CSG Table of Contents

CHAPTER 4 – SPECIFIC DISABILITIES ................................................................. 1
400 ALCOHOL AND/OR DRUG DEPENDENCY .............................................. 1
405 ALLERGIES / ASTHMA ........................................................................ 4
410 ATTENTION-DEFICIT / HYPERACTIVITY DISORDER (ADHD) .............. 5
415 AUTISM SPECTRUM DISORDERS (ASD) ............................................... 6
420 BACK IMPAIRMENT OR BACK DISORDERS ...................................... 7
425 DEAF/HARD OF HEARING ................................................................. 8
430 DIABETES ....................................................................................... 10
435 HIV INFECTION AND/OR AIDS ...................................................... 11
440 INTELLECTUAL DISABILITIES / BORDERLINE INTELLECTUAL FUNCTIONING ........................................ 12
445 MENTAL ILLNESS ................................................................. 14
450 MORBID OBESITY ........................................................................ 17
455 SEIZURE DISORDER / EPILEPSY ................................................... 18
460 SPECIFIC LEARNING DISABILITIES (SLD) .................................... 19
465 BRAIN INJURY ........................................................................... 21
470 VISION LOSS / BLINDNESS ........................................................... 22

CSG Table of Contents

State Rules

5 CSR 20-500

Job Accommodation Network - Accommodation Information by Disability

CHAPTER 4 – SPECIFIC DISABILITIES

400 ALCOHOL AND/OR DRUG DEPENDENCY

400.1 Alcohol and/or Drug Dependence – Defined

- Clients with conditions diagnosed or related to alcohol and/or drug dependence, must be participating in or have successfully completed an inpatient/outpatient drug and/or alcohol treatment program, prior to receiving VR services connected with an IPE. The treatment program must be certified by the Missouri Department of Mental Health, http://dmh.mo.gov/ada/ or the The Joint Commission (TJC) http://jointcommission.org.
400.2 Eligibility

- The following information should be considered when determining eligibility with regard to alcohol and/or drug dependence:
  
  o The client has been diagnosed, in accordance with the most current revision of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* by qualified personnel in accordance with state law or regulation or in accordance with current practice, state rule and regulation as determined by the Missouri Department of Mental Health, Division of Behavioral Health Services. (Previously known as the Divisions of Alcohol and Drug Abuse and/or Comprehensive Psychiatric Services)
    
    ▪ NOTE: A diagnostic impression as provided on the CIMOR (Customer Information Management Outcomes and Reporting) records from DMH may be used as documentation for eligibility.
  
- A client, who has been alcohol and/or drug free with satisfactory adjustment, without aftercare/support services, would generally not be considered as having a substantial impediment to employment. If the counselor determines that a substantial impediment to employment does exist, document how and why the client has not been able to make a satisfactory adjustment or obtain/retain employment due to the alcohol and/or drug dependency.

400.3 Vocational Planning

- The counselor may open a VR case, determine eligibility and provide services concurrent with a client’s participation with their drug/alcohol treatment. In coordination with the client’s recovery plan and support activities, a period of vocational rehabilitation guidance and counseling under an Individualized Plan for Employment (IPE) may be initiated to resolve disability adjustment issues, plan or refine services and strategies that will support their recovery and will lead to employment. The following guidance should be considered:
  
  o Services connected to an IPE can be initiated when the client is actively engaged in their recovery.
  
  o When considering the recovery needs of the client, the counselor should remain flexible regarding a client’s abstinence prior to the initiation of vocational rehabilitation services.
The counselor should realize that relapse is considered a natural course of the disease, therefore it is incumbent upon the counselor to remain actively engaged with the client to assist them in their recovery should relapse occur.

It is recommended that the counselor schedule regular contacts with the client early and throughout their VR case to provide guidance and counseling. These discussions should include their ongoing recovery, aftercare activities, and should develop strategies to prepare for engaging in employment.

400.4 Guidance

- When it is necessary to purchase a diagnostic assessment, alcohol and/or drug dependence should be diagnosed by a physician skilled in the diagnosis and treatment of mental disorders, by a state licensed psychologist, licensed professional counselor, or licensed clinical social worker. However, a diagnosis, diagnostic impression, and/or confirmation of treatment for substance dependence from a qualified examiner or agency (i.e., DMH-Division of Behavioral Health Services certified provider, CSAC, etc.) may be utilized when obtaining copies of existing medical/treatment documentation. This information may include documentation provided from standardized online case management system diagnostic.

- In cases where alcohol and/or drug dependency are co-occurring with serious and persistent mental illness and the client is receiving services from a Community Mental Health Center (i.e., Comprehensive Psychosocial Rehabilitation Program, Psychosocial Rehabilitation, Assertive Community Treatment, C-Star, etc.), the counselor should engage the client as a member of his/her treatment team in conjunction with their mental health treatment plan; facilitate their recovery and implement vocational rehabilitation services leading to employment.

- Temporary/episodic setbacks or relapse should be evaluated on an individualized basis in terms of the continuing rehabilitation plan. If the counselor determines the client has relapsed from drugs or alcohol after eligibility, assist the client to reengage with their alcohol and drug treatment or aftercare program. Once this is done, assist the client to develop strengths-based strategies to help them succeed with their current IPE.
405 ALLERGIES / ASTHMA

405.1 Eligibility

- The following information should be considered when determining eligibility with regard to allergies or asthma:
  - The client has been diagnosed with allergies/asthma by a licensed physician, preferably by an internist or allergist, and
  - The client has sought medical attention during the past 12 months resulting in the loss of significant time from work or school, and
  - The client is currently under prescribed medical treatment which has not alleviated the condition, and symptoms have persisted over the past 12 months.

- In determining functional limitations and impediment to employment, consider and document the following:
  - Allergy/asthma history including type, frequency and date of last episodic attack. Medicine prescribed and degree of control if compliant.
  - Adverse reactions, if any, to prescribed medication.
  - External factors (fatigue, use of other drugs, stress, etc.) related to allergy/asthma attacks.
  - Justification supporting the allergies/asthma has resulted in limitations which are permanent, on-going, and significantly limiting the client’s employment.
410 ATTENTION-DEFICIT / HYPERACTIVITY DISORDER (ADHD)

410.1 Attention Deficit Hyperactivity Disorder (ADHD) – Defined

- Attention-Deficit / Hyperactivity Disorder (ADHD) is the clinical diagnosis used in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* to describe conditions which are also often referred to as Attention Deficit Disorder (ADD).

410.2 Eligibility

- A diagnosis by qualified personnel licensed or certified in accordance with state law or regulation (this includes information from qualified school personnel) should be obtained when determining eligibility and establishing functional limitations with regard to Attention-Deficit / Hyperactivity Disorders (ADHD):

  - When diagnostic testing is necessary to confirm the diagnosis of ADD/ADHD, the counselor will authorize a comprehensive psychological or a neuropsychological (if there is organic involvement) from a licensed qualified physician or psychologist.

410.3 Consultation

- If problems or questions develop during the case, the counselor may consult with the regional specialist and/or the District Supervisor.
415 AUTISM SPECTRUM DISORDERS (ASD)

415.1 AUTISM SPECTRUM DISORDERS – Defined

- Autism Spectrum Disorders (ASD) consist of persistent deficits in social communication and social interaction across multiple contexts.

- Refer to the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* for additional information.

415.2 Eligibility

- The following information should be considered when determining eligibility with regard to Autism Spectrum Disorder:

- The client has been diagnosed, in accordance with the current revision of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* by qualified personnel in accordance with state law or regulation.

- Justification supporting that the Autism Spectrum Disorder has resulted in limitations which are permanent, on-going, and significantly limiting the client’s employment.

415.3 Guidance

- When it is necessary to purchase a diagnostic assessment, Autism should be diagnosed by a physician skilled in the diagnosis and treatment of mental disorders, by a state licensed psychologist or licensed clinical social worker.

415.4 Consultation

- If problems or questions develop during the case, the counselor may consult with the regional specialist and/or the District Supervisor.
420 BACK IMPAIRMENT OR BACK DISORDERS

420.1 Eligibility

- The following information should be considered when determining eligibility with regard to back impairments/disorders:
  
  o The client has been diagnosed with a back impairment/disorder by a licensed physician, preferably an orthopedist, physiatrist or neurologist, and
  
  o The client is currently under prescribed medical treatment which has not alleviated the condition, and/or symptoms have persisted over the past 12 months.

- Low back strains are generally considered a temporary disorder, not resulting in limitations which are permanent, ongoing, and significantly impairing the client’s functional capacities in the area of employment.

- In determining functional limitations and impediment to employment, consider and document the following:
  
  o A history, consisting of the date of onset, treatment, surgery, manner of injury, and factors that accentuate and relieve pain.
  
  o Justification supporting that the back impairment/disorder has resulted in limitations which are permanent, on-going, and significantly limiting the client’s employment.
425 DEAF/HARD OF HEARING
(Criteria for Deaf-Blind is included in Section 470, Vision Loss/Blindness below)

425.1 Eligibility

- Eligibility for clients with hearing loss must be evaluated by a certified audiologist or a physician skilled in diseases of the ear. All licenses and certifications must be valid, unencumbered, unrestricted and undisciplined. Eligibility for clients with a hearing loss is based upon standards developed by the American Speech and Hearing Association (ASHA).

- The following standards may be considered when determining eligibility:

  - An individual must have a diagnosis at a minimum of a mild to moderate hearing loss in both ears (26-55 decibel loss) and functional limitations as a result of the hearing loss;

  - Pure tone average, speech reception, speech discrimination, and decibel loss at frequencies above 2000 Hz may be considered when determining if functional limitations exist.

- Pure tone average is determined by computing the decibel loss at 500 Hz, 1000 Hz, and 2000 Hz;

- In determining functional limitations and impediment to employment, consider and document in the case folder that the hearing loss has resulted in limitations which are permanent, on-going, and significantly limiting the client’s employment.

425.2 Purchasing Diagnostic Information

- When purchasing diagnostic information for deaf/hard of hearing (hh) clients, case circumstances will determine if a certified audiologist or a licensed physician skilled in disease of the ear, preferably an otologist or an otolaryngologist, should examine the client.
- Hearing aids/services may only be provided from a licensed dealer, certified audiologist or physician skilled in the diseases of the ear. All licenses and certifications must be valid, unencumbered, unrestricted and undisciplined.

- Refer to CSG 1910 – Hearing Aids for guidance when purchasing hearing aids.

**425.3 Counselors for the Deaf/Hard of Hearing (DHH)**

- Counselors for the Deaf/Hard of Hearing (DHH) serve as a resource to the general caseload counselor with regards to recommendations for hearing aids. They assist in evaluating the need for assistive technology and utilization of the Telecommunications Access Program (TAP) and assist in referrals to local Centers for Independent Living.

- The records of a client with a severe to profound hearing loss (71db or greater) should be reviewed with a counselor for DHH or the Assistant Director/DHH. This consultation should be evident in the file. This consultation should take place upon receipt of the client’s medical/audiometric records. Depending on the severity, some cases may be transferred to the caseload of a counselor for DHH to better meet the client’s needs.

- Services involving physical restoration such as Cochlear Implant or Bone Anchored Hearing Aids (BAHA) should be transferred to the counselors for the Deaf/HH.

**425.4 Consultation**

- Contact the Assistant Director/DHH, regional specialist and/or the District Supervisor for additional expertise and consultation.
430 DIABETES

430.1 Diabetes – Defined

- **TYPE I – INSULIN DEPENDENT DIABETES** – Most often diagnosed in children and young adults and requires daily injections of insulin, following strict dietary plans, and carefully balancing of their physical activity and stress levels in order to stay alive.

- **TYPE II – NON-INSULIN DEPENDENT DIABETES** – Most often diagnosed in adults over the age of 30 and can generally be controlled by diet, exercise and oral medication although these clients may also need insulin to control their blood glucose levels.

430.2 Eligibility

- The following information should be considered and documented when determining eligibility with regard to diabetes:
  
  - The client should be diagnosed by a licensed physician (preferably by an internist or endocrinologist), as having diabetes and
  
  - The diabetes has significantly affected one or more of the following body systems:
    - Eyes
    - Nervous system
    - Kidneys
    - Circulatory system

- In determining functional limitations and impediment to employment, consider and document the following:
  
  - A history, consisting of the date of onset, treatment, and other factors directly related to the care and management of the diabetes.

  - Justification supporting that the diabetes has resulted in limitations which are permanent, on-going, and significantly limiting the client’s employment.
435 HIV INFECTION AND/OR AIDS

435.1 Eligibility

- The following information should be considered when determining eligibility with regard to HIV/AIDS:
  - The client has been diagnosed with HIV infection/AIDS, by a licensed physician, and
  - The HIV infection/AIDS should be significant enough for the client to have developed complications such as fatigue, stamina, diarrhea, weight loss, sustained fever, headaches, respiratory problems, shingles, inability to track conversation, confusion, impaired short-term memory, and mental health problems, and
  - The frequency, duration, or severity of complications, need to be assessed in relation to specific work limitations.

- In determining functional limitations and impediment to employment, consider and document the following
  - A history, consisting of the date of diagnosis, treatment, and other factors directly related to the care and management of HIV/AIDS.
  - Justification supporting that the HIV/AIDS has resulted in limitations which are permanent, on-going, and significantly limiting the client’s employment.
440 INTELLECTUAL DISABILITIES / BORDERLINE INTELLECTUAL FUNCTIONING

440.1 Eligibility

- In accordance with the most current revision of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, *Intellectual Disability (ID)* is diagnosed based on the severity of deficits in adaptive functioning and a full scale IQ score of 70 or below as tested on a standardized intelligence test.

- Intellectual disability involves impairments of general mental abilities that impact adaptive functioning in three domains, or areas. These domains determine how well an individual copes with everyday tasks:
  - The conceptual domain includes skills in language, reading, writing, math, reasoning, knowledge, and memory.
  - The social domain refers to empathy, social judgment, interpersonal communication skills, the ability to make and retain friendships, and similar capacities.
  - The practical domain centers on self-management in areas such as personal care, job responsibilities, money management, recreation, and organizing school and work tasks.

- In accordance with RSA-TAC-11-01, individuals with a full scale IQ in the 71-84 range as tested on a standardized intelligence test, and documented deficits in adaptive functioning may be determined eligible based on *Borderline Intellectual Functioning (BIF)*.

- When considering eligibility on the basis of BIF, the limitations in adaptive functioning must be attributed to the client’s borderline intellectual functioning, and not to any other factors such as age, socioeconomic status, or language barriers.

- The following information should be considered when determining eligibility with regard to ID or BIF:
The client has been diagnosed by qualified personnel licensed or certified in accordance with state law or regulation (this includes information from qualified school personnel).

The IQ score was derived from the most current revision of the Wechsler Adult Intelligence Scale (WAIS), the Wechsler Intelligence Scale for Children (WISC), or the Stanford Binet Intelligence test.

IQ scores from other tests should be reviewed with the District Supervisor to determine if they can be utilized by VR as an accurate measure of intelligence.

Individual subtest scores are not required for eligibility to be determined on the basis of ID or BIF.

In determining functional limitations and impediment to employment, consider and document the following:

Justification supporting that the ID or BIF has resulted in vocational limitations which are permanent, on-going, and significantly limiting the client’s employment.
445 MENTAL ILLNESS

445.1 Eligibility

- The client has been diagnosed with a serious and persistent mental illness in accordance with the most current revision of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* by qualified personnel in accordance with state law, regulation, or designated state program through the Department of Mental Health.

- When necessary, diagnostic assessments should be purchased from a physician skilled in the diagnosis and treatment of mental disorders, by a state licensed psychologist or licensed clinical social worker.

- A diagnosis from a qualified examiner or agency (i.e., DMH) may be utilized when obtaining copies of existing medical records.
  - NOTE: A diagnostic impression as provided on the Customer Information Management Outcomes and Reporting (CIMOR) records from DMH may be used as documentation for eligibility.

- In determining functional limitations and impediment to employment, consider and document the following:
  - A history, consisting of the date of onset, inpatient and/or outpatient treatment history and other factors directly related to the care and management of the mental illness.
  - Justification supporting that the mental illness has resulted in limitations which are permanent, on-going, and significantly limiting the client’s employment.

445.2 Vocational Planning

- If mental health treatment such as medication, counseling, and/or psychotherapy is recommended by a health care professional, the VR counselor should encourage the client to actively participate in/or receive mental health treatment.
If therapy and/or medication is recommended in the existing documentation and the client is not currently receiving any type of support, the client should be referred to the Missouri Department of Mental Health or other appropriate community mental health providers. [http://dmh.mo.gov](http://dmh.mo.gov)

The counselor may open a case and determine eligibility prior to a client actively participating in/receiving mental health treatment. During this time period, vocational planning may occur to assist in determining appropriate vocational goal/services.

In coordination with the client’s mental health treatment plan and support activities, a period of vocational guidance and counseling under an IPE may be initiated to resolve disability adjustment issues, plan or refine services and strategies that will support their mental health and will lead to employment. The following guidance should be considered:

- When considering the recovery needs of the client, the counselor should remain flexible regarding a client’s mental health treatment compliance prior to the initiation of vocational rehabilitation services.
- The counselor should realize that exacerbations will occur, therefore it is incumbent upon the counselor to remain actively engaged with the client to assist them in maintaining their mental health.
- It is recommended that the counselor schedule regular contacts with the client early and throughout their VR case to provide guidance and counseling. These discussions should include their mental health treatment activity and should develop strategies to prepare for engaging in employment.

### 445.3 Guidance

If the counselor determines alcohol and/or drug dependency to be a co-occurring disability, the same guidelines should be followed as if it were identified as a major disability. The **exception** to this circumstance would be the case of a co-occurring serious mental illness that is primary and the client is receiving services from a Community Mental Health Center i.e. Comprehensive Psychosocial Rehabilitation Program, Psychosocial Rehabilitation, Assertive Community Treatment, C-Star, etc. The counselor...
should engage the client as a member of his/her treatment team in conjunction with their mental health treatment plan; facilitate their recovery and implement vocational rehabilitation services leading to employment.

- Temporary/episodic setbacks or exacerbations should be evaluated on an individualized basis in terms of the continuing rehabilitation plan. If the counselor determines the client has had a symptom relapse after eligibility, assist the client to reengage with their mental health treatment and assist them to develop strengths based strategies to help them succeed with their current IPE.

445.4 Consultation

- If problems or questions develop during the case, the counselor may consult with the regional specialist and/or the District Supervisor.
450 MORBID OBESITY

450.1 Eligibility

- The following information should be considered when determining eligibility with regard to morbid obesity:
  - Diagnosis of morbid obesity by a licensed dietician or physician
  - Condition has caused or contributed to other complications such as pain and/or arthritis, respiratory ailments, significant skin disorders, hypertension, circulation disorder, cardiovascular impairments, orthopedic impairments, sleep apnea, peripheral neuropathy, etc.
  - The limitations must be permanent, on-going, and significantly limiting the client’s employment.

450.2 Vocational Planning

- It is recommended that the client should participate in a medically approved or recognized program for weight reduction, and progress should be documented.

- Vocational Rehabilitation cannot assist with the cost of weight loss/weight management programs or special dietary supplements.
455 SEIZURE DISORDER / EPILEPSY

455.1 Eligibility

- The following information should be considered when determining eligibility with regard to a seizure disorder and/or epilepsy:
  - The client has been diagnosed by a licensed physician, preferably a neurologist as having epilepsy and/or a seizure disorder.
  - Seizure history, including type, frequency and date of last seizure.
  - Medication prescribed and degree of control if compliant. Adverse reactions, if any, to prescribed medication.
  - External factors (fatigue, use of other drugs, stress, etc.) as related to seizure onset.
  - Cognitive functioning (memory).

- When considering impediment to employment and functional capacities, the counselor should also take into consideration and document the following:
  - Are the client’s seizures well controlled with medication?
  - What is the frequency of the client’s seizure activity?
  - Are there environments that should be avoided or would place the client at risk?
  - Is the client unable to obtain a driver’s license as a result of the epilepsy or seizure disorder?
  - If currently employed, what limitations to employment are occurring as a result of the epilepsy or seizure disorder?
  - Is there documentation to support that the epilepsy/seizure disorder has resulted in limitations which are permanent, on-going, and significantly limiting the client’s employment?
460 SPECIFIC LEARNING DISABILITIES (SLD)

460.1 Eligibility

- When determining eligibility on the basis of SLD, the following information should be supported by medical records/diagnostic information that includes intelligence and achievement scores:
  - The client has been diagnosed by qualified personnel licensed or certified in accordance with state law or regulation (this includes information from qualified school personnel).
  - Intelligence (IQ) Scores: A Full Scale IQ score along with standard/subtest scores, from the Wechsler Adult Intelligence Scale (WAIS), the Wechsler Intelligence Scale for Children (WISC), or the Stanford Binet Intelligence Test. **Individual subtest scores are required for eligibility to be determined on the basis of SLD.**
  - Achievement Scores: Standard scores obtained from tests such as the Woodcock Johnson Achievement Test Revised. Other test scores should be reviewed with the District Supervisor to determine the next appropriate action.
  - IQ and achievement scores from other tests should be reviewed with the District Supervisor to determine if they can be utilized by VR as an accurate measure of intelligence and/or achievement.

- In addition to a diagnosis of SLD, the counselor must be able to document how the learning disability creates a significant impediment to employment, and specifically how it affects/will affect the client’s employment goals and/or functioning in the workplace.

- A review of the client’s medical, psychological, or academic records is crucial in order to identify a pattern of cognitive/intellectual ability, academic achievement, classroom performance and/or workplace performance over time.

- Counselors should make every attempt to obtain existing information (to document the SLD) from a variety of sources which include, but are not limited to:
o High school records to include the most current:

- Diagnostic summary
- Individualized Education Program (IEP)
- High school transcript or grades
- MAP scores
- Samples of the student’s work (i.e. writing or math assignments)

o Any previous psychological or neuropsychological testing/reports that may include diagnosis and/or recommendations for accommodations.

- If the counselor is unable to access existing school/psychological records, a comprehensive psychological or a neuropsychological (if there is organic involvement) examination may be purchased from qualified personnel licensed or certified in accordance with state law or regulation.

460.2 Consultation

- If problems or questions develop during the case, the counselor may consult with the regional specialist and/or the District Supervisor.
465 BRAIN INJURY

465.1 Eligibility

- The following information should be considered/obtained in determining eligibility and establishing functional limitations with regard to a brain injury:
  
  o The client has been diagnosed by qualified personnel licensed or certified in accordance with state law or regulation.
  
  o In rare instances, if the counselor needs to purchase a diagnostic examination, brain injury should be diagnosed by a physician skilled in the diagnosis and treatment of cognitive disorders, a licensed neuropsychologist or, if unavailable, a licensed psychologist.
  
  o The client should be medically stable and no longer in need of acute medical care. However, they may still be actively involved in physical or occupational therapy, speech/language therapy, cognitive remediation, or psychotherapy.

465.2 Consultation

- If problems or questions develop during the case, the counselor may consult with the regional specialist and/or the District Supervisor.
470 VISION LOSS / BLINDNESS

470.1 Eligibility for Rehabilitation Services for the Blind (RSB)

- All referrals, applicants and eligible clients with a visual disability will be referred to Rehabilitation Services for the Blind (RSB) when the client meets the following RSB visual disability requirements:
  
  o Visual disability means that an client with a non-progressive eye disease or defect of the visual system that results in a central visual acuity of 20/200 or less in the better eye with best correction; or, if the central visual acuity with best correction is more than 20/200 in the better eye, there is a visual field defect in which the widest diameter of the visual field subtends an angle distance no greater than twenty degrees (20A); or has a visual efficiency that does not exceed 20%.

  o Visual disability means that an client with a progressive eye disease or defect of the visual system that results in a central visual acuity of 20/70 or worse in the better eye with best correction, or has a visual efficiency that does not exceed 64%, or has near vision that is decreased to the extent that the client cannot read print that is smaller Jaeger 9 (J9) with best correction.

- Referrals between RSB and the Vocational Rehabilitation should be made directly between district offices, and staff should consult if there is a question regarding which agency should provide vocational rehabilitation services. However, if the client meets RSB visual disability requirements, they must be served by RSB.

- If the counselor already has an open VR case on an client that meets RSB guidelines for services, the counselor will need to refer that client to the appropriate RSB district office, clear up any outstanding authorizations/unpaid bills, and close the VR case. In this instance, the following information should accompany the referral to RSB:

  o A referral cover letter
  o A copy of all medical information
o A summary of all appropriate social and economic information
o A copy of the VR Client and Health Questionnaires
o A copy of all pertinent information in the case management system

470.2 Eligibility for Vocational Rehabilitation

- The following information should be considered when determining eligibility on the basis of a visual impairment:
  - Documentation that the visual impairment was diagnosed by an optometrist or a physician skilled in disease of the eye.
  - Documentation that the visual impairment meets one of the following four criteria (Visual Chart Guidelines):

    #1: Central Visual Acuity - A central visual acuity of no more than 20/60 in the better eye with best correction; or

    #2: Combined Bilateral Vision - A combined loss of acuity of the two eyes after best correction of at least 30 percent; or

    #3: Progressive Condition – A substantial impediment to employment may exist when a progressive condition involves:

        - central visual acuity between 20/45 and up to 20/60 in the better eye with best correction; or

        - a combined bilateral vision loss between 20 and 30 percent.

    #4: Loss of Binocular Function - If the vision in the worse eye is 20/200 or less with best correction, and the other eye is normal (20/20), the loss of binocular vision may create an impediment to employment.

- Documentation to support that the visual impairment has resulted in limitations which are permanent, on-going, and significantly limiting the client’s employment should be in the case file.

470.3 Eligibility for Deaf-Blind
(may receive services from both VR and RSB)
• Individuals who meet the following definition may receive services from both agencies. Services must be coordinated between each agency in order to avoid any duplication.

• Deaf-Blind is defined in the Helen Keller Act, - 29 USC § 1905.

• Deaf-blind means any individual:
  o Who has a central vision acuity of 20/200 or less in the better eye with corrective lenses, or a field defect such that the peripheral diameter of visual field subtends an angular distance no greater than twenty (20) degrees, or a progressive visual loss having a prognosis leading to one or both these conditions;
    ▪ Who has a chronic hearing impairment so severe that most speech cannot be understood with optimum amplification, or a progressive hearing loss having a prognosis leading to this condition; and
    ▪ For whom the combination of impairments cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment, or obtaining a vocation.
  
  o Who despite the inability to be measured accurately for hearing and vision loss due to cognitive or behavioral constraints, or both, can be determined through functional and performance assessment to have severe hearing and visual disabilities that cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment, or obtaining vocational objectives.

• The decision as to whether an individual is eligible for services must be made by the agency providing the services. Caution must be exercised in screening applicants for referral to the cooperating agency to ensure that individuals will not be denied services for which they may be eligible.

• Consultation on individual cases will be provided by either RSB or MVR when the agency serving the client requests it.

470.4 Consultation

• If problems or questions develop during the case, the counselor may consult with the regional specialist and/or the District Supervisor.
### 470.4 Visual Chart Guidelines

- Above the upper dark line does not meet Eligibility Criteria #1.
- Within the dark shaded area meets Eligibility Criteria #1 if the medical consultant gives approval and a significant vocational limitation is documented.
- Below the lower dark line meets Eligibility Criteria #1.
- Within the light shaded area meets Eligibility Criteria #1 if the condition is progressive, the medical consultant gives approval and a significant vocational limitation is documented.

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