose their economic resources. If this right is exercised, economic resources for the customer will be considered to be more than the maximum allowable amounts calculated in RHW.

### 3.5.12 Comparable Services and Benefits

Comparable services and benefits must be used before OIB funds are used.

### 3.5.13 Services Subject to Customer Participation in Cost

Per 34 CFR 367.67(b)(1), TWC has determined that customers whose economic resources exceed the maximum allowable economic resources must participate in the cost of the following services:

* Maintenance (excluding maintenance for diagnostic services)
* Transportation (excluding transportation for diagnostic services)
* Adaptive aids or appliances over $50

### 3.5.14 Services Not Subject to Customer Participation in Cost

Customers do not have to contribute economically to the following goods and services:

* Diagnostics and evaluation services during application and comprehensive assessment (including maintenance and transportation);
* Counseling, guidance, and referral services provided by TWC staff;
* OIB worker services, including contracted OIB skills training and training provided by a CIL;
* Orientation and mobility training;
* Low-vision evaluations;
* Adaptive aids, appliances, and OIB supplies under $50;
* Interpreter services;
* Services paid for or reimbursed by a source other than TWC; or
* Training in the management of secondary disabilities or related health conditions (for example, diabetes education)

### 3.5.15 Calculating Customer Participation in Cost

RHW calculates each customer’s participation automatically based on:

* 300 percent of the current applicable United States Health and Human Services Poverty Guidelines, as determined by family size; and
* the information that is entered into the system about the individual’s income, family status, and economic need.

See the [U.S. Department of Health and Human Services Poverty Guidelines](https://aspe.hhs.gov/poverty-guidelines) under the authority of 42 USC §9902(2).

RHW uses net monthly income and family size in relation to the poverty guidelines for the current fiscal year to determine the amount that a customer must contribute to the cost of services. This amount is a monthly amount and is applied only during months that a service or good that requires customer payment is provided.

## 3.6 Other Definitions

### 3.6.1 Center for Independent Living

A CIL is a customer-controlled, community-based, cross-disability, nonresidential, private nonprofit agency that is designed and operated within a community by individuals with disabilities and that provides an array of IL services. For more information about CILs, see [Independent Living Research Utilization](http://www.ilru.org/) center (ILRU), which is part of the Institute for Rehabilitation and Research Memorial Hermann Research Center in Houston. The ILRU is the national center for information, training, research, and technical assistance in independent living.

### 3.6.2 Independent Living

Independent living refers to the ability to function independently within a family, community, or residence in the areas listed below in 3.6.3 Self-Care.

### 3.6.3 Self-Care

Self-care includes:

* performing the activities of daily living;
* having personal mobility (that is, the ability to be oriented and travel safely);
* shopping;
* housekeeping; and
* communicating.

### 3.6.4 Community Resources

Community resources include:

* opportunities for recreation and socializing;
* public transportation;
* housing agencies;
* health care facilities; and
* food assistance programs.

### 3.6.5 Secondary Disability

A secondary disability is a disability or health condition that may or may not be associated with the visual condition but may have a bearing on an individual’s independence.

Examples of secondary disabilities are:

* diabetes;
* hearing impairment or deafness;
* impaired cardiac or circulatory condition;
* orthopedic impairment;
* epilepsy;
* dementia;
* mental illness; and
* developmental disability.

Purchase of any goods or services related to a secondary disability require state office program specialist review and approval prior to authorization.

### 3.6.6 Substantial Limitation to Independent Living

An individual’s visual impairment creates a substantial limitation to independent living when it:

* significantly interferes with independent living within the individual’s residence, family, or community;
* causes loss of independent living; or
* causes the individual to require special assistance in securing and maintaining independence.

These consequences can be stated in functional and behavioral terms to describe the effect of limited or no vision. Common examples of a substantial limitation to independent living include the inability to:

* travel independently;
* initiate and respond to written communications;
* identify money;
* manage or organize finances;
* shop for groceries; and
* participate in social activities.

# Chapter 4: Plan Development

## 4.1 Comprehensive Assessment

### 4.1.1 Overview

The comprehensive assessment is designed to determine the nature and scope of services and to ensure that such services will best meet the needs of the customer.

In most cases, the Independent Living Services for Older Individuals Who Are Blind program (OIB) worker’s comprehensive assessment is the only assessment needed to develop the Independent Living Plan (ILP).

**Note:** Additional assessment may be needed to determine training needs, but those should be included in the ILP and completed during active services.

### 4.1.2 When Is the Comprehensive Assessment Conducted?

The comprehensive assessment is conducted when:

* the customer has been determined eligible for OIB services;
* the customer's case is in Eligibility and Plan Development; and
* it is apparent that comprehensive information is needed to plan an adequate, safe, and effective service program.

### 4.1.3 Completing the Comprehensive Assessment

The OIB worker completes the comprehensive assessment by using [VR2954, Comprehensive Assessment for Independent Living Program](https://twc.texas.gov/forms/index.html).

The OIB comprehensive assessment addresses the following core skills:

* Adjustment to blindness
* Independent living skills
* Travel and transportation
* Communication
* Support systems
* Quality of life

#### Additional Assessments

When the OIB worker and the customer agree that an issue exists that might affect the customer’s ability to participate in training or significantly affect his or her potential for independence, additional assessments may be used, which include:

* general physical assessment;
* eye medical report;
* audiological evaluation;
* orientation and mobility (O&M) assessment;
* low-vision assessment;
* deafblind specialist consultation;
* diabetes education; and
* other diagnostics.

Additional assessments beyond the scope of the comprehensive assessment must be included in the plan (if known at the time of plan development).

## 4.2 Comparable Services and Benefits

To the extent that comparable benefits are available for the completion of the comprehensive assessment, the OIB worker should first determine the availability of assessments through those sources, as appropriate. Where no comparable benefits are available, assessments may be performed by a vendor or by an in-house provider during active services.

### 4.2.1 What is a Comparable Service or Benefit

Federal law at 34 Code of Federal Regulations (CFR) §361.53 requires that before providing an accommodation or auxiliary aid or service or any OIB services, the designated state unit (DSU) must determine whether comparable services and benefits are available to the individual.

Per 34 CFR §361.5(c) (8), comparable services and benefits means services and benefits, including accommodations and auxiliary aids and services that 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 individual’s progress toward achieving independent living in the individual’s ILP; and
* corresponding to the services that the individual would otherwise receive from the DSU.

The requirement to determine the availability of comparable benefits applies to any accommodation, auxiliary aid and service, or any OIB service provided to an eligible individual or to members of the individual’s family.

Examples of comparable benefits include:

* Medicaid;
* Medicare;
* private insurance;
* Centers for Independent Living (CILs);
* volunteer organizations or nonprofit agencies that pay for eye exams or glasses (for example, the Lions Club Sight Programs, Prevent Blindness, Sight for Students, and Kid Matters); and
* in-home and family support programs.

**Note:** The [Texas 2-1-1 program](http://www.211texas.org/) also has resources and information about various programs.

### 4.2.2 OIB Worker Responsibilities

The OIB worker is responsible for identifying comparable benefits available locally as well as on a state or federal level.

To the extent that comparable benefits are available, the OIB worker should first determine the availability of assessments through those sources, as appropriate.

When no comparable benefits are available, assessments may be performed by a vendor or by an in-house provider during active services.

Efforts to explore and use comparable services and benefits must be clearly documented in the customer’s case record throughout the life of the case.

### 4.2.3 When to Consider Comparable Services and Benefits

You must consider alternative funding sources fully before spending OIB funds to purchase all customer services, including but not limited to, the following services:

* Diagnostics;
* Eye treatment services;
* Glasses and/or prostheses;
* Transportation;
* Training; and
* Supportive counseling.

### 4.2.4 Delay in Usage of Comparable Benefits

The OIB worker must be aware that some delay can and will occur when determining whether comparable services and benefits exist and when scheduling with such comparable services and benefits. The DSU is required to use comparable services or benefits to meet, in whole or part, the costs of the OIB services if the services or benefits are available to the individual at the time needed to ensure the progress of the individual toward achieving the independent living (IL) goal in the individual’s ILP.

Ensuring the customer’s progress does not mean that all assessments must be performed without any delay. In determining which assessments may be necessary, the OIB worker should identify the assessment with the longest lead time and schedule that assessment first, scheduling other assessments to fill in the gaps. In assessing reasonable delay, the OIB worker should consider factors such as the customer’s age and health, the ability to endure often lengthy assessments, the ability to endure multiple assessments in the same day or week, access to transportation, schedule, other responsibilities, access to support and assistance, and other factors, as appropriate.

To the extent that comparable services or benefits exist under any other program, but are not available at the time needed to ensure the customer’s progress, the DSU must provide OIB services until those comparable services and benefits become available.

### 4.2.5 Services That Do Not Require the Determination of Comparable Services and Benefits

As set out in 34 CFR §361.53(b), the following OIB services are exempt from the requirement to determine the availability of comparable services and benefits:

* OIB eligibility assessment;
* Counseling and guidance, including information and support services to assist in exercise of informed choice;
* Referral and other services to secure needed services from other agencies or Local Workforce Development Boards; and
* Rehabilitation technology, including telecommunications, sensory, and other technological aids and devices.

### 4.2.6 Comparable Benefits and Extreme Medical Risk

Under 34 CFR §361.53(a), a determination of whether comparable services and benefits are available is required unless such a determination would interrupt or delay:

1. the individual’s progress toward achieving the IL outcome identified in the ILP;
2. providing OIB services to any customer determined to be at extreme medical risk, based on medical evidence provided by an appropriate qualified medical professional.

As part of the comprehensive assessment, the OIB worker must identify any customer at extreme medical risk and immediately:

* ensure that medical evidence provided by an appropriate qualified medical professional is placed within the file; and
* determine if procession of the case is warranted, including staffing the case with the manager.

The OIB worker must determine whether comparable services and benefits are available but record in the file the reason why pursuing such services or benefits would create an interruption or delay. For example, in some regions, veterans seeking care through the Veterans Benefits Administration face wait times up to six months. For a customer falling into either category under this section—extreme medical risk or the possibility of jeopardizing their IL situation—the OIB worker must ensure that services, as appropriate, are provided to minimize delay. However, the OIB worker must also conclude the determination of whether comparable services and benefits are available because the DSU must provide OIB services until those comparable services and benefits become available, at which point those comparable services and benefits must be used.

## 4.3 Diagnostic Studies—Medical

This section provides information about the following three types of medical diagnostic studies used by the OIB worker:

* Eye examination
* General physical examination
* Specialist examinations

### 4.3.1 When Can Medical Diagnostics Be Purchased or Arranged?

Medical diagnostic studies may be provided as a part of:

* the application assessment;
* the comprehensive assessment; or
* active services as a reevaluation of any area that might affect the customer reaching his or her long-range goal.

### 4.3.2 Elements Required in Purchased Diagnostic Reports

Medical diagnostics purchased by the Texas Workforce Commission (TWC) should include:

* diagnosis;
* prognosis;
* functional limitations; and
* recommendations.

### 4.3.3 Who Can Provide Eye Diagnostics?

The following licensed professionals can complete medical diagnostics for eye conditions:

#### Ophthalmologist

An ophthalmologist:

* is a doctor of medicine (MD);
* specializes in the diagnosis and treatment of eye diseases;
* performs ophthalmic surgery when necessary; and
* prescribes glasses, contact lenses, and low-vision aids.

#### Optometrist

An optometrist:

* is a doctor of optometry (OD);
* is trained to examine the eyes and determine vision abnormalities;
* detects eye disease in some cases (referral is then made to an ophthalmologist); and
* prescribes glasses, contact lenses, and low-vision aids.

#### Optician

An optician does not provide direct medical services to individuals.

An optician:

* grinds lenses;
* fits glasses and contacts; and
* dispenses glasses and other optical aids.

An optician does not:

* diagnose or treat eye diseases;
* perform surgery; or
* prescribe lenses.

#### General Physical Examination Requirements

The physician must be a licensed:

* doctor of medicine (MD); or
* doctor of osteopathy (DO).

### 4.3.4 Selection of Eye Specialist or General Physician

To the extent that an individual has physician services provided or paid for—in whole or in part—by other federal, state, or local public agencies, or by health insurance, these comparable benefits may establish certain requirements for selection of an eye specialist or general physician. The OIB worker must be aware of a customer’s comparable benefits and any limitations imposed, such as the requirements in certain health insurance policies to use in-network providers or to obtain a referral before visiting a specialist, or the requirement to use a provider that accepts Medicare patients.

If a customer does not have comparable benefits available, an individual may have already chosen or be under the care of a physician. In such cases, the customer may want to return to that physician.

If an individual does not have a physician and asks for assistance from the OIB worker, the OIB worker must review the list of locally available specialists, identify several options, discuss those options with the customer, and make an appointment for an examination with the physician chosen by the customer.

However, the customer’s preference is not the only factor in choosing a physician. In addition to first identifying comparable benefits, before choosing a physician, the OIB worker must determine whether the physician provides services for the amount TWC will pay. Other factors to consider include how long the customer must wait for an appointment and whether the physician agrees to return the examination report promptly.

### 4.3.5 Medical Specialty Exams

Medical specialty exams include eye specialty exams, hearing evaluations, and/or other medical specialty examinations.

#### Eye Specialty Exams

Eye specialty exams may be provided when recommended by the eye specialist.

#### Hearing Evaluations

A hearing loss might exist if it is:

* stated in the medical records or referral information; and/or
* observed by the OIB worker in routine contact with the customer.

When a hearing loss is suspected that might interfere with IL goals, a hearing evaluation is obtained from:

* a physician specializing in diseases of the ear; or
* an audiologist licensed or certified in accordance with Texas law.

#### Other Medical Specialty Exams

In some cases, other medical specialty examinations—such as an examination by a cardiologist for a suspected heart problem or an examination by an internist for a diabetic applicant—might be needed.

**Note:** To conserve limited case service funds, medical specialty examinations other than visual and hearing exams are not provided with OIB program funds.

## 4.4 Independent Living Plan

### 4.4.1 Overview

The overall goal of the OIB program is to support the goal of living as independently as possible. This goal is stated on the ILP and is accomplished through the following areas agreed upon by the customer and the OIB worker.

#### Independent Living Goals

IL goals represent the range of life achievements that IL services make possible. The goals help diverse customers with disabilities to realize their potential.

#### IL Services

IL services are provided to meet the IL goals.

#### Intermediate Objectives

Intermediate objectives establish the accomplishments that a customer hopes to attain in a significant area.

#### Plan Services

Plan services are required to achieve the intermediate objectives.

After completing the comprehensive assessment, the OIB worker and the customer develop an ILP as soon as possible or within 90 days of the certification of eligibility. If circumstances require longer than 90 days to complete an ILP, justification should be clearly documented in case notes.The dialogue between the customer and the OIB worker addresses:

* IL goals (selected at the time of the ILP and updated throughout the life of the case);
* IL services (selected at Application and updated at Eligibility, Plan Development, and Closure);
* intermediate objectives;
* details of plan implementation (for example, customer responsibilities); and
* plan services information.

Each of these components is necessary to complete a successful ILP. The objectives and services must help the customer continue to live as independently as possible.

All components should be in agreement with each other and be updated as needed. For example, if the customer wishes to add a closed-circuit television (CCTV) to his or her IL services, the OIB worker adds CCTV-related goals, intermediate objectives, and service provider details to the ILP.

### 4.4.2 Purpose

The OIB worker and the customer use the ILP to communicate in developing a service plan that meets the customer’s needs and in explaining his or her:

* participation;
* rights; and
* responsibilities in the IL process.

The customer may choose to waive the written plan by signing the plan waiver to reflect this decision. The ILP waiver becomes a part of the electronic case record.

When the customer waives the written plan, it is important to understand that:

* the customer is not waiving his or her rights; and
* the OIB worker remains responsible for discussing all aspects of the ILP with the customer, including the terms and conditions stated on the ILP, as well as all future amendments to the plan.

The OIB worker continues to:

* document all planned services on the ILP (but without providing a copy to the customer); and
* maintain the case record.

### 4.4.3 When to Move into Eligibility and Plan Development

An individual’s case is placed in Eligibility and Plan Development once the OIB worker has certified that the individual is eligible based on the eligibility criteria for OIB services:

* Criterion 1—The individual is 55 years of age or older;
* Criterion 2—The individual has a visual impairment that is a substantial limitation to living independently; and
* Criterion 3—The delivery of OIB services will improve the customer’s ability to function, continue functioning, or move toward functioning independently.

**Note:** The applicant must meet all three criteria to be eligible for the OIB program.

**4.4.4 General Guidelines for Eligibility and Plan Development**

Developing an ILP with a customer begins with the following steps:

1. Review the application and comprehensive assessment information with the customer to finalize or update the services and goals
2. Work with the customer to decide whether the plan options are consistent with the needs that were agreed upon
3. Ensure that all services, goals, and intermediate objectives meet the customer’s identified needs and expectations

Plan options must support the customer’s ability to make informed choice about:

* suitable goals;
* intermediate objectives consistent with goals;
* services needed to achieve goals; and
* methods, providers, and setting for service delivery.

Whenever possible, the OIB worker presents the customer with options for services needed to accomplish the overall IL goal. He or she includes in the options the services that are available from other sources as well as those that OIB provides, purchases, arranges, or coordinates. In some cases, only one provider is available for a service.

Options for services may be affected by the availability of case service funds. A strong understanding of community alternatives is critical because funding is limited. Strategies for providing direct service, such as skills training or introductory O&M, may be needed. The OIB worker must plan carefully to address the customer needs while operating within available fiscal resources.

All services must be consistent with the policies governing the delivery of services. Sufficient detail about each service should be provided to the customer and included in case documentation to ensure that the customer and OIB worker understand the planned services. Recording details can avoid misunderstandings by the customer and future OIB workers.

The OIB worker provides or helps the customer get information needed to make an informed choice about services and service providers. This information includes:

* the cost and duration of services;
* customer satisfaction with services;
* compliance with the Americans with Disabilities Act;
* service provider qualifications; and
* the types of services offered by service providers.

### 4.4.5 Overall Independent Living Goals

The IL goal is stated on the ILP. The goal reads as follows:

“My goal is to continue living as independently as possible. I agree to participate in independent living skills training to complete services and achieve my independent living objectives.”

### 4.4.6 Independent Living Goals

In addition to the goal of living as independently as possible, individual IL goals are unique to each customer. They represent the range of life achievements made possible through IL services.

IL goals are goals that are determined through the application assessment and comprehensive assessment and agreed upon by both the OIB worker and the customer. IL goals relate directly to addressing the customer’s functional needs and what the customer wants to achieve to have independent relationships with his or her home, family, and/or community.

IL goals are significant life objectives that:

* enable the customer to remain or become more independent in the home, family, and/or community; and
* are made possible through IL services.

A customer may have one or more goals listed on the ILP or waived plan. Options include:

* communication;
* community-based living;
* community and social participation;
* education;
* information access and technology;
* mobility and transportation;
* personal resource management;
* relocation from a nursing home or other institution;
* self-advocacy and self-empowerment;
* self-care; and
* other goals leading to independent living.

### 4.4.7 Intermediate Objectives

Intermediate objectives describe the accomplishments a customer hopes to reach in a significant area and are related to each service. Select the appropriate objective in the drop-down list in ReHabWorks (RHW). Objectives most applicable to OIB customers are the acquisition of:

* confidence and the use of IL skills;
* diabetes self-management skills;
* travel skills;
* technology skills and equipment; and
* skills with low-vision aids to improve functional vision.

### 4.4.8 Plan Services

Plan Services describe the services required to accomplish the intermediate objectives. The service description should be broad and include all components of the service, such as evaluation, training, and equipment. For example, “O&M evaluation, training, and equipment as recommended and as funds are available.”

**Note:** Record the start of services on the case service record and/or service authorization.

OIB services are initially addressed during Application based on:

* the applicant’s perception of needs and difficulties; and
* the OIB worker’s observations and communications.

During Eligibility and Plan Development, it might be necessary to update the IL services to include new information taken from the comprehensive assessment, the customer’s newly realized needs, and/or other evaluative resources.

Since some of the aids and services might not be known at the time the plan is signed, the OIB worker may choose to write generic headings (for example, IL training and aids, low-vision services, information and referral services, deafblind services, adaptive aids, and skills training). Later, the specific services and aids are noted on the service record.

Through informed customer choice, the OIB worker and customer agree upon needed services that will be included on the ILP.

For a list of OIB services that are defined in 34 CFR §367.3, refer to [Chapter 2: General Overview, 2.1.3 What Services Are Provided Through OIB?](#_2.1.3_What_Services).

**Note:** Because CIL services vary, the OIB worker must learn about the services available at the local CIL.

The OIB worker should visit with the assigned CILs and learn of the various programs and services they may offer that can benefit the customers they serve, their family, or their community.

### 4.4.9 Service Dates

For each planned service on the ILP, estimate the length of time that the service will require, including:

* **Start Date:** Enter the projected start date. This date is the best projection of when services will begin or when goods are ordered. If the actual dates vary within an expected range for delivery of the service or good, no amendment is needed.
* **End Date:** Enter the projected end date. This date is the best projection of when services will be completed or when goods are expected to be delivered to the customer. Allow enough time for services to be reasonably completed. If the actual dates vary within an expected range for delivery of the service or good, no amendment is needed.

The estimated completion date of all ILP services and to meet the requirements for successful case closure must be documented on the ILP with the estimated month, date and year.

### 4.4.10 Service Providers

For each planned service, identify the individual who will provide the service in RHW, using the provider’s title or organization. For example, identify in-house providers by entering the title or identify contract providers by entering the title or type of service (O&M instructor), or the name of the facility or entity, including CILs.

If the OIB worker is unsure of who the provider will be, list a generic heading, such as O&M instructor.

**Note:** When the plan has been finalized and the service authorization is being prepared, enter “To be determined” if the final cost of the good or service is unknown. This may apply in situations in which:

* the purchase may require bids;
* the supplier with the best price for a particular adaptive aid is unknown; or
* the availability from a supplier is unknown.

### 4.4.11 Service Delivery Methods

The following service payment delivery methods are available:

* **Arranged** (for example, Meals on Wheels, arranged by the OIB worker)
* **Provided** (for example, IL skills training provided by the OIB worker)
* **Purchased** (for example, diabetes education bought from a certified diabetes instructor)

### 4.4.12 Planning Frequency of Customer Contact

The frequency of customer contact depends on the needs and preferences of the customer and the OIB worker. The OIB worker discusses and plans the amount and type of contact needed and documents the agreement on the ILP so that:

* both the customer and the OIB worker know their responsibilities; and
* future OIB workers understand the customer’s needs.

Use case notes to document:

* unsuccessful attempts at customer contact; and
* all changes to the schedule of customer contact.

### 4.4.13 Progress Review Criteria

Progress review criteria are procedures or schedules used to evaluate customer progress and can be selected from the drop-down box in RHW. Progress review criteria can also be customized and added to this section.

Examples of progress review criteria are:

* training—reports of satisfactory progress;
* mobility—the ability to independently go up and down stairs; and
* independent living—demonstration of the ability to use marked appliances safely.

### 4.4.14 OIB Program Responsibilities

OIB responsibilities involve tasks that OIB staff performs to help the customer achieve his or her intermediate objectives and IL goals. Examples include:

* encouraging and facilitating confidence building; and
* providing the necessary information to allow for informed choices.

### 4.4.15 Role of the OIB Worker in Plan Development

The OIB worker might find it necessary to help the customer by:

* identifying comparable services and benefits;
* preparing the customer for referral to another agency or program;
* providing appropriate applications, letters, and checklists;
* contacting (or helping the customer contact) comparable services;
* staffing the case with a CIL case worker, if appropriate;
* arranging appointments, if necessary; and
* following up and documenting the results.

**Note:** The OIB worker is expected to establish and maintain good working relationships with community agencies, state agencies, and charitable organizations by developing an understanding of their goals and the nature of their services.

### 4.4.16 Customer Responsibilities

Customer responsibilities are the tasks that the customer must complete to achieve his or her intermediate objectives and IL goals. The OIB worker selects customer responsibilities from the drop-down menu in RHW. The OIB worker may also customize responsibilities in RHW that correspond to the achievement of each objective.

Customer responsibilities could include:

* keeping all appointments;
* participating in training;
* practicing skills between training sessions; and
* contacting staff if changes occur with the disability, medical or health status, address, interest, living arrangements, phone number, and/or income.

### 4.4.17 Customer’s Contributions

The OIB worker indicates the type of goods or services for which the customer has agreed to pay.

Examples of customer’s contributions are:

* transportation;
* a portion of the cost of a low-vision device;
* the cost of installing a grab bar in the bathroom;
* a portion of the cost of assistive technology; and
* glasses.

## 4.5 Plan Completion

### 4.5.1 Use of the Independent Living Goals and Independent Living Services Pages

To finalize the plan, the OIB worker first summarizes the conversation with the customer in developing the plan, completes the IL Goals page in RHW, and reviews and updates the IL Services page.

### 4.5.2 Use of the Plan Page

Use [RHW Users Guide Chapter 14: Plan](https://online.twc.state.tx.us/services/rhwhelp/ch14.htm) to document the development of the customer’s ILP.

If RHW is unavailable, the following options may be used:

* [VR5154, Waiver of Independent Living Plan](http://intra.twc.state.tx.us/intranet/gl/html/vocational_rehab_forms.html)—DBS IL, to waive the customer’s receipt of a written ILP.
* [VR5155, Independent Living Plan (ILP)](http://intra.twc.state.tx.us/intranet/gl/html/vocational_rehab_forms.html)—DBS IL, to document the plan of services agreed upon by the OIB worker and the customer.
* [VR5156, Independent Living Plan (ILP) Amendment (No Waiver)—Independent Living Services](http://intra.twc.state.tx.us/intranet/gl/html/vocational_rehab_forms.html), to change or add services on an existing ILP throughout the life of the case.

**Note:** For personal identification number (PIN) procedures, go to [Independent Living Manual Chapter 3: Intake, 3.2.6 PIN Usage](http://intra.twc.state.tx.us/intranet/manuals/il/ch3.htm#3.2.6).

### 4.5.3 When to Move Out of Plan Development

Movement out of Plan Development to Active Services occurs when:

* the ILP has been developed with the customer; and
* the plan or waiver has been signed.

**Note:** All ILPs developed by new OIB workers must be reviewed. Continued review may occur at the manager’s discretion.

**Note:** An ILP must be developed within 90 days of the eligibility date. If this deadline cannot be met, the reason for the delay must be documented in a case note.

## 4.6 Terms and Conditions

### 4.6.1 Overview

The general policies that relate to each customer’s plan of services are available on the VR5155, Independent Living Plan (ILP)—DBS IL.

All statements on the ILP must be reviewed with the customer, and a copy of the document must be given to the customer unless he or she has signed a VR5154, Waiver of Independent Living Plan—DBS IL.

Additionally, the customer must receive a copy of “Your Rights” in his or her preferred medium (braille, Spanish, standard print, large print, or compact disc) at the time of application for services.

### 4.6.2 Customer Responsibility

The customer must inform the OIB worker of changes that will affect the provision of services. Additionally, the OIB worker must emphasize that available comparable benefits must be applied before OIB program funds can be used.

### 4.6.3 Rights and Remedies

The OIB worker must inform the customer of his or her rights and remedies by reading and discussing together the information found in the “Your Rights” booklet.

### 4.6.4 Signatures and Copies

After jointly developing and agreeing upon the ILP, the OIB worker and the customer (or the customer’s representative) must sign and date the plan.

If the written plan has not been waived, the OIB worker provides a copy of the ILP to the customer.

**Note:** Signature lines are provided for witnesses; however, witness signatures are not required and are not typical in the OIB program.

## 4.7 ILP Amendment

### 4.7.1 What Is an ILP Amendment?

An ILP amendment:

* documents the addition of services after the original or waiver ILP is developed; and
* serves as a tool for communicating with the customer.

### 4.7.2 When to Amend the Independent Living Plan?

Amendments are completed because of:

* consultation with the customer; and/or
* the need to document the addition of a new service to the ILP.

An ILP amendment may be completed at any time but must be done when there is:

* a substantial change in the plan for services; or
* a need to clarify changes with the customer in writing.

Examples of circumstances when an ILP amendment is needed include:

* the addition of a new service; or
* a change in the complexity of service delivery.

**Note:** When services are deleted because of restriction of funding or because they are no longer needed or appropriate, the OIB worker documents this change in a case note. The OIB worker decides when clarification of complex service delivery in writing is necessary.

### 4.7.3 Fiscal Accountability

As a rule, providing all needed services to all eligible customers requires more case service money than the OIB program has available each year. Even with increased appropriations, a net loss of funding often occurs because of inflation. Use of comparable services and benefits ensures that a larger percentage of case service money is available for those who otherwise might be unserved or inadequately served.

# Chapter 5: Service Delivery

## 5.1 Active Services

### 5.1.1 Definition

A customer in active services has a completed plan (signed plan or waiver) and is receiving active services.

### 5.1.2 Purpose of Active Services

Active services are provided to develop or improve those independent living (IL) skills necessary for the customer to remain in his or her living situation or to move into a less restrictive environment.

### 5.1.3 Guiding Principles

Several guiding principles apply to all Independent Living Services for Older Individuals Who Are Blind (OIB) services. They are as follows:

* All services (whether provided by agency staff or contractors) are provided in a way to promote confidence in living independently without vision. The OIB worker focuses on the following key survival areas:
  + Adjustment to blindness
  + Independent living skills
  + Travel
  + Communication
  + Support systems
  + Quality of living
* Nonvisual techniques are the primary training approach used to promote individual success. The OIB worker must:
  + encourage use of residual vision only after the individual has had the opportunity to experience success without vision;
  + consider the impact of secondary disabilities (including, but not limited to, severe hearing and vision loss);
  + encourage participation in activities without vision if the individual is fearful or reluctant (for example, having the customer close his or her eyes); and
  + present the nonvisual option as an opportunity for success and one that can open many doors to renewed confidence and freedom.
* Carefully consider the type and amount of assistance the individual is seeking. Don't assume that the individual needs extended one-on-one in-home assistance or workforce solutionsOIB.
* Explore other options to maximize independence, such as:
  + group training;
  + peer support activities;
  + other community services targeting older individuals and/or individuals with disabilities; and
  + one-on-one training.

### 5.1.4 When to Move into Active Services

Movement into active services automatically occurs when the Independent Living Plan (ILP) is completed in ReHabWorks (RHW). After movement into Active Services, the OIB worker completes a service record for IL Planned Services as well as any other necessary service records.

The following are examples of active services that a customer may receive:

* Low-vision services
* IL skills training (including skills training in self-care, daily living, personal and social adjustment, accessing community resources, and supportive counseling when the services are provided by an OIB worker, vocational rehabilitation teacher (VRT), or contractor)
* IL group skills training
* Orientation and mobility (O&M)
* Braille
* Arranging for eye medical services
* Diabetes services

Comparable benefits and/or customer resources must be considered before TWC funds are expended. For additional information on comparable services and benefits, see [Chapter 4: Plan Development, 4.6 Terms and Conditions](#_4.6_Terms_and).

### 5.1.5 Active Services

Active services are provided on an individual or group basis directly to the customer by the OIB worker, in-house service providers, VRT, or IL contract providers **after**:

* eligibility has been determined; and
* the OIB worker and the customer have developed an ILP.

#### Categories of Active Services

Active services are divided into three main categories and may include but are not limited to:

1. vision services, which include:

* counseling, guidance, and follow-up services;
* diagnostic and evaluation services;
* low-vision services;
* eye restoration (assistance in service coordination only); and
* other vision-related services;

1. independent living skills, which include:

* personal management;
* home management;
* communication;
* O&M;
* recreational and social skills; and
* diabetes management;

1. related goods and services, which include:

* intake assistance;
* interpreter services;
* supportive counseling;
* adaptive aids;
* transportation;
* advocacy;
* reader access; and
* maintenance payments.

### 5.1.6 Required Actions during Provision of Active Services

During the provision of active services, the OIB worker:

* completes the ILP review annually;
* makes appropriate ILP amendments and sends copies to the customer when appropriate;
* contacts the customer and the training provider/facility (for example, IL skills contractor, VRT, O&M provider) as often as needed to assure maximum results from training;
* obtains training progress reports monthly if service authorizations are issued monthly (for example, O&M contract providers); and
* updates case notes as needed to ensure that all contacts and coordination with the customer and the providers are documented.

### 5.1.7 When to Move Out of Active Services

Movement out of Active Services proceeds to Successful Closure or Unsuccessful Closure after Plan Initiated.

A customer moves out of Active Services when services have been:

* completed (Successful Closure); or
* unable to complete for any reason (Unsuccessful Closure after Plan Initiated).

#### Procedure for Moving Out of Active Services

The OIB worker follows the steps below to move a customer’s status out of Active Services:

1. Complete case notes as needed, ensuring that all contacts and coordination with the customer and the providers are documented.
2. Review all service records and service authorizations to make sure that the goods and services have been received or that the service authorization has been cancelled. Cancel any service records and service authorizations that will not be needed.

**Note:** Service authorizations for goods or services that have been received with an invoice can be paid after the case is closed. Review the IL Services and IL Goals pages in RHW. Be sure that the status of each service and goal is updated. Before closure, goals must be updated as achieved or cancelled. Likewise, requested services must be noted as cancelled or completed.

1. If in-house provider services (for example, VRT services, deafblind services, employment assistance specialist services) have been used, coordinate with the in-house service provider to ensure that:

* provider services have been completed; and
* the provider has closed the service record.

1. Complete a case note addressing discrepancies between the services provided and the planned services documented in the ILP.
2. Complete a case note addressing:

* the reason for case closure; and
* the discussion with the customer about the decision to close the case.

## 5.2 Delivering Independent Living Services for OIB

The delivery of OIB services is accomplished through:

* information and referral services;
* community education;
* active services;
* consultation; and
* advocacy.

Services are documented through an ILP and service records that detail each service (type of service, provider, payment method, and duration of service).

IL services may be provided on an individual or group basis.

Services not provided directly by the OIB worker or the VR in-house service providers are purchased through the issuance of a service authorization.

The purchase of services must always be based on the availability of funds and be subject to the use of comparable benefits.

### 5.2.1 Texas Confidence Builders for OIB

OIB customers develop the skills and confidence they need to continue living independently in their community through the OIB program. One of the philosophies used in working with individuals of all ages that have significant visual loss is referred to as “Texas Confidence Builders.” This philosophy supports the following foundational skills for improving the ability to function independently in the community and at home:

1. Adjustment to Blindness

* Knowledge of eye condition
* Positive self-esteem
* Self-advocacy

1. IL Skills

* Personal/home management
* Organizational skills
* Social and recreational skills

1. Travel

* Transportation skills
* O&M skills

1. Communication

* Braille
* Technology
* Recording and accessing information

1. Support Systems

* Peer support groups
* Mentoring

1. Quality of Living

* Adult learning
* Living independently in the appropriate setting

### 5.2.2 Choice of Service Providers

Whenever practical and desirable, the customer's choice of health professionals and appropriate facilities must be honored. However, the OIB worker must ensure that the customer is made aware of the requirement for certain tests or services to be performed by individuals with highly specialized credentials, at reasonable rates. Specifically, a professional or facility selected by the customer must meet TWC-VRS standards for providing the required services and must be willing to accept reimbursement in accordance with the TWC-VRS Maximum Affordable Payment Schedule (MAPS).

See [MAPS Guidelines](http://intra.twc.state.tx.us/intranet/manuals/maps/default.htm) for more information regarding MAPS and medical-related purchases.

### 5.2.3 Information and Referral Services

Information and referral (I&R) services help a customer find and access alternative resources for services to meet his or her needs.

#### When Are I&R Services Provided?

OIB workers can provide I&R services to VRS customers and the public at any time.

#### Information Resource Guide

Individuals referred to the OIB program are mailed an information resource entitled *Guide to Independent Living for Older Individuals Who Are Blind or Visually Impaired* at intake. For more information about the guide, see Chapter 2: General Overview.

#### Categories of I&R Services

I&R services are grouped into seven categories and include, but are not limited to:

1. Housing, which includes:

* subsidized housing;
* supervised housing;
* home repairs and modifications (for example, wheelchair ramps); and
* other housing-related issues;

1. Nutrition, which includes:

* home-delivered meals
* congregate meals;
* diet assistance and counseling; and
* the Supplemental Nutrition Assistance Program;

1. General health, which includes:

* dental care;
* hearing care;
* eye restoration;
* public health nurse;
* chore services;
* therapy (occupational therapy, physical therapy, speech therapy);
* mental health services;
* maintenance and self-medication;
* prosthesis (including glasses);
* Medicare and Medicaid;
* telephone reassurance;
* personal care provider;
* prescription resources; and
* other health-related assistance;

1. Transportation, which includes:

* public transportation, including paratransit services; and
* volunteer transportation;

1. Financial, which includes:

* Medicare and Medicaid;
* Social Security Income and Social Security Disability Insurance;
* legal aid; and
* guardianship;

1. Community, which includes:

* United Way;
* local volunteer programs;
* AARP, Inc. (formerly the American Association of Retired Persons);
* Area Agencies on Aging;
* local churches;
* Centers for Independent Living; and
* Lighthouse for the Blind;

1. Leisure and recreation, which includes:

* Talking Books Program;
* newspaper reading resources; and
* other reading resources.

### 5.2.4 Vision Services

Prior to considering the purchase of vision services, the OIB worker must determine if eye care services are warranted.

Vision services include counseling, referral, and coordination of eye-care needs consistent with the customer's IL goals. When diagnostics are not available, vision services may include assistance in obtaining eye medical information to establish eligibility for specific IL services.

#### When Are Vision Services Provided?

Vision services may be provided at any time during active services.

Purchased low-vision evaluations and low-vision devices are provided after:

* eligibility has been determined; and
* a functional assessment of the customer's individual needs has been completed.

#### OIB Worker Role When Providing Vision Services

The OIB worker may provide assistance with the coordination and case management of:

* referrals to community organizations for eye restoration treatment;
* low-vision examinations;
* demonstration of low-vision aids;
* low-vision aids or training; and
* nonoptical devices and methods.

**Note:** Medical treatments are not purchased in the OIB program.

#### Purchase of Low-Vision Evaluations or Devices

Before referring a customer for a low-vision evaluation or purchasing low-vision devices, the OIB worker must carefully assess the customer's need and the availability of comparable benefits. If referral for the low-vision evaluation and/or identification of low-vision devices is appropriate, the OIB worker must first use comparable benefits for full or partial payment. When a customer’s goals can be met with nonoptical devices, such as improved lighting, use of contrast, and/or writing guides, the OIB worker must address the customer’s goals using such alternatives to the greatest extent possible.

Not every customer wants to use low-vision devices. Before moving forward, the OIB worker must discuss options with the customer and determine whether, after providing information, the customer chooses not to pursue low-vision evaluations or devices. For example, some customers:

* are satisfied with their current circumstances and are therefore not interested in increasing their independence; or
* have financial resources above economic guidelines (see 3.5 Customer Participation in the Cost of Services) but show no interest and/or willingness to participate in the cost of any recommended low-vision devices.

Further, many customers may not benefit from a low-vision evaluation or low-vision devices, including customers who:

* have vision worse than 20/400;
* have a field restriction of 10 percent or less;
* have not completed restoration services;
* have unrealistic expectations of the low-vision evaluation (for example, they will achieve 20/20 vision, they will be able to drive a car, they will receive glasses like those their friend received);
* have no transportation for the evaluation or follow-up; or
* do not have the health or stamina necessary to fully participate in the evaluation.

If low-vision devices are being purchased, the following guidelines apply:

* Non-spectacle mounted items shall be purchased from catalogs.
* Closed-Circuit Television (CCTV) purchases are limited to those customers who have been thoroughly assessed and have specific needs that have been appropriately documented in a case note.
* Magnifiers and similar items (for example, Magicam or Max) should be purchased using the best value purchasing approach (see 7.9 Purchasing Goods and Services for Customers) to meet customer needs.
* Purchases of "transition" (light-to-dark) lenses are not allowed.

The OIB worker may demonstrate magnifiers to help customers self-assess. Any purchase of a magnifier must have a justification case note that includes the following:

* tasks that may be made easier using a magnifier;
* devices that were demonstrated to the customer;
* the magnification the customer chose and the size of the font he or she could read with the device;
* the customer’s contribution toward the purchase; and
* how the purchase of the device will increase or maintain the customer’s independence.

### 5.2.5 Information Access and Technology Services

Information Access and Technology services are information, counseling, and referral services available to customers. When funds are available, assistive technologies and adaptive aids may be purchased for customers. A customer's assistive technology needs are evaluated before any devices are purchased.

Requests for technology are assessed using the following questions:

* What is the customer's visual acuity and is the condition stable?
* The OIB worker must be aware that, although certain conditions are naturally degenerative, a baseline must be established to enable effective service delivery.
* The OIB worker must ensure that before information access and technology services are procured or purchased, the services directly link to the customer’s specific IL goal for independence.
* Did the customer use the computer before losing his or her vision?
* If the customer did not use a computer before losing vision, the customer must first be assessed on technology skills to demonstrate his or her ability to learn and apply new information.
* Only when a customer demonstrates keyboarding skills meeting minimum standards may a technology request be considered.
* Does the customer own a computer?
* How will this technology meet the customer's specific IL goal for independence?
* Has the customer tried free adaptive software programs to access the Internet and email?
* Before information access and technology services are procured or purchased, the OIB worker should assist the customer in obtaining free adaptive software programs, as appropriate, and discuss expected outcomes.
* Will the customer frequently use other software programs (such as Word or Excel)? If so, for what purpose?
* Has the customer demonstrated an ability to learn and apply new information?
* If necessary and appropriate, has demonstration of accessible software been completed?
* Has there been discussion with the customer regarding participation in cost and training of identified computer, software, and other related items?
* Have the customer's basic computer knowledge and keyboarding skills been assessed?

Before obtaining equipment, the OIB worker must be certain that:

* the customer is committed to using the equipment and to getting any necessary training;
* the customer has the physical and cognitive ability to learn to use the equipment effectively;
* the equipment will allow the customer to perform tasks necessary to meet specific IL goals, such as managing finances or managing a medical condition; and
* all least-restrictive adaptations have been considered.

The [VR2014, Rehabilitation Equipment Receipt and Agreement](http://intra.twc.state.tx.us/intranet/gl/html/vocational_rehab_forms.html) must be signed by the customer to show that he or she understands the purposes and conditions under which assistive equipment is issued. The OIB worker must have a case note documenting any assessment, as well as a justification case note with specific information related to any items or services purchased.

### 5.2.6 Deafblind Services

Deafblind services include assessment and training to improve independent functioning of those customers who have a secondary sensory loss of hearing. Services are provided by a deafblind specialist.

Customers are referred to Deafblind Services when:

* hearing loss is medically documented;
* hearing loss is suspected; or
* the customer is functioning as a person who is deafblind.

**Note:** If the OIB worker suspects that a customer may have hearing loss or if the customer has a documented hearing loss, the customer must be referred to the deafblind specialist before audiological or hearing-aid evaluations are scheduled. The deafblind specialist may advise the customer about information to share with the audiologist regarding the functional impact of the combined vision and hearing loss, and suggest questions to ask the audiologist about certain hearing-aid features and considerations.

#### Referral Procedure

The OIB worker makes a referral to the deafblind specialist by:

* entering a secondary disability code of deaf/blindness (08) under the category of Sensory Communicative Impairments for the customer to be referred; and
* completing a referral to the deafblind specialist in RHW.

#### Customer Contact

Upon receipt of referral information, the deafblind specialist:

* contacts the customer;
* schedules an appointment with the customer in his or her home or business;
* evaluates the customer's needs during the home or work appointment;
* discusses any immediate needs and evaluation findings at that time; and
* verifies that the customer meets the definition of deafblindness, as described by the Rehabilitation Services Administration.

#### Case Notes

The deafblind specialist writes case notes to document customer contacts and other pertinent details. A follow-up phone contact or email may accompany the contact reports.

The case notes typically contain:

* customer contact participants;
* evaluation findings;
* overall recommendations;
* the rationale for recommendations; and
* recommendations regarding secondary disability coding, if needed.

**Note:** If the deafblind specialist recommends that the secondary disability coding be amended to more accurately reflect the customer's sensory communicative impairment, the deafblind specialist:

* enters a case note to recommend that the caseload-carrying staff member change the secondary disability coding and explain the reason that a change is needed; and
* creates an action and delegates it to the caseload-carrying staff member to alert him or her to the case note that recommends that the secondary disability coding be changed.

#### Continued Service

The deafblind specialist makes periodic phone contacts and/or written contacts with the customer and OIB worker to monitor progress, discuss service coordination, and provide assistance as requested and needed.

#### Completion of Deafblind Services

The deafblind specialist closes the RHW SR when services are:

* complete; or
* no longer desired.

**Note:** Following closure of the service record or case closure, the deafblind specialist may provide limited services on a courtesy basis to help a customer maintain independence and to minimize the customer's need to reapply for IL services. These services are documented as a courtesy service in the case file.

### 5.2.7 Independent Living Skills Services

IL skills services are provided by the OIB worker or an IL contract provider at:

* the customer's residence;
* a community facility; or
* another location when appropriate.

IL skills services offer training to improve independent functioning. The services include:

* personal management, which includes:
* grooming;
* clothing identification;
* eating; and
* health safety;
* home management, which includes:
* sewing;
* clothing care;
* housekeeping;
* meal preparation;
* marketing;
* minor home maintenance; and
* home safety; and
* communication, which includes:
* time;
* telephone;
* money management;
* writing;
* typing;
* braille;
* language; and
* equipment use.

#### OIB Worker Responsibility When Providing IL Skills

For adaptive skills needs in disability areas other than vision, it is the OIB worker’s responsibility to coordinate the provision of needed services. See [5.3 Contracted IL Skills Training Services](http://intra.twc.state.tx.us/intranet/manuals/il/ch5.htm#5.3) for more information.

It is also important to remember that using contracted services must be considered as it relates to the available staff and budget resources as well as other community options.

#### Criss Cole Rehabilitation Center

The Criss Cole Rehabilitation Center (CCRC) does not serve customers participating in the OIB program. To receive services from CCRC, a customer must be receiving VR services. More information about this procedure is in the [Vocational Rehabilitation Services Manual](http://teamnet.dars.txnet.state.tx.us/drs/co/VRSMTrng/Forms/AllItems.aspx?RootFolder=%2Fdrs%2Fco%2FVRSMTrng%2FVocational%20Rehabilitation%20Services%20Manual%20%28VRSM%29%2010%2D1%2D17&FolderCTID=0x01200076D6830C098B0E4B8EB457E5E874D175&View=%7B95A271BC%2D2BD9%2D41ED%2DB589%2D3405AE0FF1E2%7D).

### 5.2.8 Orientation and Mobility Services

O&M training services promote independent travel skills for individuals who are blind or visually impaired.

O&M training prepares customers to travel independently with competence and confidence. Orientation refers to the process of applying the available senses to establish a customer's position and relationship within the environment. Mobility is the act of moving in the environment with the use of an established tool to aid in travel. Tools include white canes, dog guides, and electronic travel aids.

#### Options for Service Providers

The OIB worker is encouraged to use one of the following resources for O&M services:

* an In-house O&M instructor; or
* an independent O&M provider who has signed a contract with TWC-VRS.

After an OIB worker has been trained, he or she may provide limited training in protective techniques, trailing techniques, and guide techniques, without the use of the cane and in the customer's home environment only.

When coordinating a mini-training (an intensive basic training of up to one week) with a member of the CCRC outreach team, the OIB worker can assist with the training, under the direction of the mentor or an O&M instructor. Outreach mini-training sessions focus on attitude, rather than skills mastery.

For all other O&M training needs, the OIB worker refers the customer to an O&M specialist for evaluation.

#### O&M Guidelines

After assessing the customer's O&M needs using the [VR2954, Comprehensive Assessment for Independent Living Program](http://www.twc.state.tx.us/forms/DARS2954.doc), the OIB worker refers the customer to the O&M specialist only if the customer:

* is an unsafe traveler in his or her home, even after instruction from the OIB worker in protective, trailing, and human guide techniques;
* intends to travel independently outside the home as a routine part of his or her daily activity;
* is physically and mentally able to benefit from O&M training; or
* has identified specific goals for O&M training.

#### Dialogue with O&M Providers

When referring a customer to the O&M specialist, the OIB worker must:

* clarify with the specialist the specific goal for O&M training;
* allow a maximum of three hours for an O&M evaluation; and
* monitor the results of the training to determine additional needs.

### 5.2.9 Diabetes Management

Diabetes management services are provided to a customer who needs to learn to manage his or her diabetes. These services may include evaluation and training in:

* monitoring blood sugar;
* drawing insulin;
* self-administering insulin;
* nutrition (diet management and meal planning); and
* use of adaptive devices (purchase may be included).

Services are provided through referral to a contract provider for diabetes self-management education services or through community resources, such as home health care agencies, hospitals, and diabetes associations.

#### Guidelines for Diabetes Management Services

Comparable benefits must be explored, applied for, and used before referring a customer for diabetes evaluation and/or training.

Some customers will probably not benefit from diabetes education and training, including individuals who:

* already have systems in place to manage their diabetes;
* are not experiencing problems with the current management of their diabetes;
* have a physician who is not recommending diabetes management services;
* do not want to independently monitor their blood sugars; and/or
* have no available resources (including comparable services or benefits) to buy diabetic supplies on an ongoing basis.

OIB workers should consider whether there will be family members or caregivers present during the training period to reinforce skills training.

To enhance these important services, the OIB worker applies the following guidelines to purchasing diabetes education services:

* Refer customers to community resources, where available, for general diabetes education;
* Refer customers to contracted diabetes educators for general diabetes education only when alternate community resources are not available;
* Refer customers to contracted diabetes educators for training in using adaptive products for diabetes management; and
* Determine allowable hours based on:
  + the customer's needs, which may include:
    - an assessment (maximum of two hours);
    - diabetes self-management training (maximum of 12 hours); and
    - follow-up (maximum of one hour);
  + the availability of alternative community resources that meet the customer's needs; and
  + case service funds.

The OIB worker consults with the diabetes field specialist about the feasibility of group training and/or other alternatives and processes to provide these services.

### 5.2.10 Recreational and Socialization Services

Recreational and socialization services are services that promote the opportunity for customers to participate in:

* group activities held at a community facility; or
* individual activities at the customer's home for the purposes of skills and leisure time activities.

Group activities may include:

* group exercise programs;
* group meal programs;
* peer counseling groups;
* adjustment to blindness groups;
* arts and crafts activities; and/or
* other group activities.

Individual activities include instruction in individual leisure pursuits such as:

* crafts projects;
* listening to talking books;
* playing cards or other games;
* gardening; and/or
* cooking.

Interpersonal relations include guidance in adjustment to a disability and how the disability impacts other individuals such as:

* a spouse;
* other family members;
* friends; and
* the public.

#### OIB Worker Responsibility When Providing Recreational and Socialization Services

The OIB worker selects options for providing services focused on the adjustment process. Options might include role-playing and group counseling with the family.

The OIB worker may play an active role in:

* fostering independence by discouraging dependency on the family; and
* encouraging the customer to be assertive in identifying and applying independence in specific areas.

### 5.2.11 What Are Interpreter Services?

Interpreter services are required when needed to eliminate language and communication barriers for an individual to participate fully in services available through the OIB program.

The individuals with whom the OIB worker may work if the individual has a functional understanding of sign language include:

* friends;
* family members;
* agency staff;
* volunteers; and
* certified interpreters.

#### Certified Interpreters

* The [Board for Evaluation of Interpreter (BEI) Registry](https://bei.hhsc.state.tx.us/PublicInterpreterSearch/Search) is used to find a certified interpreter. The BEI certifies interpreters contracted by agency staff. Resources available to determine the skill level of certified interpreters include: Texas Society of Interpreters for the Deaf; and
* Texas Health and Human Services—The Office of Deaf and Hard of Hearing Services can provide information regarding use of interpreters.

Priority must be given to certified interpreters when interpreter services are required for complex information, such as medical, legal, or psychological reports or information. If a certified interpreter is not available, the OIB worker must use discretion to determine whether a noncertified interpreter will meet the customer’s specific need.

### 5.2.12 Supportive Counseling Services

Supportive counseling and guidance services are provided to assist customers in reaching identified IL goals. These services are provided at any time during the OIB process.

#### OIB Worker Responsibility When Providing Supportive Counseling and Guidance Services

The OIB worker may provide a wide range of supportive counseling and guidance services, including:

* counseling relating to adjustment to blindness;
* informing the customer about agency services;
* advising the customer about community resources;
* listening to customer concerns;
* identifying, exploring, and discussing the customer’s needs;
* employing joint problem-solving strategies to generate options for meeting identified needs;
* planning services together;
* listening to the customer’s frustrations as well as reflecting and validating feelings about adjustment to a disability; and/or
* encouraging and supporting the customer throughout the OIB process.

#### Referral for Specialized Counseling

If at any time the OIB worker determines that services from a counseling professional, such as a psychologist, social worker, or psychiatrist, are needed to help a customer adjust to blindness, the OIB worker may, after consulting with the customer, make a referral for specialized counseling services.

### 5.2.13 Adaptive Aids

Adaptive aids are provided after a complete assessment of the customer's skills has been completed.

After assessing the customer's skills, the OIB worker recommends adaptations by changing the way a task is done and/or ways to change the environment. If necessary, the OIB worker may recommend the use of adaptive aids to help the customer live more independently.

**Note:** The OIB worker must use the least restrictive approach possible to meet the customer’s needs.

#### What Are Adaptive Aids?

Adaptive aids include any aid provided to the customer to meet the individual's IL goal. Examples of adaptive aids are:

* signature guides;
* oven mitts;
* clocks (including talking or low-vision clocks);
* watches (including talking, low-vision, or braille watches);
* low-vision or braille timers; and
* other adaptive devices available through the Blind Services Distribution Center or outside provider catalogs that assist the customer in meeting a specific IL goal.

#### Purchase of Specialized Equipment

The OIB worker may purchase specialized equipment for a customer when:

* the product is necessary to achieve an established IL goal;
* the purchase is planned with the customer, included on the ILP, and documented in the case file;
* the customer meets economic need; and
* the product is not available through comparable services or benefits.

The OIB worker must always inform customers that the OIB program does not automatically replace consumable supplies and assistive devices.

To document receipt or loan of equipment, the OIB worker uses:

* VR2014, Rehabilitation Equipment Receipt and Agreement to document receipt of equipment; and
* VR2164-1, Temporary Loan and Receipt of Equipment to document the loan of equipment.

#### Supervisory Approval for Adaptive Aids

Supervisory approval is required before the purchase of specialized equipment, appliances, and devices during the OIB worker's first six months of employment and afterward at the supervisor's discretion.

#### Customer Responsibility While in Possession of Adaptive Aids

The customer is:

* required to take reasonable care of any equipment, appliances, and/or devices provided; and
* liable for loss and damage resulting from wrongful acts or neglect.

#### OIB Worker Responsibility When Providing Adaptive Aids

The OIB worker is responsible for:

* ensuring that the VR2164-1, Temporary Loan and Receipt of Equipment, is completed and a copy of the form is maintained in the customer's case folder;
* arranging and/or providing necessary training to the customer to ensure the proper use and care of the equipment;
* recovering equipment, appliances, and/or devices when appropriate;
* documenting the circumstances relating to any loss of or damage to the property; and
* informing the customer about resources in the community where the customer can replace lost or damaged property.

**Note:** Recovery of property can occur before or after closure. Recovery of property is appropriate when the item is:

* in reasonable enough condition to warrant recovery; and
* no longer being used properly or no longer needed by the customer.

#### Transfer of Equipment

Equipment recovered from the customer for whom it was purchased may be transferred to another customer. In addition to documenting the return and transfer of the item(s) in the customer’s case notes, the OIB worker receiving the equipment must complete:

* a case note in both the receiving customer’s and the returning customer’s electronic file; and
* two VR2164-1 Temporary Loan and Receipt of Equipment forms:
* one form signed by the original customer or their representative to document return of the item(s); and
* the second signed by the receiving customer or their representative to document receipt of the item(s).

Provide a copy of the forms to the individual that signed the forms and file the original in the customer’s paper case file.

#### Ownership of Equipment

OIB retains residual title to all property, tools, and unused supplies issued to a customer during the OIB process.

### 5.2.14 Transportation Services

Transportation services are the provision or arrangement of necessary travel and related expenses for a customer to receive services.

Transportation services may be provided at any time during the OIB process and may include:

* fares and travel costs to use public or private conveyances;
* expenses for an attendant/escort for a severely disabled individual;
* travel costs incurred by a personal assistant; and/or
* other transportation-related expenses.

#### OIB Worker Responsibility When Arranging Transportation Services

The OIB worker is responsible for ensuring that:

* transportation resources available to the customer are fully explored to encourage independence;
* transportation available to the individual without cost to the program is used first; and
* the customer meets economic-need criteria except when transportation is for a diagnostic appointment.

**5.2.15 Advocacy Services**

The OIB worker may serve as an advocate for the customer in securing services to which the customer is entitled and from which he or she can benefit. Advocacy may include referral to other agencies that can best meet an identified need (for example, referral to a Center for Independent Living for assistance with navigating access to benefit programs).

### 5.2.16 Reader Services

The OIB worker may assist the customer in planning for ongoing services to meet reading needs such as:

* daily mail;
* monthly bills;
* insurance claims; or
* other personal correspondence.

The OIB worker is prohibited from purchasing reader services but is responsible for helping customers locate local volunteer readers.

Potential resources include:

* family members;
* friends;
* the customer’s church; and
* local service organizations.

**Note:** To the maximum extent possible, the customer should be encouraged to follow up with potential volunteer sources.

### 5.2.17 Maintenance Services

Maintenance is provided to ensure that the customer can derive full benefit from other services. Maintenance payments are not made to guarantee customers and/or their families a standard of living to which they may be accustomed, but rather to ensure that costs directly associated with their participation in IL services are met.

#### What Are Maintenance Services?

TWC-VRS, including OIB, may authorize and pay maintenance to a customer in accordance with the definition of maintenance within the Code of Federal Regulations §361.5(c)(34):

"**Maintenance** means monetary support provided to an individual for 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 an assessment for determining eligibility and rehabilitation needs or the individual's receipt of vocational rehabilitation services under an individualized plan for employment."

(Authority: §12(c) and §103(a)(7) of the Rehabilitation Act of 1973, as amended; 29 USC §709(c) and §723(a)(7))

The distinction in the payment of maintenance for customers who are participating in the OIB program is that the payment of maintenance must support OIB assessments and outcomes, rather than VR assessments and outcomes.

OIB may authorize and pay maintenance only for expenses that are in “excess of” the normal expenses of the individual and that are necessary for participation in:

* assessments for determining eligibility and IL needs; or
* services under an ILP.

“Normal living expenses” is defined by TWC-VRS to include such items as housing, food, clothing, and transportation, and whatever additional expenses would be considered necessary to those broad categories (not directly associated with the receipt of OIB services), such as utility costs and vehicle insurance.

#### Comparable Services and Other Resources

The OIB worker must explore all comparable resources and benefits before OIB funds can be expended for maintenance payments. For example, assistance may be available through:

* the Social Security Administration;
* other federal, state, or national programs;
* community resources; and/or
* customer resources.

**Note:** Customers frequently contribute to their rehabilitation program by covering the cost of their meals while participating in a planned service.

#### When Maintenance May Be Needed

Maintenance payments may be needed when a customer is receiving services including:

* diagnosis and evaluation (payment for short-term lodging and meals while the customer is receiving specialized tests in a distant medical center that might represent extraordinary or extra costs to the individual);
* physical restoration (With supervisor approval, maintenance can be used to support extra expenses that are a part of the customer’s recuperation from OIB–specific physical restoration services provided outside his or her home.);
* attending outreach training offered by CCRC; or
* short-term lodging expenses for out-of-town training.

#### When Maintenance May Not Be Used

The OIB worker may not use any form of maintenance for:

* tuition or fees for any training that does not meet the requirements within this manual;
* goods and services that are under contract;
* mortgage payments, usual and customary rent for housing, and any associated fees or expenses; or
* reimbursement for any expenses that were not authorized by VR prior to the expense (including, but not limited to, balances for previous medical services, past due housing, utilities, loans, or related fees and penalties).

Short-term housing maintenance cannot be used to support training, activities, or assessments that occur in the same town as the customer's residence.

Exceptions require review and approval by TWC-VRS state office management, which must be completed and documented in RHW before service authorization is issued.

#### Additional Requirements

* Economic need must be considered before maintenance payments are approved.
* If short-term lodging expenses exceed one month, the payment should be made as “room and board” and paid directly to the landlord or lodging facility.
* Maintenance funds cannot be used for transportation expenses; instead, use transportation specification levels to issue funds.
* State Law Prohibitions on Warrants for Individuals

**Note:** State law prohibits the state comptroller from issuing a maintenance warrant to a person who owes the state or federal government delinquent taxes or a defaulted debt (for example, a Texas Guaranteed Student Loan).

Based on Texas Education Code §57.48 and §57.482; Texas Family Code §231.007(a)–(k); Texas Government Code §403.055(a)–(l), §403.0551, §403.0552, §2107.008, and §2252.903(a)–(d)

* The customer must provide documentation to verify that funds were used for their intended purpose. For nonrecurring maintenance, the customer must provide a copy of the receipt. For recurring maintenance, the customer must provide a log that specifically indicates what all funds were used for. If documentation is not turned in or if it is determined that the funds were not used for their intended purpose, authorization of any additional maintenance funds for any purpose will require supervisory review and approval.

#### Maximum Maintenance

The following table reflects the maximum allowed maintenance payments for planned services.

|  |  |
| --- | --- |
| **Planned Service** | **Maximum Maintenance Payment Allowed** |
| Diagnostic Services | Up to (but not exceeding) the current per diem allowed for state employees |
| Physical Restoration | Up to (but not exceeding) the current per diem allowed for state employees |
| Attendant/Escort Assistance | Up to (but not exceeding) the current per diem allowed for state employees |
| Maintenance for Incidental Needs, Clothing, Shoes, or Personal Hygiene | $50.00 per month |

**Note:** Any deviation from the maximum maintenance payment amounts shown above requires supervisory approval prior to issuing the service authorization.

### 5.2.18 Consultation Services

Consultation services provide information and training to service providers.

#### Categories of Consultation Services

Consultation services may include in-service training in the following areas:

* demonstrations of optical and nonoptical low-vision devices;
* demonstrations of sighted guide and safety techniques in the home;
* ideas about ways to work with individuals who are blind or visually impaired;
* suggestions about how to integrate persons who are blind or visually impaired into community activities;
* presentations to community groups and other organizations about the TWC-VRS programs, including OIB;
* representing TWC-VRS at health fairs and other local events; and
* informational presentations about blindness and visual impairment in classroom settings.

#### When Are Consultation Services Provided?

Consultation services may be provided when the OIB worker believes that service providers or other community resources may benefit in terms of improving their knowledge, awareness of, and/or capabilities for serving individuals with vision loss. The service provider or other interested individual may also provide consultation services following a request.

#### OIB Worker Role in Providing Consultation Services

The OIB worker provides information and training to service providers about:

* confidence and adjustment to blindness issues;
* blindness and visual impairments;
* integration of individuals with vision loss into service delivery; and
* special teaching methods effective with individuals who are blind.

The OIB worker can also provide consultation services to family members to:

* empower the family to provide support to the customer during the independent living process; and
* address the family's adjustment-to-blindness needs.

### 5.2.19 Referring Customers to Vocational Rehabilitation

#### Referral to Vocational Rehabilitation

Occasionally during the life of a case, the OIB worker determines, through discussions with the customer, that the customer is interested in working. This could happen at any time but often occurs during the Active Services phase. For example, customers may experience improvement in their health or secondary disability or will have received training that increases their confidence and independence to the extent that they wish to work.

When active OIB customers indicate that they want to work, the OIB worker should pursue a referral to Vocational Rehabilitation (VR) and start the process by asking the following questions:

* What are your goals for employment?
* How would your health and stamina affect those goals?
* How many hours per week would you like to work?

If the OIB worker is uncertain or believes that the responses to the questions suggest that work is a viable option, the OIB worker should staff the case with the VR counselor and with the customer to determine collectively in which program the customer would be served best.

#### OIB to VR Referral Process

The OIB worker:

* reviews a case with the IL coordinator and/or field specialist to judge the appropriateness of a VR referral;
* discusses the referral with the VR counselor;
* provides available medical documentation about the customer’s vision and other case documentation to the VR counselor; and
* initiates a joint meeting with the VR counselor and the customer, if needed.

After the referral to VRS is completed, the VR counselor and the OIB worker make a joint decision about the next steps. Possible next steps include:

* closing the OIB case and opening it in VR;
* closing the OIB case and opening it in VR as an extended evaluation (if the customer has a significant disability and the employment outcome is questionable);
* leaving the case in OIB with the customer continuing to receive services; or
* closing the OIB case without VR referral, if VR is not appropriate and no further IL services are needed.

**Note:** ILS-OIB funds cannot be used for customers whose goal is to work unless it is documented that a staffing has occurred and the customer is not eligible for VR. This decision should be well documented in a case note.

## 5.3 Contracted Independent Living Skills Training Services

Contracted IL services are active services authorized by the OIB worker and provided by a TWC representative on contract for a specific service.

### 5.3.1 Independent Living Skills Training Contracts

TWC currently has contracts for IL skills training in select regions. These contracts are for individualized IL skills training and are administered through the [VR Standards for Providers](http://www.texasworkforce.org/partners/vocational-rehabilitation-standards-providers-manual).

### 5.3.2 Older Individuals Who Are Blind Worker Procedures for Contracted IL Skills Training Services

The OIB worker, who is designated by the supervisor, provides case coordination and direction to the IL skills vendor with respect to service provision and the following services:

1. Sends referrals to the IL skills vendor for initial contact and application assessment;
2. Enters application information into the electronic case management system;
3. Determines customer eligibility for IL services;
4. Refers eligible customers to the IL skills vendor for comprehensive assessment;
5. Develops the ILP with the customer and enters it into the electronic case management system;
6. Authorizes IL skills training hours;
7. Manages case records;
8. Reviews documentation of services provided by the IL skills vendor;
9. Authorizes the purchase of recommended equipment and services;
10. Documents the purchase of equipment and services in each customer's ILP;
11. Arranges or provides more complex services, including but not limited to, braille instruction, O&M training within the customer's community, and diabetes education and training.

The OIB worker uses the procedures given below to document and process the purchase of contracted IL skills training services:

1. Refers to an rehabilitation assistant (RA) to create a service record and service authorization (SA) referring the customer to the contract provider for services.
2. The SA may specify services for a customer (individualized services) or for more than one customer if they are receiving individualized skills training services (multi-customer service authorization).
3. The RA creates the SA before services are rendered. Creating SAs after services are rendered is not permitted.
4. If an after-the-fact SA is issued, providers **must** refund all payments received.
5. Coordinates with the contract provider for provision of the services specified in the contract and on each customer's ILP.
6. Meets regularly with the contract provider to review each customer's progress and to monitor each application assessment, comprehensive assessment, and skills training. The IL caseload-carrying staff must have monthly contact with the provider regarding each customer being served. This must be done through regular meetings that cover all services that the vendor is providing to IL customers. Such meetings may occur more frequently, depending upon the status of the customer, specific customer issues, provider performance, and other factors determined by regional management.
7. Documents each provider review meeting results in each customer's case notes before authorizing additional services and issuing a new SA. This documentation should include the date of the contact, status of the service being provided, and all issues that the provider may have encountered.
8. After the provider's invoice and all documentation specified in the service contract is received, the OIB worker:

* verifies that the completed service meets contract specifications;
* verifies that the provider's invoice is complete and accurate;
* processes changes in the SA in RHW (See [RHW Users Guide Chapter 17: Case Purchase Order, 17.10 Service Authorization Changes](https://online.twc.state.tx.us/services/rhwhelp/ch17.htm#pochange));
* acknowledges receipt of the invoice, report, and good and/or service in RHW (see [RHW Users Guide Chapter 18: Case Acknowledgment of Receipt](https://online.twc.state.tx.us/services/rhwhelp/ch18.htm)); and
* authorizes payment for the purchased service in RHW (see [RHW Users Guide Chapter 19: Case Authorizing Payment, 19.4. Payment Authorization](https://online.twc.state.tx.us/services/rhwhelp/ch19.htm#payment)).

1. When documents are received from a provider, such as a comprehensive assessment or report on IL skills training provided, a case note should be entered containing the date the report was received, status of the service provided, and all issues that may have been encountered. Paper documents are placed in the case file.

Documentation received electronically may be copied and pasted into case notes. Providers may email invoices, reports, and travel logs to ensure prompt payment. When providers email information, they should encrypt all communications and refer to the customer in all documentation with the first name and the first initial of the last name.

**Note:** It is against policy and federal law to send unencrypted emails containing customer or agency confidential information to anyone outside the TWC email environment.

# Chapter 6: Case Management

## 6.1 Overview

Within the Independent Living Services for Older Individuals Who Are Blind program (OIB), a variety of possible closures for customer services is available. This chapter describes each closure category and provides information about each type of closure.

## 6.2 Closing from Initial Contact with Case Assignment and Application

### 6.2.1 Closure before Application and Closure after Application

The two types of closures available from the Initial Contact with Case Assignment or Application in ReHabWorks (RHW) indicate that services for a customer will not continue. The types of closures are:

* Closure before Application, which generally indicates that an individual is either unable to apply or not interested in applying for services, or that the OIB worker could not locate the individual; and
* Closure after Application, which generally indicates that an individual is ineligible for services or withdrew the application for services, or that the OIB worker was unable to locate or follow up for a documented reason.

**Note:** Closure before or after Application is not a successful closure.

### 6.2.2 Successful Closure Criteria

The two criteria for Successful Closure from the Initial Contact with Case Assignment or Application are:

* limited or minimal services (no more than two face-to-face visits) were provided with no Independent Living Plan (ILP) required; or
* information and referral, including the *Guide to Independent Living for Older Individuals Who Are Blind or Visually Impaired*, were provided and met the customer’s current needs.

## 6.3 Closure before or after Application

### 6.3.1 Closure after Application

An ineligible customer is a customer who is not accepted for Independent Living (IL) services. This is noted in RHW as a Closure after Application.

### 6.3.2 Purpose of Closure before or after Application

Closure before or after Application is used to close a case for the following reasons:

* OIB worker could not locate applicant
* Applicant moved out of state
* Death
* Institutionalization
* Applicant was not accepted for IL services

**Note:** When a referral or applicant has been processed through intake, and case notes document that the individual’s IL goals were met through limited or minimal services not requiring an ILP, the OIB worker closes the case as Successful Closure.

### 6.3.3 Ineligibility Criteria

An applicant may be determined ineligible for services after an application has been finished, based on failure to meet at least one of the following criteria:

* The individual has a visual impairment that is a substantial limitation to living independently.
* The delivery of IL services will improve the individual’s ability to function, continue functioning, or move toward functioning independently.

### 6.3.4 Reasons for Determining Ineligibility (Closure after Application)

A determination of ineligibility may be based on the following conditions:

* Death
* Failure to cooperate
* IL services not required
* Institutionalization
* No disabling visual condition
* No substantial impediment to independent living
* Referred to another agency or Texas Workforce Commission (TWC) Vocational Rehabilitation Services program
* Refused services (including refused further services)
* Unable to locate, or moved out of state
* Unfavorable medical prognosis
* Other

For example, if an individual declines to participate for reasons that are related to the severity of his or her condition (for example, emotional instability) and those circumstances cannot be resolved satisfactorily, the reason for closure might be “Other” or “Unfavorable medical prognosis” instead of “Refused services.”

### 6.3.5 When to Move into Closure after Application

When the OIB worker makes a determination of ineligibility and completes the Closure after Application page in RHW, the case automatically moves into “Closure after Application.”

### 6.3.6 Procedure for Closure before or after Application

The OIB worker uses the following procedure when closing the case from the Initial Contact with Case Assignment or Application because of ineligibility or other reason:

1. The OIB worker completes the Closure before or after Application page in RHW.

**Note:** If the case is closed before Application, there is no drop-down box list to record the closure reason, so the reason should be included in a case note.

1. The OIB worker prints and sends the closure letter that is in RHW to the customer or representative, notifying him or her of the right to appeal. The OIB worker does not send a closure letter if the closure reason is “Death” or “Unable to Locate."
2. The OIB worker documents the closure in case notes.
3. When the closure reason is “No Visual Disabling Condition" or “No Substantial Impediment to Independent Living,” a case action reminds the OIB worker to review the case one year after the date of the ineligibility determination. The OIB worker sends a letter to inform the referral or applicant that he or she may appeal the decision to close the case or reapply for services. The referral or applicant is also provided with information about the Client Assistance Program (CAP).
4. If new information is supplied by the referral or applicant, the OIB worker reviews the case based on the new information.

## 6.4 Successful Closure

### 6.4.1 Purpose of Successful Closure

The purpose of Successful Closure from the Active Services phase is to identify those customers who have successfully achieved their IL goals.

### 6.4.2 Basic Criteria

Services are completed successfully if both following criteria are met:

* The customer’s IL goals, as outlined in the ILP, have been reached and no further services are needed.
* The customer is living in what seems to be the least restrictive environment and at the highest level of independence agreed upon by the OIB worker and the customer.

### 6.4.3 Closing in Special Circumstances

The decision to close the customer’s case in Successful Closure is the joint responsibility of the customer and the OIB worker.

In some situations, the OIB worker may close the case even though the customer has chosen to live in what the OIB worker deems to be a less than suitable environment. For example, a customer might desire to live in a situation that, in the view of the OIB worker, is not compatible with the customer's physical capacities or his or her mental abilities, and/or does not appear to be suitable for a reasonable period of time. Good counseling requires that the VR counselor recognize the customer's right to make such choices. In these circumstances, the OIB worker's obligation is to provide the customer with:

* assistance to understand his or her own situation as it relates to the ability to live independently;
* information upon which to base decisions;
* encouragement to pursue a more suitable objective, consistent with the developed ILP; and
* documentation of assistance in the closure letter.

### 6.4.4 Customer Notification

The OIB worker must inform a customer in a closure letter when the case is closed. The closure letter is available for printing after completion of the Successful Closure page in RHW.

### 6.4.5 When to Move into Successful Closure

Successful closures must have case notes that document one of the following three circumstances:

* The customer's needs were met through provision of information and referral services or through the *Guide to Independent Living for Older Individuals Who Are Blind or Visually Impaired*.
* The customer's needs were met with minimal OIB worker services, and no ILP was needed.
* If an ILP was developed:
* all services planned on the ILP were completed as needed or possible;
* the customer received substantial IL services; and
* the customer successfully achieved his or her IL goals.

**Note:** If an ILP was developed, any services that were deleted from the ILP must have a case note documenting the reason for deletion.

### 6.4.6 Procedure for Closing a Case as Successful

The OIB worker uses the following procedure when closing a case from Initial Contact with Case Assignment, Application, or Active Services for reasons other than ineligibility or Unsuccessful Outcome:

1. The OIB worker discusses closure with the customer and they agree that all requested services have been addressed.
2. The OIB worker checks all pertinent records and verifies that:
   * service records for in-house providers have been completed;
   * all open service records are cancelled;
   * all service authorizations (SA, also known as purchase orders) for goods and services have been received or cancelled (**Note:** Purchased goods and services that have been received before an invoice was received may be paid after the case is closed.);
   * all supporting documents for SAs have been received;
   * the customer's ILP has been reviewed and updated to show all planned services; and
   * all case notes are current and reflect an accurate OIB case history.
3. The OIB worker reviews the IL services and IL goals pages in RHW to ensure that the status of each:
   * service is noted as either "Cancelled" or "Completed"; and
   * goal is noted as either "Cancelled" or "Achieved."
4. The OIB worker documents the successful closure in the customer's case notes.
5. The OIB worker completes the Successful Closure page in RHW.
6. The OIB worker sends a closure letter to the customer, which includes information regarding the customer’s right of appeal and information regarding the Client Assistance Program (CAP).

## 6.5 Unsuccessful Closure after Plan Initiated

A customer in Unsuccessful Closure after Plan Initiated is one who is unable to complete planned IL services.

### 6.5.1 Purpose

The purpose of Unsuccessful Closure after Plan Initiated is to identify all cases closed with services not completed.

### 6.5.2 Basic Criteria

Unsuccessful Closure after Plan Initiated may be appropriate after eligibility has been determined and the outcome is such that the goals that the OIB worker and the customer developed and planned cannot be fully achieved.

### 6.5.3 Unsuccessful Closure after Plan Initiated

Various circumstances may prevent attainment of the IL goal. After consideration of all pertinent facts, the OIB worker may discontinue services and close the case as Unsuccessful Closure after Plan Initiated.

### 6.5.4 Customer Notification

The OIB worker must use a closure letter to inform the customer of the decision to close the customer's case.

### 6.5.5 Decision Not to Follow Through

Some customers might decide not to follow through with a program of services that is being developed or has been implemented.

Before closing the case, the OIB worker must take the following actions:

1. Ensure that the customer understands the purpose of the program and the services that are available.
2. Inform the customer that he or she may reapply for OIB services later.
3. Document in case notes the reasons the customer decided not to proceed.

### 6.5.6 Referrals to Other Agencies or TWC Programs

When a customer can be referred appropriately to another agency or TWC program, such a referral involves more than merely advising the customer to apply to the other agency.

The OIB worker provides referral assistance to the customer by:

1. Discussing the possible referral with the customer and getting a signed release of information;
2. Transmitting pertinent data to the other agency or program;
3. Providing additional help as required to best meet the customer's needs;
4. Notifying the customer in writing of the actions taken; and
5. Documenting the referral in case notes.

### 6.5.7 When to Move into Unsuccessful Closure after Plan Initiated

A customer is moved into Unsuccessful Closure after Plan Initiated when circumstances prevent completion of services.

### 6.5.8 When to Move Out of Unsuccessful Closure after Plan Initiated

Movement out of Unsuccessful Closure after Plan Initiated normally would not occur, because the phase is a closure. If a case is closed in error, the OIB worker can make a phase adjustment in the system during the same fiscal year.

### 6.5.9 Procedure for Closing a Case as Unsuccessful Closure after Plan Initiated

The OIB worker uses the following procedure when the customer has an ILP but the case is being closed as Unsuccessful Closure:

1. The OIB worker makes certain that:

* service records for in-house providers have been completed;
* all open service records are cancelled;
* all SA goods or services have been received or cancelled.

(**Note:** Purchased goods or services that have been received before an invoice was received can be paid after the case is closed.);

* all supporting documents for SAs have been received;
* the customer's ILP has been reviewed and updated to show that all planned services are accounted for;
* case notes have been entered to address any discrepancies between the ILP and the services provided; and
* all case notes are current and reflect an accurate OIB case history.

1. The OIB worker documents the unsuccessful closure in the customer's case notes.
2. The OIB worker goes to the IL services and IL goals pages to review and update, if needed. Goals previously set are not required to be "Cancelled" or "Achieved."
3. The OIB worker completes the Unsuccessful Closure page in RHW.
4. The OIB worker sends the closure letter notifying the customer of the right to appeal. The OIB worker does not send a closure letter if the closure reason is "Death" or "Unable to Locate."

### 6.5.10 When to Open a New Case for Additional Services

A new case should be opened if:

* extensive services are needed;
* the customer has a significant change in his or her visual disability; or
* the previous case has been closed for more than one year.

If a new case is opened, the new case file might include copies of information from the customer's most recent case file.

# Chapter 7: Case Management

## 7.1 Overview

### 7.1.1 Case Management Requirements

Requirements for recording individual customer services are:

* based on federal and state regulations; and
* reflected in Independent Living (IL) program policies.

For conducting audits, examinations, and compliance reviews, federal law requires the designated state agency (DSA)—the sole state agency authorized to provide rehabilitation services to individuals who are blind and to administer the OIB grant—to provide access to the Secretary and the Comptroller General, or any of their duly authorized representatives, to maintain:

“(a) The records maintained under this part;

(b) Any other books, documents, papers, and records of the recipients that are pertinent to the financial assistance received under this part; and

(c) All individual case records or files or consumer service records of individuals served under this part, including names, addresses, photographs, and records of evaluation included in those individual case records or files or consumer service records.”

34 Code of Federal Regulations (CFR) §367.70

### 7.1.2 Purpose

The purpose of this section is to provide the Independent Living Services for Older Individuals Who Are Blind (OIB) worker with standards for recording customer services.

### 7.1.3 Format

The formats included in this section are used in case notes to ensure that the minimum information required by the OIB program is appropriately documented. However, the OIB worker is not limited to providing only the information indicated in the formats.

## 7.2 Case Notes

### 7.2.1 Definition

A case note is a supplemental document that contains information about how a customer can use services to achieve a successful case closure. For more information, see the [ReHabWorks (RHW) User Guide, Chapter 7: Case Notes](https://online.twc.state.tx.us/services/rhwhelp/ch7.htm).

### 7.2.2 Purpose

The purpose of case notes is to document a concise history of the customer’s case from initial contact to closure, including:

* customer and OIB worker interactions; and
* the steps taken to advance the IL process from the time of initial contact through closure.

### 7.2.3 What to Include

Significant events or developments related to the customer must be recorded. These events include but are not limited to:

* OIB worker actions, including preliminary assessments, comprehensive assessments, and training;
* the rationale for providing or purchasing services in exceptional situations;
* explanations of an unusual length of time in a specific phase;
* the receipt of medical information, diagnostics, evaluations, and/or a summary statement important to the planning of services;
* discrepancies in medical, diagnostic, or other recommendations and/or OIB worker decisions;
* loss of contact with customer and efforts to contact;
* a significant change in the customer’s situation (for example, disability, family, financial) that might affect the customer’s independent living plan (ILP); and
* changes in the availability of and/or efforts to secure comparable services and benefits.

Appropriate topics for case notes include, but are not limited to, the following:

* IL Guide follow-up assessment
* Letters to the customer
* Application assessment
* Eligibility determination
* Comprehensive assessment
* ILP
* OIB worker skills training
* Routine contacts
* Group skills training
* Orientation and Mobility (O&M) report
* Diabetes report
* Low-vision report
* Joint annual review
* Outcome
* Supportive counseling and guidance
* Supervisory approval requests
* Staffing with other in-house providers
* Other information about the customer’s circumstances, progress, and/or goal(s)

### 7.2.4 What Not to Include

Do not include the following:

* Statements containing medical and/or psychological diagnoses that describe a customer, unless the file contains supporting documentation
* Reference to the customer’s human immunodeficiency virus (HIV) status
* Duplicative information that appears on other forms or reports within the file, unless such information is significant to the case note
* Texas Workforce Commission (TWC) internal issues, policies, or systems unrelated or irrelevant to the case

### 7.2.5 Method of Recording

Case notes should be timely. The best practice is to finish a case note within one week of an event, but it should not take longer than one month to enter a case note.

Case notes must be objective, concise, relevant, and written so that anyone can get an accurate understanding of the customer’s needs and of the OIB worker’s actions.

Case notes must address all required elements—who, what, where, when, and why, and, if appropriate, how—for each issue being documented.

#### Example

* Who—Mr. John Smith
* What—Mr. Smith and I discussed his living arrangement, and he said that he is very unhappy with his level of independence.
* Where—In his home
* When—July 1, 2017
* Why—I wanted to know whether Mr. Smith is satisfied with his living arrangement.
* How—By in-person visit

### 7.2.6 Summarizing Multiple Contacts

The OIB worker may use one case note to summarize information secured or action taken over the course of several contacts. It is preferred that the period of time not extend past one week. The date of each contact and/or action must be written in the case note body.

### 7.2.7 Referring to Documentation

Letters or other documents essential to understanding the customer’s needs (including the original ILP and any subsequent amendments) may be stated in the case note.

## 7.3 Required Case Note Documentation

### 7.3.1 Application Assessment Case Note

An OIB worker conducts an interview with every applicant and documents significant observations or application assessments in a case note.

The case note should contain information related to:

* the customer’s need for IL services;
* the customer’s goal for IL services;
* the customer’s willingness and ability to participate in IL services; and
* whether the customer will be able to live more independently as a result of IL services.

Additionally, the OIB worker documents training or services that were provided during the application assessment visit.

By addressing whether the customer meets the third eligibility criterion, the OIB worker helps to determine if the delivery of IL services will improve the customer’s ability to function independently. For more information about determining eligibility see OIB manual Chapter 3.

### 7.3.2 Eligibility Case Note

The OIB worker must document that both Criterion 2 (visual impairment) and Criterion 3 (services and impact on independent living) were applied to determine the applicant's eligibility for OIB services.

Documentation for Criterion 2 includes the eye condition, visual acuities, or visual fields, the name of the eye doctor, and how the information was obtained.

Documentation for Criterion 3 includes the customer’s need and goals for services, his or her ability to participate in services, and the OIB worker’s decision about whether IL services will improve the customer’s ability to live independently.

Additional documentation is required when the visual disability that substantially limits independent living is not documented in a medical report.

This additional documentation may be a case note that includes:

* a verbal report from the physician or eye doctor;
* a statement verifying that the OIB worker reviewed a report from the Social Security Administration; and/or
* a statement verifying that TWC has documentation of the disability.

### 7.3.3 Comprehensive Assessment Case Note

The comprehensive assessment is documented on [VR2954,](https://twc.texas.gov/forms/index.html) Comprehensive Assessment for Independent Living Program, which should be completed and then copied and pasted into RHW as a case note. The assessment should describe the customer’s methods of completing tasks as well as training needs. It should also include a justification for all planned services on the ILP.

VR2954 documents the six core skills areas, which are as follows:

* Adjustment to Blindness
* Independent Living Skills
* Travel
* Communication
* Support Systems
* Quality of Living

### 7.3.4 OIB Worker Skills Training Case Note

All training sessions with the customer must be documented using the [Texas Confidence Builders](http://www.twc.state.tx.us/files/jobseekers/tx-confidence-builder-twc.pdf) for OIB format and must include information on each area covered during each session.

Additionally, each training case note should contain information about:

* the specific skills training provided;
* the customer’s response to the training (the degree to which the customer acquired the skills and whether more training will be needed);
* assignments that were given and the customer’s retention and use of previous training;
* how the customer is incorporating the skills into everyday activities; and
* the next steps or training planned for the next appointment.

### 7.3.5 Joint Annual Review

As often as necessary, but at least every 12 months, the OIB worker must conduct a joint annual review (JAR) with the customer or with his or her representative to review the ILP and the customer’s progress toward the ILP objectives.

The JAR case note must include:

* how the JAR was completed (such as by phone or in person);
* which ILP planned services were reviewed and the status of each service;
* new needs for services;
* ILP amendments; and
* the estimated time to complete IL services.

### 7.3.6 Purchasing Case Notes

Purchasing decisions must be clearly documented in a case note or series of case notes. These are often referred to as “service justification” case notes, but this content can be included in other case note topics. For all purchases, the OIB worker ensures that he or she has covered the following:

* Specific service or good to be purchased
* Justification for service or good to be purchased
* Availability and use of comparable benefits
* Application of customer’s participation in cost of service (if any)
* Best-value purchasing decision
* Verification of receipt of good or service
* Any additional notes about the purchase of a good or service

### 7.3.7 Other Case Note Topics

Other case note topics include, but are not limited to, the following:

* Completion of the customer’s ILP amendments
* Service justifications, which must include a description of the service.
* (Service justifications must also include best value, best business practices, use of comparable benefits, and changes in the customer’s financial status.)
* Rider-fund justification
* The customer’s progress
* Coordination of services provided to the customer (such as significant information from a meeting with vendors or service-related contact with customers)
* Significant customer contacts and attempted contacts
* Explanation of changes in the customer’s financial data
* Customer’s progress in accessing and applying for identified comparable benefits and services
* Changes in goals, intermediate objectives, or services that do not change the direction or scope of services if the change has not been previously documented as an ILP amendment
* Additional information not captured elsewhere about insurance (such as the name and phone number of the insurance carrier) and other comparable services and benefits
* Changes to the customer’s case file records, including updating deficient documentation

### 7.3.8 Case Notes for Supervisory Approval

Requests for supervisory approval and the response to each request must be recorded in the customer’s case notes.

### 7.3.9 Closure Case Note

All closed cases must have a case note describing the reason for closure. The closure case note documents all types of case closures, including:

* information and referral Successful Closure;
* *Guide to Independent Living for Older Individuals Who Are Blind or Visually Impaired* Successful Closure;
* minimal services Successful Closure;
* IL planned services Successful Closure;
* ineligibility decisions or closures, also known as Closure before Application or Closure after Application; and
* Unsuccessful Closure before or after Plan Initiated

The closure case note must contain:

* the reason for the closure; and
* a summary of:
* how information and referral services met the need (if applicable);
* how the *Guide to Independent Living for Older Individuals Who Are Blind or Visually Impaired* met the need (if applicable);
* how minimal services met the need (if applicable); or
* the IL planned services provided to the customer during the life of the case.

If IL planned services were provided, the closure note must also include a description of:

* specialized equipment provided to the customer;
* training provided in the use and maintenance of the equipment;
* how the customer benefitted from the equipment or training provided; and
* all referrals to other programs, agencies, or resources (as applicable).

### 7.3.10 Phase Adjustment

Phase adjustment reestablishes a case from closure to active services. This function can be applied to any closure with a plan (Successful or Unsuccessful). The adjustment includes removal of closure information.

Phase adjustment should be used when a customer objects to case closure after an update or if the case is closed in error.

For additional instructions about phase adjustment, see [RHW User Guide, Chapter 21: Closure, 21.5 Phase Adjustment](https://online.twc.state.tx.us/services/rhwhelp/ch21.htm#phase).

## 7.4 Correcting Case File Documentation

### 7.4.1 Purpose

The purpose of this section is to establish procedures for updating files that are deficient in documentation. Such updating must be clearly explained in the customer’s case notes. A reasonable explanation of the facts and rationale for actions must be entered in the case note to preclude implications of falsifying records or fraud.

### 7.4.2 Documentation Requirements

Many documents in the case file are required to meet state and/or OIB program requirements. However, some documentation is required under federal regulations. Section 34 CFR §367.71 requires the designated state agency (TWC) and all service providers to maintain:

“(a) Records that fully disclose and document:

(1) The amount and disposition by the recipient of that financial assistance;

(2) The total cost of the project or undertaking about which the financial assistance is given or used;

(3) The amount of that portion of the cost of the project or undertaking supplied by other sources; and

(4) Compliance with the requirements of this part; and

(b) Other records that the Secretary determines to be appropriate to facilitate an effective audit.”

As implemented, the OIB program has determined that these necessary records include the following:

* Application for services statement
* Certification of eligibility/ineligibility
* Confidentiality statement
* Application (preliminary) for diagnostic studies
* Eligibility for comparable services and benefits
* Services planned with the customer and documented on the ILP

### 7.4.3 Procedures for Correcting Case Notes

The OIB worker uses the following procedure to correct a case note:

1. Select the title of the case note being corrected.
2. In the edit box, customize the title by adding the word "correction" and the date of the original case note being corrected.
3. In the case note field, write a narrative statement explaining the reasons for the difference and add the corrected information or action.

### 7.4.4 Procedures for Updating Other Materials

When any other information is missing, such as training reports, the OIB worker obtains copies of those reports, if possible. If copies are not easily available, the OIB worker notes in the case note that these items are missing from the file.

## 7.5 Case Folder Organization

### 7.5.1 Introduction

To provide statewide consistency, case records for customer in the OIB program must be maintained using either a two-sided folder or a six-sided folder following the filing order below.

#### Documentation Order

Each section of the case folder should be organized so that initial documents are on the bottom and the most recent on the top unless otherwise specified. Because of the volume of information often contained in the six-sided case folder, dividers should be used to section off certain areas of documentation. This makes the information easier to find.

#### Two-Sided Case Folder

Information is placed in the following order:

* Side 1: (top to bottom)—Invoices with references to service authorization (SA) numbers. Do not include a copy of the SA.
* Side 2: (top to bottom)
* Copy of closure letter or page from RHW to facilitate case-file purging.
  + [VR5051, Application for Services](http://intra.twc.state.tx.us/intranet/gl/html/vocational_rehab_forms.html) (only if a paper application was taken)
  + [VR5053, Application Statement for Independent Living Program](http://intra.twc.state.tx.us/intranet/gl/html/vocational_rehab_forms.html) (only if a paper application was taken)
* Signed ILPs, waivers, or amendments (if paper signatures were obtained):
  + - [VR5154, Waiver of Independent Living Plan (ILP)—Independent Living Services](http://intra.twc.state.tx.us/intranet/gl/html/vocational_rehab_forms.html)
    - [VR5155, Independent Living Plan (ILP)—Independent Living Services](http://intra.twc.state.tx.us/intranet/gl/html/vocational_rehab_forms.html)
    - [VR5156, Independent Living Plan (ILP) Amendment—Independent Living Services](http://intra.twc.state.tx.us/intranet/gl/html/vocational_rehab_forms.html)
* All release forms, including:
  + [VR5060, Permission to Collect Information](http://intra.twc.state.tx.us/intranet/gl/html/vocational_rehab_forms.html)
  + [VR5061, Notice and Consent for Disclosure of Personal Information](http://intra.twc.state.tx.us/intranet/gl/html/vocational_rehab_forms.html)
* Assessment reports in chronological order by date received (for example, medical reports, training reports)
  + General correspondence in chronological order, including such things as letters to and from family, letters to and from vendors, and Social Security packets.

#### Six-Sided Case Folder

Information is placed in the following order (most recent on top) and separated by a divider:

* Side 1 Basic Information
* Continuing Contact Reports (for cases active before RHW)
* [VR5051, Application for Services](http://intra.twc.state.tx.us/intranet/gl/html/vocational_rehab_forms.html) (if paper application was taken)
* [VR5053, Application Statement—Independent Living Program](http://intra.twc.state.tx.us/intranet/gl/html/vocational_rehab_forms.html) (if application statement was not signed electronically in RHW)
* [VR5060, Permission to Collect Information](http://intra.twc.state.tx.us/intranet/gl/html/vocational_rehab_forms.html)
* [VR5061, Notice and Consent for Disclosure of Personal Information](http://intra.twc.state.tx.us/intranet/gl/html/vocational_rehab_forms.html)
* Certification of Ineligibility/Eligibility if the case predates current electronic caseload management system.
* [VR5155, Independent Living Plan (ILP)](http://intra.twc.state.tx.us/intranet/gl/html/vocational_rehab_forms.html)—Independent Living Services (if paper plan was completed and not signed electronically in RHW)
* [VR5154, Waiver of Independent Living Plan (ILP)](http://intra.twc.state.tx.us/intranet/gl/html/vocational_rehab_forms.html)—Independent Living Services, if applicable
* [VR5156, Independent Living Plan (ILP) Amendment](http://intra.twc.state.tx.us/intranet/gl/html/vocational_rehab_forms.html)—Independent Living Services, if applicable
* Customer Data Sheet or initial contact from RHW
* Side 2 Medical Information
* Eye medical information (all eye exams are filed together, including low-vision exams, with the most current on top)
* General physical reports (all physical exams are filed together with the most current on top)
* [VR2005, Medical Recommendations](http://intra.twc.state.tx.us/intranet/gl/html/vocational_rehab_forms.html)
* Audiological reports
* Other medical reports
* Psychological reports
* Side 3 Assessments and Training Reports
* Orientation and Mobility (O&M) evaluations and training reports
* Diabetic service evaluations and training reports
* Other assessment reports

Only the most current reports are kept on Side 3. Older diabetic and O&M reports are moved to Side 4 when Side 3 is full. They are placed at the bottom of Side 4, and a divider is used to separate them from other items. Reports that are provided to the OIB worker electronically may be copied into case notes in RHW.

* Side 4 Training
* IL skills training reports
* Other training reports

Reports that are provided to the OIB worker electronically may be copied into case notes in RHW.

* Side 5 Documentation of Equipment Purchases and General Correspondence
* Letters from the customer or family members
* Inquiries from other agencies
* Other correspondence (such as applications to the Texas State Library and Archives Commission and applications for recordings of the Bible)
* All documentation related to equipment purchases (such as purchase packets, equipment receipts, and [VR2014, Rehabilitation Equipment Receipt and Agreement](http://intra.twc.state.tx.us/intranet/gl/docs/DARS2014.pdf))
* Side 6 Purchasing Documents
* Requisitions (CB-101 forms) and vouchers (CB-104 forms) generated before RHW
* Invoices with references to SA numbers (do not include a copy of the SA)

## 7.6 Case Management Tools

### 7.6.1 ReHabWorks Case Management Tools

RHW provides a variety of case management tools. The OIB worker is responsible for knowing about the availability and use of these tools.

The [RHW User Guide (RUG)](https://online.twc.state.tx.us/services/rhwhelp/default.htm) provides information about case management tools and reports.

The following is a list of reports that are available to OIB workers.

**Case Search**—allows a search by customer, caseload name, or caseload number. This function allows staff to find a phase to move cases through the OIB process. For example, staff can look at all cases in Application to determine which customers are pending eligibility determinations.

**Action List**—provides a list of delegated actions in RHW.

**Action Search**—allows searching in several ways to find actions that are required in customer cases. For example, to determine which customers are due for an annual review, staff can locate by action-item-type "Plan/Plan Review," and a list of all plan-related actions, including Conduct an Annual Review, which appears along with due dates.

**OIB Caseload Statistical Information**—allows review of month-to-date and year-to-date numbers for customers served, closures, and phase numbers.

**Budget Reports**—allows review of year-to-date expenditures in OIB and other available case service funds.

### 7.6.2 OIB Database Case Management Tools

The OIB database contains case management tools to track caseload benchmarks. These tools allow OIB staff to track cases that are close to exceeding benchmarks, and cases that have exceeded a benchmark.

The types of reports that are available are as follows:

* IL Case Benchmark Exception Reports allow ILS-OIB staff to get a list of customers who exceeded at least one benchmark.
* IL Case Benchmark Exception Summary Reports allow ILS-OIB staff to get a summary of cases that exceeded benchmarks, including the percentage.
* Eligibility Report, Plan Development Report, and Active Services Report allow OIB staff to get a list of customers who are nearing the following benchmarks:
  + Application Benchmark—the applicant name is populated on the list 15 days before the deadline to determine eligibility.
  + IL Plan Benchmark—the customer name is populated on the list 30 days before the deadline to complete the IL plan.
  + Active Services Best Practice Benchmark—the customer name is populated on the list when he or she has been in active services nine months or longer.

### 7.6.3 Use of Case Management Tools

All OIB workers are responsible for using case management tools to help meet benchmarks. OIB workers may request that a designee pull or review reports generated by case management tools. However, it is the OIB worker who is responsible for managing the work of the designee and for acting based on the reports. Follow the procedures below with respect to case management tools:

* OIB staff uses the Eligibility Report, Plan Development Report, and the Active Services Report to track customers who are nearing benchmarks.
* OIB workers or a designee will use existing RHW tools, such as case search, weekly.
* OIB workers will be responsible for documenting reasons for delays in meeting benchmarks in case notes.
* The supervisor will review benchmark reports monthly to ensure that case management tools are being used.
* Exceptions will be addressed by management.

## 7.7 Transferring Case Records

### 7.7.1 Why Are Records Transferred?

Records are transferred because:

* the customer moves to an area covered by another OIB worker; or
* caseload coverage areas are reassigned.

### 7.7.2 How Are Electronic Case Records Transferred?

Electronic case records are transferred automatically when the case is assigned to a new caseload in RHW.

### 7.7.3 Procedures before Transfer

Before case records are transferred, the transferring OIB worker must do the following:

1. Notify the receiving OIB worker;
2. Complete a joint review with the receiving OIB worker of all service records and SAs to determine whether the actions must be closed, cancelled, or left open and redelegated (This is required because each caseload has its own budget.);
3. Review the paper and electronic case file to ensure that all case records are complete and accurate;
4. Contact the vocational manager or designee to complete a case review;
5. Update the transfer in RHW; and
6. Send the paper case file to the receiving OIB worker.

## 7.8 Case Review Process and Procedure

### 7.8.1 Overview

Case reviews provide the OIB worker with guidance in service delivery to customers. Case reviews:

* identify policy compliance and noncompliance;
* address OIB worker judgment and decision-making; and
* provide suggestions for improved processing, use of community resources, and caseload management.

### 7.8.2 Case Review Categories

Case reviews can be categorized as limited or complete. Case review forms are used for all case reviews, regardless of category.

#### Limited Case Reviews

When a limited case review is conducted, the areas of the review are identified on the case review document and noted in a case note. Findings and corrective actions are not noted in customer files.

Example 1: A limited case review may be done when time-in-status standards are exceeded. The purpose of the limited review would be to determine the circumstances leading to exceeding the standards and to provide guidance.

Example 2: A limited case review may be conducted when the purchase of assistive devices that are planned on the ILP requires supervisory approval. The review may provide confirmation of the necessity of the planned purchases or guidance in the use of other resources.

#### Complete Case Reviews

When a complete case review is conducted, all areas on the case review form are filled out and noted in a case note. Findings or corrective actions are not noted in customer files. Examples of instances when a complete case review is conducted include:

* when a case is closed; and
* when a case is scheduled for transfer.

### 7.8.3 Case Review Form for Independent Living Program

[VR2608, Case Review: Older Individuals Who Are Blind (OIB)](https://twc.texas.gov/forms/index.html), is used to document the results of all OIB case reviews. This form provides a systematic method of reviewing the documentation of a case file and assessing the scope of service provided.

Once the case review has been done, the reviewer places a case note in the folder documenting:

* completion of the review;
* the date the review was conducted; and
* the name and title of the individual who performed the review.

The review form and accompanying documentation are then placed in a file with other case reviews.

If a case that has been reviewed is subsequently transferred to another office, the OIB worker will forward the review form(s) and accompanying documentation to the receiving office.

**Note**: [VR2608, Case Review: Older Individuals Who Are Blind (OIB)](https://twc.texas.gov/forms/index.html), is never filed in the customer’s case folder.

## 7.9 Purchasing Goods and Services for Customers

The requirements for purchasing goods and services for TWC ILS-OIB customers follow the same processes and procedures for TWC-VR customers. ILS-OIB staff should refer to and comply with the policies and procedures found in the [Vocational Rehabilitation Services Manual, D-200: Purchasing Goods and Services](https://twc.texas.gov/vr-services-manual/vrsm-d-200). Information about goods and services that have additional requirements for purchasing (such as approvals, consultations, or specific documentation) is included in other chapters of this manual.