**IOWA DEPARTMENT FOR THE BLIND**

**Independent Living Program Manual**

Revised 6/22

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**CHAPTER 1: OVERVIEW**

**INTRODUCTION**

The purpose of the Independent Living Program is to promote a philosophy of independent living including consumer control, peer support, self-help, self-determination, equal access, and individual as well as system advocacy. This policy manual is used to administer the Iowa Department for the Blind’s (IDB’s) Independent Living (IL) Program Services.

The first of these programs is designed to serve Older Individuals Who Are Blind (OIB). The OIB program grant is awarded by the Rehabilitation Services Administration (RSA). This program is authorized by Title VII, Chapter 2 of the Rehabilitation Act of 1973 as amended. The RSA is a federal agency under the United States Department of Education, Office of Special Education and Rehabilitative Services and is headquartered in the Department of Education in Washington, D.C. It was established to provide leadership and resources to assist states and other agencies in providing vocational rehabilitation (VR) services and other services to individuals with disabilities to maximize their employment, independence, and integration into the community and the competitive labor market.

The primary purpose of the OIB program is to provide:

 • Independent Living services to blind individuals who are 55 years and older where employment is not a chosen life or economic priority, but rather the individual seeks to improve or increase their independence and self-sufficiency to achieve independent living;

 • Activities that will improve or expand services for these individuals; and

 • Activities to improve public understanding and the misperceptions these individuals face.

The Act contains a formula grant provision and allows all Title VII grantees to carry over unobligated funds for an additional fiscal year. States participating in the OIB program must match every $9 of federal funds with $1 in nonfederal cash or in-kind resources in the year for which the federal funds are appropriated.

A second program administered by Independent Living is the IL Younger Blind program. The purpose of the Independent Living Program is to promote a philosophy of independent living including consumer control, peer support, self-help, self-determination, equal access, individual and system advocacy.
This is a separate grant that the agency receives to serve individuals who are blind or who have severe vision loss, are under the age of 55 and have a secondary disability and where through informed choice employment is not a consideration. This grant is awarded from the U.S. Health and Human Services, Administration for Community Living program, Independent Living Administration.

The federal Independent Living (IL) program seeks to empower and enable individuals with disabilities, particularly individuals with significant disabilities, to exercise full choice and control over their lives and to live independently in their communities. For over 40 years, these aims have been advanced through two federal programs:

(1) Independent Living Services (ILS); and
(2) Centers for Independent Living (referred to as CILs or Centers).

The Workforce Innovation and Opportunity Act (WIOA) as Amended, transferred Title VII, Chapter 1, Part B and Part C of the Rehabilitation Act as Amended (i.e. Independent Living programs) to the Administration for Community Living (ACL) and created a new Independent Living Administration within the agency, adding section 701A of the Rehabilitation Act, 29 U.S.C. 796–1. As part of the transfer, the Administrator of ACL drafted a Notice of Proposed Rule Making (NPRM) that was published on November 16, 2015, to implement changes made by WIOA in accordance with Section 12 of the Rehabilitation Act, as amended, 29 U.S.C. 709(e), and section 491(f) of WIOA, 42 U.S.C. 3515e(f).

The ACL is housed under the U.S. Health & Human Services (U.S.H. & H.S.) in Washington, D.C. The Independent Living Services (ILS) program provides financial assistance, through formula grants, to states and territories for providing, expanding, and improving the provision of Independent Living Services. To be eligible to receive financial assistance, states must:

(1) develop, submit and receive approval on a Statewide Plan for Independent Living (SPIL), and

(2) establish and maintain a Statewide Independent Living Council (SILC).

The ILS program funding provides resources to the state to support the work of the SILC, the Designated State Entity (DSE), and the Designated State Unit (DSU). In addition, the DSE is responsible to receive, account for, and disburse the ILS funds. In Iowa, the named DSE is currently Iowa Vocational Rehabilitation Services (IVRS). The remainder of funds may be used for other approved activities as reflected in an approved SPIL including, but not limited to providing IL services to individuals with significant disabilities, particularly those in unserved areas of the state.

This manual is the primary resource for IL division staff to deliver services and goods necessary for clients to achieve success while staying in compliance with federal and state laws.

**POLICIES**

34 C.F.R. Section 361.48 requires IDB to develop and maintain current policies concerning the nature, scope, and criteria under which each service is provided. The Policy documents contain the rules, guidelines, and definitions that guide all activities and procedures.

**PROCEDURES**

The procedures include specific steps and other important information necessary to complete a task. The Procedures are designed to provide Independent Living Rehabilitation (ILR) teachers with practical guidance in completing the day-to-day tasks of the job.

**IDB MISSION**

Empower blind Iowans to be gainfully employed and live independently.

**IDB VISION**

To be the world’s leader in blind rehabilitation services

**Value Statements –**

We value blind Iowans therefore:
\* We believe in each individual’s ability to be independent;
\* We act with a sense of urgency and responsiveness in serving every individual;
\* We support each individual’s right to informed choices;
\* We value engagement and independence for individuals of all ages;
\* We promote a positive attitude toward blindness;
\* We expect blind persons to achieve their full potential;
\* We provide opportunities for blind persons to be fully contributing members of their communities.

ALL STAFF ARE VALUED AND EXPECTED TO DEMONSTRATE

 • Passion for what we do every day;

 • Commitment to make positive differences in the lives of blind Iowans;

 • Respect for the contributions of each staff member;

 • Ethical behavior, honesty, integrity and trustworthiness;
\*Innovative and proactive approaches in serving each client;

 • Progressive and professional leadership;

 • Collaboration and teamwork that benefits each individual we serve;

 • Collaboration with community, local, state and federal partners.

**OUR CULTURE**

We use a client-centric approach to empower clients to achieve successful outcomes.

**DEPARTMENT PHILOSOPHY AND PRINCIPLES**

The programs of IDB are based on the belief that the real problem of blindness does not lie in the physical loss of eyesight, but rather in the misconceptions about blindness held so widely by the general public and by many blind persons themselves.

THE DEPARTMENT AFFIRMS
The Department operates on the established and well-demonstrated truth that blindness need not be a barrier to leading a full life as a first-class citizen in society.
That blind persons have the same rights and responsibilities as all other citizens to self-determination, including the right to enjoy full integration in all aspects of society.
That the blind constitutes a minority group who must overcome the misconceptions and discriminations that result from this status;
That agencies and programs for the blind should assist blind persons and their organizations to succeed in fulfilling their aspirations.
That all staff of the Department will be qualified individuals trained in the delivery of services based on the agency’s philosophy.
That the Department shall provide the widest range of pre-vocational training, vocational training, independent living training, library services, and other ancillary services so that all customers have as much opportunity as possible to make informed choices concerning life goals;
and That the Department in its staffing policy is cognizant of the value and importance of hiring qualified persons who may be blind.

**NON-DISCRIMINATION POLICY**

Eligibility requirements are applied without regard to sex, race, age, type of disability, creed, color, national origin, sexual orientation, or gender identity of the individual applying for services. 34 C.F.R. 364.41. No upper age limit may be set which would, in and of itself, result in a finding of ineligibility; however, persons receiving independent living services for older individuals who are blind or with severe vision loss must be at least 55 years of age.

**RESIDENCE REQUIREMENTS**

No residence requirements, durational or other, which would exclude an individual presently in the state who meets basic eligibility requirements, will be imposed. Green cards are not required. This program serves all persons, including those who are homeless, if they meet with visual and other policy and program requirements.

**PREFERRED MODE OF COMMUNICATION 34 C.F.R. § 361.51(c)(1) (2002).**

The Department will provide individuals with a choice of media for all documents generated for them or provide information from the agency. Choices will include standard print, large print, Braille, electronic, or audio.

**INTERPRETER SERVICES 34 C.F.R. § 361.48(j) (2002).**

The Department will provide interpreter services that are necessary to enable an applicant or eligible individual to achieve an employment or independent living outcome.

Language translators and/or sign language interpreter services for applicants or clients who are blind, deafblind, hard of hearing or Non-English-speaking will be provided when identified as a need. We will make every effort to ensure that securing a language translator or sign language interpreter service does not affect the provision of timely services.

Joint planning between the individual and the ILR teacher will be used to determine the amount of interpreter service to be provided. Consideration will be given to availability, preferred mode of communication, and cost. When possible, interpreter services will be provided by qualified personnel. Comparable services and benefits will be used to the maximum extent appropriate. Services will be provided in the most integrated setting possible consistent with the individual’s informed choice.

**LEGAL AUTHORITY**

Authority for the operation of the IDB is provided by the federal Rehabilitation Act of 1973, as amended in 2014 by the WIOA, and by Chapter 216B of the Iowa Code.

**CHAPTER 2: INDEPENDENT LIVING (IL) TRAINING SERVICE MODELS**

The Department’s IL program service models include:

I. Regional Cluster Service Training Model;
II.Community-Based Training Model (group); and
III. Independent Living (IL) Integration Training Model/Senior Orientation (group).

**I. Regional Cluster Service Training (RCST) Model**

In 2017, an RCST Model was piloted in Iowa. This pilot allowed for staff to provide individualized or group IL skills training over a period of three to four consecutive weeks within each identified service area cluster. Repeat sessions were provided if needed in the next service-delivery cycle. This model was found to be successful when compared to the results for clients who participated in a non-regional cluster model. The results when this model was employed included:

A. clients retaining information between training or service visits;
B. clients achieving objectives more quickly;
C. clients experiencing greater satisfaction with the service delivery model; and
D. contributions made toward managing finite program human and financial resources.

**II. Community-Based Training (CBT)**

A CBT is generally a six-hour group training (i.e., one day or split into two three-hour sessions) that provides Iowans experiencing vision loss or blindness an opportunity to learn basic non-visual independent living skills. The hands-on training is structured to boost individual self-confidence and often inspires participants to learn more. A CBT scheduled for less than six hours of training requires program administration approval.

Finally, the CBT provides participants an opportunity to meet other Iowans who are blind or losing their vision; gives them the opportunity to exchange information with each other as well as share experiences and provides opportunity for participants to learn from one another.

**III. IL Integration**

IL Integration is a group-training model sponsored by the Iowa Department for the Blind’s Blindness Empowerment & Independence Center (the Center) in partnership with the IL program. While somewhat similar to the SO model, there are some subtle differences. Some of the differences and benefits are summed up as follows:

A. Where available, each IL program client is assigned to a Center student who has demonstrated a positive attitude about blindness and is willing to serve as a role model for others;

B. Through the weeklong Center training exposure, IL clients have an opportunity to consider the Vocational Rehabilitation (VR) and Blindness Empowerment & Independence Center (the Center) program training and services;

C. IL clients may network with other blind students who also use Center services and attend an integrated training session of the Business of Blindness class. This
opportunity helps to broaden each participating IL client’s prospective related to skills and attitudes of blindness.

D. This program frees up IL program human resources to allow most IL division staff to remain working in the field while program services are delivered primarily by
Center staff.

E. In the event that IL Integration is not available, SO will be made available and has the availability to host one week of training for program clients at the Department in Des Moines. It is designed primarily for individuals age 55+. Clients are given the opportunity to meet others who are going through similar experiences as a result of vision loss or blindness. Clients travel to Des Moines and spend a week devoted to learning and building non-visual skills that will help them adjust to their vision loss/blindness and build their confidence. IL division staff plan, coordinate, and deliver these program services related to this training model.

**THE SCOPE OF IL & IL-OIB CORE TRAINING SERVICES**

Core training services include:

**#1 CORE SERVICE: IL ADJUSTMENT TO BLINDNESS COUNSELING**

A. Adjustment to blindness counseling services help people learn to manage feelings of anxiety, depression, anger, grief, and isolation and break the seemingly insurmountable into small steps according to their individual IL goals and objectives. Once people find they can accomplish one small task at a time, they begin piecing their successes together into a skill set for living life to the fullest in a new, happier way. In addition to individual adjustment to blindness counseling, family counseling may be provided when it is deemed necessary for improvement of the client’s ability to live independently.

**#2 CORE SERVICE: IL SKILLS INSTRUCTION & TRAINING USING ALTERNATIVE TECHNIQUES**

A. Mobility means the physical and psychological ability to travel to and from destinations in the community. This also includes orientation, meaning the ability of the individual to know where he/she is, where he/she wants to go and how to get there, as well as the ability to adapt and adjust to new environments;

 • This training is facilitated by using a long white cane and learning shades.

 • Communication includes the ability to effectively exchange information through spoken or written words, sign, Braille concepts, gestures, via assistive technology, aids or devices, or any other means. Training includes:
a. Braille literacy to include reading and writing braille;
b. Ability to place labels and meaning to objects, actions and concepts such as who, what, where, when, and how;

 1. Assistive technology (AT) service and training may include:
a. Learning about the long white cane and techniques in using the long white cane.
b. Slates and styluses;
c. Health management device information and training including talking scales;
d. Talking thermometers, Frequency Modulation (FM) systems;
e. Adaptive cooking items, writing guides, talking clocks, audio devices;
f. Recorders, and phone amplifiers;
g. Technology training to include:
i. Computers:
a) Using Talking Typer or Talking Typing Teacher;
b) What is Windows Narrator and NVDA;
c) How to turn on Narrator and train basic navigation;
d) Installing NVDA and train basic navigation;
e) Turning on Windows Magnifier;
f) Basic Windows low-vision accessibility settings.
ii. Smart Device (iPhone, iPad, Android phone):
a) Overview of accessibility settings;
b) Making phone calls;
c) Adding contacts;
d) Setting calendar appointments;
e) Setting reminders
f) Emailing
g) Texting
h) Voice assistant (Siri and Android equivalent)
i) BARD
j) Apps:
(1) Seeing A.I./Android Equivalent
(2) Be My Eyes
(3) One Grocery Shopping App
(4) ScripTalk

iii. Provide Closed Circuit Television (CCTV) vendor referral, such as Easter Seals

iv. Echo Devices and Google Home:
General instructions on how to use device to do such things as:
\* Make phone calls
\* Make grocery list
\* Order groceries
\* Calendar appointments
\* How to set up recipes
\* How to set alarms, timers, and tell time
\* How to access games

 1. Daily living includes activities of daily living (ADL). The following are some routine activities where clients may be assessed to determine training assistance:

a. Home-management including the ability to manage one’s own home living situation. Some basic training needs might include:
i. Meal planning and preparation;
ii. Labeling household items;
iii. Using home appliances;
iv. Identifying clothing;
v. Telling time;
vi. Managing personal finances;
vii. Using a telephone;
viii. Managing the laundry;
ix. Threading a needle for sewing;

b. Medication & health management systems:
i. Medication dispensing solutions;
ii. Talking devices such as talking glucometer, blood pressure monitor, etc.
iii. Accessible drug labels such as ScripTalk, a Quest Bar Code Reader; etc.
iv. Talking scale for weight management.

c. Leisure skills:
i. Iowa Library for the Blind & Physically Handicapped Services including completing an application, delivery of and instruction in the use of library equipment, and instruction related to ordering and returning materials;
ii. Introduction and training on how to use Iowa Reading Radio Information Services (IRIS) for the Blind and Print Handicapped;
iii. Introduction to and training on how to use National Federation of the Blind (NFB) Newsline;
iv. Introduction to adaptive games or crafts.

d. Transportation:
i. Identify public and private transportation options;
ii. Identify volunteers to assist with transportation service support, if needed;
iii. Identify financial options that would allow for access to public and private transportation, if needed.
iv. How to use public transportation system; and
v. Cost of transportation and who is responsible to cover costs.

e. Self-care, the ability to manage one’s own living situation, thereby allowing participation in training or other life activities:
i. providing information and referrals to other agencies or
organizations to assist with self-care services not provided under the agency’s IL program;
ii. guidance related to management of safety needs including available alert devices, emergency contact numbers and plan, etc.;
iii. Secondary disability provision of available information or medial facts related to the disability, instruction in alternative techniques to address independent living that is non-medical in nature. When medical intervention is needed to address the secondary disability, the program staff shall talk with the client about service provider options and if appropriate make a referral. Document the discussion and referral.

f. Self-direction training:
i. the ability to plan, initiate, problem-solve and carry out goal-directed daily living activities;

g. Interpersonal skills training:
i. the ability to make and maintain personal, family and community relationships;
ii. Information & Referral (I&R) includes the provision of information on available community resources and as necessary, assistance with the application process (and after application, where applicable).

iii. Release & Exchange of Information will be obtained before information is obtained/exchanged.
iv. When information is shared and/or referrals are made to other outside agencies where the individual is requested to make direct contact with the agency (i.e., not made directly by the IL division staff) and the individual can be located within the IDB/IL case management system (CMS), IL program staff should apply the following steps:
a) Attempt to reach out to the individual by phone, email, text message, or other preferred methods within a month of providing that referral or information.
b) Document if the individual was able to obtain the information needed from the source provided (i.e., outcome of the referral/information).
c) Document if other referrals/information is needed.
d) In the case where the individual is unreachable by phone, email, text message, or other preferred methods; IL division staff will document attempts to reach individual at least three times within a one-month time frame or less from the information/referral and add each attempt to the CMS. This shall be considered staff’s diligence to reach the individual for follow-up purposes.

 1. Group Training Opportunities:

 2. CBT training model as defined under IL Training Service Model section.

 3. IL Integration as defined under IL Training Service Model section.

 4. ILSO as defined under IL Training Service Model section.

**3 CORE SERVICE: INDEPENDENT LIVING ADVOCACY TRAINING:**

 • Personal advocacy training supports and promotes the individual’s right and ability to benefit from services, participate in activities, and develop new skills. This may also include learning to self-advocate for civil and human rights on a local, state, and federal level; and

 • In situations where an individual is unable to self-advocate, referrals could potentially be made to the appropriate agency. Some potential options may include, but are not limited to:

 • Iowa Disability Rights 400 E Court Ave #300, Des Moines, IA 50309. Phone: (515) 278–2502

 • Iowa Client Assistance Program (ICAP) 321 E 12th St, Des Moines, IA 50319.
Phone: (515) 281–3957

 • Office of the State Long-Term Care Ombudsman,
510 E 12th St., Ste. 2, Des Moines, IA 50319.
Phone: (515) 725–3333 or (866) 236–1430 |
Fax: (515) 725–3313

d. Iowa Olmstead Task Force at http://olmsteadrealchoicesia.org/.
This task force works on systems advocacy and addresses key priorities in the disability community such as:
i. Ongoing enforcement of the Americans with Disabilities Act (ADA);
ii. Availability of home and community based services;
iii. Accessible housing;
iv. Public transportation;
v. Managed health care services.

**#4 CORE SERVICE: PEER SUPPORT GROUPS & PEER COUNSELING**

PEER SUPPORT GROUPS

The Department’s IL program assists to promote and facilitate the start-up of statewide support groups. While support groups are responsible for their own governance, membership, organizing meetings, agendas, and attendance, etc.; the IL program when requested will provide the support group’s leadership with information to help promote membership interest and ideas to increase attendance.

As invited and able to organize, the ILR teacher may attend support group meetings to present and/or as time permits to have a presence at regular meetings and meet new potential members who may be blind or losing their vision.

The IL program, with verbal and/or written approval from the support group leadership will partner to maintain an active listing on the Department’s website to provide information about the support group, contact information, meeting dates, time, and meeting location.

The IL program and its ILR teachers should:

 • Make a referral of individuals who have expressed interest in attending a support group in order to promote interaction with others experiencing vision loss or blindness.

 • Assist the individual to attend one of the closest; that is, in relationship to the client’s home, blind support group meetings in Iowa when identified under the client’s plan as a service need and when no other transportation service option can be immediately secured. When the closest support group is located outside of State of Iowa borders, should the ILR teacher need to attend the support group meeting that supports blind Iowans, steps must be taken to secure approval for out-of-state travel as follows:

 • Complete the Travel Department Authorization (TDA) as required by the State Accounting Enterprise.

 • Assist individual to identify transportation options or alternative options that would allow for future engagement to attend if desired (ex. FaceTime; conference call, etc.).

PEER COUNSELING:

The ILR teacher will make efforts to connect IL clients with a support group or experienced peer to promote adjustment to blindness or other disabilities. Release/Exchange of Information (ROI) is required to be in the client’s case file.

**#5 CORE SERVICE: TRANSITION SERVICES FROM NURSING OR ASSISTED LIVING FACILITY:**

The IL program will continue work with individuals who have their own authority to transition from institutional settings to community living.

In addition to the IL training plan which should outline IL non-visual skills training need, IL program staff will assist these individuals with the following:

 1. Pre-transition plan:
a. Establish a support system (examples: nursing home staff, family member, friend, ombudsman, transition coordinator).
b. Develop a realistic budget plan with the individual.

 2. When possible and if needed, counsel the client to interview the home care aides while still in the nursing home and look for aides that the client feels comfortable with and who have a schedule that would fit with their needs once they have transitioned.
d. Identify housing:
i.Review types of housing;
ii.Review locations of housing;
iii. Get on a waiting list if needed;
iv. Prepare furniture, household supplies, etc.; and
v. Identify community or other resources.
Find out the discharge date. Many places cannot deliver furniture or medication until the new living situation is established.

 3. Identify local public and private transportation services as well as costs as soon as possible. If necessary and where available, apply for “paratransit.”

 4. Collect and organize important documents: birth certificate, Social Security card, state identification card, Medicaid and Medicare cards.

 5. Notify the postal service of the change of address. This can be done for free by filling out a change of address form from your local post office. You can also call 1–800-ASK-USPS (1–800–275–8777).

 6. if needed, apply for food stamps and/or food delivery, such as Meals on Wheels or senior centers where meals are served generally at no cost.

 7. Remind the nursing home that they should supply enough medication for 30 days at the time of the move. Make sure to have a list of current prescriptions prior to discharge.

 8. Locate a primary care doctor and if desired, set up medications so they may be delivered to the new home.

 9. Identify if employment is a goal. Whenever this is expressed, program staff must make an immediate referral to the VR program the Department’s VR
Program where an application for services can be taken and a VR counselor assigned to meet with the individual. Contact the Department’s RS to make
the referral at 800–362–2587 or 515–281–1333, then choose option #1.

 10. Post-Transition:
a. Assigned program staff will work in partnership with the client to determine if any post-transition IL training skill services and support systems are necessary;
b. All services must be defined within a new or amended IL plan if changes are needed following the transition.

**CHAPTER 3: AN INTRODUCTION TO DEAFBLINDNESS**

 11.

The word “deafblind” refers to any individual who has a combined loss of vision and hearing. Deafblind people vary widely in their backgrounds, experiences, and methods of communication. A deafblind person can be someone who has little or no usable vision and hearing, someone who is blind and hard of hearing, someone who is blind and deaf.

Deafblind individuals may require specialized services in the areas of communication, education, assistive technology, independent living, and rehabilitation. Examples of
potential assistive technology that someone who is deafblind might use include alerting devices for their homes, so they know when the phone rings or when someone is at the door, devices such as hearing aids or personal listening devices to help them communicate more easily with others.

Deafblind IDB clients can receive specialized assessments to learn what adaptive equipment they may need in the areas of communication and independent living. ILR teachers may reach out to the Helen Keller National Center (HKNC) to consult. Services offered through HKNC include:

 1. On campus services;

 2. Off campus services;

 3. Information on combined hearing and vision loss;

 4. Professional learning

If an IL deafblind client identifies they are interested in attending HKNC training, the ILR teacher and client need to identify costs and resources that will help to cover such costs.

Where needed, referral to other agencies or resources in their areas will be addressed.

Contact info to the HKNC Region 7 office is:

Helen Keller Regional National Center
450 E. Park Street
Olathe, KS 66061
Voice: 913–677–4562
Video Phone (VP): 913–227–4282

**CHAPTER 4: THE INTAKE REFERRAL PROCESS**

Referrals are made to the agency by different individuals, organizational and/or institutional sources. Referral sources may include, but are not limited to a friend, family
member, guardian, neighbor, another community member unknown to the individual, a service organization or support group, an eye doctor’s office, another medical office, nursing home/assisted living staff member, or a self-referral.

The Resource Specialist (RS) supports the efforts of the IL program by providing agency and program information to callers who are thinking about making a referral for someone they believe may benefit from agency/program services or the potential client themselves. When the RS is asked to complete an application for a referee, that process will be followed as outlined under Chapter 5 of The Application Process.

In general, the RS’s role under the Intake Referral Process is as follows:

 1. Provide general information to the person who calls the Department and who is either making a referral or thinking about making a referral or who simply wants agency and/or program information.

 2. If the caller expresses interest in obtaining agency and/or program information only, provide the information requested. The caller may be directed to materials located on IDB’s website, via email or when requested in print.

 3. Attempt to discern if the caller is calling for self or someone else such as a friend, relative, guardian, or individual from a community organization. From time to time, there may be individuals who may be reluctant to disclose their relationship to the person they are thinking about referring. That is okay. Listen to their request and provide the information they need.

4.If a guardian is mentioned during the call, attempt to obtain the guardian’s name and contact information.

5.Offer an agency tour to the caller and anyone else the caller thinks may have an interest. If the caller is interested in a tour, in follow-up provide the Blindness Empowerment & Independence Center (the Center) Director with the person’s name, contact number, and best time to call.

6.If helpful, provide other outside service information such as Iowa Radio Reading & Information Services (IRIS), Iowa Department on Aging, and/or Iowa consumer-advocacy group contact information Support Groups | Iowa Department for the Blind, including Iowa Centers for Independent Living (CILs).

7.If the caller does not want to leave the referee’s contact information at the time of the call, ask the caller if you might follow-up with them in 15 to 20 business days to see if they have any questions about our agency/programs, if they have an interest in arranging a tour of our agency or if we can be of further assistance (i.e., taking a referral).

 1. If the caller wants to proceed to make a referral, take referral information or schedule an appointment to gather the information with the referee and/or the guardian if the guardian information is known. The RS should inform caller that proof of guardianship must be obtained prior to a guardian signing for an applicant or assigning a referee to sign. If proof is not obtained, the guardian must sign a Release of Information to be involved in meeting. Without proof of guardianship, the guardian cannot sign for the applicant.

**CHAPTER 5: Status 02 — THE APPLICATION PROCESS**

Anyone who wishes to apply for IL services may apply. No applicant shall be denied from making an application. The ILR teacher determines eligibility of all applicants. Eligibility is discussed in Chapter 6.

The RS assists the IL program and its ILR teachers in starting the IL application process. The following is the process the RS will use to start the IL program application:

 • After a referee and/or the guardian has contacted the Department through the RS and interest to start the IL application has been expressed, the RS will assist the program to start that process.

 • When a legal guardian has been identified, the RS will request that a copy of the guardianship document(s) be faxed or mailed to the IL program support staff. If the RS receives the guardianship document(s), the RS will forward it to the IL program support staff.

 • The referee and where applicable, the guardian is to be contacted to complete the IL application, if possible by phone with the RS.

 • Where legal guardianship authority is documented; the legal guardian may assign another designee. A guardian who has legal authority to make decisions on behalf of the referee may also agree to allow the RS to complete the IL application without the guardian or designee present. If possible, send a confirmation of this fact to the guardian (by email if available), and case note the discussion.

 • If a case management record on the referred individual does not exist, a new electronic case management record will need to be created by the RS collecting “Client Data” and other pertinent information to start the record. Guardianship information will be entered into the Additional/Contact Info on the Client Summary screen and the Legal Guardian field on the Client Data screen.

6) The IL application:
a. Will be started by the RS.
b. Will be completed as much as possible by the RS prior to assigning the IL application to an ILR teacher.
\* In the event the RS is unable to take the application by phone with the applicant, the ILR teacher will receive an email from the RS with the assignment to schedule an application interview directly. The RS will copy the supervisor and case note in the applicant’s case file.

d. The RS will request the applicant and/or where applicable, the applicant’s legal guardian that their eye doctor fax or mail the applicant’s most recent eye report (i.e., report within the last 12 months) to the Department.
e. When in receipt of the eye report, the RS will scan into client file and notify the ILR teacher who received the assignment, then give the paper eye report to the IL secretary who will add that document to the paper file.

7) The creation of an IL application will generate an automatic status move within the CMS. A case record that is open and where an application is started and/or completed will reflect a Status 02 in the CMS.

8) The applicant shall receive a communication from the assigned ILR teacher. The ILR teacher will make every effort to contact the applicant within 14 business days of the application date. The contact is a phone call to acknowledge receipt of the application by the ILR teacher and to schedule a time to meet in person to complete the application process. Note, if a phone line or alternative contact number is no longer available, a letter shall be mailed to attempt to reach the applicant. The letter should be uploaded to the CMS.

After the Status 02 application case has been assigned by the RS to the ILR teacher, the ILR teacher will complete the following steps:

 1. Prior to and during the program application process:
a. Where applicable, the ILR teacher will arrange for a language translator and/or sign language interpreter(s) to conduct the application process. The ILR teacher should check to see if the vendor is in the system, and if not, complete the process to add them; and

 2. In partnership with the applicant and/or guardian, the ILR teacher will verify/review and complete all applicable areas of the program application.
a. The ILR teacher must ensure the proper guardianship document is available to review and verify that the guardian truly has legal authority to make certain decisions on behalf of the IL applicant.

 3. Offer the applicant a chance to complete the National Voter Registration Form:
 a. If the referred individual or applicant accepts or declines to complete a National Voter Registration Form or reports she or he is prohibited under law from voting:
i. follow all instructions on the form
ii. make appropriate notation on the Voter Registration form
iii. obtain appropriate signatures
iv. ILR teacher will add their own respective initials to the declination page. If anything is missing on the form, the form can be returned to the respective ILR teacher for further processing
v. case note accordingly
b. Note: follow the instructions as noted on the voter registration form if the individual is not eligible to vote.
c. This voter form will be routed to the IL secretary or where applicable any appointed interim designee for processing. Form must be mailed to county office within 10 days of date received.
c. The IL secretary will deliver copies of the forms on the first of every month to the agency’s executive secretary or where applicable to other any appointed interim designee for processing.

 4. Complete the IL Health Assessment Questionnaire. No signature is needed on this form; however, the assessment information must be entered within the CMS as documentation. The Health Assessment should be current.
a. If the case is reopened, the ILR teacher will request support staff to print out existing Health Assessment and email to the ILR teacher.
b. Ensure the Health Assessment date is updated in the CMS.

 5. IL Case Application is required when requested by a referee; however, does not require a signature:
a. The Date of Interview (i.e., date interviewed by IL teacher) under “Client Data” of CMS.
b. Review and verify all demographics including other IL application information and client data page for completeness. This should be documented in a case note as Application Interview.

 6. If the eye report has not been received, request the applicant send their most recent eye exam in preparation to move the individual toward eligibility determination.
a. An eye report must not be over 12 months old to be used for eligibility determination.
b. If an applicant is known to be totally blind, verification can be established as follows:
i. Blind Journal;
(a) if “blind” is selected, a date must be entered
(b) if “visually impaired” is selected, no date is needed
ii. CMS or medical report documentation, if available;
iii. If condition is known by IL division staff who will be serving the individual.
c. If an applicant is totally blind, is not known to IL division staff and there is no record of ever being served by the agency, the individual will be asked to secure a letter from his or her medical or eye doctor to verify their eye condition and degree of blindness.
d. If an applicant has some degree of vision and has not completed a recent vision screening (i.e., within the approximate last 12 months) from a qualified eye doctor, identify eye clinics where the applicant might consider obtaining a vision screening test and request a copy of the eye exam.
i. If applicable, determine in partnership how the clinic visit will be paid, considering all comparable benefits.
ii. If requested, make the referral to the clinic.
iii. Record vision screening service within case note.
e. Always verify eligibility information and data, then document in CMS.
f. Complete information within Blind Journal where applicable.

 7. Substance abuse and emotional disorders can have major impacts on planning; therefore, you must gather appropriate information from medical specialists should these conditions be disclosed.

 8. When an applicant’s secondary disability is indicated in the IL Health Assessment Questionnaire or entered into information under eligibility, care must be taken in how that information is documented.

 9. All applicants and, as appropriate, their legal representatives, service providers, cooperating agencies, and interested persons will be informed through proper modes of communication of the confidentiality of personal information and the conditions for accessing and/or releasing such information. See the Confidentiality and Release of Information Section.

 10. When an applicant and/or their guardian do not respond to contacts made by the ILR teacher, the following steps will be taken:

 11. Document all attempts to schedule an application appointment in the CMS.

 12. After two attempts within a two-week period, with no response from the applicant and documentation is made; and/or where applicable with the guardian, prepare and mail a letter. Request contact and provide a reasonable deadline date for a response (i.e., suggest 2 weeks from the date of the letter).

 13. If no response is received to the final letter, move forward to close the application, complete eligibility determination (as ineligible with no response), send final letter. The letter should provide the ILR teacher’s contact information, Program Administrator’s contact information, appeal information and ICAP brochure.

 14. In addition, complete the case note and Closure Amendment in the CMS.

The application process is not complete until the ILR teacher has addressed all phases including proper documentation associated with the application. The application process requires substantial follow-through by both the applicant and where applicable his or her guardian as well as the ILR teacher. Therefore, if it’s realized initially that the applicant may not be eligible for services because they do not meet the required program criteria, explain the criteria to the applicant and offer other means to obtain services.

Discuss the applicant’s rights and responsibilities. In accordance with requirements of the Rehabilitation Act Amendments of 1998, the ILR teacher shall advise all individuals with disabilities seeking or receiving services through the Department, or their authorized representative, of the availability and purpose of the Iowa Client Assistance Program (ICAP), including the means to seek ICAP assistance. Rehabilitation Act Amendments 18, 704(m)(l) (1998); 34 C.F.R. 364.30; 111 I.A.C. 11.10(216B).

All identifiable personal information that IDB collects, including photographs and lists of names, shall be confidential under all applicable laws and shall be used only in conjunction with the administration of services provided by the Department. Confidential information shall never be released without the written consent of the person identified in the information except as part of routine cooperation between the Department and the Division of Vocational Rehabilitation Services Disability Determination Unit to expedite Social Security eligibility determinations or in response to an order issued by a judge, magistrate, or other authorized judicial officer or order to protect an individual or others if the individual poses a threat to his or her safety or to the safety of others.

ILR teachers have up to 10 business days to enter IL program case notes into the CMS for any contact made with an IL applicant and/or guardian.

Note: Whenever an ILR teacher is requested to assist to complete a VR application, the case note must be entered within 5 business days.

**CHAPTER 6: Eligibilitty**

In applying for Independent Living Rehabilitation (ILR) services, the following criteria must be met:

 1. have severe vision loss or blindness; or

 2. either be aged 55 or older, or have a severe mental, cognitive, physical or other sensory impairment; or

 3. experience a severe limitation in ability to function independently in the family or community, or to obtain, maintain, or advance in employment due to vision loss or blindness and have a secondary disability; and

 4. there must be a reasonable expectation that independent living rehabilitation services will improve the individual’s ability to function, continue functioning, or move toward functioning independently in family or community, or to continue in employment.

**STATUS 08 INELIGIBILITY CRITERIA AND GUIDANCE**

It has been determined that the case is Closed at Application for Independent Living Services. The individual does not meet at least one of the following Basic Criteria for
Eligibility:

 • Individual has severe loss of vision and is at least age 55, or has documented disabilities in combination with a severe loss of vision or blindness

 • As a result of these disabilities, the individual’s ability to function in family, or community, or to engage or continue in employment is severely limited.

 • Due to significant needs in the area of independent living, the individual does not choose to participate in Vocational Rehabilitation at this time.

 • There is a reasonable expectation that the individual will benefit from Independent Living Rehabilitation Services.

Note: Exception to policy can be considered for any applicant under Status 08.

The ILR teacher may prepare the statement and send the exception statement to the IL program administrator in writing (i.e., email). The ILR teacher and IL program administrator shall follow-up to discuss the case. A decision will be provided to the teacher in writing (via email) by the IL program administrator. The ILR teacher will inform the applicant of the IL program administrator’s decision to the exception to policy regarding his or her application eligibility.

**STATUS 10 ELIGIBILITY AND GUIDANCE**

To be eligible for independent living rehabilitation services from the Iowa Department for the Blind, an individual must meet the following criteria as outlined in federal regulations:

 • Have severe vision loss or blindness, OR

 • Either be aged 55 or older, or have a severe mental, cognitive, physical, or sensory impairment, OR

 • Experience a significant limitation in ability to function independently in the family or community, or to obtain, maintain, or advance in employment due to vision loss or blindness and have a secondary disability; AND

 • There must be a reasonable expectation that independent living rehabilitation services will improve the individual’s ability to function, continue functioning, or move toward functioning independently in family or community, or to continue in employment.

**Eligibility certification process**

These items will be needed to complete Eligibility Determination within the CMS and paper files or with an exception to policy that will be approved by the supervisor:

 1. Best corrected acuity and/or visual fields are documented. A current eye report needed for file.

 2. The individual’s age at the time of eligibility determination.

 3. Any co-disability information.

 4. An IL assessment and analysis that describes disability-related limitations experienced by the individual in the home, family, community, or employment as a result of severe vision loss or blindness and any other known or documented secondary disability in combination with blindness or severe vision loss.

 5. Indication as to whether the applicant wants to participate in VR services (select “yes” or “no” from the box drop down).

 6. Detailed information about how IL services will benefit the individual.

Next, inform the applicant that they are eligible for IL services and training, then document the conversation in the case record. Where a guardian is assigned, send a written statement indicating the same.

Ensure eligibility certification has been made after consultation with the applicant, or as appropriate, their parent, guardian, or other representative or after affording a clear opportunity for such consultation and the individual has been notified in writing of the action taken and has been informed about their rights and remedies, including procedures for formal appeals and to whom appeals may be filed and referral to other agencies and facilities, as appropriate, 34 C.F.R. 364.51, 364.58.

A determination of eligibility shall be made within 60 days from the date of application. The 60-day period begins on the date the application is entered into the electronic CMS by the RS or when assigned accordingly by the ILR teacher.
\* A delay in determining eligibility for services may be extended if exceptional or unforeseen circumstances beyond the control of the agency preclude making the eligibility determination within 60 days and IDB and the individual agree to a specified extension of time.
\* The agreement and the extension shall be documented and the documentation must reflect the reason for the extension, the date on which the eligibility determination will be made, and that the individual agrees with the extension.
\* Extensions shall not be more than 60 additional calendar days; if an unusual situation arises with an applicant that requires an additional extension, the IL teacher shall obtain an exception to policy from the program administrator outlining the reason for the exception the amount of time needed to make the determination.
\* If eligible, move to Status 10; if not move to Status 08.

The ILR teacher is responsible to certify the Eligibility Determination Certificate in the electronic CMS, print this same certificate and sign the document which must be placed in the applicant’s paper file at the IDB office.

**Blind Journal:**

Completing the Blind Journal section is required. There are options to select from example Blind or Visually Impaired within a Blind Code combo box. If the “Blind” option is listed in the Blind code and a date does not appear in the Blind Journal Date field, enter today’s date. If the election is Visually Impaired as the code, do not enter the Date field.
Within this same location, there are a medical information fields that require new information required for a new applicant or updated information for a returning applicant. As the individual self-reports their respective medical information or that information is found in their medical records then is confirmed through a conversation, the appropriate medical or disability information must be documented within this location as well as case noted.
See Blind Journal Appendix Q for additional information regarding visual acuity and visual field measurements.
GUIDANCE: CASE MANAGEMENT PROCESSES IN MOVING AN IL CASE FROM STATUS 02 APPLICATION TO ELIGIBILITY DETERMINATION OF EITHER STATUS 08 INELIGIBLE OR STATUS 10 ELIGIBLE

**CASE MOVE FROM STATUS 02 TO STATUS 08**

If after reviewing the application and information gathered it is determined that the applicant does not meet one of the eligibility criteria below, the applicant’s case must be closed.

Eligibility Criteria:
1. The Individual has a severe loss of vision and is at least age 55 or has disabilities in combination with a severe loss of vision.
2. As a result of these disabilities, the individual’s ability to function in family, or community, or to engage or continue in employment is severely limited.
3. Due to significant needs in the area of independent living, the individual does not choose to participate in Vocational Rehabilitation at this time.
4. There is a reasonable expectation that independent Living Rehabilitation Services will benefit the individual.

Other reasons for closure include Unable to locate, refused further services, failure to cooperate, or death.

If an applicant is determined to be ineligible due to any of the circumstances listed above, the case record must receive thorough documentation before moving the case to Status 08. The ILR teacher may consult with the IL Program Administrator whenever needed.

**Process to complete Status 08 with the electronic CMS in eFORCE:**

 1. Complete Eligibility Determination in CMS

 2. Record the best corrected acuity or visual fields if available

 3. Record any co-disability information if available or applicable. Note, if none, then write “none”

 4. If the ILR teacher is able to assess the situation, provide a short analysis that describes disability-related limitations experienced by the individual in the home, family, community, or employment, if applicable. If nothing is applicable, then write “none”

 5. Complete a question related to the individual’s views regarding his or her needing IL services and choosing not to participate in VR services; and

 6. Record information about how IL services will benefit this individual if applicable. Note, if nothing is applicable, then document “none.”

 7. Complete a Closure Case Note in eFORCE to justify reason for the Status 08
8.Complete a Closure Letter to IL applicant and/or legal guardian:
a. Use an appropriate supplied IL program template letter which can be found in Appendix, choosing one from I through M.
b. When death is the reason for the closure, do not send a Closure Letter and the Closure Amendment to the individual’s home address or guardian unless the guardian requests those documents for their records. The ILR teacher signed Closure Amendment will still be placed in the individual’s IL paper file.

Certifying a Status 08 case closure requires that a letter be mailed to the IL applicant or the legal representative. The letter must state that the closure has been made after thorough consultation with the applicant or the applicant’s personal representative, if applicable, and that the applicant was afforded a clear opportunity for the consultation,
constitute verification that the applicant has been notified in writing of the action and that he or she has been informed about his or her rights and remedies, including ICAP, IL Teacher contact information, IL Program Administrator contact information, procedures for formal appeals and to whom appeals may be filed, and referral to other agencies and facilities, as appropriate. 111 I.A.C. Section 111–11.10(216B).

Ensure all closure documents requiring signatures are sent to the individual and the individual’s physical address.

**STATUS MOVES FROM 02 APPLICATION TO STATUS 10 PLAN DEVELOPMENT**

Once eligibility determination is made, inform the applicant they are eligible, inquire if they are ready to move forward and if affirmed, then move the IL case to a Status 10.

Moving the case to Status 10 certifies that the IL applicant intends to achieve an IL outcome consistent with his or her unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. Presume that the individual can achieve the outcome with the provision of IL services.

The next step is to work with the client on developing an Independent Living Rehabilitation Plan (ILRP) or ILRP Waiver which is discussed in Chapter 8.

ILR teachers have up to 10 business days to enter IL program case notes into the CMS. Any case note related to VR must be entered within 5 business days.

**CHAPTER 7: IL PLAN DEVELOPMENT**

Once an applicant has been determined eligible and certified for IL services and they are moved into Status 10 (i.e., plan development), joint planning may begin. The applicant is now officially an IL program client with an open IL case. Clients and where applicable their guardian, may choose to develop a formalized Independent Living Rehabilitation Plan (ILRP) or to simply identify IL objectives by completing a Waiver.

An ILRP must indicate the independent living goal and training objectives to be achieved, the services and training to be provided to meet those goals, and the anticipated duration of the plan and each service. The purpose of the ILRP is to clearly define the client’s goal, objectives and the services he or she will require to achieve their IL goal. It is a plan of action that must be reviewed with the individual at least once a year, and is, therefore, subject to future amendments and revisions. Emphasize to the client that it is not a legal contract and there is nothing about it which is legally binding on either the client or the agency.

The Rehab Act of 1998, as amended, gives individuals the option of waiving their right to develop a formal ILRP. With a Waiver Plan, the individual simply sets the IL objectives he or she wants to work on. The Waiver also receives a review with the individual at least once per year. It is not a legal contract nor is it legally binding.

A client who desires IL services will choose to receive services developed on an Independent Living Rehabilitation Plan (ILRP) or Waiver Plan. As part of the planning process, the ILR teacher is responsible to first discuss and administer an IL skills assessment. The skills assessment is a useful tool used during plan development. In conjunction with the IL Skills Assessment, other assessment factors can be included for consideration before discussing training objectives, such as:

 • Adjustment to blindness

 • Educational background

 • IL skills

 • Medical history and prognosis (impact of other disabilities like hearing loss, diabetic complications, or mental health)

 • Need for aids and devices and training in their use

 • Personal and family income

 • Any other factors which might affect the IL outcome

Following the IL skills assessment and gathering of other pertinent assessment information, the ILR teacher shall discuss the results of the assessment in an informative and understandable manner.

Next, the client and ILR teacher will discuss the client’s goal and objectives based on assessed information as well as input from the client and/or his or her legal guardian. The ILR teacher will then offer plan options with the client, to include benefits to both plan options. The client will select which plan option will best assist them to achieve their desired IL goal. The client and ILR teacher will set specific, measurable, achievable, results-focused, and time-bound (S.M.A.R.T.) goal and objectives. The goal should be written in plain language and clearly define what is going to be done.

If the ILR Plan or formal plan is selected, there are several elements to consider including but not limited to the IL Plan Start and End Date, IL Goal Description, IL Services, IL Objectives, Criteria for Review & Evaluation and Review Date. When completing the following elements, the ILR teacher shall ensure the following topics are covered with the client:

 1. ILR Plan Date:
a. The effective plan date is the day that it was entered into the case management information system.
b. The plan shall be scheduled no later than one year from the date of the plan
c. Plans may be amended with an extension when extenuating circumstances make this necessary.

 2. IL Goal Description:
a. This information can be a brief description of an IL outcome such as “Increase independence in the home,” “Participate in family, social, and community activities,” or “Enhance communication.”

 3. IL Services:
a. Select the service types that will best facilitate positive results for the client.

 4. IL Objectives:
a. Objectives are discussed, and agreed upon and succinctly documented in a case note
b. Use of S.M.A.R.T. goal/objective planning approach (examples follow);
i. Objective type is “communication”
ii. Description is “access print material”
iii. Status is “in progress” until met, not met, or dropped
iv. Date S.M.A.R.T objectives date set
v. Date completed is documented at the time the objective is met, not met or dropped.

 5. IL Criteria for Review & Evaluation used with the ILRP or Formal IL Plan:
a. Allows for client’s achievement(s) to be measured and recorded;
b. Sets forth time frames to complete goal/objectives;
c. Serves to hold all parties accountable for their parts in the plan;
d. Allows parties to determine if any revisions/changes are needed
e. Helps to determine when the goal and all objectives have been met and plan is completed.
f. The case note should delineate the number of trials agreed upon in partnership with the client before the ILR teacher will consider the objective met or not met.

 6. ILR Plan Review
a. At least one review shall occur with the client prior to the end of the plan date.
b. The review date is set with both ILRPs and Waiver Plans.
c. The ILR teacher will document if satisfactory or unsatisfactory progress has been made during the period.
d. If it is learned that the client is deceased, the ILR teacher will conduct a plan review, document the review findings, and complete the review by case noting the findings before closing the case.
e. The closure amendment in the case of a client’s death need not be mailed unless the client had a guardian and that party requests a copy.
Note: The date of death should be used as the closure date in CMS and on paper file folder.

 7. Obtain the client’s and/or his or her legal guardian’s signature to the IL plan.
a. See the Appendix T for the standard length of time relevant to case statuses, but cases should not remain in training status over 24 months. Exceptions to this should be documented in the case notes and be approved by the IL Program Administrator.

**WAIVER PLAN**

The Waiver Plan gives the client the option to waive his or her right to prepare and receive a copy of a formalized plan; however, the ILR teacher and client will agree on a set of training objectives. If the waiver plan is chosen, the client and ILR teacher will:

 1. Discuss, agree, and document IL training objectives.

 2. Use the S.M.A.R.T. goal/objective planning approach (examples follow);
a. Objective type is “communication”
b. Description is “access print material”
c. Status is “in progress” until met, not met, or dropped
d. Date objectives set
e. Date completed column is documented at the time the objective is met, not met or dropped.

 3. Sign the plan to indicate both agree with the waiver plan.
While the client has waived his or her right to receive a copy of their written IL plan, the ILR teacher still has case management responsibilities under this type of plan similar to that of the formal ILRP. The S.M.A.R.T. goal approach is still required to ensure the client moves through his or her training plan with achievability in mind and in a timely manner.

The ILR or Waiver Plan must be developed within 90 days after the eligibility determination. If more time is needed to prepare the IL plan, the reason for the need must be thoroughly documented in a case note and prior approval must be obtained from the Supervisor.

The ILRP/formal plan or Waiver must be entered into the electronic CMS by the ILR teacher and reviewed as well as processed by the supervisor before training services may commence. The ILRP is mailed to the client. However, the Waiver Plan is not mailed due to the client’s waiving his or her right to develop a plan. If the client requests a copy, one can be provided.

Before the expiration date of an ILRP or a Waiver Plan and in partnership with the client, the following must be completed:

 1. Reviewed the plan with the client

 2. Determine if the overall goal has been achieved

 3. Determine what objectives have been met, not met or will be dropped

 4. Determine the following:
a. Should the case be closed as rehabilitated (i.e., Status 26)?
b. Should the case be closed, other reasons, after IL plan was initiated (i.e., Status 28)?
c. Should the current plan be amended?
d. Should the current plan date be extended and if so, for how long?
e. Should the old plan be closed with a new one created due to major changes in the training needs?

Both plan types are to be reviewed at least annually, before a plan is amended, and before the respective case is closed. The plan must be moved from a Status 10 “Plan Developed” to Status 12 “Plan Completed.”

The client and the ILR teacher are responsible for researching and identifying the items or services required and considering comparable benefits if available. Comparable benefits should be sought to the extent feasible and used in each case prior to expending case funds. Full consideration must be given to any comparable benefits available, especially private insurance, Veteran’s benefits, Medicaid and Medicare, to meet the cost(s) of any purchased service except where the use of such benefits would delay the provision of services. Some authorizations are straightforward and require little investigation. Other purchases require extensive assessment and cost estimates or quotes.

The services planned under an ILRP or the IL Waiver are not always purchased by the Department. These services shall be planned to ensure that the client receives everything he or she needs to reach the IL goal. The need to explore and use comparable services is required for nearly all planned services. Exempt services include:

 1. Situations when using comparable benefits would delay the rehabilitation process or involve extreme medical risk to the client.

 2. The determination of extreme medical risk should be based on medical evidence provided by a qualified medical professional.

 3. Comparable benefits are not required for IL application, assessment for determining eligibility and IL needs, counseling and guidance, and referrals.

The ILR teacher shall specify who will provide which services for the client and how those services will be provided. Since services are time-limited, the client and ILR teacher must decide on acceptable beginning and ending dates for each of the services and all dates must be specifically listed in the plan.

The process for authorization of goods and services and making IL Equipment Transfers is discussed further under Chapter 9.

**CHAPTER 8: STATUS 18 — IL PLAN DISABILITY RELATED SKILLS TRAINING & INSTRUCTION**

The ILR teacher and client will begin IL disability-related skills instruction and training once the plan is moved out of a Status 12 (i.e., IL Plan Completed) to Status 18 (i.e., IL Plan Disability Skills Training) and the IL Program Administrator has approved the plan in the CMS. The client should be encouraged to implement self-study disciplines or practice skills learned prior to the next service visit.

The goal is relevant to assist with keeping the client and ILR teacher focused to complete the S.M.A.R.T. objectives given the program has limited human and financial resources. Instruction and training will continue up to one year. Prior to the conclusion of the plan the ILR teacher and client will review the client’s progress toward the client’s plan to determine results and if the plan is complete or needs to be extended or amended for a specified period of time in order to complete the goal. The ILR teacher shall ensure documentation occurs to include the results including the review. If any objectives are met, the ILR teacher shall record those objectives as being met.

If the client identifies they are unable to complete their training due to illness, hospitalization, or an extended vacation out-of-state (i.e., “snowbird”) for more than a month, the ILR teacher shall move the client from Status 18 to 24. See Status 24 guidance related to reviews and progress.

If the client’s IL plan requires disability related skills training changes, their IL plan can be amended or where applicable, a new IL plan can be created. If the client is no longer interested in continuing training, the ILR teacher shall provide counseling and guidance accordingly to ensure the client has an opportunity to make an informed decision/choice.

Through informed decision/choice, if the client is adamant and further requests their IL plan be closed, then the ILR teacher shall:

 1. Proceed with the plan closure process. This process includes a review of the plan and discussing the results of each objective (i.e., met or not met or dropped);

 2. Discuss the overall plan review results with the client (i.e., satisfactory or unsatisfactory);

 3. Discuss with the client their rights and responsibilities, including the right to reapply at a later date;

 4. Discuss any appeal and mediation rights including ICAP;

 5. Case note the conversation in the electronic CMS;

 6. Case note, complete and sign the closure amendment and closure letter using the appropriate standard program closure letter. (A copy of the closure letter must be copied into the case management/case note system). Route these forms to the IL support staff, who will make copies for the paper file, and will mail the client a packet that includes the letter, amendment, and a client response/feedback form and self-addressed return envelope where applicable.

7.Complete the temporary IL Closure Element Form. A copy of this form must be placed in the case management/case note system.

When a client’s death occurs during Status 18 training, the ILR teacher shall:

 1. Document the death in the electronic CMS;

2.Review each IL plan training plan objective, document results as follows:
\* Met: When training was completed but not closed prior to death, mark the objective met.
\* Not met: When training was in progress but not completed prior to death, mark the objective not met.
\* Dropped: When client did not have opportunity to start training on the objective prior to death, drop the objective.

3.Select Satisfactory or Unsatisfactory overall review. If IL plan reaches at least 50% of all objectives met, ILR teacher may select a satisfactory review.

 1. Complete the case closure document in the CMS, but do not send the closure letter or closure amendment form to the client’s home unless there is a guardian involved who wishes to have the documents as a matter of record.

**CHAPTER 9: AUTHORIZATION & PURCHASING GOODS AND/OR SERVICES**

This chapter follows a series of stages: creation, approval, delivery, and payment. The goods or services must be documented as necessary to assist the client in reaching his or her goal. Therefore, all authorizations made through the electronic CMS must be tied to a current service or training objective listed on the client’s ILRP or Waiver Plan. In addition, authorizations must receive IL program administrator’s approval before executing the purchase order.

The client and the ILR teacher are responsible for researching and identifying the items or services the client requires and considering comparable benefits when available. Comparable benefits should be sought to the extent feasible and used in each case prior to expending case funds. Full consideration must be given to any comparable benefits available. Private insurance, Veteran’s Administration, Medicaid and Medicare, city/county resources, private or public organizations, and any other resources, must be used to help meet the cost(s) of any purchased service except where the use of such benefits would delay the provision of services. Most authorizations are straightforward and require little investigation. Other purchases, depending on the source, may require extensive assessment and cost estimates or quotes.

The Independent Living program has received approval from the Department’s appointed authority to purchase certain AT goods and/or services under the agency’s Gifts & Bequests (G&B) fund that allow the client to achieve the IL goal reflected within the client’s ILRP or Waiver Plan. Such AT goods and/or services are directly related to and necessary for the completion of a client’s S.M.A.R.T. objectives.

Please visit Gifts &Bequests Fund Guidelines for more information.

If additional goods and/or services are necessary to assist the client with addressing disability skills training services as written in the approved IL plan, but are unavailable under G&B, the ILR teacher may authorize under the IL client’s plan an amount not to exceed $25.00. Any authorization in amount equal to or exceeding $25.00, requires program administrator approval prior to the creation of the authorization.

Per protocol, comparable benefits must be applied first, and steps taken to identify any comparable benefits must be documented. The Department does not authorize for additional goods or services that exceed the requirements of the client’s IL goal and objectives, or maximum allowable amount under the IL plan per policy for the life of any open case. For cases that are reopened with good cause, the maximum allowable purchases not covered by comparable benefits, may apply to the newly open case.

Case file documentation is required to justify all purchases recommended under the IL plan by the ILR teacher and program administration approval is required before purchases can be made.

When considering what goods and services to purchase for a client, always ask the following questions:

1.Whenever possible, ILR teacher should demonstrate equipment/devices to ensure clients can use the item as intended.

2.Is this good or service necessary and does the client’s disability require it to successfully participate in his or her plan?

 1. Are there economical goods and services that will enable the client to achieve his or her IL goal?

 2. Are there other parties or entities responsible for providing or contributing to the cost(s) of the goods and services?

When making a purchase under a client’s plan using any Department credit card, please note the following:

 • Cards cannot be used for online purchases; only in-store.

 • Please take the receipt or multiple receipts to a plain piece of paper and scan it to the attention of the Accounting Tech 3 or Accounting Department.

 • Before emailing or mailing the receipts to headquarters, per Accounting’s instructions please indicate what program the purchase should be charged to (i.e., IL Younger or IL Older Blind).

 • Include client case number(s) and case authorization ID number(s).

 • include the client’s case number and the case authorization ID number to be supplied to Accounting. Accounting requires an emailed copy of the original receipt followed by the original being mail to the Department.

**Routine Authorizations**

ILR teachers will create an authorization in the CMS, which will appear on the IL support staff’s homepage. Once reviewed for accuracy, the IL support staff will:

 • assign the authorization to the IL Program Administrator, who will review and process assigned case authorizations, then will reassign the case authorization to the IL support staff

 • enter all approved items to be ordered on an IDB vendor order form

 • send the order as an attachment via email or fax the order to the vendor.

Note: Items must total $75 to qualify for free shipping or per requirement of the respective vendor to attain free shipping. If the items do not total $75 or per vendor requirement, the order will not be sent until such time as it reaches that limit, unless supervisor approval is obtained.

Once the order is acknowledged by the vendor’s sales representative, the IL support staff will:

 • complete the delivery instructions in the CMS.

 • assign the authorization in CMS to the Accounting Technician 3.

 • Print the authorization as a PDF and email to the Accounting Technician 3 (with a read receipt).
Once the items have been shipped by the vendor, the vendor sends an email with the invoice number, which should be recorded on the IDB Order Form, along with the following:

 • Teacher’s initials

 • Client last name

 • Authorization number for each client

 • Grant fund to charge the item

 • 7001 Older Blind

 • 7002 Younger Blind

 • 7003 Gifts and Bequests (G&B)

 • Eligible items can be found for these two areas as follows:

 • IL Program Manual, Appendix A

 • Gifts &Bequests Fund Guidelines

Received items will be sorted according to ILR teacher and client, then checked to make sure they are operational. Items will be mailed to those ILR teachers who are not domiciled in Polk County and delivered in person by IL support staff to those who are.
The following information is to be recorded on the packing slip before a copy is made and placed in the Accounting basket in the main office:

 • The client’s last name,

 • authorization number, and

 • billing code.
A copy will be filed in the appropriate IL program folder by IL support staff.
Note: Authorizations for orders will be processed by the Accounting Technician 3 monthly. Back-up in the absence of the Accounting Technician 3 will be the Accounting Supervisor.

**Bulk Orders**

The IL support staff is responsible for placing, inventorying, and disbursing all aids and devices once the IL Program Administrator has approved the order.
The following aids and devices may be ordered in bulk:

 • Signature guides

 • Letter, envelope writing guides

 • Check writing guides

 • Medium orange bump dots

 • Small orange bump dots

 • Medium clear bump dots

 • Small clear bump dots

 • Locator dots

 • Talking keychain watch

 • Dental flossers

 • Easy thread needs

 • Talking alarm clock
Bulk orders for aids and devices will be processed separately from client aids and devices orders. The purpose for this is to keep case management accounting separate from agency accounting (ex. office items, teacher demo kits, etc.). As with any other order, a bulk order will only be submitted once the dollar amount meets or exceeds the minimum to receive free shipping from the vendor.
The IL support staff will inventory the bulk order as soon as it is received to verify the order was processed and charged correctly. The IL support staff will enter the items and quantity into the aids and devices inventory spreadsheet.
The IL Support Staff will deliver the order invoice to the Accounting Technician 3.

**Process to authorize for aids and devices distributed by Accounting Technician 3 (i.e., long white canes, cane tips and learning shades)**

The following aids and devices require preapproved case note and case authorization by the IL Program Administrator. These include long white canes, cane tips, and learning shades. These aids and devices are distributed by the Accounting Technician 3 to IL support staff, who will disseminate the items to the respective ILR teacher.
The process for ordering is as follows:
\* Prior to case authorization, check the IL client plan to ensure the aid and/or device is a qualified training tool under the client’s IL plan.
\* ILR teacher will prepare a case note then case authorization for the respective aid and/or device. The IL teacher will enter in the “Custom Text or Special Delivery Instructions” of the Case Authorization within the CMS that the aid and/or device is coming out of the teacher kit. The ILR teacher will also include in the “Custom Text or Special Delivery Instructions” where the item should be charged: Gifts & Bequests/IL Older Blind or Gifts & Bequests/IL Younger Blind (G&B/ILOB or ILY). NOTE: This is done so Accounting will make the proper journal entry for the item.
\* Submit the case authorization to the IL Program Administrator for review and processing.
\* The IL Program Administrator will review, and process based on the IL Plan S.M.A.R.T. Objectives.
\* The IL Program Administrator will re-assign the case authorization to the IL support staff.
\* The IL support staff will print a PDF of the Internal Memo authorization and email it (with a read receipt) to the Accounting Technician 3.
\* Aids and Devices not coming out of the IL teacher kit (ex. canes, cane tips, and learning shades) will be fulfilled by the Accounting Technician 3 after receipt of the emailed PDF of the Internal Memo case authorization.
\* The Internal Memo case authorization will be printed by Accounting Technician 3, who will attach the memo to the aid and/or device and deliver to the IL support staff.
\* Aids and/or devices delivered to the IL division’s office will be shipped by IL Support Staff to each respective ILR teacher not domiciled within Polk County assigned to deliver the item(s). ILR teacher(s) domiciled in Polk County will be notified when their authorized order has been delivered by the Accounting Technician 3.

**ILR Teacher Aids, Devices, & Equipment Inventory Kits**

Process to authorize from ILR teacher kit:

Independent Living teachers are issued teacher kits to carry with them in the field and keep select aids and/or devices on hand within the kit for quicker delivery to Independent Living clients.

 • Before delivery of any aid(s) and/or device(s) to a client, the ILR teacher must review the client’s IL plan and objective(s) prior to issuing training aid(s) and/or device(s) to ensure they relate back to the training objective or IL service plan.

 • ILR teacher must create a case note then Internal Memo case authorization for the aid(s) and/or device(s).

 • The IL teacher will enter in the “Custom Text or Special Delivery Instructions” of the case authorization that the aid(s) and/or device(s) is/are coming out of the teacher kit. The ILR teacher will also include in the “Custom Text or Special Delivery Instructions” where the item should be charged to: G&B/ILOB or G&B/ILY. NOTE: This is done so accounting will make the proper journal entry for the item.

 • Case notes and Internal Memo case authorizations must be entered in the case management system within 10 business days of the date of service and/or delivery.

 • ILR teacher must submit the case authorization to the IL supervisor for review and case management processing.

 • IL support staff will print a PDF of the Internal Memo Authorization and email it (with a read receipt) to the Accounting Technician 3.

The aids and devices named below are the qualifying items that require no prior IL supervisor authorization approval; however, they require case management processing as instructed above:
\* Signature guides
\* Letter, envelope writing guides
\* Check writing guides
\* Medium orange bump dots
\* Small orange bump dots
\* Medium clear bump dots
\* Small clear bump dots
\* Locator dots
\* Talking keychain watch
\* Dental flossers
\* Easy thread needs
\* Talking alarm clocks

Finally, there are a few training aids, devices and equipment issued directly to each ILR teacher that are kept in their own inventory that may be transferred directly from their teacher’s transfer box to each active IL client based on client’s training needs and what is reflected in the client’s IL plan. The ILR teacher will:
\* Need to prepare a case note and case authorization for any aid, device and/or equipment issued from this kit.
\* Record the inventory transferred from the kit with the IL client’s name, date of transfer, and items transferred.
\* Later, replenish aids, devices, and/or equipment issued from kit by placing order through IL support staff.

**ILR Teacher Demo Kits (Suitcases)**

ILR teachers also carry with them an ILR teacher’s demo kit. They should consider making a request to replenish their supplies from this demo kit (i.e., in issued supplies to include bump dots, batteries, etc.) at least on a quarterly basis; generally, just prior to the Quarterly Staff In-service Training & Meetings. All dem kit replenishment requests must be reasonable and necessary to allow the ILR teacher to perform their respective job duties. A teacher kit list was supplied outlining some basic supplies issued. Orders shall be submitted to the respective IL support staff member who will submit a final order to the IL Program Administrator prior to the quarterly staff training and meetings so supplies can be ordered and disseminated.

Any items from the teacher demo kit that need to be replenished will undergo the same procedure as regular (routine) authorizations (See section on Routine Authorizations earlier in this chapter).

**Loaner/Donated Equipment**

IL loaner equipment can be given to an active client if it is related to client’s training plan and is available. The terms and conditions of accessing program loaner equipment are outlined in the Three-Month Acceptance of Loaner Equipment Form found in Appendix P.

There is also an Acceptance of Donated Equipment Form (i.e., Client receiving donated equipment from IL program) found in Appendix Q for any donated equipment accepted by clients.

**Office Supply Orders**

Office supplies will be ordered from Amazon or Staples depending which vendor has the lower price, after approval by the IL Program Administrator.

Amazon has a minimum order requirement for free shipping and will deliver to any address entered in the order. The order is placed and distributed by IL support staff. Staples also has a minimum order requirement for free shipping but will deliver only to the 524 Fourth Street address in Des Moines. The order is placed by the Accounting Technician 3.

**CHAPTER 10: STATUS 24 — SERVICE INTERRUPTED**

A case is placed in Services Interrupted status when rehabilitation services are interrupted while the case is in training status (i.e., Status 18). The ILR teacher must conduct a case plan review with the client before moving to Status 24 unless ILR teacher is unable to locate the client. If the client is unable to be located, the ILR teacher may conduct the review without the client, but must case note the reason in detail. The case will remain in this status until the client can be returned to training status or is closed; however, the ILR teacher shall review the case with or without client if the client cannot be located each month, at least one time per month up to three months.

Case note the rationale in the CMS for moving the client to a Status 24 then email the IL support staff (i.e., IL secretary) and record on the ILR teacher status log the new status move. Submit this information to the IL support staff to make effective date changes to the IL client’s case record.

While in this status, the ILR teacher will counsel the client, when available, as appropriate in order to return the client to an active training status.
Reasons for interrupting services may include:

 1. Extended illness of the client (one month or more)

 2. Inability to locate the client

 3. Inadequate progress in a service program

 4. Client’s “second thoughts” as to the desirability of the IL program

 5. Extended “vacation” of the client (one month or more)

 6. Restorative treatment

**Services**

The following services may be provided in Services Interrupted status:

a. Adjustment Counseling

b. Diagnostic services, as necessary (i.e., medical evaluations and transportation costs related to receiving diagnostic services)

c. Interpreter services for consumers who are deafblind

d. Services for family members when such services may result in the client’s return to active status.

**In Status Over Four Months**

Cases should not remain in Services Interrupted status for more than four months without recording an explanation in the case note report. ILR Teacher shall check in with client quarterly. To be extended past 6 months, IL Program Administrator approval for exception to policy is needed.

**Documentation Requirements**

 1. Document in a case note the results of counseling sessions and other reasons for services interrupted, if applicable.

 2. Complete the additions to the client’s program on the IL service plan.

 3. Record appropriate information in the case note and offer to send copies of amendments to client.

 4. Process bills after verifying they are correct.

 5. Record status change in the CMS.

**Movement from Services Interrupted Status**

 1. Move from interrupted status (Status 24) to training status (Status 18) for those clients who will be resuming their plan after service interruption; or move to Goals Met or Goals Not Met Status (Status 24 to Status 28 or Status 26 Case Closed) for those clients whose cases will be closed after service interruption. Note: It is not necessary to return case to Status 18 before moving it to either Status 28 or Status 26.

 2. Record the reason for the closure in the CMS.
Before plan expiration, contact client for review, or conduct independent review if the client is unreachable, to determine status change.

 3. Complete paper documents and update CMS for plan amendment or closure amendment. For closure, send closure letter and feedback forms.

**CHAPTER 11: CASE REVIEW**

The purpose of the ILRP or Waiver Plan is to clearly define an IL goal and the services that the client requires to achieve that goal. ILRPs and Waiver plans are developed at the beginning of a client’s rehabilitation training. A good plan helps both the client and ILR teacher ensure that they agree about services the Department will provide and the responsibilities the client accepts in working toward the client’s IL goal.

The IL client must have a current ILRP or Waiver plan as long as they remain in an active training status. Before the expiration date of the ILRP or the Waiver plan, the case must be either closed or the expiration date must be extended. An extension can be an ILRP Amendment or a new Waiver.

Review the ILRP or Waiver with the client or the authorized representative, if applicable, at least once a year. During the review, discuss the criteria for review under the ILRP with the client and discuss whether the client has made sufficient progress on the measures listed in the criteria for review. Determine, in partnership with the client, whether new services or measures to evaluate the client’s progress toward the client’s IL goal are needed.

The following guidelines can aid the determination of whether changes to a client’s ILRP or Waiver are required, whether either type of plan should be amended, or whether a new plan should be developed in partnership with the client. If the client is making progress and continuing to work toward the IL goal, the review is Satisfactory. If the client is not meeting the benchmarks in the criteria for review under the ILRP, not working toward the defined goal, or is not partnering with the ILR Teacher, the review is Unsatisfactory.

Unsatisfactory reviews can help the client focus more carefully on the client’s goal. They can also lead toward unsuccessful closures.

As the client progresses through counseling and training, the ILR teacher or client may determine that the information listed in the client’s ILRP or Waiver needs to be changed. Some changes may be minor and require a simple amendment to the plan, while others may be substantial and require the writing of a new plan. ILR teachers can use these guidelines when deciding whether to amend an existing ILRP or Waiver or to create a new one. Note that, in a few instances, the best course of action is to close the case.

Because the purpose of the ILRP and Waiver is to define the services that will help a client achieve his or her IL goal, create a new plan if the client chooses to pursue a different goal. Consider creating a new ILRP or Waiver plan even if the client’s IL goal has not changed, when the services listed on the plan are no longer appropriate or will not lead to reaching the goal because of new circumstances or the services listed are obsolete.

An amendment is appropriate when only one or two services listed in the client’s ILRP or Waiver must be changed or dates must be extended. Also consider the number of previous amendments to the client’s plan.

**CHAPTER 12: Case Closure**

CLOSED REHABILITATED; GOAL MET is the closure status
for individuals who have completed a significant portion of the instruction indicated in the plan of services in a satisfactory manner and have attained increased independence in the goal(s) stated on the service plan. Closure means that this phase of the IL program has been completed. When services have been completed, it should be made clear to the client that he or she may initiate a new IL application if his or her situation changes greatly in the future. Such changes as the death of a spouse or deterioration of vision often necessitate further work with the client.

Rehabilitation Service Administration agreed to broaden their interpretation of successful outcomes to include IL-OIB clients who pass away after substantially completing their planned services/programs. Therefore, if you’ve completed training with the client, and are simply waiting for someone or something else to happen, state that fact in a case note. Some examples are:

 1. Waiting for a report from a department service provider

 2. Waiting for a bill

 3. Waiting for an item to arrive when training has already been provided to the client

Note: There are sure to be situations that don’t fit these examples, so you must consult with the IL Program Administrator if that happens.

If the client passes away before you close the case, and he or she met the majority of their objectives; you may close their case as “Rehabilitated;” that is, a Status 26.

There must be a case note explaining any delays in training (i.e., unable to reach individual to complete training, client cancelled due to illness prior to passing away, etc.) documenting any successful outcomes on those objectives met.

A case is closed in this status when it is determined that the client has completed the program insofar as possible and:

 1. A major change (or changes) has occurred in the client’s ability to perform daily tasks formerly not possible due to visual loss or other disabilities.

 2. The rehabilitation teaching/Independent Living services have assisted the client in accomplishing as much as possible under present circumstances.

Clients must be closed in status 28 " whenb planned services have already been initiated. Reasons for this closure include:

 • the client no longer has potential for completing training due to a decline in health,

 • the client has left Iowa and did not complete the plan, or

 • the client refuses further services.

 • Note the reason in the CMS.

**Closing in Status 30**

Clients are closed in Status 30 when eligibility has been determined , ((status 10) but ) before an IL plan has begun (status 12).

**Right to Appeal Closure Decision**

If there is dissatisfaction with the decision, refer the client to the Client Assistance Program (ICAP) and inform them of their appeal options. For further information regarding appeal procedures, refer to Iowa Administrative Code (IAC) Section 11.9)

**Evaluation of Closed Cases or Visiting Clients Whose Case is Closed**

Clients who have previously received the Department’s services may request follow-up services. The need for additional follow-up disability related skills training and instructional services can usually be determined either via phone call or with one personal visit. Individuals requesting follow-up services that require more than one visit should be re-opened for active services. Typically, multiple visits to clients in closed status are not appropriate and those situations should be discussed with the IL Program Administrator.

**CHAPTER 13: CONFIDENTIALITY & RELEASE OF INFORMATION**

Regulations for the Rehabilitation Act of 1973, as amended (34 CFR § 361.38) (2002), require the Department to adopt and implement policies and procedures to safeguard the confidentiality of all personal information, including photographs and lists of names. All personal and identifiable information in the possession of the Department is to be used solely for a purpose directly related to the rehabilitation of the individual. The Department shall comply with Iowa Code § 125.37 (2014), Confidentiality of Alcohol and Drug Abuse Patient Records; Iowa Code Chapter 228 (2014), regarding the release of mental health information; and Iowa Code § 141A.9 (2002) with respect to the release of HIV/AIDS information.

When obtaining client information, the client shall be informed that all personal information given or made available to the Department in the course of administration of the IL Program will be held confidential. The use of personal and identifiable information and records is limited to purposes required for the proper and efficient administration of the program.

Information shall be obtained from service providers and cooperating agencies using a Release of Information (ROI) form, which the applicant or client signed. The purpose of the ROI Form is to specify information that needs to be obtained or released to administer the client’s IL Program. A copy of each ROI form sent is retained in the case file as a permanent record. Any information that providers send to the Department shall not be released without the applicant’s or client’s approval and permission from the provider that generated the information, except in response to an order, subpoena, or summons issued by a court or other judicial body. The applicant or client shall be informed that the release of personal information is voluntary, except when the information is required for eligibility determination or development of the client’s plan. If pertinent and necessary information is withheld, the client may be deemed failing to cooperate and this could lead to case closure. No disability-specific information is shared beyond that allowed by the ADA without a release of information from the applicant or client.

When an applicant or client requests to review the information in writing, it shall be made available for review by the applicant or client or his or her designated personal representative. The material shall be available for review in an accessible format. Medical, psychological, or other information that the Department determines might be harmful to the individual may not be reviewed directly by the individual, but must be provided through his or her chosen representative. 34. C.F.R. § 56(c) (2002).

Applicant and client information must be released in response to a court order or valid subpoena. The Department may release information in response to law enforcement when the request is part of a valid search warrant, which a magistrate signed. Information on drug and alcohol abuse, mental health, and HIV/AIDS information shall only be released in response to a court order.

The Department may release personally identifiable information in emergency situations, when doing so is necessary to protect the individual or others when the individual poses a threat to the the client’s safety or the safety of others. Even though a written request is not required in these rare instances, all facts and circumstances must be recorded in the permanent record.

Information about any individual’s alcohol or drug abuse, mental health, or HIV/AIDS status shall not be released verbally or in writing without the written consent of the individual and permission of the vendor that generated the report. The signed release shall be in the file before any information is given to the requesting agent. These requirements apply even if the person seeking the information already has or knows the information, has official status, or has obtained a subpoena. The Department staff shall inform whoever makes the request that both federal and state law prohibits the release of such information without the specific written consent of the client or court order.

IL Program staff must always respond to a subpoena. If any member of the IL staff receives a subpoena, the IL Program Administrator shall immediately be notified. The Program Administrator shall immediately refer the matter to the Agency Director for appropriate responsive action. The Director of the Department or, in his or her absence, where applicable a Deputy Director, shall be the designated Privacy Officer for the agency.

When an applicant or client believes that information in his or her record of service is inaccurate or misleading, he or she may request that the Department amend the
information. If the information is not amended, the request for an amendment must be documented in the record of service.

An applicant’s or client’s case record should never contain a signed blank Release of Information (ROI) form, Public Relations Release form, or other similar forms without stating the purpose and applicable timeframes to execute the action. The client has the right to revoke the consent at any time either in writing or verbally and may designate an expiration date on the ROI form.

Case files shall not be removed from the office overnight. When it is necessary to take case files outside the office during work hours, the files must be in the ILR Teacher’s possession at all times, or in a locked briefcase, file, or vehicle trunk. This applies to any and all case information stored on any electronic device.

**CHAPTER 14: APPLICANT AND CLIENT REMEDIES**

The Department has policies and procedures that an individual can use to obtain review of decisions made by the agency concerning the request for the provision of IL services. 34 C.F.R. § 364.58 (2002). Reviews and appeals result from the dissatisfaction of applicants or clients of the IL Program with some aspect of agency services. At the time of application for IL services and at other times throughout the IL case process all applicants and clients shall be informed of their rights to the procedures by which they seek review of a Department decision about their services. 34 C.F.R. § 364.51 (2002).

A dissatisfied applicant or client may request a review of an ILR teacher’s decision regarding the provision or denial of services by submitting a letter detailing the matter to the IL Program Administrator. 111 I.A.C. § 11.9(2) (2012). The applicant or client shall be notified of his or her right to obtain assistance through the ICAP. 111 I.A.C. § 11.9(2)(a) (2012). The client can also appeal to the agency Director if dissatisfied with the decision of the IL Program Administrator.

This administrative review shall consist of a review of the case file and any other documentation involved in the subject matter of the review, interviews with the ILR teacher and any others directly involved with the subject matter of the review, and an interview with the applicant or client or, where appropriate, his or her representative. 111 I.A.C. §11.9(2)(b) (2012).

An applicant or client who is dissatisfied with the findings of an administrative review or has elected to bypass the review may request mediation by submitting a letter, which must be received within seven days of the date of the administrative review decision if one was made, to the IL Program Administrator. 111 I.A.C. §11.9(3) (2012). All parties shall mutually agree on the date, time, and place of the mediation. 111 I.A.C. §11.9(3)(a) (2012).

The Department shall pay all costs of the mediation process and the IL Program Administrator shall determine who will represent the Department during the session. 111 I.A.C. §11.9(3)(a) (2012).

All discussions that occur during mediation are confidential and shall not be used as evidence at any subsequent due process hearing or civil proceeding. 111 I.A.C. §11.9(3)(d) (2012). All agreements the parties reach shall be memorialized in a written Mediation Agreement, which the mediator shall prepare and mail to all parties. 111 I.A.C. §11.9(3)(e) (2012).

Either party may request a formal hearing on the mediation by writing a request to the Director of the Department within seven days of the date of the written mediation agreement. 111. I.A.C. §11.9(3)(f) (2012). When a party requests a formal hearing, the agency’s Director shall appoint an Impartial Hearing Officer and arrange for a formal hearing to be held within 60 days of the request. 111 I.A.C. §11.9(4)(a) (2012). The hearing site shall be fully accessible. The hearing shall be confidential and shall be recorded. 111 I.A.C. §11.9(4)(d) (2012).

The ILR teacher shall not suspend, reduce, or terminate IL services during the review and appeal processes unless the applicant or client or his or her representative, requests it. 111 I.A.C. §11.9(1) (2012).

The Impartial Hearing Officer shall decide based on the State IL Plan, the Rehabilitation Act, and state rules and policies. 111 I.A.C. §11.9(4)(e) (2012). Either party may seek judicial review of the decision in the Iowa District Court according to the Iowa Administrative Procedures Act, Iowa Code Chapter 17A (2014).

APPENDICES

**APPENDIX A: - DEFINITIONS**

Administration for Community Living (ACL): The Workforce Innovation and Opportunity Act (WIOA) as Amended, transferred Title VII, Chapter 1, Part B and Part C of
the Rehabilitation Act as Amended (i.e., Independent Living programs) to the Administration for Community Living (ACL) and created a new Independent Living Administration within the agency, adding section 701A of the Rehabilitation Act, 29 U.S.C. 796–1. As part of the transfer, the Administrator of ACL drafted a Notice of Proposed Rule Making (NPRM) that was published on November 16, 2015, to implement changes made by WIOA in accordance with Section 12 of the Rehabilitation Act, as amended, 29 U.S.C. 709(e), and section 491(f) of WIOA, 42 U.S.C. 3515e(f).

Administrative Review: A procedure by which the Department may provide an opportunity for an applicant or client to express and seek a remedy for dissatisfaction with a decision regarding the furnishing or denial of services. 111 I.A.C. 11.9(1).

Americans with Disabilities Act (ADA): ADA became law in 1990. The ADA is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public. The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as everyone else. The ADA gives civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age and religion. It guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, state and local government services, and telecommunications. The ADA is divided into five titles (or sections) that relate to different areas of public life.

Activities of Daily Living (ADL): A term used to refer to people’s daily self-care activities. ADLs are defined as the things we normally do such as feeding ourselves, bathing, dressing, grooming, work, homemaking, and leisure, etc.

Appeal: A request by an applicant or client for a remedy from a current decision or situation.

Applicant: Any individual who has applied for Independent Living Rehabilitation (ILR) services, but whose eligibility for services has not been determined. 34 C.F.R. 77.1.

Application Documents: The documents that must be included in the applicant’s case file.

Application for IL Services includes:

 1. IL applicant (Application signature required on form and for paper file unless pandemic conditions see procedure)

 2. Health Assessment Questionnaire

 3. Applicant’s Rights and Responsibilities Statement

 4. Voter Registration Information

 5. Iowa Client Assistance Program (ICAP) Brochure

 6. HIPAA-Compliant, Signed Authority for Release of Information Form with Proper Notices

 7. Certificate of Eligibility

Assistive Technology (AT) as defined by RSA: AT is designed specifically to help people with vision loss, who are blind or who have other disabilities to remove barriers to independent living or employment.
Definition of assistive technology (AT) device means any item, piece of equipment, or product system whether acquired commercially, modified, or customized that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.” Assistive technology devices may include such items as canes, slates, insulin gauges, closed circuit televisions, computers, adaptive software, magnifiers, adaptive cooking items, adaptive recreational items, handwriting guides, braille devices, large button telephones, etc. efinition of assistive technology (AT) services may include the evaluation of assistive technology needs of an individual, services related to acquisition of technology, loan programs, maintenance and repair of assistive technology, training or technical assistance for the individual or professionals related to the use of assistive technology, programs to expand the availability of assistive technology, low vision services related to the use of optical aids and devices, and other services related to the selection, acquisition, or use of an assistive technology device.

Centers for Independent Living (CILs): A consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agency that is designed and operated within a local community by individuals with disabilities and provides an array of independent living services.

Client: Any individual with a significant disability, as defined by IL regulations, and who meets IDB criteria to receive services. 34 C.F.R. 364.4.

Closed Circuit Television (CCTV): AT device that enables some people who are with low vision the ability to read printed materials.

Comparable benefits or comparable Services: Any appropriate service or financial assistance available to an individual from a program or source other than IDB that will, wholly or partly, meet the cost of IL services listed in the ILRP or Waiver plan. Examples of comparable services and benefits are major medical insurance, Veteran’s Administration, Medicare, Medicaid and Worker’s Compensation benefits. Services may also be procured through the use of volunteers to provide reader service, peer counseling and peer training.

Designated State Entity (DSE): The Iowa Vocational Rehabilitation Services (IVRS) is the designated state entity under the State Plan for Independent Living (SPIL). 34 C.F.R. 364.4.

Designated State Unit: The Iowa Department for the Blind (IDB) in the State of Iowa.

Formal Hearing: A procedure where an applicant or client who is dissatisfied with the findings of an administrative review or mediation concerning the furnishing or denial of services may request a timely review of those determinations before an Impartial Hearing Officer. 111 I.A.C. 11.9(1).

Frequency Modulation (FM): The modulation of a radio or other wave by variation of its frequency, especially to carry an audio signal.

Gifts and Bequests fund (G&B): Pursuant to Iowa code 216.3(8), there is established a gifts and bequests fund. The fund is established primarily to provide direct financial assistance in the form of grants or loans to blind Iowans which will materially assist in independent living or vocational success or to provide department services or support services for which other funds are not available. Grants or loans may not be given for the purpose of continuing support. Additional application information and requirements as well as the application for a loan or grant can be found on the at https://blind.iowa.gov/gifts-bequests-fund-guidelines. A

Goods: Items that are produced, traded, bought or sold, then consumed.

ICAP – Iowa Client Assistance Program, which is a consumer advocate.

IL Objectives: Specific milestones that a person sets to achieve as part of his or her IL goal. Five types of objectives are available:

 1. Communication

 2. Daily Living

 3. Integration

 4. Leisure

 5. Travel.
These objectives reflect the area in which the individual wishes to improve his or her IL skills.

Impartial Hearing Officer: An individual who:

 1. Is not an employee of the public agency;

 2. Is not a member of the Independent Living Advisory Committee or State Rehabilitation Advisory Council;

 3. Has not been involved in previous decisions regarding the Independent Living Applicant or Client;

 4. Has knowledge of the delivery of independent living, Title VII, Chapter 2, Part B and Title VII, Chapter 2;

 5. Has training in the performance of the duties of a hearing officer;

 6. Has no personal or financial interest that would be in conflict with the individual objectivity.

Individual who is Deafblind: Any individual:

 1. Who has a central visual 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 20 degrees, or a progressive visual loss having a prognosis leading to one or both of these conditions:

 2. Who has a chronic hearing loss so severe that most speech cannot be understood with optimum amplification, or a progressive hearing loss having a prognosis leading to this condition

 3. For whom the combination of losses described in clauses (1) and (2) cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment, or obtaining a vocation or

 4. 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

 5. Meets such other requirements as prescribed by RSA regulation. 21 U.S.C. Section 1905; Helen Keller National Center (2012) (rev. 2014).

For example, a deafblind person receiving services from IDB may grow up as a blind person, who heavily depended on hearing for communication and environmental information and is now experiencing a hearing loss. He may need equipment such as hearing aids, cochlear implants, or assistive listening devices to improve his ability to hear others. He may also want to consider alternate means of communication such as learning sign language.

Another deafblind IDB client may grow up as a deaf or hard of hearing person, may use American Sign Language (ASL) for communication, and is now experiencing vision loss.

She may already be involved with the deaf community, but now needs to learn about accommodations for his or her vision loss, such as Braille, independent travel training, and tactile sign language, where his or her can receive signs in his or her hands.

Yet another deafblind IDB client may have grown up with normal vision and hearing but is losing both senses as he or she gets older. He or she may need to become familiar with assistive devices for both his or her vision loss and devices for his or her hearing loss.

Helen Keller National Center (HKNC): Authorized by an Act of Congress in 1967, HKNC is the only organization of its kind—providing training and resources exclusively to people age 16 and over who have combined vision and hearing loss.

Independent Living Advisory Committee (ILAC): This organization was established by the Department and serves the Department’s IL program. The purpose of this organization shall be to consult on matters of policy, program development, implementation and evaluation, particularly in regard to the initial development and periodic revision of the State Plan for Independent Living. The Committee shall have special responsibilities in the areas of outreach and advocacy.

Informed Choice: All applicants and clients or their designated personal representatives shall be provided with information, referral, and other support services, including information regarding the labor market and the cost, duration, types of services provided, accessibility, integrated setting of the services, qualifications, and consumer satisfaction, as available, to facilitate the opportunity to exercise informed choice throughout the IL process.

Legal Blindness: A central visual acuity of 20/200 or less in the better eye with corrective lenses, or central acuity of more than 20/200 if there is a field defect such that the peripheral diameter of central visual field subtends an angular distance no greater than 20 degrees. 41 C.F.R. 51–1.3.

Mediation: An alternative an Applicant or Client may choose if the Applicant or Client is dissatisfied with the findings of an Administrative Review concerning the furnishing or denial or services. 111 I.A.C. 11.9(1).

Notice of Proposed Rule Making (NPRM): This is a public notice issued by law when one of the independent agencies of the United States government wishes to add, remove, or change a rule or regulation as part of the rulemaking process.

Older Individuals who are Blind (OIB): The Independent Living (IL) for Older Individuals who are Blind (OIB) is a program that is administered under Title VII, Chapter 2, of the REhab Act by the Rehabilitation Service Administration (RSA).

Purpose, Assessment, Intervention, Plan (PAIP): A style of writing case notes to succinctly organize thoughts following an IL client skills training visit or for any other types of client contact that requires the contact to be put into a written format (i.e., case note) within an electronic CMS.

Rehabilitation Service Administration (RSA): RSA federal agency under the United States Department of Education, Office of Special Education and Rehabilitative Services, and is headquartered within the Department of Education in Washington, D.C.

State Accounting Enterprise (SAE): This State of Iowa agency collects and reports financial information as well as processes financial transactions. Policies set by the SAE can be found on their website and must be followed by all state employees.

Service: Work performed by one person or a group of people that benefits others.

Specific, Measurable, Achievable, Results-Focused, and Time-Bound (S.M.A.R.T.)
Goal: S.M.A.R.T. goal is a mnemonic acronym, giving criteria to guide in the setting of a number of objectives including personal development objectives.

State Plan for Independent Living (SPIL): The SPIL is the basis for state operation and administration of the program. All provisions of the SPIL are consistent with State law. 34 CFR 76.104(a)(4) and (8)

Statewide Independent Living Council (SILC): The mission of SILC is to strengthen the voice of Iowans with disabilities on issues affecting their lives, to build a statewide network of Centers for Independent Living, and to collaborate with our partners in advancing the independence, productivity, and full inclusion of Iowans with disabilities. SILC partners with the DSE and DSU to develop and implement the SPIL. The Statewide Independent Living Council (SILC) that meets the requirements of section 705 of the Act and is authorized to perform the functions outlined in section 705(c) of the Act in the State is Iowa Statewide Independent Living Council (Iowa SILC). 34 CFR 364.21(a)

Travel Department Authority (TDA): Effective July 1, 2012, Iowa Department of Administrative Services State Accounting Enterprise (SAE) requires that all travel outside the state of Iowa by Executive Branch employees for conferences, meetings or related expenditures as a part of the employee’s official duties must be approved on a Travel Department Authorization (TDA). This also applies to non-employees representing the State (Procedure # 210.315). Departments exempted from this provision are listed in Sections 8A.512A(3) and 97B.7A of the Code of Iowa.

Visual Disability: Any individual who:

 1. Is legally blind; or

 2. Has vision loss that is progressive of the visual systems with a central visual acuity of 20/50 or worse in the better eye with best correction, or who has near vision that is decreased to the extent that the individual cannot read print that is smaller than Jaeger nine (J9) with best correction; or

 3. Has vision loss that is non-progressive of the visual systems with a visual efficiency (visual acuity and visual field) or restricted fields of 20 degrees or less; or

 4. Has visual loss that is progressive of the visual systems with a visual efficiency (visual acuity and visual field) of 40 degrees or less; or

 5. When, due to age or severity of the disability, the examiner is unable to obtain visual acuities for inclusion with the required eye reports, the staff can consider the individual eligible for services based on the functional limitations caused by the visual condition if the functional limitations are consistent with the best corrected acuities or fields expressed in 1:5 above.

WORKFORCE INNOVATION AND OPPORTUNITY ACT (W.I.O.A.): WIOA improves connections to employment and training opportunities that lead to economic prosperity for workers and their families. It strengthens existing workforce development and adult education programs in four ways that can benefit adults and youth with barrier to economic success. The law:

 1. Increases the focus on serving the most vulnerable workers—low-income adults and youth who have limited skills, lack work experience, and face other barriers to economic success

 2. Expands education and training options to help participants access good jobs and advance in their careers

 3. Helps disadvantaged and unemployed adults and youth earn while they learn through support services and effective employment-based activities

 4. Aligns planning and accountability policies across core programs to support more unified approaches to serving low-income, low-skilled individuals

**APPENDIX G: IL CASE DOCUMENTATION EXAMPLES**

**Example 1:**

As part of the IL caseload process, an 80-year-old applicant female, her son, and the ILR teacher met on March 3, 2018. She is her own guardian, widowed, a former Veteran and lives by herself in her own ranch style condo, but wanted her son present since she is losing some hearing so isn’t always sure she is catching everything that is being discussed.

Department and IL services were discussed in depth. She was particularly interested in library services for the blind. She was asked why she reached out to the Department. She reported she was experiencing problems with getting lost when she would go outside for a walk; also she reported she was unable to identify some of her appliance buttons when cooking and couldn’t read food labels anymore. She denied she was missing stair steps and falling, but did say she was afraid to do much socializing outside of her own home since she was losing more and more of her vision. As needed, the Veterans Administration covers medical services, medications, and aids, devices and equipment she needs as a result of her vision loss. Her medical records indicate that she has macular degeneration and glaucoma.

Today, we discussed program services in depth, use of structure discovery model (the whys and how it will help facilitate problem-solving and ultimately, independence), answered questions as asked, completed the application, completed health assessment, national voter’s registration where she declined to register to vote since she was already registered.

Voter registration form was completed, signed and dated by the applicant with the proper response selected on the form. Iowa Client Assistance Program (ICAP) was discussed and a brochure in large print left.

Based on the medical records supplied from her doctor at the Veteran’s Administration, the records indicate she is legally blind. This information will be documented in the Blind Journal as mandated under State law. She was informed that she was eligible for service and she expressed she wanted to move forward to complete an IL skills assessment. We completed an IL skills assessment. The results of the assessment confirmed that communications skills training, home-management skills training and travel skills were all skills training this individual would benefit from. All skills training areas and expectations were explained in depth with the client noting the benefits each would bring and how it would effect change in her life.

After talking through the assessment, the client expressed fear in going outside to use the white cane on her own. She received adjustment to blindness counseling where she was assuring she would receive instruction and training with regard to the cane itself, cane techniques, and actual practice using the long white cane while using learning shades so she would first be practicing with her ILR teacher in an area likely in her home to start. She felt comfortable practicing using her cane inside her home and around her front yard to start. She was also very interested in also learning how to identify the buttons on her stove and microwave, and learning to read and write Grade 1 braille to label food and other items around her home.

Next, we discussed the process to develop an IL Plan as well as covered the benefits and differences between the ILRP and IL Waiver plans. The client, and her son felt, given the Client’s goal, that an IL Waiver would probably best meet her needs. The applicant has stated her IL goal is to access her community and remain in her home.” She would like to be able to go shopping and feel confident that she will not run into anyone or anything. She would also like to be able to learn how to use the cane on stairs as she has no depth perception and worries about using the stairs.

To reach this goal, she set a travel, home-management, and communication objective. She feels she could meet her objectives within a year and promised to practice her skills in between teacher visits. For each objective set, the ILR teacher and applicant further set specific, measurable, achievable, realistic and time-bound (SMART) goals where the applicant would demonstrate that she can successfully demonstrate completion of each training objective within a certain period of trials over a certain period of time; then after successfully meeting, the objective would be closed successfully. The applicant would like to be able to go shopping and feel confident that she will not run into anyone or anything.

The ILR teacher will plan to prepare an IL Equipment Transfer case note for a long white cane but had one cane available to start the conversation about the long white cane.

An appointment is scheduled to meet with the client over the next four weeks (state date and time). The client understands and agreed to all objectives written under her IL plan.

She requested to start learning how to use the long white cane first. A signature from the client for her plan was secured. ILR teacher shall case note for the IL Equipment Transfer for the purchase of a long white cane and will await plan approval by the program administrator.

Purpose, Assessment, Intervention, Plan (PAIP)

Problem/Purpose – Describe the problem. What is the purpose of this session?
On this date, met with the applicant to complete the application process and discuss determine eligibility.

Assessment – What are your observations about the Client?
The Client is motivated to learn alternative techniques so she may become more independent within her community and feel safer when in unfamiliar settings.

Intervention – What did you do during the session?
We completed the application process including verifying info and data located in the application, completion of the health assessment, and completion of the national voter’s registration form. All docs that require signatures were signed by individual.

Eligibility determination completed. Individual is eligible for services based on medical documentation from the Veteran’s Administration. The eye condition is macular degeneration and glaucoma. Her heath is otherwise remarkable.

We discussed conducting an IL skills assessment. Individuals were amenable and cooperative. The assessment results indicated that travel skills training, home-management skills training in the area of identifying food labels and appliance buttons, and communication skills training to include Grade 1 Braille were disabilities skills training needs. The individual agreed.

Next, we discussed the benefits and options of each IL plan (ILRP and IL Waiver). She selected the IL Waiver plan. Her goal is “access her community and remain in her home.” Objectives were written per what was identified under the IL skills assessment. The IL plan will be effective starting (add date) and will be scheduled for one year out from the start date. The objectives include:

Travel – Explore the use of the long-white cane 3 out of 4 trials
Travel - Explore home block 2 out of 3 trials
Travel - Techniques to identify curb cuts 2 out of 3 trials
Travel – Techniques for cross control/uncontrolled crossings 5 out of 6 trials
Travel – Travel from home to library and back (add number of trials)
Home Management – identify and use appliance buttons – 3 out of 4 trials
Communication – Access print material (add trials)
Communication – Braille instruction/Braille lite instruction (add trials and breakdowns)

Plan – What will each of you do next?
Our next meeting date will be x and we will plan for a first travel lesson. A long white cane shall be ordered and will be hand delivered to the client when we meet again in four weeks.

**Example 2.**

An appointment was scheduled with this individual, but upon arrival he had been in a deep learning in his recliner, so his thinking seemed to be a bit fuzzy. He disclosed that he had two bouts of Arterial Fibrillation in November and December. He said he had been very weak and short of breath, and when he was checked over that is what they found, so they put him in the hospital for two weeks. He had come back home, and in December, he ended up going in for another two weeks with the same thing. He reported he was taking Coumadin and had been doing well ever since. I worked with this client on his Braille. He was pretty fuzzy, and was not sure where his sheets were, but he was able to find them. We spent 45 minutes of our time going over letters A – E, F, and G. The Client struggled retaining this information. We went over the same letters several times, but when I would come back to them later, he had forgotten them. We spent a lot of time on these letters, and finally I went on to the H, I, and J, which we had covered before. It was my hope we would get back to the point where we had left off. I also wrote up a key for the letters and encouraged this client to do some practice reading with his brother or a friend, as there was a printed guide to go along with his Braille sheets. I asked this client if he had talked with (JB) at the VR about the CCTV she mentioned she had for him, or the Comfort Duet Personal Amplification System. He said he had been down to the Veteran’s Administration (VA) three times, and had stopped into her office, and had also called twice. The way we had left it last time, he was going to call her and let her know when he was going to be at the VA for a doctor’s appointment, so that he could see her around that time, but it sounded like he had not notified her. I did call her, and she was not in, so I left a message for her, and got a call back from her later saying it would be best if he would call and set up an appointment with her. She also said she would certainly be good with working with him on helping him get some hearing products. I also told the client I had learned of the availability of a personal amplification system through Radio Shack. I told him about the two levels of products and said that the tonal quality was not as nice as the Comfort Duet, but it was one-third of the cost, and would be available locally. The client said that there was a Radio Shack close by, and he may see about checking it out there. The client said that in dealing with his blindness, he had highs and lows. Earlier today, he reported he had been pretty good, and he had even walked to the courthouse, which was about three blocks away. I will contact this client when in the area again in about five weeks.

PAIP

Problem/Purpose – Describe the problem. What is the purpose of this session?

The purpose of today’s visit was to provide disability-related skills training and counseling and guidance.

Assessment – What are your observations about the client?
The client discussed having some medical issues during November and December and also experienced some hospitalization. With the passage of time, he was unable to locate his lesson sheets; thus, did not get to practice prior to this training session. During a subsequent follow-up conversation, the client reported improvement in his health situation.
Intervention – What did you do during the session?
A lesson was provided in Braille covering A through J. We started H, I, and J, which we had covered before. It was hoped we would get back to the point where we had left off from the previous lesson. A key for the letters was provided, and he was encouraged to do some practice reading with his brother or a friend, as there was a printed guide to go along with the Braille sheets. Additionally, this writer provided counseling and guidance related to personal amplification devices.

Plan – What will each of you do next?
Our next training lesson will be X, Y, and Z, where we will also work on A, B, and C. The next visit will be in five weeks (state date and time).

**APPENDIX H: CASE NOTE DICTATION OPTIONS**

Option 1. IPhone Dictation
IPhone dictation may be used to create case notes when done in the following manner. The Applicant’s or Client’s full name is not used. No confidential or potentially identifying information is dictated. The note is composed in the body of an email via email to oneself and is not sent outside the @blind.state.ia.us domain.

Option 2. Windows 7 Dictation
Since no information leaves the computer, there are no restrictions on what to dictate using this method.

WHAT IS CONFIDENTIAL INFORMATION?

The IDB Security Work Rule and Confidentiality Policy define(s) confidential information as follows: Personal information defined by Iowa Code Section 715C; personal information includes an individual’s first name, initial, and last name, in combination with one or more of these:
\* Social Security Number
\* Driver’s License Number
\* Unique Identification Number, e.g., Iowa Student State ID or Medicaid ID Number
\* Financial Account Number, Credit Card Number, or Debit Card Number, when in combination with any required security code, access code, or password Unique electronic identifier or routing code, when in combination with any required security code, access code, or password
\* Unique biometric data, such as a fingerprint, retina or iris image, or other unique physical representation or digital representation of biometric data
\* Any information or record deemed confidential under Iowa Code Section 22.7
\* All protected health information for agencies governed by HIPAA
\* All protected credit card information defined by the PCI-DSS.
\* Any other information that if lost, disclosed, corrupted, or accessed by unauthorized means would violate state or federal law
\* All information defined as confidential by contract or agreement with agency trading partners, customers, vendors, or other entities

WHAT IS PERSONALLY IDENTIFYING INFORMATION?

Personally identifying information is information that might connect a case note to an individual. This includes phone number, address, birth date, and email address.

**APPENDIX I: STATUS 08 INDEPENDENT CLIENT LIVING NOTICE OR LETTER OF INELIGIBILITY FOR CLOSING AN APPLICATION DUE TO APPLICANT NOT WANTING SERVICES BUT WOULD OTHERWISE BE ELIGIBLE**

[Date]
Client Name
Street Address
City, State, Zip Code

Dear [Name]:

This letter confirms our most recent meeting on [Date]. You made application to the Independent Living program. After meeting with you, you decided that you were not interested in pursuing Independent Living program services with the Iowa Department for the Blind.

Please find enclosed a copy of your Closure Amendment for your records and a response form which invites you to share your comments with us, if you wish. We request you consider taking time to provide your feedback then return it in the self-addressed, stamped envelope.

If you are a current Library patron, please be assured that closing this Independent Living application this does not affect your Library services. I also encourage you to call the Department for the Blind if in the future you wish to reapply for program services.
If you have any questions about this letter, you can reach me by calling (insert teacher’s cell number). I will be happy to hear from you. If you prefer, you can also get ahold of Kim Walford, program administrator, at 515–250–1184 or 1–800–362–2587.

If you do not agree with this closure, you may contact me to talk, or you call the Independent Living program administrator or you may contact the Iowa Client Assistance Program (ICAP) for help with mediation or an appeal. ICAP is located at:

Iowa Client Assistance Program
Lucas State Office Building
Des Moines, Iowa 50319
Phone: 515–281–8088 or 1–800–652–4298

Thank you for your time and consideration in this matter.

Sincerely,

[Insert teacher’s digital signature][ILR Teacher’s Name]
[Insert teacher’s signature block information]

Enclosures:
ICAP Brochure
Closure Letter
Closure Amendment

[Insert initials of teacher/initial of typist]

Rev. 10/20
Rev. 05/19

**APPENDIX J: STATUS 08 INDEPENDENT LIVING CLIENT NOTICE OR LETTER OF INELIGIBILITY FOR CLOSING AN APPLICATION DUE TO INDEPENDENT LIVING CLIENT
BEING UNREACHABLE**

[Date]

Client Name
Street Address
City, State, Zip Code

Dear [Name]:

This letter confirms our most recent meeting on [Date]. You made application to the Independent Living program. After meeting with you it was found you were not eligible for Independent Living program services at the Iowa Department for the Blind for (state the reason here).

Please find enclosed a copy of your Closure Amendment for your records and a response form which invites you to share your comments with us, if you wish. We request you consider taking time to provide your feedback then return it in the self-addressed, stamped envelope.

If you have any questions about this letter, you can reach me by calling (insert teacher’s cell number). I will be happy to hear from you. If you prefer, you can also get ahold of Kim Walford, Independent Living program administrator, at 515–250–1184 or 1–800–362–2587.

If you do not agree with this eligibility determination and closure, you may contact me to talk, or you may call the Independent Living program administrator or you may contact the Iowa Client Assistance Program (ICAP) for help with mediation or an appeal. ICAP is located at:

Iowa Client Assistance Program
Lucas State Office Building
Des Moines, Iowa 50319
Phone: 515–281–8088 or 1–800–652–4298

Thank you for your time and consideration in this matter.

Sincerely,

[Insert teacher’s digital signature][ILR Teacher’s Name]
[Insert teacher’s signature block information]

Enclosures:
ICAP Brochure
Closure Letter
Closure Amendment

[Insert initials of teacher/initial of typist]

Rev. 10/20
Rev. 05/19

**APPENDIX K: STATUS 26 REHABILITATED, INDEPENDENT LIVING NOTICE OR CLOSING IL PLAN SUCCESSFUL**

[Date]

Name
Address
City/State/Zip

Dear:

Congratulations on meeting your independent living goals! As we discussed, this means I will be inactivating your case. Please be assured that this does not affect your Library services should you receive that service.

Enclosed with this letter is your copy of the Closure Amendment for your records. There is also a “Client Feedback Form”, in which you are welcome to share your comments on services you received. You may return this form in the self-addressed, stamped envelope, also enclosed.

If you do not agree with this closure, you may contact the Iowa Client Assistance Program (ICAP) for help with mediation or an appeal. An ICAP brochure has been enclosed. ICAP is located at:

Iowa Client Assistance Program
Lucas State Office Building
Des Moines, Iowa 50319
Phone: 515–281–8088 or 1–800–652–4298

Should you have any questions about this closure regarding your Independent Living services or case, please feel free to contact us. The Department’s phone number is 800–362–2587 if it is long distance for you to call us. My direct phone number is [insert teacher’s number].

I’ve enjoyed getting to know you and work with you. Thank you for your time and consideration in this matter.

Sincerely,
[Insert teacher’s digital signature][ILR Teacher’s Name]
[Insert teacher’s signature block information]

Enclosures:
ICAP Brochure
Client Closure Amendment
Client IL Feedback Form

[Insert initials of teacher/initial of typist]

Rev. 10/20
Rev. 05/19

**APPENDIX L: STATUS 28 CLOSED, OTHER REASONS, AFTER IL PLAN INITIATED INDEPENDENT LIVING NOTICE OR LETTER CLOSING AN IL CASE PLAN AS DISCONTINUING SERVICES WITH TRAINING PLAN INCOMPLETE**

[Date]

Name
Address
City/State/Zip

Dear [name]:

In follow-up with our conversation on (state date), we have agreed to discontinue Independent Living services for (state reason). Enclosed with this letter, you will find your Closure Amendment Form for your records as well as a Client Feedback Form. The Client Feedback Form invites you to share your comments about our services, if you wish. There is also a self-addressed, stamped envelope enclosed to return the form.

If you are a Library patron, please be assured that this does not affect your Library services. I also encourage you to call us if, in the future, you want to reapply for Independent Living program services.

If you do not agree with this closure, you are willing to contact [ insert teacher’s info]. If you prefer, you are welcome to call our Independent Living program administrator, Kim Walford, at 515–250–1184 or 1–800–362–2587. You also have the right to contact the Iowa Client Assistance Program (ICAP) for help with mediation or an appeal. There is a brochure enclosed about ICAP. ICAP is located at:

Iowa Client Assistance Program
Lucas State Office Building
Des Moines, Iowa 50319
Phone: 515–281–8088 or 1–800–652–4298

Thank you for your time and consideration in this matter.

Sincerely,

[Insert teacher’s digital signature][ILR Teacher’s Name]
[Insert teacher’s signature block information]

Enclosures:
ICAP Brochure
Closure Amendment
Client Feedback Form

[Insert initials of teacher/initial of typist]

Rev. 10/20
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**APPENDIX M: PLAN STATUS 30, CLOSED OTHER REASONS, BEFORE IPE IS INITIATED**

[Date]

Name
Address
City, IA Zip

Dear [name],

The Independent Living Services program of the Iowa Department for the Blind has determined that you will not be receiving Independent Living services from this agency as we did not receive a response from you. Please be assured that this does not affect any Library services you may receive.

If you have any questions regarding this decision, please contact me or the Independent Living program administrator, Kim Walford, at 515–250–1184 or 1–800–362–2587. You have the right of appeal and you may also want to contact the Client Iowa Client Assistance Program at 1–800–652–4298.

Thank you for your attention to this matter, and I wish you the very best moving forward.

Sincerely,
[Insert teacher’s digital signature]
Teacher’s Name
Independent Living Teacher
Iowa Department for the Blind
524 4th Street
Des Moines, IA 50309

[Insert initials of teacher/initial of typist]

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**APPENDIX N: SAMPLE APPLICANT/CLIENT TRANSFER LETTER**

[Date]

Name
Address
City/state/zip

Dear [name]:

This letter confirms our recent conversation, when I explained that I will no longer be serving (Name of County) for the Iowa Department for the Blind; as we discussed, this change is due to a regional service area change for all rehabilitation teachers.

(Write the reason for the change in regional service area). You may email, text or call your teacher at any time and they will respond to questions whether they are working in yours or another area.

(Insert name of new teacher) will serve as your new teacher and will be calling you to introduce herself/himself and provide more information about when she/he expects to be working in your area. (Name of new teacher) may be reached at (insert phone number) and (insert email address).

I have enjoyed working with you and wish you the best.

Sincerely,

[Insert teacher’s digital signature][ILR Teacher’s Name]
[Insert teacher’s signature block information]

[Insert initials of teacher/initial of typist]

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**APPENDIX R: The Blind Journal:**

The Blind Journal is a record of all persons in the State of Iowa who are blind or severely visually impaired. By law, the Department is charged with maintaining this record, and new entries are posted when a person is certified as being legally blind. ILR teacher’s tasks during the initial contact are to determine whether the person is legally blind or has severe vision loss. All individuals who are determined to be legally blind must be registered immediately in the Blind Journal, even if they decline services from the Department.

This determination may be made during initial contact, interview, or at eligibility.

The definition of legal blindness means:

 1. A visual acuity of 20/200 or less in the better eye with best correction; or restricted fields of 20 degrees or less; or

 2. A person cannot count fingers at 5 feet; or

 3. A person cannot efficiently read 24-point type at 14 inches.

Certification methods:
1. Medical proof (e.g., a photocopy, original letter, library application, or Social Security transmittal) of a statement by a medical doctor declaring the individual to be legally blind; or
2. A case note indicating that the ILR Teacher has observed that the individual has only Light perception or no vision in both eyes; or
3. A case note stating that the ILR Teacher has performed a finger counting test and that the individual’s best acuity is finger counting at five feet or less, or that the individual is unable to efficiently read 24-point type at 14 inches.

**Designations When Documentation Is Not Available:**

It is not always possible to obtain the documentation to determine legal blindness or severe vision loss. In those instances, the individual must be assigned one of the following designations:

Not Blind. The individual does not have a progressive eye condition that would lead to blindness. Maybe only one eye has diminished vision.

Severe Vision Loss: The individual’s visual acuity is between 20/50–20/199.

Presumed Blind: The individual has several functional limitations based on vision loss, but there is no documentation to support the legal blindness designation.

**APPENDIX S : CASE STATUSES**

02 – Applicant

08 – Closed, Not Accepted/Ineligible for IL Services

10 – ILRP or Waiver Development

12 – ILRP or Waiver Completed

18 – Training

24 – Services Interrupted

26 – Closed Rehabilitated

28 – Closed Not Rehabilitated

30 – Closed Other Reasons Before the IL Plan Initiated

Rev. 05/19

**APPENDIX T: PROCEDURES & STANDARDS FOR LENGTH OF TIME IN STATUSES**

To ensure that IL services are provided in a timely manner, IDB has established standards for the length of time an individual will stay in a particular case status. These guidelines do not constitute absolute time limits on the provision of specific services or on the provision of services to an individual. The duration of each service needed by any individual shall be determined on a case-by-case basis and reflected in that individual’s file.

Status Maximum Times

02: 2 months. If a case must remain in Status 02 due to exceptional circumstances, e.g., the Applicant’s health or the Applicant’s being out of state, the issue shall be documented in the case file and the ILR Teacher or Program administrator must approve the exception by writing a note in the case.

10: 3 months. While this is the maximum time for an IL case, unless exceptional circumstances arise, the case should be moved to Status 18 with the development of the ILRP or Waiver immediately after the eligibility determination has been made.

18: 12 months

24: 6 months

These standards are intended as tools for both the ILR Teacher and the Program Administrator in processing cases and in monitoring case processing.

Cases remaining in a status beyond the recommended time in status shall have documentation reflecting the case activity, and IDB requirements pertaining to case documentation shall be applied for all cases.

**APPENDIX U: CASE NARRATION**

**Record of Services:**

State and federal regulations and IDB policy require that certain information be contained in each individual’s record of services. The nature and scope of that information varies in relation to where the individual is in the VR or IL process denoted by the statuses used. This document applies to the IL Division of the IDB.

**CASE NOTES:**

Case notes serve several purposes for the ILR teachers, reviewers and consumers, as well as others, such as auditors, impartial hearing officers, and mediators to
1. Review an individual’s progress through the IL process by presenting a picture of measurable and observable events that have happened, that are happening, and that are being planned
2. Review the organization and integrate subjective impressions and ideas
3. Serves as a repository of information on individuals including those when cases are transferred to another program staff in the future
4. Serves as a historical record, justifications, and the actions taken by program staff

For the ILR teachers, the case notes provide information to assess:

 1. the planning process in the case

 2. progress or lack of progress in the plan

 3. compliance with the IL or IL-OIB processes and other IDB policies and procedures

For the reviewers, the case notes provide information to assess compliance with the state and federal regulations and IDB policies and procedures pertaining to the IL processes as well as information to document the appropriateness of expenditures.

**Guidelines to apply to case note documentation:**

IL case notes must be in the record, the electronic or hard copy file, preferably within 24 hours following the visit; however, no later than ten (10) business days after the contact.

The longer the lapse of time before the case note is created, the likelihood that important details will be forgotten increases. ILR teachers have five (5) business days to enter VR case notes when there has been contact with a VR applicant and/or client of the agency.

The case record is a legal document so do not make comments in a case note unless you are prepared to defend those statements on the public record in a court of law. IL teachers may not copy and paste program administrator/supervisor or other colleague emails or transcribe phone conversations to case records. IL teachers may document for instance a decision to an exception to policy such as (a) the program administrator approved the exception to policy or (b) the program administrator denied the exception to policy.

Case note entries should be made to synthesize information which permits the ILR teacher to understand the applicant better, document important events and developments such as movement through the IL rehabilitation process (the statuses), justify actions taken, synthesize progress or lack of progress toward achievement of the IL rehabilitation goal and objectives, and facilitate required periodic reviews (at least annual reviews of the plan), and related efforts and activities.

**Guidelines to apply to case note content:**

Case status summaries can be written at the time of movement from one case status to another with reference to the activity necessary to move into the case status.

Counseling and guidance case notes should be documented in the record of services and focus upon the purpose and outcome of the counseling session and the actions to be taken by the ILR teacher and client prior to the next contact.

Observations of the client should be recorded in behavioral statements rather than using medical or psychological labels or subjective components because behavioral statements are observable and measurable.

If possible, reference forms and reports (medical, training, assessment, etc.) by date and author of the particular report being referenced in the record of services, in order to avoid duplicating information that appears elsewhere in the case.

Planning efforts and outcomes should be recorded in the case notes, in addition to what has occurred. Examples of case note content driven by where the individual is in the IL process:

Status 02 application. Case notes should be relevant to activities in determining eligibility such as documentation of disabilities, resultant functional limitations, and the need for independent living services, documentation that the applicant has been informed of the informed choice process, documentation that the applicant has been given the required information regarding his or her privacy rights under HIPAA, and documentation of any assertion that the applicant for IL services is eligible under Title VII, Chapter 1 or Title VII, Chapter 2 and the Administration for Community Living program.

Status 08 closed, not accepted/ineligible for IL. Case notes should reflect that, if determination is made that the applicant is ineligible, documentation that the ILR teacher and client or the client’s representative, as appropriate, have had an opportunity for full consultation regarding the decision, including the reasons for the determination, the means by which the client may express dissatisfaction, and the specific remedies. If the case is closed before the eligibility determination is made, document that the reasonable attempts made to contact the individual are unsuccessful.

Status 10 IL developed. Case notes should contain information relevant to determination of the impact of the disability-related limitations as it relates to the IL functional limitations as it relates to the comprehensive IL Skills Assessment and the Client’s abilities, as well as the ILRP or IL plan waiver development.

Status 12 IL completed. Case notes should include that the ILRP or Waiver plan has been completed and agreed to in partnership between the client or the client’s personal
representative and the ILR teacher.

Status 18 this is a training status. The signed and agreed to ILRP or IL Waiver plan form should be in the paper case record and in the electronic CMS. The case notes should contain information relative to progress or lack of progress toward attaining the IL goal and objectives and justification or rationale for the authorizing or the purchase of services, devices or equipment including the transfer of aids/devices/equipment (not just, that an authorization was written). Case notes must be entered by the teacher to the electronic by the teacher within 10 business days of meeting the client and 5 days within meeting the VR client. The plan review can be reviewed at any time with the client and at least annually between the teacher and client. If the client is unavailable to conduct the review in partnership with the teacher and attempts have been made to meet with the client to conduct the review, the teacher will conduct the review and document the results.

Status 24 is service interruption. Case notes require documentation of the rationale if there has been any interruption in services on the part of the agency or the client or if any service(s) was not initiated according to the timelines identified on the plan.

Status 26 closed rehabilitated. Case note information should include a determination by the ILR teacher and Client that the outcome is satisfactory and that the client and ILR teacher are in agreement that the Client is performing well in the IL situation. Documentation confirming that the outcome is consistent with the IL goal on the plan should be present.

Status 28 closed, other reasons, after IL plan initiated. Case note information should reflect Closed for Other Reasons after the plan, and the rationale for closing the case because Waiver is initiated, the client is deceased, the Client terminated the partnership before the Plan was completed, or the client moved out of the state.

Status 30 closed, case closed before IL plan was initiated. Case note information should reflect Closed for Other Reasons, before IPE initiated.

**APPENDIX V - HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) & CONFIDENTIALITY OF INFORMATION**

**Overview of HIPAA:**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104–191, resulted in the establishment of the HIPAA Privacy Rule in December of 2000. The HIPAA Privacy Rule is a federal rule designed to protect individuals’ medical records and other personal health information. This federal law provides further requirements and restrictions in addition to the confidentiality provisions set out in IDB’s Confidentiality Policy.

In the course of business, the Department receives, discloses, and utilizes Protected Health Information (PHI) of employees and consumers for a variety of reasons. Employees should exercise care at all times to discuss confidential, sensitive, or personal health information in a manner or place where the discussion is not able to be easily overheard. Measures should be taken to ensure that health information is not accessible to anyone other than authorized personnel. IDB staff will maintain privacy, confidentiality and integrity with regard to PHI as required by state and federal laws, rules, regulations, and professional ethics codes. Employees found to be in violation of this policy may be subject to disciplinary action up to and including discharge as well as prosecution in a court of law.

With certain exceptions, PHI refers to any individually identifiable health information that is created or received by a covered entity. PHI is defined as any information relating to past, present, or future physical or mental health of an individual; the provision of health care to the individual or the payment for health care services. Individually Identifiable health information is health information that identifies or may reasonably be used to identify the individual. To be PHI, it must include medical information and a personal identifier.

PHI includes but is not limited to:

 • Consumer Name

 • Address and telephone number

 • Employer and occupation

 • DOB and SSN

 • Medicaid number

 • Diagnosis

 • Hospital, physician, and therapist evaluations and records

 • Eye examination reports

 • Authorizations, payments, and statements of charges for services

 • Consumer contacts, progress notes, and summaries

 • All information contained in the case record is considered PHI

HIPAA requires:

 • In limited circumstances, giving the individual an opportunity to agree or object to uses and disclosure of PHI

 • The Privacy Notice

 • Allowing individuals to access their PHI

 • Permitting individuals to request an amendment to their PHI

 • Allowing persons to request an accounting of disclosures of their PHI

 • Defining a minimum use standard

 • Establishing who has access to PHI

 • Civil and criminal penalties for violating the HIPAA standards

 • Workforce members to be trained on and to acknowledge the HIPAA privacy provisions

 • Verifying the identity and authority of persons requesting a consumer’s PHI

 • Allowing recipients to request restrictions on the use and disclosure of PHI

That organizations have a Privacy Officer.

The Notice of Privacy Practices must be provided to consumers and documented in the case record effective April 14, 2003 and then thereafter by:

 • Providing a copy in an accessible format upon an individual’s request

 • Providing a copy at the time a person applies for IDB services

 • Posting the notice in each office in a clear and prominent location

 • Making the notice available at each office so an individual can request and obtain a copy

 • Issuing a copy within 60 days of a material revision of the notice

 • Notifying the client, no less frequently than once every three years of the availability and how to obtain a copy

 • Posting the notice on the agency’s Web site

 • Emailing a copy upon an individual’s request for an electronic notice

Federal regulations provide that employee use and access to PHI must be limited to the minimum necessary to carry out the intended purpose of use, disclosure or request. In general, the minimum necessary does not apply when requested by the individual who is the subject of the information, when requested by a health care provider for treatment or disclosures required by law. Staff must ensure that PHI is not unnecessarily or inappropriately accessed or disclosed. If staff members have any concerns that what is being requested is beyond the minimum necessary, directly ask the requestor if they believe this is the minimum that is required to accomplish the task. If staff members still have a question involving disclosure of more than the minimum amount and it concerns situations named in this paragraph, contact the IDB Privacy Officer through appropriate Supervisory channels for guidance.

With regard to individually identifiable health information, “use” means the sharing, examination, utilization, employment, or analysis of the information within IDB. Disclosure means the release, transfer, provision of access to, or divulging information outside of IDB.

An individual’s medical records such as hospital and doctor reports and medical claims are PHI and confidential. Release of these medical records requires a signed authorization from the consumer or consumer’s representative except as listed below. Staff should use an IDB Authorization to Obtain or Release Health Care Information when requesting health information from medical providers or other agencies. IDB staff may use and disclose PHI without the consumer’s authorization, subject to certain restrictions, in the following situations:

 • To the consumer

 • For treatment, payment or health care operations

 • De-identified PHI

 • Incidental disclosures

 • To family and friends involved in the person’s healthcare

 • To a public health authority\*

 • To report child abuse or neglect\*

 • To the United States Food and Drug Administration for purposes concerning quality
or

 • Effectiveness of such FDA regulated products or activity\*

 • To a health oversight agency that is authorized by law to conduct audits, investigations, inspections and other activities for oversight of health care systems, certain government programs, etc., (for example, RSA) \*

 • To respond to court orders or subpoenas and discovery requests. Staff should immediately deliver a copy of such requests to the IDB Privacy Officer\*

 • To law enforcement officials as required by law or pursuant to a court order, a court-ordered warrant, or a subpoena or summons issued by a judicial officer; a grand jury subpoena; or an administrative request, such as an administrative summons or a civil investigative demand; for purposes of identifying or locating a suspect, fugitive, material witness, or missing person; or regarding a crime victim\*

 • To avert a serious threat to health or safety e.g., staff contacts the local police department to request assistance to prevent or lessen serious or imminent threats\*

 • To certain governmental functions (such as national security purposes, veteran’s information) \*

 • As required by law such as in legal proceedings in which the consumer is represented by an attorney or legal aid\*

 • To agencies that are government programs providing public benefits\*

The above releases marked with an asterisk (\*) are subject to tracking requirements. If staff disclose PHI for reasons above listed with asterisks, or if an unauthorized disclosure is inadvertently made, the disclosure should be tracked by completing the Record of Disclosures Form, placing a copy in the case record and submitting a copy to the IDB Privacy Officer.

Consumers may complete the IDB Request for an Accounting of Disclosures. Each consumer should submit this form directly to the IDB Privacy Officer.

A “business associate” is a person or organization, other than a member of a covered entity’s workforce that performs or assists in the performance of a function or activity involving the use or disclosure of individually identifiable health information or provides services to the IDB. With certain conditions, HIPAA allows the IDB to share and disclose to a business associate any PHI necessary to perform the job. A business associate may separately create or receive PHI for the Department. HIPAA requires that IDB obtain satisfactory assurance through written contract that the business associate will appropriately safeguard the information. IDB will use Memoranda of Understanding (MOU) rather than Business Associate Agreements with governmental entities.

Consumers have the right to request specific restrictions on the use or disclosure of PHI by completing the IDB Request for Restriction of Information Form. Staff must send the completed request to the IDB Privacy Officer, who will then determine whether to accept or deny the request.

A consumer or the consumer’s personal representative who believes his or her health records are incomplete or incorrect may request an amendment or correction of the health records by submitting the Request to Amend Health Information Form to the Privacy Officer.

Do not consider information learned during the regular course of business to be an amendment, e.g., when a consumer provides the name of a new treating physician. Additions to the file are not amendments. Regarding minor discrepancies such as typing errors, misspelled names, wrong dates, etc., staff may correct the entry by drawing a single line through the error, adding a note that explains the error, dating it, initialing it, and by making the correction as close as possible to the original entry in the record. All other requests for the amendment of PHI must be in writing and include the reason to support the amendment. The request should include any documentation that explains or verifies the incorrect or incomplete PHI that the consumer is requesting to amend.

Consumers may request to have access to and obtain a copy of their PHI. The request may include the complete case record or specific PHI, such as an eye report. The consumer must complete the IDB Request for Access to Health Information Form. Staff shall process the request as instructed on the form. Place the original IDB Request for Access to Health Information Form in the case file. Send a copy of the form to the Privacy Officer.

If the requested information is maintained electronically and the consumer requests an electronic or faxed copy, accommodate the request if possible and explain the risk to security of the information when transmitted as requested. If the information is not available in the format requested, produce a hard copy document or other format agreed upon by the consumer. Provide the access requested in a timely manner, and arrange for a time and place for the consumer to inspect the PHI or obtain copies, unless access by another method has been requested by the consumer and agreed to by staff.

The requesting individual must be allowed to inspect or obtain a copy of his or her PHI no later than 30 days after staff gets the request (60 days if the information is not maintained or accessible to IDB on-site). This deadline may be extended up to 30 days if the individual gets a written statement of the reasons for the delay and the date staff or the Privacy Officer will fulfill the request.

DO NOT give the claimant the requested PHI. Immediately forward to the IDB Privacy Officer a copy of the information that the consumer is requesting and the Request for Access to Health Information Form. The Privacy Officer shall determine whether to approve or deny the request. If the request is denied, the Privacy Officer shall notify the claimant and staff of the decision.

If the Privacy Officer denies access to PHI, in whole or in part, he or she may instruct staff to provide the consumer other PHI information accessible to the individual after excluding the denied PHI and information regarding where the consumer can direct the request if the PHI requested is not maintained by IDB and staff knows where the requested information is kept. The Privacy Officer may provide a summary or explanation of the requested PHI if the consumer agrees in advance to the summary or explanation in place of the record or the consumer agrees in advance to pay any fees imposed for the summary or explanation.

The PHI of a deceased consumer may only be released to the personal representative or executor of the person’s estate.
The consumer usually exercises his or her own privacy rights. However, some persons may be legally or otherwise incapable of asserting their privacy rights. Moreover, an individual may authorize another person to act on his or her behalf. When a consumer has a designated personal representative, whose identity is clear from a legal document, the representative shall be treated as the consumer.

Under certain circumstances, HIPAA permits disclosures “… to a family member, other relative, or a close personal friend of the individual, or any other person identified by the individual, the protected health information directly relevant to such person’s involvement with the individual’s care or payment related to the individual’s health care.” Before disclosing information to one of these persons, staff must:

 1. Obtain the consumer’s agreement

 2. Give the consumer an opportunity to object to disclosure, and the consumer does not object

 3. Staff infers from the circumstances based on professional judgment that the individual does not object to the disclosure

 4. If the consumer is not present due to his or her incapacity or emergency circumstances, staff concludes that it is in the best interest of the consumer to disclose the minimum necessary PHI that is directly relevant to the person’s involvement with the consumer’s health care. (This situation may occur when a family member or relative is applying for and handling the affairs of their hospitalized, institutionalized, disabled, blind, or elderly relative.)

Staff must ensure that PHI is not improperly released. To avoid this, verify the requestor’s identity and ensure that the person has the proper authority to obtain the PHI. If the consumer is unknown to the person or entity releasing the information, require the consumer to verify his or her identity. For telephone calls, staff may have to return the call.

Before returning the call, verify the number through the phone directory.

If any individual believes that IDB or its representatives are not complying with the requirements of HIPAA, he or she may file a complaint with one or both of the following:

DSS Complaint Officer; PO Box 1527; Jefferson City, MO 65102–1527
Secretary of the Department of Health and Human Services (DHHS);
200 Independence Avenue, SW; Washington, DC, 20201.

The Health Insurance Portability and Accountability Act Complaint Form shall be provided to the complainant by the office where the complaint is lodged. The Privacy Officer will contact the facility from which the complaint originated and complete an investigation within thirty (30) days from the date it is received by the Department. Once completed, the Complaint Officer will issue a response letter to the complainant with the determination and any indicated corrective measures. If the complainant is not satisfied with possible resolutions, the Complaint Officer will provide information regarding the process of filing a complaint with the Secretary of DHHS.

IDB staff shall not intimidate, threaten or coerce, discriminate, or take other retaliatory actions against a person for exercising his or her HIPAA rights or for participating in a HIPAA-established process. Moreover, they shall lessen any known harmful effects the use or disclosure of PHI that violates the HIPAA privacy provisions causes any individual. It is IDB policy that staff will take appropriate action to prevent further inappropriate uses or disclosures, and pursue any feasible actions to lessen the harmful effects of any such violations. Staff shall contact the Privacy Officer for instructions if mitigation is necessary.

Documentation recording disclosures of PHI should be retained for a period of six years.

Records involved in any open investigation, audit, or litigation should not be destroyed. If notification is received that any of the above situations have occurred or there is the potential for any of these situations, the record retentions shall be suspended for these records until the situation has been resolved.

Destruction or disposal of PHI shall be done in accordance with federal and state law and IDB policies. This may include any record of consumer health information, regardless of medium or characteristic that can be retrieved at any time. This includes all original consumer records, documents, papers, letters, billing statements, x-rays, films, cards, photographs, sound and video recordings, microfilm, magnetic tape, electronic media, and other information recording media, regardless of physical form or characteristic, that are generated and received in connection with transacting consumer care or business.

Records scheduled for destruction or disposal shall be secured against unauthorized or inappropriate access until the destruction or disposal of consumer health information is complete. Health information media must be destroyed or disposed of using a method that ensures the health information cannot be recovered or reconstructed.

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**APPENDIX W: EYE DISEASES OR DISORDERS – EYE CONDITION TERMINOLOGY**

The following list of eye diseases or disorders is provided as a guide to familiarize the ILR teacher with certain terminology which is associated with the blindness rehabilitation field.

Accommodation: The ability of the eye to adjust for varying distances.

Acetylcholine: Chemical compound essential for the transmission of nerve impulses.

Albinism: Ocular; complete absence of pigment in eyes.

Amaurosis: Blindness occurring without any apparent lesion of the eye.

Amblyopia: Severe loss of vision with no detectable organic lesion of the eye.

Aneurysm: A sac formed by the dilation of the walls of an artery or vein, and filled with blood.

Angiitis: Inflammation of the blood vessels.

Angle of anterior chamber: Junction between iris and cornea through which the aqueous flows.

Angoid streaks: Bands appearing in the retina, often associated with systemic disease.

Aniridia: Absence of the iris.

Anisekomia: A condition in which the image of an object seen by one eye differs in size and shape from that seen by the other eye.

Anisometropia: A difference in the refractive power of each eye, resulting in a difference in the apparent size of objects seen.

Antibody: Part of the body’s defense mechanism against disease.

Antigen: Substance which induces formation of antibodies.

Aphakia: Having no lens in the eye, e.g., after cataract removal.

Aqueous humor: Fluid in the anterior chamber of the eye.

Arcus senilis: A white ring around the margin of the cornea, especially in the aged.

Asthenopia: Weakness or tiring of the eyes, dimness of vision.

Astigmatism: Visual defect caused by abnormal curvature of the cornea.

Atropine: Drug that paralyzes parasympathetic nerve action; applied locally to the eye to dilate the pupil and paralyze ciliary muscle.

Autoimmunity: Allergy to one’s own tissue.

Blepharitis: Inflammation of the eyelids.

Blepharospasm: Spasm of eyelid muscles.
Blind spot: Normal defect in visual field due to position at which optic nerve enters the eye.

Buphthalmos: Enlargement of the eye.

Canaliculus: (Lacrimal) narrow tubular passage, tear duct.

Canthus: The angle at either end of the slit between the eyelids.

Cataract: An opacity of the lens.
Incipient: Any cataract in its early stages, or one which has sectors of opacity with clear spaces intervening.
Mature: A cataract in which the lens is completely opaque and ready for operation.
Hypermature: A cataract in which the lens has become either solid and shrunken or soft and liquid.

Congenital: Any eye abnormality like a cataract, which originates before birth.

Senile: A hard opacity of the lens in the aging eye.

Traumatic: Any eye abnormality like a cataract, which follows injury.

Choked disc: Swelling of the optic nerve.

Chorioretinitis: Inflammation of the choroid and retina.

Choroid: Vascular layer of the eyes, the function of which is to nourish the retina.

Ciliary body: Portion of vascular layer of eye whose function is secretion of aqueous humor.

Coloboma: A congenital defect in which a portion of a structure of the eye is absent.

Cone, retinal: A specialized visual cell in the retina, responsible for sharpness of vision and color vision.

Conical cornea, keratoconus: A conical protrusion of the cornea.

Conjunctiva: The delicate membrane that lines the eyelids and covers the exposed surface of the eyeball.

Contact lens, corneal: Contact lens molded to the cornea.
Contact lens, scleral: Contact lens molded to the sclera.

Corticosteroids: Cortisone derivatives.
Cryosurgery: Use of low temperatures in surgery.

Cup, optic: Depression in the center of the optic nerve.
Cyclitis: Inflammation of the ciliary body.

Cycloplegia: Paralysis of the ciliary body.

Cytomegalic inclusion disease: Retinal viral inflammation.

Dacryocystitis: Inflammation of the lacrimal sac.

Detachment of retina: A condition in which the inner layers of the retina are separated from the pigment layer.

Diabetic retinopathy: Refer to retinopathy.

Diopter: A unit designating the refractive power of a lens.

Diplopia: Double vision.

Disc, optic: The optic nerve within the eye.

Electroretinogram: A record of changes or electrical potential in the retina after stimulation of light.

Emmetropia: Perfect vision.

Endophthalmitis: Inflammation of the interior structures of the eye.

Enucleation: Surgical removal of the eye.

Estropia: Actual deviation of the visual axis of one eye toward the other, “crossed eyes”.

Esphoria: A tendency to deviation of the visual axis of one eye toward the other.

Exophoria: A tendency to deviation of the axis of one eye away from the other.

Exophthalmos: Abnormal protrusion of the eyeball.
Exotropia: Actual deviation of the axis of one eye away from the other, “walleyes”.

Flash blindness: Loss of vision resulting from intense light, such as that of atomic blast.

Fovea centralis: A tiny depression in the center of the macula, the area of greatest visual acuity.

Fundus: The base or remote interior of an organ such as the eye.
Glaucoma: A condition of the eye characterized by increased intraocular pressure.
Acute: Closed angle glaucoma is caused by obstruction of the filtration angle at the base of the iris.
Chronic Simple: Open angle occurs when the angle of the anterior chamber is open and free from obstruction.
Congenital Glaucoma: Glaucoma that’s present at birth because of a defect in the angle of the anterior chamber.
Absolute: A final stage in which vision is completely and permanently lost.

Gonioscopy: Examination of the anterior chamber of the eye.

Gonorrheal ophthalmia: Blinding eye disease of newborn infants acquired in the birth canal.

Hemianopia: Deflective vision or blindness in half of the visual field.

Herpes simplex: An acute viral disease marked by groups of watery blisters on the skin and mucous membranes; the most common cause of blindness due to a corneal disease.

Histoplasmosis: Parasitic inflammation affecting the eye.

Hyperopia: Farsightedness.

Hyphaema: Hemorrhage into the anterior chamber of the eye.

Intraocular pressure: The pressure of the fluid within the eye.

Iridectomy: Surgical removal of part of the iris.

Iridocyclitis: Inflammation of the iris and the ciliary body.

Iritis: Inflammation of the iris.

Keratitis: Inflammation of the cornea, usually characterized by loss of transparency and dullness.

Keratoconus: Conical cornea, a conical protrusion of the cornea.
Keratoprosthesis: Corneal implant, usually of plastic material, artificial cornea.

Lagophthalmos: A condition in which the eye cannot be completed closed.

Lens: Lens of the eye; a transparent biconvex body, situated between the posterior chamber and the vitreous, through which the light rays are focused on the retina.

Lenticular: Pertaining to or shaped like a lens.

Leukoma: A dense white opacity of the cornea.

Levator muscle: Muscle which raises the eyelid.

Limbus: A border; the edge of the cornea where it joins the sclera.

Macular degeneration: Involves loss of central or reading vision, loss of clarity of color; cause and cure not known; peripheral vision is never affected.

Macula lutea: An oval area in the center of the retina devoid of blood vessels.

Microphthalmos: A rare developmental defect in which the eyeballs are abnormally small.

Miosis: Reduction in the size of the pupil.

Miotic: Drug which causes a reduction in the size of the pupil.

Muscae volitantes: Small floating spots when looking at a bright uniform field, such as the sky; attributed to minute remnants of embryonic structure in the vitreous humor.

Mydriasis: Increase in pupil size.

Myopia: Nearsightedness.

Myopic degeneration: A form of nearsightedness which may lead to blindness.

Needling (of cataract): A surgical procedure in which the lens is punctured to allow the absorption of the lens substance.

Neuritis, optic: Inflammation of a nerve, e.g., the optic nerve.

Nystagmus: A regular, rapid, characteristically involuntary movement or rotation of the eyes.

Oculist: Ophthalmologist.

Oculomotor: Pertaining to the movement of the eye.

Opacity: The condition of being opaque.

Ophthalmodynamometer: An instrument for measuring the blood pressure in the retinal artery.

Ophthalmologist: A medical practitioner specializing in the field of medical and surgical care of the eye.

Ophthalmoscopy, direct: The mirrored observation of the upright image of the interior of the eye.
Ophthalmoscopy, indirect: The observation of an inverted image of the interior of the eye.

Optic atrophy: Degeneration of the optic nerve fibers; visual loss usually accompanies this condition.

Optic chiasm: An arrangement of nerve fibers in which the optic nerves of both eyes cross at a junction near the pituitary gland.

Optic disc: The portion of the optic nerve within the eye which is formed by the meeting of all retinal nerve fibers at the level of the retina.

Optic neuritis: Inflammation of the optic nerve.

Optician: one who designs or manufactures optical instruments, glasses.

Optometrist: An expert in optometry; nonmedical visual care.

Orbicularis: An eyelid muscle which closes the eye.
Orbit: The cavity in the skull which contains the eyeball.

Orthoptics: The teaching and training process for the elimination of strabismus.

Pallor of disc: Paleness of the optic nerve, suggesting atrophy.

Palpebral: Pertaining to the eyelid.

Panophthalmitis: Inflammation of all the structures of the eye.

Papilledema: Non-inflammatory edema of the optic nerve head.

Pathway: Visual–the neural path of visual impulses.

Pemphigus: A progressive and often fatal condition of blistering and scarring of the mucous membranes and the skin which can affect the eye.

Perimeter: An instrument for measuring the field of vision.

Phakoma: A small grayish white tumor in the retina.

Phlycetenule: A minute ulcerated nodule of the cornea or conjunctiva.

Phoria: A tendency to deviation of the eyes from normal.

Photophobia: Abnormal sensitivity to and discomfort from light.

Phthisis bulb: Shrinking, wasting, and atrophy of the eyeball.

Pigment ephithelium: A layer of cells in the retina containing pigment granules.

Pilocarpine: A substance that cause the pupil to contract.

Pituitary ablation: Destruction of the pituitary gland.

Pleoptics: A technique of eye exercises designed to develop fuller vision and binocular cooperation.

Posterior pole of eye: The center of the posterior curvature of the eye.

Presbyopia: Severe loss of vision due to advancing years or old age.
Pterygium: A growth of the conjunctiva considered to be due to a degenerative process caused by long-continued irritation as from exposure to wind and dust.
Ptosis: A paralytic drooping of the upper eyelid.

Pupil: The opening of the center of the iris of the eye for the transmission of light.

Rectus muscle: A muscle attached to the eyeball which controls eye movements.

Reflex, corneal: Blinking or winking in response to tactile stimulation of the cornea; reflection of light from the cornea.

Reflex, pupillary: Constriction of the pupil when stimulated by light.

Refractive error: A defect in the eye that prevents light waves from being brought to a single focus exactly on the retina.

Retina: The innermost of the three tunics of the eyeball, surrounding the vitreous body and continuous posteriorly with the optic nerve.

Retinal hole: A space where the retina has pulled away from the underlying choroid tissue.

Retinitis pigmentosa: A hereditary degeneration and atrophy of the retina.

Retinobalstoma: A tumor arising from retinal germ cells.

Retino-choroiditis: Inflammation of the retina and choroid.

Retinopathy: A disease of the retina due to various causes.
Diabetic Retinopathy: Changes in the retina due to diabetes mellitus.
Hypertensive: A disease of the retina associated with essential or malignant hypertension.

Retinoscope: An instrument for measuring the refractive state of the eye.
Retrobulbar: Situated or occurring behind the eyeball.

Retrolental fibroplasia: A disease of the retina in which a mass of scar tissue forms in back of the lens; associated with premature birth and oxygen inhalation.

Rubeosis iridis: Condition characterized by a new formation of vessels and connective tissue on the surface of the eye.

Sac, conjunctival: The potential space, lined by conjunctiva, between the eyelids and the eyeball.

Sac, lacrimal: The dilated upper end of the
nasolacrimal canal.

Schlemm’s canal: A circular channel at the junction of the sclera and cornea through which aqueous humor leaves the eye.

Sclera: The tough, white, protective coat of the eye.

Scotoma: A blind or partially blind area in the visual field.

Separation of Retina: Separation of the retina from its pigment epithelium layer.

Slit-lamp: An instrument producing a slender beam of light for illuminating any reasonably transparent structure, such as the cornea.

Spasm, lid: (Blepharospasm) a sudden, violent, involuntary contraction of the eyelid; attended by pain.

Squint, accommodative: That which is due to excessive or deficient accommodative effort.
Convergent: That in which the visual axes converge; cross-eyed.
Divergent: That in which the visual axes diverge.
Paralytic: Due to paralysis of an eye muscle.

Staphyloma: Protrusion of the cornea or sclera resulting from inflammation.

Stereopis: Visual perception of depth or three-dimensional space.

Stereotactic surgery: Use of three-dimensional localization in surgery.

Strabismus: Squint; failure of the two eyes simultaneously to direct their gaze at the same object because of muscle imbalance.

Sty (hordeolum): Inflammation of one or more of the sebaceous glands of the eyelids.

Subluxation: Incomplete dislocation of the lens.

Sympathetic Ophthalmia: Inflammation of one eye because of an injury in the other eye.

Syndrome: A set of symptoms which occur together; a symptom complex

Synechia: Adhesions, usually of the iris to the cornea or lens.

Tarsal plate: The framework of connective tissue which gives shape to the eyelid.

Tarsorrphaphy: Surgical attachment of upper and lower lids.

Tear film: Microscopic film which constantly bathes the cornea.

Tenon’s capsule: The fibrous membrane surrounding the sclera.

Tonography: The recording of changes in intraocular pressure produced by the constant application of a known weight on the globe of the eye.

Tonometer: An instrument for measuring the pressure inside the eye.

Trachoma: A chronic, contagious, viral infection of the conjunctiva and the cornea.

Tumbling: Technique of removing a cataract.

Ulcer, corneal: Pathological loss of substance of the surface of the cornea, due to progressive erosion and death of tissues.

Uniocular: Pertaining to or affecting one eye.
Uveitis: Inflammation of the vascular coat of the eye (choroid, ciliary body, and the iris).

Vision, central: Vision elicited by stimuli impinging directly on the macula.

Vision, distant: Vision for objects at a distance, usually twenty to 200 feet.

Vision, near: Vision for objects at a distance corresponding to normal reading distance, usually thirteen to sixteen inches.

Vision, peripheral: Vision elicited by stimuli falling on areas of the retina distant from the macula.

Vision, photopic: Vision attributed to cone function, characterized by the ability to discriminate colors and small detail; daylight vision.
Vision, scotopic: Vision attributed to rod function, characterized by the lack of ability to discriminate colors and small detail, and effective primarily in the detection of movement and low luminous intensities.

Visual acuity: Ability of the eye to perceive the shape of objects in the direct line of vision; sharpness of sight.

Visual axis: The line of gaze, a straight line from the object seen, through the center of the pupil to the macula lutea.

Visual cortex: Final station of visual impulses in the brain; sensory area of brain responsible for vision.

Visual Field: The area of physical space visible to any eye in a given position.

Vitreous, or vitreous body: Transparent, colorless mass of soft gelatinous material filling the eyeball behind the lens.

Water drinking test: Provocative test for glaucoma in which the patient drinks one quart of water after fasting and the intraocular pressure is measured every fifteen minutes.

Xerophthalmia: Conjunctivitis with atrophy and no liquid discharge that produces a dry, lusterless condition of the eyeball.
Zonule of Zinn: The suspensory apparatus of the lens.

From the book Your Sight–Folklore, Fact, and Common Sense by Bernard Seeman.

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When the client has met his or her goal and training objectives, the case must be closed as rehabilitated.