

LRS CHAPTER 4, TECHNICAL ASSISTANCE & GUIDANCE MANUAL



Part	Name	Effective Date
404	Applicant Interview	*9/01/2022**
Authorization Federal Register, Volume 81, Department of Education, 34 CFR 361, Part VI, State Vocational Rehabilitation Services Program, §361.37, §361.38, §361.41.		

I. SCHEDULING THE INTERVIEW

The Counselor or Rehabilitation Counselor Associate will:

- A. Keep the Counselor’s calendar up-to-date or designate a block of appointment times available for scheduling appointments, and schedule appointments.
- B. Send a letter of confirmation about the appointment if the interview is scheduled after the Counselor has made the mandatory contact to the individual wishing to apply for services to discuss Vocational Rehabilitation services (Refer to Part 402 for mandatory timelines).

II. THE INTERVIEW

- A. The Counselor or Rehabilitation Counselor Associate must provide reasonable accommodation for individuals, as needed, allowing for informed choice.
- B. The Counselor must conduct the initial assessment interview. The Counselor must gather sufficient and pertinent information that will help the Counselor to develop a relationship with the consumer. The Counselor will obtain an accurate description of the consumer’s history, which is needed to recognize the multiple factors that determine eligibility and ultimately influence the consumer’s rehabilitation.
- C. Psychosocial Report

The psychosocial is the first step in gathering information to determine the applicant’s need for vocational rehabilitation services. The psychosocial report consists of information the Counselor gathers from the applicant during the Applicant Interview. The information gathered must be documented in the *seven (7)** sections under the AWARE Participant Module, Case Management page which consist of the following sections and guidelines for documentation:

- Personal Information
- Application
- Disability
- Disability Priority
- Special Programs

- Application Documentation
- ***
- Education

1. PERSONAL INFORMATION PAGE

The first four sections of this page must be completed, the fifth section, Security Notification should be addressed if applicable:

- Name
- Address
- Characteristics
- Contacts
- Security Notification

- a. Section 1. Name: Complete all data fields in this section.
- b. Section 2. Address: Complete all data fields in this section except: Directions to Home Comment Box - This box is completed at the option of the Counselor.

Discuss with the consumer what their preferred method of communication will be. If they choose to be contacted via text messages, advise them that their carrier will charge for text messages per their contract. Document the carrier (ATT, Sprint, Verizon, etc.) under Participant Phone Numbers in the Comments section when capturing their cell phone number.

- c. Section 3. Characteristics: Complete all data fields in this section.

Special Needs Comment Box - The Counselor must inquire if the applicant is in need of Assistive Technology (AT) devices/services. Documentation of whether or not the RS-34 (RS-34A, if applicable), was completed should be placed in this box along with any other special needs of the applicant.

- 1.) If either the applicant or the Counselor identifies the need for AT, the Counselor may choose to complete the Rehabilitation Technology Screening form RS-34.
 - (a) If the applicant responds yes to having a hearing problem on the RS-34 (HSV Section), complete the Communication Self-Assessment form (RS-34A) during the applicant interview. (The Counselor or RCA should assist the applicant, only if needed.)

(b) The Counselor is to review the completed assessment form with the applicant.

2.) If neither the Counselor nor the applicant identifies a need for AT, the RS-34 is not completed.

Legal Representative Section – Indicate if the consumer has a parent or legal guardian who serves as a legal representative on their behalf. The comment box below is to provide more information on who serves in this role and in what capacity (i.e. parent name until age of majority, name of family member through Supported Decision-Making Agreement, legal interdiction, Power of Attorney, etc.).*

d. Section 4. Contact: ***This section may be completed if the consumer desires LRS staff to contact other individuals after attempts to contact the consumer directly are unsuccessful.****

e. Section 5. Security Notification: This field is used to notify staff of important confidential information regarding the applicant or status of the case. This information will appear in a pop-up box when you select/view the case. The notification can be sensitive and is strictly confidential. It should only be viewed by employees authorized to work in AWARE.

2. APPLICATION PAGE

All five sections of this page must be completed, inclusive of the following:

- Basic
- Financial
- Medical Insurance Information
- Employment
- RSA-911 Programs

a. Sections 1. Basic and 2. Financial: Complete all data fields in these sections.

b. Section 3. Medical Insurance Information: Complete check boxes denoting availability of insurance.

c. Section 4. Employment: All fields in this section must be completed to include: last year employed (most recent work history); hours worked per week; salary and frequency of receipt (i.e. Hourly, Weekly etc.); and Work History Page completed on current job (if applicable) and each previous job held. If a consumer has no work history, leave this section blank.

d. Section 5. RSA-911 Programs: Complete required field.

3. DISABILITY PAGE

The Disability Page under this section must be completed for each disability as follows:

The Counselor must designate if a disability entered is the primary or secondary disability. ***

The Counselor must designate a Secondary Disability, if there is one, on the second disability page.

All other disabilities can be completed on subsequent disability pages.

a. Section 1. Disability Documentation: Complete all data fields in this section.

b. ***

c. Section 3. Attachments: Attachments such as documentation of disability, medical records, etc. must be attached in this section.

4. ***

5. SPECIAL PROGRAMS PAGE - *This page is to be updated throughout the duration of the case.**

Section 1. Programs: Select any programs that the consumer participates in.

Section 2. Other Agencies and Services: Complete if the consumer is receiving services from another provider.

6. APPLICATION DOCUMENTATION PAGE

*The following** comment boxes on this page must be completed:

a. What Does the Participant Expect From VR to Gain or Maintain Employment?

b. ***

c. Describe the Next Steps in Establishing Eligibility

The Counselor will document how the consumer was provided informed choice in selecting and scheduling assessments, medical exams, and/or other goods or services necessary to establish eligibility.

d. Other Participant Information or Comments

*This box will be used to reflect a Psychosocial Narrative to include the following information received during the applicant interview:

- Identifying Information – name, age, race, gender, how the meeting was conducted, if assistance was needed, and rapport with the consumer.
- Disabilities Reported– list reported diagnoses, nature of the disability (stable or progressive), functional capacity areas affected, the functional limitations associated with the capacity areas, and current treatment plan (i.e. medications, therapy, etc.). The Consumers’ general physical condition must be addressed in this section.
- Work Experience – list previous employment efforts.
- Education – list secondary and post-secondary achievements or efforts.
- Financial Status – list the primary source of income, types of government or other financial assistance, benefits, and/or insurance that the consumer receives.
- Family Relationships – list the consumer’s marital status and household composition, and any person supportive of the consumer’s employment ambition.
- Psychological Considerations – indicate if evaluations or assessments will be needed.
- Counselor Observations/Impressions and Follow-up Actions – indicate how you provided the consumer with the application page and explanation of Rights and Responsibilities (RS-6), timelines, the consumer handbook, Your Guide to Vocational Rehabilitation, and CAP brochure. **

7. ***

8. EDUCATION

Section 1. Educational Goals: Complete when consumer is or will be attending training. Measurable Skills Gains (MSGs)/Credentials are documented as achieved in this section. Documentation is required for MSGs/Credentials and should be filed or attached to the case record. Refer to Chapter 4, *Part 413.01** for further instructions.

D. Ticket-To-Work Page

*At the Applicant Interview,** the Counselor or Counselor Associate will document on the AWARE Ticket-to-Work page *** as follows:

1. If the consumer has a ticket, select yes. The other boxes on this page must be completed later at the point of IPE development.
2. If the consumer does not have a ticket, select no.

Refer to Chapter 4, Part 422 Additional Guidelines for SSI-SSDI Recipients for further instruction regarding Ticket to Work.

E. Timelines

1. The Personal Information and Application sections must be completed within 7 calendar days from the application date.
1. The Disability, Special Programs and Application Documentation sections must be completed within 10 calendar days from the application date.
2. The Disability Priority section is completed at the time of eligibility determination and the ***Characteristics at Plan**** and Education sections can be completed in stages up until completion of the Original IPE/Plan.

F. The Rehabilitation Counselor Associate will:

1. Enter the information gathered by the Counselor during the Applicant Interview into the ***seven (7)**** sections under the AWARE Participant Module, Case Management page, with the exception of the Disability and Disability Priority sections that will be entered by the Counselor. *******
2. *******

G. *******

H. Complete and obtain the individual's signature on any Consent to Release Information forms (LRS-35 or LRS-35H) if needed to write for additional records/information.

I. Authorize, as needed, other medical/psychological/vocational/assistive technology assessments.

J. Provide the individual with a Motor Voter Registration Information Form (RS-6A) and allow the individual the opportunity to register to vote.

K. *******

III. PURCHASING GUIDELINES FOR DIAGNOSTIC SERVICES

Purchase of Diagnostic Services-Medical or Vocational

- A. Diagnostic Services (medical exams and vocational evaluations) are generally authorized in Application status; however, such services can be authorized at any time during the rehabilitation process.
- B. The Counselor or the Rehabilitation Counselor Associate completes an authorization in AWARE. The authorization generated in AWARE is forwarded to the professional who will perform the diagnostic exam (or to the Community Rehabilitation Program performing the vocational assessment.)
- C. The Counselor must adhere to fees and limits established in:
 - 1. The current LRS Medical Fee Schedule, Chapter 6.
 - 2. The Technical Assistance and Guidance Manual, Chapter 5 (Part 2) rates for vocational assessments.

IV. PURCHASE OF TRANSPORTATION AND MAINTENANCE DURING DIAGNOSTIC SERVICES

NOTE: Refer to Subsections 412.21 Transportation or 412.22 Maintenance for further information.

- A. Transportation may be provided to consumers while the consumer is participating in diagnostic services.

To determine the availability of public transportation in the consumers' community, the Counselor or Rehabilitation Counselor Associate may conduct a search using the following website:

<http://wwwapps.dotd.la.gov/multimodal/publictransportation/transitresources>

- B. If a consumer must travel overnight away from his/her domicile, the Counselor can provide maintenance in the form of room and board for the consumer, and if required, an attendant.
- C. The Counselor must determine the extent of consumer participation in the cost of services using form RS-14. ***

1. Transportation

Private Carrier: Actual cost of fuel only calculated as follows:
*15 mpg @ \$3.30/gallon or 22 cents per mile**

Public Carrier: Actual Cost

2. *Maintenance

Lodging:

City	Maximum + tax
Alexandria/Leesville/Natchitoches	\$99/night
Baton Rouge	\$99/night
Bossier City/Shreveport	\$96/night
Lake Charles	\$96/night
Monroe	\$96/night
New Orleans:	
February – June	\$158/night
July – September	\$136/night
October – January	\$136/night
Any other in-state city	\$96/night

Meals:

Breakfast	\$16.00	New Orleans	\$17.00
Lunch	\$17.00	New Orleans	\$18.00
Dinner	\$31.00	New Orleans	\$34.00**

NOTE: Refer to State Travel Regulations for out-of-state cost at the following webpage:

<https://www.doa.la.gov/Pages/osp/Travel/travelPolicy.aspx>