

**U.S. DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES  
REHABILITATION SERVICES ADMINISTRATION  
WASHINGTON, DC 20202**

**POLICY DIRECTIVE**

**RSA-PD-99-09**

**Date: September 8, 1999**

**ADDRESSEES:** STATE VOCATIONAL REHABILITATION AGENCIES (GENERAL)  
STATE VOCATIONAL REHABILITATION AGENCIES (BLIND)  
CLIENT ASSISTANCE PROGRAMS  
REGIONAL REHABILITATION CONTINUING EDUCATION PROGRAMS  
(RRCEPS)  
AMERICAN INDIAN VOCATIONAL REHABILITATION SERVICE  
PROGRAMS  
RSA SENIOR MANAGEMENT TEAM

**SUBJECT:** Announcement of OMB Approval for Continued Collection of the Case Service Report (RSA-911), OMB Number: 1820-0508

**POLICY**

**STATEMENT:** This is to inform you that the RSA-911, Case Service Report, has been approved by the Office of Management and Budget through January 31, 2000. Please use this form to report on individuals whose service records were closed in FY 1999 and continue to use this form to report FY 2000 data. The instructions for this report form are identical to those transmitted to you under RSA-PD-95-04, dated May 1, 1995, and RSA-PD-97-02 dated March 12, 1997.

The due date for submitting the RSA-911 data remains as November 30, following the end of a fiscal year. State VR agencies should examine their data for accuracy before submitting it to RSA by the deadline of November 30. An edit program was provided to each State VR agency on diskette. When the proposed Evaluation Standards and Performance Indicators under Section 106 of the Rehabilitation Act become final, it is very likely that failure to meet this deadline for submitting data in a valid, accurate, and consistent format will result in the State VR agency being required to develop a program improvement plan.

We expect revised RSA-911 instructions to be issued by the end of this calendar year. In order to give State agencies adequate time to implement these new instructions, we expect that FY 2001 will be the first year that data will be collected and reported in accordance with the new instructions.

Submitting RSA-911 data on diskette or CD-ROM is now preferred to magnetic tape. All submittals, in whatever form, should be sent to:

Rehabilitation Services Administration  
Office of Program Operations  
Basic State Grants Branch  
Statistical Unit  
Switzer Building, Room 3211  
330 C Street S.W.  
Washington, DC 20202-2735

**CITATIONS**

**IN LAW:**

Sections 12(a), 13, 14(a), 101(a)(10), 131 and 626 of the Rehabilitation Act of 1973, as amended, and the Paperwork Reduction Act of 1995, as amended.

**CITATIONS IN  
REGULATIONS:**

34 CFR 361.38, 361.40, and 361.56

**EXPIRATION  
DATE:**

January 31, 2000

**INQUIRIES  
TO:**

RSA Central Office (202-245-7488) or Regional Offices.

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Fredric K. Schroeder, Ph.D.  
Commissioner

Enclosure

Cc: CSAVR  
NAPAS  
NCIL  
NRFC

**Summary of How New RSA-911 System Differs in Content or Instructions from  
Previous RSA-911 System, by Data Element in Alphabetical Order**

<b>Data element name</b>	<b>Record position</b>	<b>Change, if any, from current RSA-911</b>
Agency code	2-3	
Cost of case services	77-81	
Date of application	14-19	
Date of birth	20-25	
Date of closure	124-129	
Date of eligibility	65-70	New data element.
Highest grade completed	33-34	Code XX for special education no longer confined to persons with mental retardation.
Hispanic origin	29	
Hours worked (application)	56-57	
Hours worked (closure)	114-115	
Major disabling condition	46-48	Clarifies reporting for TBI.
Marital status	28	
Medical insurance (application)	63	
Medical insurance (closure)	132	
Medical insurance available through job (application)	64	
Medical insurance available through job (closure)	133	
Migratory agricultural worker	138	
Monthly public assistance amount (application)	58-60	
Monthly public assistance amount (closure)	116-118	
Multiple closure code	13	
Occupation (closure)	82-87	
Personal assistance services	140	New data element-includes codes for readers, interpreters, and attendants.
Previous closure status	30	Clarifies item to show that codes pertain to the most recent active case closure.
Previous employment status	71	New data element-if ever worked.
Primary source of support (application)	61-62	
Primary source of support (closure)	119-120	
Projects-with-Industry	139	
Race	27	

**Summary of How New RSA-911 System Differs in Content or Instructions from  
Previous RSA-911 System, by Data Element in Alphabetical Order**

<b>Data element name</b>	<b>Record position</b>	<b>Change, if any, from current RSA-911</b>
Reason for closure	122-123	Deletes one code made obsolete by the 1992 Amendments.
Record identifier	1	
Rehabilitation technology services	141-143	New data element.
a. Rehabilitation engineering	141	
b. Assistive tech devices	142	
c. Assistive tech services	143	
Secondary disabling condition	49-51	Clarifies reporting for TBI.
Services provided	88-100	Reduces number of codes for reporting services from 8 to 2 (whether provided or not).
a. Assessment	88	Formerly diagnosis/evaluation.
b. Restoration	89	No longer includes devices.
c. College/university training	90	
d. Business/vocational training	91	
e. Adjustment training	92	No longer includes training in the use of devices.
f. On-the-job training	93	
g. Miscellaneous training	94	
h. Counseling & guidance	95	Narrows reporting to cases where C&G is substantial.
i. Job-finding services	96	Expands "job referral" to include other job help services.
j. Job placement	97	
k. Transportation	98	
l. Maintenance	99	
m. Other services	100	No longer includes reader and interpreter services.
Severe disability	135	Applies Sec. 7(15) definition. (Current definition abolished.)
Sex	26	
Social Security Account Number	4-12	Adds RSA-SSA Data Exchange as another rationale for item.
Source of referral	31-32	
Supported employment status	130	
Supported employment outcome	131	

**Summary of How New RSA-911 System Differs in Content or Instructions from  
Previous RSA-911 System, by Data Element in Alphabetical Order**

<b>Data element name</b>	<b>Record position</b>	<b>Change, if any, from current RSA-911</b>
Type of closure whose VR was delayed because of order of selection.	121	Adds closure code for eligible persons
Type of facility/agency furnishing service	101-109	
a. Educational institution	101	
b. Business/vocational school	102	
c. Hospital/sanatorium	103	
d. Health organization/agency	104	
e. Community rehabilitation program	105	Formerly "rehabilitation facility".
f. Welfare agency	106	
g. Other public agency	107	Clarifies that "other" excludes respondent.
h. Other private agency	108	
i. Individuals	109	
Type of institution	44-45	
Type of public support during VR:	35-43	
a. SSI-aged	35	
b. SSI-blind	36	
c. SSI-disabled	37	
d. AFDC	38	
e. General assistance	39	
f. SSDI	40	
g. Veterans disability	41	
h. Other disability	42	
i. Other public support	43	
Veteran status	134	
Weekly earnings (application)	53-55	Code XXX for farmer's profits is eliminated.
Weekly earnings (closure)	111-113	Code XXX for farmer's profits is eliminated.
Work status (application) "extended employment".	52	Sheltered workshop work is now
Work status (closure) "extended employment".	110	Sheltered workshop work is now
Year last employed	72-73	New data element.

*Reporting Manual for the*

**CASE SERVICE REPORT**

**(RSA-911)**

**STATE-FEDERAL PROGRAM OF**

**VOCATIONAL REHABILITATION**

Reporting Manual for the Case Service Report (RSA-911)

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\* **Comparison checks between data elements--designed to enhance reporting consistency and reasonableness--are interspersed throughout Sections C and D. Section E contains the same crosschecks in one place for the convenience of State agency staff involved in data quality assurance activities.**



RP	ELEMENT	
1	"*" ID Single Record Format	
2	Agency Code	
3		
4		
5		
6		
7		
8	Social Security Account Number	
9		
10		
11		
12		
13	Multiple Closure Code	
14		DATE OF APPLICATION
15	Month	
16		
17	Day	
18		DATE OF BIRTH
19	Year	
20		
21	Month	
22		
23	Day	
24		
25	Year	
26	Sex	
27	Race	
28	Marital Status	
29	Hispanic Origin	
30	Previous Closure Status	
31	Referral Source	
32		
33	Highest Grade	
34	Completed	
35	SSI-Aged	PUBLIC SUPPORT DURING VR
36	SSI-Blind	
37	SSI-Disabled	
38	AFDC	
39	General Assistance	
40	SSDI	
41	Veteran's Disability	
42	Other Disability	
43	Other Public Support	
44	Type of Institution	
45		

RP	ELEMENT	
46		
47	Major Disabling Condition	
48		
49		
50	Secondary Disabling Condition	
51		
52	Work Status	At Application
53	Weekly Earnings	
54		
55		
56	Hours Worked	
57		
58	Monthly Public Assistance Dollars (\$)	
59		
60		
61	Primary Source Of Support	
62		
63	Medical Insurance Coverage	
64	Insurance Avail. On Job	
65	Month	Date of Eligibility
66		
67	Day	
68		
69	Year	
70		
71	Previous Employment Status	
72	Year Last Employed	
73		
74	RESERVED FOR FUTURE USE	
75		
76		
77	Cost of Case Services	
78		
79		
80		
81		
82	Occupation at Closure	
83		
84		

RP	ELEMENT	
85		
86		
87		
88	Assessment	Service Types
89	Restoration	
90	College/University Training	
91	Business/Vocational Training	
92	Adjustment Training	
93	On-the-job Training	
94	Miscellaneous Training	
95	Counseling - substantial	
96	Job-Finding Services	
97	Job Placement	
98	Transportation	
99	Maintenance	
100	Other Services	
101	Educational Institutions	Service Sources
102	Business/Vocational School	
103	Hospital/Sanatorium	
104	Health Organization/Agency	
105	Community Rehab Program	Service Sources
106	Welfare Agency	
107	Other Public Agency	
108	Other Private Agency	
109	Individuals (Private)	
110	Work Status	At Closure
111	Weekly Earnings	
112		
113		
114	Hours Worked	
115		
116	Monthly Public Assistance Dollars (\$)	
117		
118		
119	Primary Source Of Support	
120		

RP	ELEMENT	
121	Type of Closure	
122	Reason for Closure	
123		
124	Month	Date of Closure
125		
126	Day	
127		
128	Year	
129		
130	Supported Employment Status	
131	Supported Employment Outcome	
132	Medical Insurance Coverage at Closure	
133	Insurance Avail. On Job at Closure	
134	Veteran Status	
135	Severe Disability	
136	RESERVED FOR FUTURE USE	
137		
138	Migratory Agricultural Worker	
139	Projects-with-Industry	
140	Personal Assistance Services	
141	Rehabilitation Engineering	
142	Assistive Technology Devices	
143	Assistive Technology Services	
144	RESERVED FOR FUTURE USE	
145		
146		
147		
148		
149		
150		

**Listing of RSA-911 Data Elements: Their Record Position/s (RP),  
Applicable Closure Codes and Page Where Defined**

Data Element number*	Data element name	Located in RP	Applies to closure codes	Found on page number
2.	Agency code	2-3	1-6	3
29.	Cost of case services	77-81	1-6	30
5.	Date of application	14-19	1-6	4
6.	Date of birth	20-25	1-6	4
40.	Date of closure	124-129	1-6	44
25.	Date of eligibility	65-70	3-6	30
13.	Highest grade completed	33-34	1-6	7
10.	Hispanic origin	29	1-6	5
20.	Hours worked (application)	56-57	1-6	26
35.	Hours worked (closure)	114-115	3	39
16.	Major disabling condition	46-48	1-6	10
9.	Marital status	28	1-6	5
23.	Medical insurance (application)	63	3-6	28
43.	Medical insurance (closure)	132	3	46
24.	Medical insurance available through job (application)	64	3-6	29
44.	Medical insurance available through job (closure)	133	3	46
48.	Migratory agricultural worker	138	1-6	48
21.	Monthly public assistance amount (application)	58-60	3-6	26
36.	Monthly public assistance amount (closure)	116-118	3	40
4.	Multiple closure code	13	1-6	4
30.	Occupation (closure)	82-87	3	31
50.	Personal assistance services	140	3-5	48
11.	Previous closure status	30	3-6	6
26.	Previous employment status	71	3-6	30
22.	Primary source of support (application)	61-62	3-6	28
37.	Primary source of support (closure)	119-120	3	41
49.	Projects-with-Industry	139	1-6	48

\* Represents field sequence in the RSA-911 format.  
(See end of data element listing for closure code designations.)

**Listing of RSA-911 Data Elements: Their Record Position (RP),  
Applicable Closure Codes and Page Where Defined**

Data Element number*	Data element name	Located in RP	Applies to closure codes	Found on page number
8.	Race	27	1-6	5
1.	Record identifier	1	1-6	3
39.	Reason for closure	122-123	1,2,4-6	42
<b>51.</b>	<b>Rehabilitation technology services provided</b>	<b>141-143</b>	<b>3-5</b>	<b>49</b>
	a. Rehabilitation engineering	141	3-5	50
	b. Assistive technology devices	142	3-5	50
	c. Assistive technology services	143	3-5	50
28.	Reserved for future use	74-76	N/A	30
47.	Reserved for future use	136-137	N/A	48
52.	Reserved for future use	142-150	N/A	50
17.	Secondary disabling condition	49-51	1-6	11
<b>31.</b>	<b>Services provided (other than personal assistance and rehabilitation technology)</b>	<b>88-100</b>	<b>3-5</b>	<b>33</b>
	a. Assessment	88	3-5	33
	b. Restoration	89	3-5	33
	c. College/university training	90	3-5	33
	d. Business/vocational training	91	3-5	33
	e. Adjustment training	92	3-5	34
	f. On-the-job training	93	3-5	34
	g. Miscellaneous training	94	3-5	34
	h. Counseling/guidance-substantial	95	3-5	34
	i. Job-finding services	96	3-5	34
	j. Job placement	97	3-5	35
	k. Transportation	98	3-5	35
	l. Maintenance	99	3-5	35
	m. Other services	100	3-5	35
46.	Severe disability	135	1-6	47
7.	Sex	26	1-6	4
3.	Social Security Account Number	4-12	1-6	4
12.	Source of referral	31-32	1-6	6
41.	Supported employment status	130	3-6	45
42.	Supported employment outcome	131	3-6	45

\* Represents field sequence in the RSA-911 format.

N/A Not applicable

(See end of data element listing for closure code designations.)

**Listing of RSA-911 Data Elements: Their Record Position (RP),  
Applicable Closure Codes and Page Where Defined**

Data Element number*	Data element name	Located in RP	Applies to closure codes	Found on page number
38.	Type of closure	121	1-6	42
<b>32.</b>	<b>Type of facility/agency furnishing service:</b>	<b>101-109</b>	<b>3-5</b>	<b>35</b>
	a. Educational institution	101	3-5	36
	b. Business/vocational school	102	3-5	36
	c. Hospital/sanatorium	103	3-5	36
	d. Health organization/agency	104	3-5	36
	e. Community Rehab. Program	105	3-5	37
	f. Welfare agency	106	3-5	37
	g. Other public agency	107	3-5	37
	h. Other private agency	108	3-5	37
	i. Individuals	109	3-5	37
15.	Type of institution	44-45	3-6	9
<b>14.</b>	<b>Type of public support during VR:</b>	<b>35-43</b>	<b>3-6</b>	<b>8</b>
	a. SSI-aged	35	3-6	8
	b. SSI-blind	36	3-6	8
	c. SSI-disabled	37	3-6	8
	d. AFDC	38	3-6	8
	e. General assistance	39	3-6	8
	f. SSDI	40	3-6	8
	g. Veterans disability	41	3-6	8
	h. Other disability	42	3-6	8
	i. Other public support	43	3-6	9
45.	Veteran status	134	1-6	47
19.	Weekly earnings (application)	53-55	3-6	25
34.	Weekly earnings (closure)	111-113	3	39
18.	Work status (application)	52	3-6	23
33.	Work status (closure)	110	3	37
27.	Year last employed	72-73	3-6	30

\* Represents field sequence in the RSA-911 format.

Closure Codes:

- 1 Not accepted for services (Status 08 from Status 02)
- 2 Not accepted for services (Status 08 from Status 06)
- 3 Rehabilitated (Status 26)
- 4 Not rehabilitated (Status 28)
- 5 Not rehabilitated (Status 30)
- 6 Closed from pre-service listing (Status 38 from Status 04)

**Element-by-Element Instructions:**

**CASE SERVICE REPORT**

**(RSA-911)**

## CASE SERVICE REPORT (RSA-911): ELEMENT-BY-ELEMENT INSTRUCTIONS

### 1. Record Identifier: Record Position 1

Enter \* (asterisk) to indicate the beginning of a new record.

### 2. Agency Code: Record Positions 2 - 3

Enter the two-digit code assigned to each State rehabilitation agency from the following list. Please note that codes have been pre-assigned to non-existing agencies for the blind in the event that they are established in the future.

State or Territory	<u>Agency Code</u> General/ Combined	State or Blind	territory	<u>Agency Code</u> General/ Combined	Blind
Alabama	00	5A	Nebraska	26	76
Alaska	XX	5B	Nevada	27	77
American Samoa	60	5C	New Hampshire	28	78
Arizona	01	52	New Jersey	29	79
Arkansas	02	53	New Mexico	30	80
California	03	54	New York	31	81
Colorado	04	55	North Carolina	32	82
Connecticut	05	56	North Dakota	33	83
Delaware	06	57	Northern Marianas	GG	5G
Dist. of Columbia	07	5D	Ohio	34	84
Florida	08	58	Oklahoma	35	85
Georgia	09	59	Oregon	36	86
Guam	YY	62	Pennsylvania	37	87
Hawaii	10	63	Palau	99	5H
Idaho	11	61	Puerto Rico	38	88
Illinois	12	5E	Rhode Island	39	89
Indiana	13	5F	South Carolina	40	90
Iowa	14	64	South Dakota	41	91
Kansas	15	65	Tennessee	42	92
Kentucky	16	66	Texas	43	93
Louisiana	17	67	Utah	44	94
Maine	18	68	Vermont	45	95
Maryland	19	69	Virginia	46	96
Massachusetts	20	70	Virgin Islands	51	5J
Michigan	21	71	Washington	47	97
Minnesota	22	72	West Virginia	48	98
Mississippi	23	73	Wisconsin	49	5K
Missouri	24	74	Wyoming	50	5L
Montana	25	75			

**3. Social Security Account Number: Record Positions 4 - 12**

Enter the client's nine-digit Social Security Account number (SSAN). Every effort should be made to determine and accurately record this number as it will be used (a) for record control purposes, such as culling out duplicates, and (b) to satisfy the requirements of Section 141 of the Rehabilitation Act, as amended, for the exchange of data between the Social Security Administration and the Rehabilitation Services Administration.

In the absence of the SSAN, a unique nine-digit number must be assigned. Agencies are asked to insure that this unique number does not inadvertently duplicate a genuine SSAN. This can be accomplished by starting the nine-digit number with a Code 8 or 9 in RP 4. For Closure Code 1 (Status 08 from Status 02), an alpha code may be inserted in RP 4. The assignment of unique nine-digit numbers will technically be considered "errors" for editing purposes, but it is understood that the SSAN will not be available in certain instances.

**4. Multiple Closure Code: Record Position 13**

Enter a one-digit code to indicate that the reported data pertain to the first, second, third or fourth case closure for the same individual in the Federal fiscal year of reference. Multiple Closure Code will be used to prevent cases with identical Social Security Account Numbers from being edited out as duplicates when other closures for the same individual have occurred during the fiscal year. Enter Code 0 to indicate the first case closure for the individual during the fiscal year, Code 1 to designate a second closure, Code 2 a third closure, and Code 3 a fourth closure.

**5. Date of Application: Record Positions 14 - 19**

Enter the month, day and year in which the individual applied for vocational rehabilitation services and is considered to be in Status 02. The first two digits of the six-digit field pertain to the month (e.g., January = 01), the next two digits to the day (e.g., the seventh = 07), and the last two digits to the year.

**6. Date of Birth: Record Positions 20 - 25**

Enter the month, day, and year of the individual's birth. The first two digits of the six-digit field pertain to the month (e.g., January = 01), the next two digits to the day (e.g., the seventh = 07), and the last two digits to the year.

**7. Sex: Record Position 26**

Enter Code 1 for males and Code 2 for females.

**8. Race: Record Position 27**

Enter one of the following one-digit codes:

- 1 White
- 2 Black
- 3 American Indian or Alaskan Native
- 4 Asian or Pacific Islander



These definitions apply:

**White:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Black:** A person having origins in any of the black racial groups of Africa.

**American Indian or Alaskan Native:** A person having origins in any of the original peoples of North America, and who maintains cultural identification through affiliation or community recognition.

**Asian or Pacific Islander:** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

**Do not use the item on Race to report Hispanic Origin. The latter is to be reported in RP 29.**

#### **9. Marital Status: Record Position 28**

Enter a one-digit code to indicate the individual's marital status at the time of application for services. The codes for this item are:

- 1 Married
- 2 Widowed
- 3 Divorced
- 4 Separated
- 5 Never Married

Persons in common law marriages should be coded 1 (married) and persons whose only marriage has been annulled should be coded 5 (never married).

#### **10. Hispanic Origin: Record Position 29**

Enter Code 1 for a person of Hispanic origin and Code 2 for a person who is not of Hispanic origin. A person is considered to be Hispanic if he or she is of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin.

**Report the race for persons of Hispanic Origin in RP 27.**

#### **11. Previous Closure: Record Position 30**

Enter a one-digit code to indicate whether the individual was previously rehabilitated (Status 26) or not rehabilitated (Statuses 28 and 30) within 36 months of the most recent date of application. If more than one closure into Status 26, 28, or 30 occurred in this time span, code for the last closure only. The following three codes apply:

- 1 Not previously closed into any of Statuses 26, 28, or 30 within 36 months of last application date
- 2 Previously closed rehabilitated (Status 26)
- 3 Previously closed not rehabilitated (Statuses 28 and 30)

#### **12. Source of Referral: Record Positions 31 - 32**

Enter a two-digit code designating the agency, organization, institution, or person initially bringing the applicant to the attention of the State rehabilitation agency. Wherever possible and appropriate, record an agency, organization or institution rather than an individual as the source of referral. For example, if a State employment service employee refers a person to the State rehabilitation agency, the proper referral source would be the State employment service (Code 53) and not an individual. An effort should be made, also, to ascertain whether the coding for an applicant appearing to be self-referred might more properly be assigned to an agency, organization or institution. The following referral source codes apply:

**(1-) Educational Institutions (public and private)**

- 10 College or university (institution offering higher than secondary education, including junior college)
- 12 Vocational school (including business, trade, and other technical school)
- 14 Elementary or high school
- 16 School for persons with physical or mental disabilities
- 19 Other educational institution

**(2-) Hospitals and Sanatoriums (public and private)**

- 20 Mental hospital
- 22 Other chronic condition or specialized hospital or sanatorium
- 24 General hospital
- 29 Other hospital or clinic (except public health clinic, Code 38)

**(3-) Health Organizations and Agencies**

- 30 Community rehabilitation program (except community mental health center, Code 32)
- 32 Community mental health center
- 34 State crippled children's agency
- 38 Other public health department, organization, or agency (including public health nurse or clinic)
- 39 Other private health organization or agency

**(4-) Welfare Agencies**

- 40 Public welfare agency (State and local government)
- 44 Private welfare agency (including labor union welfare funds and civic or community welfare organization)

**(5-) Public Organizations and Agencies (not specifically educational, health, or welfare)**

- 50 Social Security Disability Determination Service
- 51 Social Security District Office
- 52 Workers' compensation agency (Federal and State)
- 53 State employment service
- 54 Selective service system
- 55 State vocational rehabilitation agency
- 56 Correctional institution, court, or officer (Federal, State and local)
- 59 Other public organization or agency (including public official not representing above organizations or agencies)

**(6-) Private Organizations and Agencies (not specifically educational, health, or welfare)**

- 60 Artificial appliance company
- 62 Employer
- 69 Other private organization or agency

**(7-) Individuals**

- 70 Self-referral\*
- 72 Physician, not elsewhere classified
- 79 Other individual, not elsewhere classified

\* **Check to see if an agency, organization or institution instead of "self-referral" can properly be coded as the source of referral.**

**13. Highest Grade Completed: Record Positions 33 - 34**

Enter a two-digit code denoting the highest grade of school completed at the time of application for services for persons educated under a regular educational system. Enter Code XX to represent "special education" in instances where the person was not educated under a regular educational system. "Special education" may apply to individuals of any disability group.

When the individual presents evidence of a level of educational attainment through a GED or an equivalency certification from the Armed Forces, a State Department of Education, or another accredited source which is higher than the level reached through regular schooling, record the higher grade for this item. Fill in the leading zero when it applies. An individual completing 8 grades, for example, should be coded 08, not (blank)8.

**14. Type of Public Support Received at Any Time During the Rehabilitation Process: Record Positions 35 - 43**

Enter a Code 0 or a Code 1 in each of the nine record positions of which this item is composed to indicate whether the individual received the type of public support in question at any point in the rehabilitation process (at application, at closure, or during the rehabilitation process). Use Code 0 to indicate that the person did not receive the particular type of public support, and Code 1 to indicate that he or she received a support payment from the source cited at some time during the rehabilitation process. One payment is sufficient to establish "receipt".

This item refers to cash payments made by Federal, State and local governments for a variety of reasons such as the individual's disability, age, poverty status, retirement and survivor status. Include, too, instances of payments to a family unit because of the individual's disability, or when the individual's presence is taken into account in the computation of the family benefit. An institutionalized person is also to be reported as a recipient of a given support category if payments are sent directly to him or her in the institution, or to dependents on the individual's behalf.

Exclude as public support for this item any non-cash support payments such as Medicaid, Medicare, food stamps and rental subsidies. If the individual did not receive any of the listed public support payments during the rehabilitation process, a zero would appear in each of the nine record positions. The types of public support are as follows:

RP 35 - Supplemental Security Income (SSI)-Aged  
 RP 36 - Supplemental Security Income (SSI)-Blind  
 RP 37 - Supplemental Security Income (SSI)-Disabled  
 RP 38 - Aid to Families with Dependent Children (AFDC)  
 RP 39 - General Assistance  
 RP 40 - Social Security Disability Insurance (SSDI)  
 RP 41 - Veterans' Disability Benefits  
 RP 42 - Other Disability Benefits  
 RP 43 - All Other Public Support Payments

General Assistance (RP 39) is a payment made by a State or local government and would include State supplements to the Federal SSI program.

Veterans' Disability Benefits (RP 41) are payments made by the Department of Veterans Affairs for partial or total disability.

Other Disability Benefits (RP 42) are cash payments to individuals by reason of disability other than those previously listed. Included would be disability payments by (a) Federal, State and local governments for public employee retirement on disability, (b) the Railroad Retirement Board, (c) Workers' compensation agencies and (d) the Social Security Administration under the Black Lung program.

All Other Public Support payments (RP 43) are cash payments to individuals, not listed elsewhere, for any reason other than disability. Included would be retirement and survivor payments made by Federal, State and local governments to the individual. Also included would be unemployment insurance benefits.

**Special Crosschecks Between Type of Public Support and Primary Source of Support at Application and at Closure**

- 1. General Assistance (RP 39) should be coded 1 if the individual's Primary Source of Support at Application (RP 61-62) or at Closure (RP 119-120) is reported as Code 04 (Public Assistance, Without Federal Funds-General Assistance Only).**
- 2. Social Security Disability Insurance (RP 40) should be coded 1 if the individual's Primary Source of Support at Application (RP 61-62) or at Closure (RP 119-120) is reported as Code 07 (Social Security Disability Insurance).**

**15. Type of Institution at Application: Record Positions 44 - 45**

Enter a two-digit code describing the type of institution in which the individual was residing on the date of application to the rehabilitation agency. The item covers group quarters or special living arrangements needed because of disability, health or corrections. A college or school dormitory would not be an institution for this item. Codes for this item are as follows:

00	Not in institution at application
01	Public mental hospital
02	Private mental hospital
03	Psychiatric inpatient unit of general hospital
04	Community mental health center - inpatient
05	Public institution for persons with mental retardation

- 06 Private institution for persons with mental retardation
- 07 Alcoholism treatment center
- 08 Drug abuse treatment center
- 09 School and other institution for persons who are blind
- 10 School and other institution for persons who are deaf
- 11 General hospital
- 12 Hospital or specialized facility for chronic illness
- 13 Institution for persons who are aged
- 14 Halfway house
- 15 Correctional institution-adult
- 16 Correctional institution-juvenile
- 17 Other institutions and special living arrangements including group homes and quarters, not elsewhere specified

**16. Major Disabling Condition: Record Positions 46 - 48**

Enter the three-digit code that best describes the client's major disabling condition. This is the physical or mental condition, impairment, or disease most responsible for the client's work limitation.

In the event that an applicant is not accepted for services before the existence of a disability is determined, or is found not to have a disability (closure into Status 08 from Status 02), the disability field may be left blank. This will technically be an "error" for editing purposes, but it is understood that information concerning disability is not always available or applicable.

All disability codes from 100 through 449 pertain to conditions which affect particular parts of the body and have specific causes. For these codes, the first two digits pertain to the disabling condition itself, and the last digit to the cause of the condition. Thus, if a client is missing at least one upper and one lower extremity (40-) due to an accident, injury, or poisoning (--9), the disability code would be 409. If a client's disabling condition resulted from two different causes, use the last cause in recording the third digit. For example, if a blind person with some light perception lost one eye in a childhood accident and the other to glaucoma later in life, the disability code would be 111 (Blindness, Both Eyes, Due to Glaucoma).

Codes from 500 through 699 pertain to disabling conditions where specific body sites may not be involved and/or etiology is not usually appropriate. Do not use these codes if the disabling condition is a visual, hearing, or orthopedic impairment, or an amputation (Codes 100-499). For example, if a diabetic condition has led to the amputation of both legs, the proper code would be 434 (Loss of One or Both Lower Extremities Due to Disease) rather than Code 614 (Diabetes). As often as appropriate in such instances, however, diabetes should be coded as the Secondary Disabling Condition (RP 49-51). Code 614 would be used as the Major Disabling Condition when the person's diabetes, itself, is the condition that contributes primarily toward the work limitation.

It may occasionally appear that either of two codes in the 600 through 699 series can be recorded as the Major Disabling Condition as, for example, when a benign neoplasm (609) leads to a cardiac condition (643). In this case, distinguish between the condition and its cause and enter the code (643-cardiac condition) that describes the limiting effect. A condition is more directly and immediately associated with the work limitation than is a cause.

Codes in the 700 series are to be used for individuals whose disability or disabilities have resulted from a traumatic brain injury (TBI). The clustering of codes for TBI is intended to emphasize that TBI is a

discrete disabling condition which, for coding purposes, takes "precedence" over other codes that equally describe the resulting disabling effect.

For example, a TBI leading to lower limb paralysis should be coded 728 (TBI Leading to Orthopedic Impairment Involving One or Both Lower Limbs) instead of Code 379 (Orthopedic Impairment Involving One or Both Lower Limbs Due to All Other Accidents, Injuries and Poisonings). Do not record Code 379 as the Secondary Disabling Condition (RP 49-51) because it indicates the same disability as does Code 728. Indeed, no codes from 360 to 379 should be recorded as the Secondary Disabling Condition because all of them describe the same disabling effect as does Code 728.

If the TBI denoted by Code 728 also led to epilepsy, use Code 738 (rather than Code 630) to denote the Secondary Disabling Condition (TBI Leading to Epilepsy).

Use Code 744 as seldom as possible (TBI Leading to All Other Disabling Conditions Singly or in Combination, Not Elsewhere Classified) because it conveys limited data and entails the maximum amount of loss in disability detail.

The use of Codes 290 to 298 to indicate that the individual is deaf-blind precludes the use of any visual codes (100-149) or hearing codes (231-289) for Major or Secondary Disabling Condition.

#### **17. Secondary Disabling Condition: Record Positions 49 - 51**

Enter the three-digit code that best describes the secondary disabling condition. This is the physical or mental condition, impairment or disease that contributes to, but is not the major basis of, the work disability. Enter Code 999 to indicate that the individual does not have a secondary disabling condition contributing to his or her limitation in employment.

#### **Special Crosschecks Between Major and Secondary Disabling Conditions**

- 1. The three-digit code reported for Secondary Disabling Condition should not equal the three-digit code reported for an individual's Major Disabling Condition.**
- 2. A traumatic brain injury code ranging from 700 to 742 precludes the use of another code in the 100 to 600 series as the Major or Secondary Disabling Condition that indicates the same disability.**
- 3. A deaf-blind code (290-298) precludes the use of a visual or hearing code (100-289) as the Major or Secondary Disabling Condition.**

**(Agencies are encouraged to determine other combinations of major and secondary disabling conditions which are contradictory, e.g., moderate and mild mental retardation, deafness and hard of hearing, etc., and to rectify such inconsistencies).**

**CODES FOR MAJOR AND SECONDARY DISABLING CONDITION**

Code	<b>VISUAL IMPAIRMENTS*</b>
	<u>Blindness, both eyes, no light perception, due to:</u>
100	cataract
101	glaucoma
102	all other diseases
106	congenital condition
107	accident, poisoning, exposure or injury
109	ill-defined, unspecified or unknown cause
	<u>Blindness, both eyes (with correction not more than 20/200 in better eye or limitation in field within 20 degrees, but not Codes 100 - 109), due to:</u>
110	cataract
111	glaucoma
112	all other diseases
116	congenital condition
117	accident, poisoning, exposure or injury
119	ill-defined, unspecified or unknown cause
	<u>Blindness, one eye, other eye defective (better eye with correction less than 20/60, but better than 20/200, or corresponding loss in visual field), due to:</u>
120	cataract
121	glaucoma
122	all other diseases
126	congenital condition
127	accident, poisoning, exposure or injury
129	ill-defined, unspecified or unknown cause
	<u>Blindness, one eye, other eye good, due to:</u>
130	cataract
131	glaucoma
132	all other diseases
136	congenital condition
137	accident, poisoning, exposure or injury
139	ill-defined, unspecified or unknown cause
	<u>Other visual impairments, due to:</u>
140	cataract
141	glaucoma
142	all other diseases
146	congenital condition
147	accident, poisoning, exposure or injury
149	ill-defined, unspecified or unknown cause
*	<b>Use codes in the 700 series if traumatic brain injuries are involved.</b>

Code	<b>HEARING IMPAIRMENTS*</b> (See definitions after code listing)
	<u>Deafness, pre-lingual, due to:</u>
231	congenital condition
233	degenerative or infectious disease
234	accident, injury or poisoning
239	ill-defined, unspecified or unknown cause
	<u>Deafness, pre-vocational, due to:</u>
241	(Do not use.)
243	degenerative or infectious disease
244	accident, injury or poisoning
249	ill-defined, unspecified or unknown cause
	<u>Deafness, post-vocational, due to:</u>
251	(Do not use.)
253	degenerative or infectious disease
254	accident, injury or poisoning
259	ill-defined, unspecified or unknown cause
	<u>Hard of hearing, pre-lingual, due to:</u>
261	congenital condition
263	degenerative or infectious disease
264	accident, injury or poisoning
269	ill-defined, unspecified or unknown cause
	<u>Hard of hearing, pre-vocational, due to:</u>
271	(Do not use.)
273	degenerative or infectious disease
274	accident, injury or poisoning
279	ill-defined, unspecified or unknown cause
	<u>Hard of hearing, post-vocational, due to:</u>
281	(Do not use.)
283	degenerative or infectious disease
284	accident, injury or poisoning
289	ill-defined, unspecified or unknown cause
	<u>DEAF-BLIND (See definition after code listing) Combined visual and hearing loss, as indicated:</u>
290	both congenital
292	both adventitious
294	visual loss congenital-hearing loss adventitious
296	hearing loss congenital-visual loss adventitious
298	ill-defined, unspecified or unknown cause
*	<b>Use codes in the 700 series if traumatic brain injuries are involved.</b>

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Code	<b>ORTHOPEDIC IMPAIRMENTS,* EXCEPT AMPUTATIONS</b>
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Impairment involving three or more limbs or entire body, due to:

300	cerebral palsy
301	congenital condition or ill-defined birth injury
303	diseases unspecified in code listing
310	arthritis and rheumatism
312	intracranial hemorrhage, embolism, and thrombosis (stroke)
314	polio
315	muscular dystrophy
316	multiple sclerosis
317	Parkinson's disease
318	accidents and injuries involving the spinal cord
319	all other accidents, injuries and poisonings

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Impairment involving one upper and one lower limb (including side), due to:

320	cerebral palsy
321	congenital condition or ill-defined birth injury
323	diseases unspecified in code listing
330	arthritis and rheumatism
332	intracranial hemorrhage, embolism, and thrombosis (stroke)
334	polio
335	muscular dystrophy
336	multiple sclerosis
337	Parkinson's disease
338	accidents and injuries involving the spinal cord
339	all other accidents, injuries and poisonings

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Impairment involving one or both upper limbs including hands, fingers and thumbs), due to:

340	cerebral palsy
341	congenital condition or ill-defined birth injury
343	diseases unspecified in code listing
350	arthritis and rheumatism
352	intracranial hemorrhage, embolism, and thrombosis (stroke)
354	polio
355	muscular dystrophy
356	multiple sclerosis
357	Parkinson's disease
358	accidents and injuries involving the spinal cord
359	all other accidents, injuries and poisonings

\* **Use codes in the 700 series if traumatic brain injuries are involved.**

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**ORTHOPEDIC IMPAIRMENTS,\*  
EXCEPT AMPUTATIONS**

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Code Impairment involving one or both lower limbs (including feet and toes), due to:

360	cerebral palsy
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361	congenital condition or ill-defined birth injury
363	diseases unspecified in code listing
370	arthritis and rheumatism
372	intracranial hemorrhage, embolism, and thrombosis (stroke)
374	polio
375	muscular dystrophy
376	multiple sclerosis
377	Parkinson's disease
378	accidents and injuries involving the spinal code
379	all other accidents, injuries and poisonings

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Other and ill-defined impairments (including trunk, back and spine), due to:

380	cerebral palsy
381	congenital condition or ill-defined birth injury
383	diseases unspecified in code listing
390	arthritis and rheumatism
392	intracranial hemorrhage, embolism, and thrombosis (stroke)
394	polio
395	muscular dystrophy
396	multiple sclerosis
397	Parkinson's disease
398	accidents and injuries involving the spinal cord
399	all other accidents, injuries and poisonings

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**ABSENCE OR AMPUTATION OF MAJOR AND MINOR MEMBERS**

Loss of at least one upper and one lower major extremity (including hands, thumbs and feet), due to:

400	malignant neoplasm
402	congenital condition
404	diseases unspecified in code listing
409	accident, injury or poisoning

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Loss of both major upper extremities (including hands or thumbs), due to:

410	malignant neoplasm
412	congenital condition
414	diseases unspecified in code listing
419	accident, injury or poisoning

---

\* **Use codes in the 700 series if traumatic brain injuries are involved.**

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**ABSENCE OR AMPUTATION OF MAJOR AND MINOR MEMBERS**

Code Loss of one major upper extremity (including hand or thumb), due to:

420	malignant neoplasm
422	congenital condition
424	diseases unspecified in code listing
429	accident, injury or poisoning

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Loss of one or both major lower extremities (including feet), due to:

430 malignant neoplasm  
 432 congenital condition  
 434 diseases unspecified in code listing  
 439 accident, injury or poisoning

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Loss of other and unspecified parts (including fingers and toes, but excluding thumbs), due to:

440 malignant neoplasm  
 442 congenital condition  
 444 diseases unspecified in code listing  
 449 accident, injury or poisoning

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**DISABLING CONDITIONS (CODES 500 - 699) FOR WHICH ETIOLOGY IS UNKNOWN OR NOT APPROPRIATE\***

Mental and emotional conditions:

500 psychotic disorders\*\*  
 510 neurotic disorders\*\*

520 alcohol abuse or dependence\*\*  
 521 other drug abuse or dependence\*\*

522 mental and emotional disorders, not elsewhere classified\*\*

526 autism

530 mental retardation, mild  
 532 mental retardation, moderate  
 534 mental retardation, severe (including profound)

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\* **Use codes in the 700 series if traumatic brain injuries are involved.**

\*\* **See additional information on these categories after code listing.**

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Other conditions resulting from neoplasms, not elsewhere classified:

600 colostomies resulting from malignant neoplasms  
 601 laryngectomies resulting from malignant neoplasms  
 602 leukemia and aleukemia  
 605 other malignant neoplasms  
 609 benign and unspecified neoplasms

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Allergic, endocrine system, metabolic and nutritional diseases:

610 asthma and hay fever  
 611 other allergies  
 614 diabetes mellitus  
 615 other endocrine system disorders (except Code 616, cystic fibrosis)  
 616 cystic fibrosis  
 619 avitaminoses and other metabolic diseases

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Diseases of the blood and blood-forming organs:

620	hemophilia
621	sickle cell anemia
629	other anemia and diseases of the blood and blood-forming organs (except Code 602, leukemia and aleukemia)
<hr/>	
<u>Other specified disorders of the nervous system:</u>	
630	epilepsy
632	specific developmental disorders (learning disabilities)
639	other disorders of the nervous system, not elsewhere classified
<hr/>	
<u>Cardiac and circulatory system conditions:</u>	
640	congenital heart disease
641	rheumatic fever and chronic rheumatic heart disease
642	arteriosclerotic and degenerative heart disease
643	other diseases or conditions of heart
644	hypertensive heart disease
645	other hypertensive disease
646	varicose veins and hemorrhoids
649	other conditions of circulatory system
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<u>Respiratory system conditions:</u>	
650	tuberculosis of the respiratory system
651	emphysema
652	pneumoconiosis and asbestosis
653	bronchiectasis
654	chronic bronchitis and sinusitis
659	other conditions of respiratory system
<hr/>	
Code	Disabling Conditions (Continued)
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<u>Digestive system conditions:</u>	
660	conditions of teeth and supporting structures
661	ulcer of stomach and duodenum
662	chronic enteritis and ulcerative colitis
663	hernia
664	colostomies (from other than malignant neoplasm)
669	other conditions of digestive system
<hr/>	
<u>Genitourinary system conditions:</u>	
670	genitourinary system conditions (except Code 671, end-stage renal failure)
671	end-stage renal failure
<hr/>	
<u>Speech impairments:</u>	
680	cleft palate (with or without cleft lip)
682	stammering and stuttering
684	laryngectomies (from other than malignant neoplasms)
685	aphasia resulting from intracranial hemorrhage, embolism, or thrombosis (stroke)
689	other speech impairments
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Other disabling diseases and conditions, not elsewhere classified (NEC):

690	diseases and conditions of the skin and cellular tissue
699	all other disabling diseases and conditions, (NEC)
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<b><u>TRAUMATIC BRAIN INJURY</u></b> , leading to:	
700	blindness, both eyes no light perception
702	blindness, both eyes, some light perception
704	blindness, one eye, other eye defective
706	blindness, one eye, other eye good
708	other visual impairments
710	deafness, pre-lingual
712	deafness, pre-vocational
714	deafness, post-vocational
716	hard of hearing, pre-lingual
718	hard of hearing, pre-vocational
720	hard of hearing, post-vocational
722	orthopedic impairment involving three or more limbs or entire body
724	orthopedic impairment involving one upper and one lower limb (including side)
726	orthopedic impairment involving one or both upper limbs (including hands, fingers and thumbs)
728	orthopedic impairment involving one or both lower limbs (including feet and toes)
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Code	Disabling Conditions (continued)
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<b><u>TRAUMATIC BRAIN INJURY</u></b> , leading to:	
730	other and ill-defined orthopedic impairments (including trunk, back and spine)
732	psychotic disorders
734	neurotic disorders
736	other mental and emotional disorders
738	epilepsy
740	specific developmental disorders (learning disabilities)
742	speech impairments
744	all other disabling conditions singly or in <u>combination, not elsewhere classified</u>
998	major disabling condition unknown
999	no secondary disabling condition
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## Special Definitions/Instructions for Selected Major and Secondary Disabling Conditions

### A. Definitions for Terms Used in Coding Hearing Impairments

1. Deafness - A hearing impairment of such severity that the individual must depend primarily upon visual communication such as writing, lip reading, manual communication, and gestures.
2. Hard of hearing - A hearing impairment resulting in a functional loss, but not to the extent that the individual must depend primarily upon visual communication.
3. Pre-lingual hearing impairment - An impairment that is known or is assumed to have occurred prior to the third birthday.
4. Pre-vocational hearing impairment - An impairment that is known or is assumed to have occurred on or after the third birthday, but prior to the 19th birthday.
5. Post-vocational hearing impairment - An impairment that is known or is assumed to have occurred on or after the 19th birthday.
6. Congenital condition - A hearing loss that is known or is assumed to have been present at birth. Examples would include, but not be limited to, maternal rubella and hemolytic disease of the newborn.
7. Degenerative or infectious disease - A cause of hearing loss that would include, but not be limited to, meningitis, scarlet fever and diphtheria. A condition present at birth which does not result in a hearing loss until later in life is, for reporting purposes, caused by "degenerative or infectious disease."
8. Accident, injury or poisoning - A traumatic cause of hearing loss, including noise-induced loss. This cause would encompass, but not be limited to, ototoxic agents.

### B. Crosswalk Between RSA-911 Codes for Mental and Emotional Conditions and the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)\*

#### Code 500 - Psychotic Disorders

#### DSM-IV Categories

1. Schizophrenia
2. Delusional disorders
3. Psychotic disorders, not elsewhere classified

Code 510 - Neurotic DisordersDSM-IV Categories

1. Anxiety disorders
2. Somatoform disorders
3. Dissociative disorders
4. Delirium, dementia, and amnestic and other cognitive disorders
5. Mood disorders including depressive and bipolar disorders

Code 520 - Alcohol Abuse or DependenceDSM-IV Categories

1. Substance-related disorders - abuse of and dependence on alcohol
2. Organic mental disorders, as induced by alcohol

Code 521 - Other Drug Abuse or DependenceDSM-IV Categories

1. Substance-related disorders - abuse of and dependence on drugs other than alcohol
2. Organic mental disorders, as induced by drugs other than alcohol

Code 522 - Other Mental and Emotional DisordersDSM-IV Categories

1. Personality disorders (DSM-IV Axis II category)
2. Attention deficit and disruptive behavior disorders of childhood or adolescence
3. Adjustment disorders
4. Sexual and gender identity disorders
5. Eating disorders
6. Sleep disorders
7. Factitious disorders
8. Impulse control disorders, not elsewhere classified
9. Other conditions that may be a focus of clinical attention

\* **The crosswalk between RSA-911 codes and DSM-IV categories is suggestive rather than explicitly defining. The proper classification rests with the State agency using the diagnostic information found in an individual's case folder.**

**C. Definition of Individual Who is Deaf-Blind**

The term "individual who is deaf-blind" means any individual-

- (A) (i) 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 these conditions;

- (ii) who has a chronic hearing impairment so severe that most speech cannot be understood with optimum amplification, or a progressive hearing loss having a prognosis leading to this condition; and
  - (iii) for whom the combination of impairments described in clauses (i) and (ii) cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment, or obtaining a vocation;
- (B) 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.



### **18. Work Status at Application: Record Position 52**

Enter the one-digit code which best defines the work activity performed by the individual in the week prior to application for services. The nine work status codes are as follows:

- 1 Competitive employment
- 2 Extended employment (workshops)
- 3 Self-employment (except BEP)
- 4 State-agency-managed business enterprise (BEP)
- 5 Homemaker
- 6 Unpaid family worker
- 7 Not working: Student
- 8 Not working: Other
- 9 Not working: Trainee or worker in non-competitive employment

Any of the first six codes counts as "work" for purposes of vocational rehabilitation. Individuals not meeting the definitions for Codes 1 to 6 below would be classified as not working at the time of application for services.

This item seeks to ascertain whether a work activity took place in the week prior to application for services, and not the extent or level of such activity. Thus, homemakers who were able to do only some of their usual tasks around the house, factory workers who could work only part-time, and laborers who had to do lighter work than usual, all were working for purposes of the work status item.

In some instances, it may be possible to classify the individual into two different work statuses. When this overlap involves two of the first six codes (the codes signifying "work"), select the code more descriptive of the individual's work status prior to application. When an overlap of possible work statuses involves one among the "work" codes (Codes 1 to 6) and one among the "non-work" codes (Codes 7, 8 and 9), use the appropriate "work" code. For example, the correct code for a full-time student with a part-time job in a department store would be "Competitive employment" (Code 1) and not "Not working: Student" (Code 7).

**Wage or salaried worker:** (Codes 1 and 2) A wage or salaried worker is an individual who works during the week before application for services for wages, salary, commissions, tips, or piece-rates. Do not include as a wage or salaried worker any person working only for pay in-kind (Code 8), or in any of the following groups: work in his or her own business (Code 3); work in State-agency-managed-business enterprises (BEP) (Code 4); homemakers (Code 5); work for which there was no wage or salary on a family farm or in a family business (Code 6); volunteer work for the Red Cross, a church, a hospital or other nonprofit agencies, or unpaid work for a friend or relative (Code 8); or trainees or workers in the non-competitive labor market (Code 9).

## **1 Competitive employment**

This refers to work for wages, salary, commissions, tips, or piece-rates, but does not include work in extended employment (workshops--Code 2) . Included would be wage-earners on farms, but not sharecroppers or self-employed farmers (Code 3).

## **2 Extended employment (workshops)**

This refers to work for wages or salary in a setting conducted by a nonprofit organization for persons with disabilities unable to enter into or not ready for competitive employment. Such settings are variously referred to as rehabilitation, community, curative, sheltered, industrial, or occupational workshops.

Not everyone employed in an extended employment setting is necessarily a workshop worker. Code 2 relates solely to individuals who require a sheltered environment in order to perform their work. Those who do not need sheltered work conditions but who are, nonetheless, employed by the workshop (e.g., as office workers, janitors, etc.) should be coded as being competitively employed (Code 1).

**Workers not wage or salaried:** (Codes 3 - 6) Classify under Codes 3 through 6 those individuals who are gainfully occupied, but are not receiving a wage or salary.

## **3 Self-employment (except BEP)**

This refers to work for profit or fees in one's own business, farm, shop, or office. Superintendents, managers and other executives hired to manage a business or farm, officers of corporations, and persons working for sales commissions should not be classified under this code, but under Code 1 (competitive employment). "Self-employment" includes sharecroppers, but not wage-earners on farms.

## **4 State-agency-managed business enterprises (BEP)**

This refers to vending stands and other small businesses operated by persons with severe disabilities under the management and supervision of a State agency. It includes home industry, farming, and other enterprises. Home industry involves work performed under the management and supervision of a State agency in the client's own home or residence for wages or salary on a piece-rate, hourly, weekly, or monthly basis. Such employment may be engaged in by persons capable of activity outside the home, as well as by homebound persons.

## **5 Homemaker**

This refers to men and women whose activity is keeping house for their families or for themselves, if they live alone.

## **6 Unpaid family worker**

This refers to persons who work without pay on a family farm or in a family business.

**Not working:** (Codes 7 - 9) Classified here are students and other persons who cannot be included in the "working" categories.

## 7 Student

This refers to persons who were attending school in the week before application.

## 8 Other

This refers to persons not in any of the previous categories and not a trainee as defined below. Examples include (a) persons just out of school who have been unable to get jobs; (b) persons unable to retain or obtain work; (c) homemakers who could not perform their homemaking duties; (d) persons confined in institutions, including places providing specialized medical care, nursing homes, prisons, and jails; (e) persons receiving only pay in-kind (meals, lodgings, etc.); and (f) persons who perform volunteer work for which they were not paid. Do not include those attending school in a home or specialized school for children (Code 7).

## 9 Trainee or worker (non-competitive employment)

This refers to persons who, although they may have received stipends during the week before application for rehabilitation for work or services performed, were functioning essentially in a non-competitive environment. This code should be used mainly for persons participating in work experience, work training, or work adjustment programs. Use Code 2 for individuals in extended employment (workshops)

## 19. Earnings in the Week Before Application: Record Positions 53 - 55

Enter the amount of money (to the nearest dollar) earned in the week prior to the date of application for rehabilitation services. If the client had no earnings, enter Code 000. If the client had earnings of \$999 or more, use Code 999. Fill in leading zeroes when they apply. Record 055, for example, for clients earning \$55 in the in the week before application instead of (blank)55.

This item is intended to provide data on the cash earnings of the individual in the week before application regardless of the earnings record at any earlier time. Earnings for this purpose include total wages, salaries, tips, and commissions received as regular income before payroll deductions such as State and Federal income taxes, Social Security payroll tax, union dues, etc. Earnings also include profits from self-employment in a business or profession. Earnings for salespersons should be based on the adjusted gross income, derived by deducting business expenses from gross income. The earnings of persons with similarly deductible expenses (e.g., consultants) should be treated in the same manner. Business expenses should not include those expenses for which the client has been reimbursed. Do not include estimates of payments in-kind, such as meals and lodgings. Estimate profits of farmers, if necessary.

### Special Crosscheck Between Earnings at Application and Work Status at Application

**Earnings in the Week Before Application (RP 53-55) should range from 001 to 999 if the Work Status at Application (RP 52) is coded 1 (competitive employment) or 2 (extended employment (workshops)).**

## 20. Hours Worked in the Week Before Application: Record Positions 56 - 57

Enter a two-digit code to indicate the number of hours worked by the client in the week before application for services for which the client was paid. Payment may have been in the form of wages, salaries, tips, commissions, profits from self-employment, adjusted gross income for salespersons, etc. Record a positive number of hours only when the individual has generated some amount of earnings. If the client worked 80

or more hours, enter Code 79. Fill in the leading zero when it applies. A person working six hours, for example, should be coded 06, not (blank)6.

### **Special Crosschecks Between Hours Worked at Application and Earnings at Application**

**1. Hours Worked at Application (RP 56-57) should be coded 00 if Earnings at Application (RP 53-55) is coded 000.**

**2. Hours Worked at Application (RP 56-57) should range from 01 to 79 if Earnings at Application (RP 53-55) is coded from 001 to 999. (Under no circumstances, however, should a code such as 01 be inserted in the hours field to signify that the hours worked was not known. This improper procedure leads to grossly inflated hourly wage rates. In general, agencies should perform hourly wage rate calculations for all clients, flag instances where these rates appear to be improbable, perhaps \$50 an hour or more, and correct the recorded figures for earnings or hours, or both earnings and hours.)**

### **21. Monthly Public Assistance Amount at Application: Record Positions 58-60**

Enter the monthly amount of money (to the nearest dollar) received by the individual in the form of public assistance payments at the time of application for rehabilitation services. If no public assistance payments were received, enter Code 000. If payments totaled \$999 or more, use Code 999.

For purposes of this item, public assistance refers solely to money payments made to the individual or to his or her dependents (except for nursing home care) under (a) the Federal program of Supplemental Security Income (SSI) for the aged, blind, and disabled; (b) the Federally-aided program of Aid to Families with Dependent Children (AFDC); (c) State and/or locally-financed General Assistance (GA); and (d) State supplements to SSI recipients. AFDC includes, if applicable, assistance provided under the unemployed father provisions of the program. General Assistance includes, if applicable, State assistance for persons who are aged, blind, and disabled.

This item relates to (a) cash public assistance payments made directly to the individual; (b) cash public assistance payments made to the family unit because of the disability of the individual; and (c) only the individual's portion of a cash public assistance payment if he or she is included in the computation of a payment to the family unit for a reason other than the individual's disability. The assistance agency's judgment should be accepted as to the amount of the individual's portion of the payment. If that agency provides no guidance, take the total monthly payment that is shared, and divide it by the total number of persons whom the assistance agency considers in computing the payment.

Payments made directly to the individual in an institution, or to his or her dependents, are included. An example of this is the payment to SSI recipients while they are in a hospital, extended care facility, nursing home, or intermediate care facility receiving payments under a State plan approved in accordance with Title XIX of the Social Security Act (Medicaid). However, payments of public assistance funds to a public or private institution (except for nursing home care) are excluded when the assistance agency incorporates them in a general computation of funds to be paid to the institution.

The item excludes medical assistance vendor payments to vendors for medical care and services, except vendor payments made for the client for nursing home care, which are included. Excluded also are surplus foods or other commodities supplied in any form other than cash; pensions not based on need such as pensions for blind persons in certain States; and payments made to the individual through any third party (employers or other government agencies) in the form of wages, work incentives, etc.

Most persons will receive money payments under just one type of public assistance. In the event that two or more types of assistance apply, add the amounts and record the sum in completing this item.

**Special Crosscheck Between Monthly Public Assistance Amount at Application and Primary Source of Support at Application**

**Monthly Amount of Public Assistance at Application (RP 58-60) should be greater than 000 if the Primary Source of Support at Application (RP 61-62) is coded 03 (Public Assistance-Federal funds) or 04 (Public Assistance-No Federal funds).**

**Special Crosscheck Between Monthly Public Assistance Amount at Application and Type of Public Support During VR**

**A recorded Monthly Public Assistance Amount at Application (RP 58-60) greater than 000 must be associated with a Code 1 in at least one of the following record positions:**

- RP 35 Supplemental Security Income (SSI)-Aged**
- RP 36 Supplemental Security Income (SSI)-Blind**
- RP 37 Supplemental Security Income (SSI)-Disabled**
- RP 38 Aid to Families with Dependent Children (AFDC)**
- RP 39 General Assistance (GA)**

**These five types of support constitute Public Assistance for which dollar amounts are to be reported. Do not report dollar amounts for any other types of support.**

**22. Primary Source of Support at Application: Record Positions 61 -62**

Enter a two-digit code from the list below to describe the individual's largest single source of public support at application. It is possible for the largest support source to account for less than one-half of the individual's total support. Fill in the leading zero when it applies. An individual primarily supported by family and friends, for example, should be coded 01, not (blank)1. The codes are as follows:

- 00 Client income (earnings, interest, dividends, rent)
- 01 Family and friends
- 02 Private relief agency
- 03 Public assistance, at least partly with Federal funds (i.e., SSI and AFDC)
- 04 Public assistance, without Federal funds (General Assistance only)
- 05 Public institution--tax supported
- 06 Workers' compensation
- 07 Social Security Disability Insurance
- 08 All other public sources
- 09 Annuity or other non-disability insurance benefits (private insurance)
- 10 All other sources of support

A possible source of error in coding primary source of support involves assigning the earnings of, or payments to, other household members as "client income". For example, if a person is supported by the earnings of a spouse or by the spouse's unemployment insurance checks, record Code 01 as the Primary Source of Support (family and friends) and not Code 00 (client income) or Code 08 (all other public sources).

Use Code 05 for institutionalized persons if public monies go directly to the institution. If, rather, support payments go directly to the institutionalized individual, use the appropriate source code (e.g., public assistance (Code 03 or 04)). If the individual is maintained in the institution primarily by the family, use Code 01 (family and friends).

**23. Medical Insurance Coverage at Application: Record Position 63**

Enter a one-digit code to indicate whether the individual has medical insurance coverage which includes a hospital plan at the time that he or she applies for rehabilitation services. This coverage need not be in the individual's name and may be obtained through any source such as a current employer, a former employer, a spouse, a union, a private company, Medicare, Medicaid, CHAMPUS or any other veterans or military plan.

The codes for this item are:

- 0 Does not have medical insurance coverage at application
- 1 Has medical insurance coverage at application

**24. Availability of Medical Insurance Through Employment at Application: Record Position 64**

Enter a one-digit code to indicate whether an individual working for wages or a salary at the time of application for services can enroll in (if not already enrolled in) a medical insurance plan, which includes hospitalization, that is made available through his or her place of employment.

The applicable codes are as follows:

- 0 Medical insurance plan not available through job
- 1 Medical insurance plan available through job
- 2 Not working for a salary or wages (i.e., individual is self-employed, a homemaker, an unpaid family worker or is not working including students and trainees)

For purposes of this item, the term "available" means that the working individual can enroll in a medical insurance plan containing a hospitalization provision through his or her place of employment, if desired. It is not necessary to determine (a) whether the individual has enrolled or will enroll in such a plan; (b) whether he or she has to pay for all, some or none of the premiums; and (c) how adequate the plan is for his or her needs. It is necessary to learn only that such an employment-based plan exists and that the individual working at application has the option of enrolling in it.

Some employers may have coverage available for some employees, but not others (e.g., full-time workers, but not part-time workers). In these instances, a person who is in a category of employment which is not covered when applying for rehabilitation services, will be considered as not having an option to enroll in a medical insurance plan through employment. Use Code 0 (medical insurance plan not available through job) in these instances.

**Special Crosschecks Between Availability of Medical Insurance Through Employment at Application and Work Status at Application**

1. **Availability of Medical Insurance Through Employment at Application (RP 64) should be coded 0 or 1 if the Work Status at Application (RP 52) is coded 1 or 2 (competitive employment and extended employment (workshops), respectively).**
2. **Availability of Medical Insurance Through Employment at Application (RP 64) should be coded 2 if the Work Status at Application (RP 52) is coded 3 to 9.**

**25. Date of Eligibility for Services: Record Positions 65 - 70**

Enter the month, day and year in which the individual was determined to be eligible for rehabilitation services and the case was placed into either Status 04 (Pre-Service Listing) or Status 10 (Development of the Individualized Written Rehabilitation Program). The first two digits of the six-digit field pertain to the month (e.g., January = 01), the next two digits to the day (e.g., the seventh = 07), and the last two digits to the year.

**26. Previous Employment Status: Record Position 71**

Enter a one-digit code to indicate whether the individual had ever worked for pay or profit on or prior to the most recent date of application. The following two codes apply:

- |   |                        |
|---|------------------------|
| 0 | No previous employment |
| 1 | Previous employment    |

Typically, the receipt of earned income from wages, salaries, tips, commissions, and self-employment in a profession or business on or prior to the latest date of application would establish previous employment for this data element.

Do not count as employment instances where the individual's earnings were sporadic or incidental and were produced, for example, by occasionally babysitting for a neighbor's child or running an errand. (If these activities were conducted with regularity, though, they would constitute employment.) Volunteer work, homemaking, and unpaid family work, no matter how regular or extensive, would not be considered employment for this item.

**Special Crosscheck Between Previous Employment Status and Work Status at Application**

**Code 1 should appear for Previous Employment Status (RP 71) when the Work Status at Application (RP 52) is coded 1 to 4.**

**27. Year Last Employed: Record Positions 72 - 73**

Enter a two-digit code to indicate the last two digits of the year in which the individual last worked for pay or profit. Since the year of last employment may have been a long time in the past, it may be estimated. The definition of "employment" for this item is the same as that described above for Previous Employment Status (RP 71). Leave RP 72-73 blank if the individual had never worked before as indicated by Code 0 for Previous Employment Status (RP 71).

**28. Reserved: Record Positions 74 - 76****29. Cost of Case Services: Record Positions 77-81**

Enter a five-digit code indicating, to the nearest dollar, the total amount of money spent by the State rehabilitation agency in providing or arranging for services on behalf of the client. These expenditures are "life-of-the-case" costs and do not refer to any particular fiscal year.

For this item, the source of funding does not matter. All monies spent for services for the individual originating from Federal, State or other sources should be included if these monies were under the control of the State agency. Do not net out refunds received from third parties. Similarly, the type of vendor does not matter. Expenditures made by the State agency to any vendor, public or private, whether to an individual or to an organization, are to be included.

This item does not require a distinction to be made as to the type of case service provided or arranged for. Amounts spent by the State agency on behalf of the individual for assessment, training, medical services, maintenance, transportation, rehabilitation technology services, personal assistance, or any other rehabilitation services are to be included in the total. Exclude costs incurred for program administration and for salaries to counselors and other staff.

For this item to be of greatest utility, it is important that the reporting of case service costs be as inclusive as possible.

In the event that a case is closed without an expense having been incurred by the State agency, enter Code 00000. If the agency expended \$99,999 or more, enter Code 99999. Fill in leading zeros when they apply. A cost of \$768, for example, should be recorded as 00768 instead of (blank)(blank)768.

**30. Occupation at Closure: Record Positions 82-87**

Enter a six-digit code which indicates the type of occupation in which the client is employed at the time of rehabilitation closure. With five exceptions, explained below, the six-digit codes are obtained directly from the Dictionary of Occupational Titles (DOT) published by the U.S. Department of Labor. The code to be entered for this item is made up of the first six digits of the DOT code. Fill in leading zeros when they apply. Closure into an architectural occupation, for example, should be recorded as 001061 and not (blank)(blank)1061. (Agencies wishing to record only the first four digits may do so.)

For the following five employment situations, applicable to the rehabilitation program, special codes have been devised. These codes do not duplicate any six-digit codes in the DOT structure:

Code

599999 Homemaker (own home)

699999 Worker in extended employment (workshop) (Use only if regular DOT codes do not apply.)

799999 Unpaid family worker (Use only if regular DOT codes do not apply.)

899999 Vending stand clerk

999999 Vending stand operator

A brief description of each of the five special codes follows:



**599999 Homemaker (own home)**

This category refers to men and women whose activity is keeping house for their families or themselves, if they live alone.

**699999 Worker in extended employment, not elsewhere classified**

This category is used only if the type of work in an extended employment setting (workshop) cannot be classified according to any of the DOT occupations. Extended employment is work performed for wages or salary in a setting conducted by a non-profit organization for persons with disabilities unable to enter into or not ready for competitive employment.

**799999 Unpaid family worker (own family), not elsewhere classified**

This category is used only if the type of unpaid family work cannot be classified according to any of the DOT occupations. An unpaid family worker is one who works without pay on a family farm or in a family business.

**899999 Vending stand clerk**

This category should always be used for clients employed as clerks, sales persons, or helpers in a vending stand operated under the Vending Stand Program. This special code should be used even though these occupations are classifiable in the DOT. Not included within this code are vending stand operators, who should be coded 999999. Clients employed in vending stands outside the Vending Stand Program should be classified according to their DOT occupation.

**999999 Vending stand operator**

This category should always be used for clients employed as operators or managers of vending stands operated under the Vending Stand Program. This special code should be used even though these occupations are classifiable in the DOT. Not included within this code are vending standing clerks, who should be coded 899999. Clients employed as vending stand operators outside the Vending Stand Program should be classified according to their DOT occupation.

**Special Crosscheck Between Occupation at Closure and Work Status at Closure**

**Occupation at Closure (RP 82-87) should be coded 599999 if the Work Status at Closure (RP 110) is coded 5 (homemaker).**

**31. Types of Services Provided: Record Positions 88-100**

Enter a one-digit code in each of the record positions for this item to indicate whether the individual received the listed service at any time during the rehabilitation process. The service may have been provided directly or arranged for by the State rehabilitation agency. The source of payment for the service does not matter. The following codes apply:

- 0 Individual did not receive the specified service
- 1 Individual received the specified service

The types of services to be reported in RP 88-100 do not include any services that can be classified under Personal Assistance Services (RP 140) and Rehabilitation Technology Services (RP 141-143).

**RP 88     Assessment**

This complex of services is designed to enable the rehabilitation agency to determine the applicant's eligibility for vocational rehabilitation services, and/or to determine the nature and scope of services to be provided. Assessment involves diagnosis and evaluation and can be medical, psychological, social or vocational in scope.

**RP 89     Restoration (Physical and Mental)**

This category includes those medical and medically-related services which are necessary to correct or substantially modify a physical or mental condition. Examples of restoration services are surgery, therapy, treatment and hospitalization. Devices provided to improve or maintain the individual's ability to function would be recorded under Assistive Technology Devices (RP 142).

**RP 90-94   Training**

Training is a service designed to help the individual improve educationally or vocationally, or to adjust to the disabling effects of his or her medical impairment. Five broad types of training have been identified. If the individual receives more than one type of training, each type should be recorded.

**RP 90     College/University Training**

Included is all academic training on a level beyond secondary schooling. Persons attending full- or part-time or evening courses conducted by a university, college, junior college, or a college-level extension school would be recorded as receiving this training. Academic training in an elementary or high school is to be recorded under miscellaneous training (RP 94).

**RP 91     Business and Vocational Training**

This is non-collegiate post-secondary education. Included is training in (a) a business/commercial school or college and (b) a vocational/trade school. Training in the business/commercial school or college would prepare the individual for work in areas of office practice, typing, word processing, bookkeeping, accounting, data processing, etc. Training in the vocational/ trade school would typically prepare the person for occupations such as welding, woodworking, TV repair, electrical wiring, auto and aviation mechanics, drafting, cosmetology, barbering, etc. (Any school offering a baccalaureate degree in business or related fields should be included under college/university training (RP 90)).

**RP 92     Adjustment Training**

This is training which will help the individual adjust to a particular situation hindering his or her ability to work. Included would be work conditioning, developing work tolerance, mobility training, remedial training, literacy training, lip reading, braille, etc. Training in the use of Assistive Technology Devices would be recorded as Assistive Technology Services (RP 143).

**RP 93      On-the-Job Training**

This is training by a prospective employer in which the individual usually works for wages while learning the skills of a job. There should be an understanding that if the training is successful, the person will remain on the same or a similar job.

**RP 94      Miscellaneous Training**

This category is provided to allow classification of types of training that do not readily fit into the previous groupings. Included would be academic training on a secondary education level or lower as well as specialized schools for persons who are blind or deaf which are academic in nature.

**RP 95      Counseling and Guidance-Substantial**

Record Code 1 only when Counseling and Guidance services are provided to the individual to a substantial degree. This means that Counseling and Guidance services were of overriding importance in the totality of rehabilitation services delivered to the individual, as determined by a large amount of time and effort expended to provide such services.

**RP 96      Job-Finding Services**

A job-finding service is provided when enough information has been imparted to permit the individual to arrange for a job interview with a possible employer on his or her own. Such information, provided singly or in groups, would include instruction in how to read the want ads and other sources of employment opportunities, prepare job resumes, write cover letters, and prepare for job interviews. A job-finding service is also rendered when the State agency directly refers or arranges for the direct referral of the individual to a prospective employer.

**Special Crosscheck Between Job-Finding Services and Job Placement**

**Code 1 must be used for Job-Finding Services (RP 96) if Code 1 is used to indicate the provision of Job Placement (RP 97). By definition, a person receiving a job placement service also received a job-finding service. (It is possible, of course, for an individual to have received a job-finding service, but not job placement.)**

**RP 97      Job Placement**

A job placement service is rendered when the individual is referred to and is hired by an employer. This service may be provided by the State rehabilitation agency, the State employment service, or any other job-finding source such as a private employment agency. Exclude instances in which (a) the individual found his or her own job without training in job-finding skills that were provided or arranged for by the State agency, and (b) an employer at the time of application for rehabilitation services retained the individual in employment. A key feature of this service is that the individual became employed as a result of the job referral. However, the employment need not have been successful. Closures into homemaking and unpaid family work are not to be reported as job placement services. It is possible, however, that the homemaker or unpaid family worker was previously referred to and hired by an employer, but the employment did not succeed. In these instances, a placement service was rendered.

**RP 98     Transportation**

Transportation is any service provided or arranged for by the State agency to enable the individual to arrive at appointments for assessment, medical services, training, or any other rehabilitation service, as well as to permit the individual to get to work. Included would be the provision of vans, taxi cabs, private cars, etc., for the person as well as payments made to these carriers.

**RP 99     Maintenance**

Included under this category are services provided to cover the additional costs incurred by the individual while he or she is undergoing rehabilitation services.

**RP 100 Other Services**

This category allows classification of rehabilitation services that cannot be recorded elsewhere. Included are occupational tools and equipment, initial stocks and licenses, and services to family members for the benefit of the individual. Medical care for acute conditions arising during rehabilitation and constituting a hazard to the determination of rehabilitation potential or to the achievement of the vocational objective is also to be included in this category. Do not include reader and interpreter services here, but, rather, under Personal Assistance Services (RP 140).

**32.     Type of Facility or Agency Furnishing Services: Record Positions 101 - 109**

Enter a one-digit code in each of the nine fields of this item to indicate the type of facility or agency which furnished one or more services to the individual during the rehabilitation process, and whether the facility or agency was a public or private organization.

If the facility or agency in question did not furnish any service to the individual, enter Code 0. If the source did, indeed, provide a rehabilitation service for the individual, enter any of Codes 1, 2 or 3, as appropriate.

These codes are:

- 1       Service(s) furnished-public source
- 2       Service(s) furnished-private source
- 3       Service(s) furnished-both public and private sources

Code 3 would be used when, for example, a client attended both public and private universities during the course of the rehabilitation process.

In instances of an employee of one organization providing services in another setting, code the organization to which the employee belongs, and ignore the setting. For example, if an employee of the State employment service provides job counseling in a private setting housing a community rehabilitation program, use Code 1 (service(s) furnished-public) in RP 107 (Other Public Organizations and Agencies) and not Code 2 (service(s) furnished-private) in RP 105 (Community Rehabilitation Program).

The categories chosen for this item follow the broad groupings of agencies, organizations and facilities used in coding Source of Referral (RP 31-32). In addition to the seven broad referral source groups, special attention has been paid to business/vocational schools (separated from educational institutions) and community rehabilitation programs (separated from health organizations and agencies). The content of

each of the broad groupings is the same as for Source of Referral, apart from the cited exceptions. The nine groupings of facilities or agencies furnishing services are as follows:

**RP 101 Educational Institutions (except Business/Vocational Schools)**

These include colleges, universities, junior colleges, elementary or high schools, and schools for persons with physical or mental disabilities.

**RP 102 Business/Vocational Schools**

These include business, commercial, vocational, technical or trade schools.

**RP 103 Hospitals and Sanitariums**

These include general hospitals, mental hospitals, and other chronic condition or specialized hospitals.

**RP 104 Health Organization and Agencies (except Community Rehabilitation Programs)**

These include community mental health centers, State crippled children's agencies and all other public and private health organizations and agencies.

**RP 105 Community Rehabilitation Programs**

These include programs providing services directly or facilitating the provision of services to individuals to help them overcome the disabling effects of their impairments and to maximize their opportunities for employment, including advancement.

**RP 106 Welfare Agencies**

These include State and local welfare agencies, labor unions, and civic and community welfare organizations.

**RP 107 Other Public Organizations and Agencies (not specifically educational, health, or welfare)**

These include sources such as the State employment service, Workers' compensation agencies, Social Security, correctional institutions, etc. Also included are State vocational rehabilitation agencies other than the one closing the case of the individual client. For example, an agency for the blind may close the case of a client who received some services from the general agency in the same State, or from a rehabilitation agency in another State. In both instances, use Code 1. Since this RP pertains only to public sources, legitimate codes would be confined to 0 (did not furnish service) and 1 (service(s) furnished-public).

**RP 108 Other Private Organizations and Agencies (not specifically educational, health, or welfare)**

These include employers, artificial appliance companies, and other private sources. Since this RP pertains only to private sources, legitimate codes would be confined to 0 (did not furnish service) and 2 (service(s) furnished - private).

### **RP 109 Individuals (Private)**

These include physicians and other persons providing services who cannot be classified with an organization or agency. Since this RP pertains only to private sources, legitimate codes would be confined to 0 (did not furnish service) and 2 (service(s) furnished - private).

#### **33. Work Status at Closure: Record Position 110**

Enter the one-digit code which best defines the work activity performed by the individual in the week prior to rehabilitation closure. The six work status codes that apply are as follows:

- |   |   |
|---|---|
| 1 | Competitive employment                          |
| 2 | Extended employment (workshops)                 |
| 3 | Self-employment (except (BEP))                  |
| 4 | State-agency-managed business enterprises (BEP) |
| 5 | Homemaker                                       |
| 6 | Unpaid family worker                            |

In the event that it is possible to classify the individual into two different work statuses, select a code designating the principal work status.

**Wage or salaried worker:** (Codes 1 and 2) A wage or salaried worker is an individual who worked during the week before rehabilitation closure for wages, salary, commissions, tips, or piece-rates. Do not include as a wage or salaried worker any person working in his or her own business (Code 3); in State-agency-managed business enterprises (BEP) (Code 4); as a homemaker in one's own home (Code 5); or without a wage or salary on a family farm or in a family business (Code 6). Codes for salaried workers are:

#### **1 Competitive employment**

This refers to work for wages, salary, commissions, tips, or piece-rates, but does not include work in extended employment (workshops--Code 2). Included would be wage-earners on farms, but not sharecroppers or self-employed farmers (Code 3).

#### **2 Extended employment (workshops)**

This refers to work for wages or salary in a setting conducted by a nonprofit organization for persons with disabilities unable to enter into or not ready for competitive employment. Such settings are variously referred to as rehabilitation, community, curative, sheltered, industrial, or occupational workshops.

Not everyone employed in an extended employment setting is necessarily a workshop worker. Code 2 relates solely to individuals who require a sheltered environment in order to perform their work. Those who do not need sheltered work conditions but who are, nonetheless, employed by the workshop (e.g., as office workers, janitors, etc.) should be coded as being competitively employed (Code 1).

**Workers not wage or salaried:** (Codes 3 - 6) Classify under Codes 3 through 6 those individuals who are gainfully occupied, but are not receiving a wage or salary.

### **3      Self-employment (except BEP)**

This refers to work for profit or fees in one's own business, farm, shop, or office. Superintendents, managers, and other executives hired to manage a business or farm, officers of corporations, and persons working for sales commissions should not be classified under this code, but under Code 1 (competitive employment). "Self-employment" includes sharecroppers, but not wage-earners on farms.

### **4      State-agency-managed business enterprises (BEP)**

This refers to vending stands and other small businesses operated by persons with severe disabilities under the management and supervision of a State agency. It includes home industry, farming, and other enterprises. Home industry involves work performed under the management and supervision of a State agency in the client's own home or residence for wages or salary on a piece-rate, hourly, weekly, or monthly basis. Such employment may be engaged in by persons capable of activity outside the home, as well as by homebound persons.

### **5      Homemaker**

This refers to men and women whose activity is keeping house for their families or for themselves, if they live alone. Code 5 must be used when the item on Occupation at Closure is coded 599999 (homemaker).

### **6      Unpaid family worker**

This refers to persons who work without pay on a family farm or in a family business.

### **Special Crosscheck Between Work Status at Closure and Occupation at Closure**

**Work Status at Closure (RP 110) should be coded 5 if the Occupation at Closure (RP 82-87) is coded 599999 (homemaker).**

### **34.      Earnings in the Week Before Closure: Record Positions 111-113**

Enter the amount of money (to the nearest dollar) earned in the week prior to the date of closure in Status 26 (rehabilitated). If the client had no earnings, enter Code 000. If the client had earnings of \$999 or more, use Code 999. Fill in leading zeros when they apply. Record 055, for example, for clients earning \$55 in the week before rehabilitation closure instead of (blank)55.

This item is intended to provide data on the cash earnings of the rehabilitated client in the week before closure regardless of the earnings record at any earlier time. Earnings for this purpose include total wages, salaries, tips, and commissions received as regular income before payroll deductions such as State and Federal income taxes, Social Security payroll tax, union dues, etc. Earnings also include profits from self-employment in a business or profession. Earnings for salespersons should be based on the adjusted gross income, derived by deducting business expenses from gross income. The earnings of persons with similarly deductible expenses (e.g., consultants) should be treated in the same manner. Business expenses should not include those expenses for which the client has been reimbursed. Do not include estimates of payments in-kind, such as meals and lodgings. Estimate profits of farmers, if necessary.

### **Special Crosscheck Between Earnings at Closure and Work Status at Closure**

**Earnings in the Week Before Closure (RP 111-113) should range from 001 to 999 if the Work Status at Closure (RP 110) is coded 1 (competitive employment) or 2 (extended employment (workshops)).**

#### **35. Hours Worked in the Week Before Closure: Record Positions 114 - 115**

Enter a two-digit code to indicate the number of hours worked by the client in the week before rehabilitation closure for which the client was paid. Payment may have been in the form of wages, salaries, tips, commissions, profits from self-employment, adjusted gross income for salespersons, etc. Record a positive number of hours only when the individual has generated some amount of earnings. If the client worked 80 or more hours, enter Code 79. Fill in the leading zero when it applies. A person working six hours, for example, should be coded 06, not (blank)6.

### **Special Crosschecks Between Hours Worked at Closure and Earnings at Closure**

**1. Hours Worked at Closure (RP 114-115) should be coded 00 if Earnings at Closure (RP 111-113) is coded 000.**

**2. Hours Worked at Closure (RP 114-115) should range from 01 to 79 if Earnings at Closure (RP 111-113) is coded from 001 to 999. (Under no circumstances, however, should a code such as 01 be inserted in the hours field to signify that the item on hours worked was not known. This improper procedure leads to grossly inflated hourly wage rates. In general, agencies should perform hourly wage rate calculations for all clients, flag instances where these rates appear to be improbable, perhaps \$50 an hour or more, and correct the recorded figures for earnings or hours, or both earnings and hours.)**

#### **36. Monthly Public Assistance Amount at Closure: Record Positions 116 - 118**

Enter the monthly amount of money (to the nearest dollar) received by the client in the form of public assistance payments at the time of closure from the rehabilitation process. If the client did not receive any public assistance payments, enter Code 000. If payments totaled \$999 or more, use Code 999.

For purposes of this item, public assistance refers solely to money payments made to the client or dependents of the client (except for nursing home care) under (a) the Federal program of Supplemental Security Income (SSI) for the aged, blind, and disabled; (b) the Federally-aided program of Aid to Families with Dependent Children (AFDC); (c) State and/or locally-financed General Assistance (GA); and (d) State supplements to SSI recipients. AFDC includes, if applicable, assistance provided under the unemployed father provisions of the program. General Assistance includes, if applicable, State assistance for the aged, blind, and disabled.

This item relates to (a) cash public assistance payments made directly to the client; (b) cash public assistance payments made to the client's family unit because of the disability of the client; and (c) only the client's portion of a cash public assistance payment if he or she is included in the assistance agency's computation of such a payment made to the family unit for some reason other than the client's disability. The assistance agency's judgment should be accepted as to the amount of the client's portion of the payment. If that agency provides no guidance, take the total monthly payment that is shared, and divide it by the total number of persons whom the assistance agency considers in computing the payment.



Payments made directly to a client in an institution, or to his or her dependents, are included. An example of this is the payment to SSI recipients while they are in a hospital, extended care facility, nursing home, or intermediary care facility receiving payments under a State plan approved in accordance with Title XIX of the Social Security Act (Medicaid). However, payments of public assistance funds to a public or private institution (except for nursing home care) are excluded when the assistance agency incorporates them in a general computation of funds to be paid the institution.

The item excludes medical assistance vendor payment to vendors for medical care and services, except vendor payments made for the client for nursing home care, which are included. Excluded also are surplus foods or other commodities supplies in any form other than cash; pensions not based on need such as pensions for the blind in certain States; and payments made to the individual through any third party (employers or other government agencies) in the form of wages, work incentives, etc.

Most clients will receive money payments under just one type of public assistance. In the event that two or more types of public assistance apply, add the amounts and record the sum in completing this item.

### **Special Crosscheck Between Monthly Public Assistance Amount at Closure and Primary Source of Support at Closure**

**Monthly Amount of Public Assistance at Closure (RP 116-118) should be greater than 000 if the Primary Source of Support at Closure (RP 119-120) is coded 03 (Public Assistance-Federal funds) or 04 (Public Assistance-No Federal funds).**

### **Special Crosscheck Between Monthly Public Assistance Amount at Closure and Type of Public Support During VR**

**A recorded Monthly Public Assistance Amount at Closure (RP 116-118) greater than 000 must be associated with a Code 1 in at least one of the following record positions:**

- RP 35 Supplemental Security Income (SSI)-Aged**
- RP 36 Supplemental Security Income (SSI)-Blind**
- RP 37 Supplemental Security Income (SSI)-Disabled**
- RP 38 Aid to Families with Dependent Children (AFDC)**
- RP 39 General Assistance (GA)**

**These five types of support constitute Public Assistance for which dollar amounts are to be reported. Do not report dollar amounts for any other types of support.**

### **37. Primary Source of Support at Closure: Record Positions 119-120**

Enter a two-digit code from the list below to describe the individual's largest single source of economic support at rehabilitation closure. It is possible for the largest support source to account for less than one-half of the individual's total support. Fill in the leading zero when it applies. An individual primarily supported by family and friends, for example, should be coded 01, not (blank)1. The codes are as follows:

- 00 Client income (earnings, interest, dividends, rent)
- 01 Family and friends
- 02 Private relief agency
- 03 Public assistance, at least partly with Federal funds (i.e., SSI and AFDC)
- 04 Public assistance, without Federal funds (General Assistance only)

- 05 Public institution--tax supported
- 06 Workers' compensation
- 07 Social Security Disability Insurance
- 08 All other public sources
- 09 Annuity or other non-disability insurance benefits (private insurance)
- 10 All other sources of support

A possible source of error in coding primary source of support involves assigning the earnings of, or payments to, other household members as "client income". For example, if a client is supported by the earnings of a spouse or by the spouse's unemployment insurance checks, record Code 01 as the Primary Source of Support (family and friends) and not Code 00 (client income) or Code 08 (all other public sources).

Use Code 05 for institutionalized clients if public monies go directly to the institution. If, rather, support payments go directly to the institutionalized client, use the appropriate source code (e.g., public assistance (Code 03 or 04)). If the client is maintained in the institution primarily by the family, use Code 01 (family and friends).

### **38. Type of Closure: Record Position 121**

Enter a one-digit code from the following list to designate the point in the vocational rehabilitation process at which the individual's case was closed out:

- 1 Closed, not accepted for VR services, from the applicant status (Status 08 from Status 02)
- 2 Closed, not accepted for VR services, from extended evaluation (Status 08 from Status 06)
- 3 Closed rehabilitated (Status 26)
- 4 Closed, not rehabilitated, after individualized written rehabilitation program initiated (Status 28)
- 5 Closed, not rehabilitated, before individualized written rehabilitation program initiated (Status 30)
- 6 Closed from the pre-service listing (Status 38 from Status 04)

For closure Codes 1, 2, 4, 5, and 6, a two-digit code for Reason for Closure should be entered in RP 122-123. For closure Code 3, there should be no entry in RP 122-123.

### **39. Reason for Closure: Record Positions 122 - 123**

Enter a two-digit code that broadly explains why the individual was not accepted for vocational rehabilitation services (Status 08 from either Status 02 or Status 06), was closed from the pre-service waiting list (Status 38 from Status 04), or could not be rehabilitated (closure in Status 28 or 30). Fill in the leading zero when it applies. If, for example, the case of an applicant is closed because he or she could not be located, or had moved, use Code 01 and not (blank)1.

All of the designated codes below apply to applicants not accepted for vocational rehabilitation (closures into Status 08). For closures into Statuses 28, 30, and 38, however, use only Codes 1 to 7, 10 and 12. The codes for reasons for closure are as follows:

#### **01 Unable to locate or contact; or moved**

This code is used when the individual has moved without leaving a forwarding address or has otherwise disappeared. It is also used when the individual leaves the State and gives little or no evidence of returning in the foreseeable future.

**02**     **Disability too severe or unfavorable medical prognosis**

This code is used to identify an individual whose mental or physical disability is so severely limiting that there is little chance the individual can be vocationally rehabilitated. Include, also, individuals with disorders that are expected to progress to such a severely limiting degree in a fairly short period of time that rehabilitation services will be of little or no help.

**03**     **Refused services or further services**

This code is used when the individual declines to accept, participate in, or use vocational rehabilitation services.

**04**     **Death****05**     **Client institutionalized**

This code is used when an individual has entered an institution and will be unavailable to receive rehabilitation services for an indefinite or considerable period of time, and continuance of an open case would not be beneficial to the person. For this item, an institution would include hospitals, nursing homes, prisons and jails, treatment centers, etc.

**06**     **Transferred to another agency**

This code is used when services needed by the individual are more appropriately provided elsewhere. Transfer to the other agency should be accompanied by referral information that can assist the other agency to serve the individual. This code includes a transfer of an individual from one vocational rehabilitation agency in a State to another.

**07**     **Failure to cooperate**

This code is used when the individual's actions (or non-actions) convince the counselor that it is not possible to begin or continue appropriate rehabilitation services. Non-cooperation would include repeated failures to keep appointments for assessment, counseling, or other services.

**08**     **No disabling condition**

This code applies only to applicants not accepted for rehabilitation services (Status 08 from Status 02 and Status 08 from Status 06). The use of this code means that no physical or mental impairment is present. This code may be used when only an acute (as opposed to chronic) condition is observed, e.g., a broken bone. The code may also be used in instances when a chronic condition appears to have no, or inconsequential, effects in a medical sense.

**09**     **No impediment to employment**

This code applies only to applicants not accepted for rehabilitation services (Status 08 from Status 02 and Status 08 from Status 06). The use of this code would generally mean that a physical or mental impairment is present, but does not constitute a substantial barrier to employment. The individual may be employed on a regular basis, for example, in a position more or less in keeping

with his or her abilities. Or, the individual is unemployed, but his or her physical or mental impairment is so minor that it is not the reason for the unemployment.

**10 Transportation not feasible or available**

This code is used to indicate that the provision of suitable transportation for the acceptance or maintenance of employment was either not feasible or not available.

**11 DO NOT USE**

**12 All other reasons**

This code is used to cover reasons not encompassed by Codes 01 to 10 above. It is much preferred, however, to use Codes 01 to 10, if at all possible, instead of Code 12.

**40. Date of Closure: Record Positions 124 - 129**

Enter the month, day and year in which the client's case was closed from the vocational rehabilitation process, regardless of the type of closure. The first two digits of the six-digit field pertain to the month (e.g., January = 01), the next two to the day (e.g., the seventh = 07), and the last two digits to the year.

**41. Supported Employment Status: Record Position 130**

Enter a one-digit code to indicate (a) whether the client's case was classified as supported employment and, if so, (b) whether he or she received services paid for with funds appropriated under Title VI-C of the Rehabilitation Act. The following three codes apply:

- 0 Not a supported employment case
- 1 Supported employment case: some Title VI-C funds expended
- 2 Supported employment case: no Title VI-C funds expended

Use Code 1 or 2, as applicable, if, at any time during the rehabilitation process, supported employment is established as a goal for the client in his or her Individualized Written Rehabilitation Program. Use Code 1 when any amount of money is spent on behalf of the client from funds allocated under Title VI-C of the Rehabilitation Act. Use Code 2 when no Title VI-C money is used in providing services for the client.

**42. Supported Employment Outcome: Record Position 131**

Enter a one-digit code to indicate whether rehabilitated supported employment cases met the special criteria of success sought for in such cases.

The three codes for this item apply only to persons (a) whose cases were classified as supported employment cases in the item on Supported Employment Status through the use of Code 1 or Code 2 in RP 130 item and who were (b) rehabilitated (Status 26).

The applicable codes are as follows:

- 1 **Supported employment case rehabilitated into competitive employment-special outcome criteria met** -- Use this code when the rehabilitated person meets all of the following four criteria:

- (a) Identification as a supported employment case as indicated by Code 1 or Code 2 in RP 130;
  - (b) Placement into the competitive labor market as indicated by Code 1 in RP 110;
  - (c) Placement into an integrated work setting; and
  - (d) Receipt of ongoing support services at closure.
- 2 **Supported employment case rehabilitated into competitive employment-special outcome criteria not met** -- Use this code when criteria (a) and (b) for Code 1 immediately above are met, but one or both of criteria (c) and (d) are not met. Two examples of situations for which Code 2 would apply for rehabilitated supported employment cases placed into the competitive labor market are as follows:
- (a) individual receives ongoing support services at closure, but is not employed in an integrated work setting; or
  - (b) individual is in an integrated work setting, but does not need ongoing support services at closure.
- 3 **Supported employment case rehabilitated, but not into competitive employment** -- Use this code when the rehabilitated individual identified as a supported employment case is placed into a work status other than the competitive labor market such as homemaking, unpaid family work, extended employment (workshops), and self-employment as indicated by Codes 2, 3, 4, 5 and 6 in RP 110.

(Definitions for the terms "integrated work setting" and "ongoing support services" are found in the applicable program regulations.)

### **Special Crosschecks Between Supported Employment Outcome, Supported Employment Status and Work Status at Closure**

1. **Supported Employment Outcome (RP 131) should be coded 1 or 2 if Supported Employment Status (RP 130) is coded 1 or 2 and Work Status at Closure is coded 1 (competitive employment).**
2. **Supported Employment Outcome (RP 131) should be coded 3 if Supported Employment Status (RP 130) is coded 1 or 2 and Work Status at Closure is coded 2 through 6 (other than competitive employment).**

#### **43. Medical Insurance Coverage at Closure: Record Position 132**

Enter a one-digit code to indicate whether the client has medical insurance coverage which includes a hospital plan at the time of rehabilitation closure. This coverage need not be in the client's name and may be obtained through any source such as a current employer, a former employer, a spouse, a union, a private company, Medicare, Medicaid, CHAMPUS or any other veterans or military plan.

The codes for this item are:

- 0 Does not have medical insurance coverage at closure
- 1 Has medical insurance coverage at closure

**44. Availability of Medical Insurance Through Employment at Closure: Record Position 133**

Enter a one-digit code to indicate whether a client who is working for wages or a salary at the time of rehabilitation closure can enroll in a medical insurance plan, which includes hospitalization, that is made available through the client's place of employment.

The applicable codes are as follows:

- 0 Medical insurance plan not available through client's job
- 1 Medical insurance plan available through client's job
- 2 Client not working for a salary or wages (i.e., client is self-employed, a homemaker or an unpaid family worker)

For purposes of this item, the term "available" means that the working client can enroll in a medical insurance plan containing a hospitalization provision through his or her place of employment if he or she wishes to do so. It is not necessary to determine (a) whether the client has enrolled or will enroll in such a plan; (b) whether the client has to pay for all, some or none of the premiums; and (c) how adequate the plan is for the client's needs. It is necessary to learn only that such an employment-based plan exists and that the client working at closure has the option of enrolling in it.

Some employers may have coverage available for some employees, but not others (e.g., full-time workers, but not part-time workers). In these instances, a person who is in a category of employment which is not covered when rehabilitated will be considered as not having an option to enroll in a medical insurance plan through employment. Use Code 0 (medical insurance plan not available through client's job).

Special Crosschecks Between Availability of Medical Insurance Through Employment at Closure and Work Status at Closure

1. **Availability of Medical Insurance Through Employment at Closure (RP 133) should be coded 0 or 1 if the Work Status at Closure (RP 110) is coded 1 or 2 (competitive employment and extended employment (workshops), respectively).**
2. **Availability of Medical Insurance Through Employment at Closure (RP 133) should be coded 2 if the Work Status at Closure (RP 110) is coded 3 to 6.**

**45. Veteran Status: Record Position 134**

Enter Code 1 if the client had served in the active military, naval or air service, and was discharged or released under conditions other than dishonorable. Otherwise, enter Code 0.

**Special Crosscheck between Veteran Status and Type of Public Support During VR**

**Veteran Status (RP 134) should be coded 1 if the Type of Public Support is Code 1 in RP 41 (Veterans Disability Benefits).**

**46. Severe Disability: Record Position 135**

Enter a one-digit code to indicate whether the individual had a severe disability at any time while he or she was in the vocational rehabilitation process. The codes for this item are:

- 0 Not Severely Disabled
- 1 Severely Disabled

A person with a severe disability is one:

(i) who has a severe physical or mental impairment which seriously limits one or more functional capacities (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of an employment outcome;

(ii) whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time; and

(iii) who has one or more physical or mental disabilities or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation.

**47. Reserved: Record Positions 136 - 137**

**48. Migratory Agricultural Worker: Record Position 138**

Enter Code 1 if the individual was enrolled in a migratory agricultural workers project under Section 312 of the Rehabilitation Act of 1973, as amended, while he or she was in the rehabilitation process.

**49. Projects-With-Industry: Record Position 139**

Enter Code 1 if the individual was enrolled in one of the projects-with-industry established under Section 621 of the Rehabilitation Act of 1973, as amended, while he or she was in the rehabilitation process.

**50. Personal Assistance Services: Record Position 140**

Enter a one-digit code to indicate whether the individual received personal assistance services at any time during the rehabilitation process and, if so, whether this was a reader for a visually impaired person, an interpreter for a hearing impaired or deaf-blind person, or an attendant for any disabled person.

The following codes apply:

- 0 Individual did not receive a personal assistance service
- 1 Visually impaired person received the assistance of a reader
- 2 Hearing impaired or deaf-blind person received the assistance of an interpreter
- 3 Individual received assistance from one or more personal attendants exclusive of readers and interpreters
- 4 All other personal assistance services

Personal assistance services mean a range of services, provided by one or more persons, designed to assist an individual with a disability to perform daily living activities on or off the job that the individual would typically perform if the individual did not have a disability. Such services shall be designed to increase the individual's control in life and ability to perform everyday activities on or off the job.

Use Code 1 (reader) if the visually impaired individual also received another personal assistance service. Use Code 2 (interpreter) if the hearing impaired or deaf-blind individual also received another personal assistance service.

Apply Code 3 if (a) a visually impaired person had an attendant, but not a reader, or (b) a hearing impaired person or deaf-blind person had an attendant but not an interpreter.

Apply Code 4 in all other instances when personal assistance was provided, but not by a reader, interpreter, or an attendant.

### **Special Crosschecks Between Personal Assistance Services and Major and Secondary Disabling Condition**

1. **When Code 1 (reader assistance) is used for Personal Assistance Services (RP 140), either the Major or Secondary Disabling Condition (RP 46-48 and RP 49-51, respectively) should indicate a visual impairment (Codes 100-149).**
2. **When Code 2 (interpreter assistance) is used for Personal Assistance Services (RP 140), either the Major or Secondary Disabling Condition (RP 46-48 and RP 49-51, respectively) should indicate a hearing impairment (Codes 231-289) or a deaf-blind disability (Codes 290-298).**

### **51. Rehabilitation Technology Services Provided: Record Positions 141 - 143**

Enter a one-digit code in each of the record positions for this item to indicate whether the individual received the listed service at any time during the rehabilitation process. The service may have been provided directly or arranged for by the State rehabilitation agency. The source of payment for the service does not matter. The following codes apply:

- |   |  |
|---|--|
| 0 | Individual did not receive the specified service |
| 1 | Individual received the specified service        |

Rehabilitation Technology Services represent the systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of and address the barriers confronted by individuals with disabilities in areas which include education, rehabilitation, employment, transportation, independent living, and recreation. The term includes rehabilitation engineering, assistive technology devices, and assistive technology services.

#### **RP 141 - Rehabilitation Engineering**

Rehabilitation engineering is a complex of services entailing an original design or concept intended to help the individual maintain or enhance his or her ability to function personally, socially, and/or vocationally. The original design or concept encompasses not only devices, equipment, and aids, but also modifications to the environment, work site, and in transportation on behalf of the individual. To count as Rehabilitation Engineering, the service must be innovative and not an adaptation of an existing mode of accommodation. Typically, the involvement of a rehabilitation technology specialist would be required.

#### **RP 142 - Assistive Technology Devices**

These are devices that enable the individual to receive rehabilitation services, improve his or her personal



status, or make it possible for the person to work or become more productive. These devices include any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

### **RP 143 - Assistive Technology Services**

These are services that directly assist an individual in the selection, acquisition, or use of an assistive technology device. Such services include:

- (a) the evaluation of the needs of individuals, including a functional evaluation of the individual in his or her customary environment;
- (b) purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices;
- (c) selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing of assistive technology devices;
- (d) coordinating and using other therapies and interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- (e) training or technical assistance for the client or, where appropriate, the client's family.

### **Special Crosscheck Between Assistive Technology Devices and Assistive Technology Services**

**Code 1 must be used for Assistive Technology Services (RP 142) if Code 1 is used for Assistive Technology Devices (RP 141).**

**52. Reserved: Record Positions 144 - 150**



**Edit Specifications**

**CASE SERVICE REPORT**

**(RSA-911)**

## Case Service Report (RSA-911)

### Edit Specifications

#### (One-Card Image)

#### General Instructions

This section provides detailed edit and relational edit specifications for reporting RSA-911 data in a one-card, 150-character record image layout.

Reported records pertain to all cases closed from State agency caseloads in a given fiscal year. The due date for RSA-911 submittals is November 30 following the Federal fiscal year of reference (October 1 to September 30).

All cases reported **MUST BE UNIQUE**. The Agency Code, Social Security Number, and Closure Order Code determine the "uniqueness" of a given record.

Duplicate records will be rejected. For example, records with codes in positions 2 through 13 that are identical to the codes in another record will be considered duplicates and will be rejected. In order to indicate that a second closure for an individual has taken place in the same Federal fiscal year; use Code 1 in position 13 (Multiple Closure Code). Use Code 2 for a third closure and Code 3 for a fourth closure.

Case Service Records **MUST** include Type of Closure within the valid range of 1 through 6; otherwise, records will be rejected in their entirety. Counts of each code 1 through 6 must equal counts derived from the 4th Quarter of the Quarterly Cumulative Caseload Report (Form RSA-113). Agencies may be required to resubmit data if there are discrepancies in closure counts between these two systems.

All dates in the RSA-911 System must be in the format of MMDDYY, where MM is Month, DD is Day and YY is Year.

Unless otherwise noted, all fields will be alphanumeric fields with no embedded blanks or special characters.

Actual values must be right-justified and zero-filled when reporting amounts for data elements such as Weekly Earnings at Application and Closure, Cost of Case Services, and Monthly Amount of Public Support at Application and Closure. Code values, too, should be right justified and zero-filled. If the Highest Grade Completed, for example, is 8 grades, record 08 and not (blank)8.

**Relational Edits are indicated in boldfaced type, as shown here.**

**Case Service Report (RSA-911)****Edit Specifications****(One-Card Image)****Instructions for Preparation of Floppy Diskette or CD-ROM**

1. Sending in RSA-911 data on floppy diskettes or CD-ROM is preferred to magnetic tape submissions.
2. The floppy diskette or CD-ROM will, preferably, be in a flat file in the ASCII code set. A dBase III Plus or dBase IV format is also acceptable, but should be so specified on the external label.
3. Floppies may be recorded at high (preferable) or low densities on 3.5 inch or 5.25 inch diskettes.
4. Each record must be 150 characters in length.
5. The diskette or CD-ROM will have an external label identifying the contents as "RSA-911 Data for FY \_\_\_." The name of the submitting agency should also be included.

## Case Service Report (RSA-911)

### Edit Specifications

### (One-Card Image)

#### Instructions for Preparation of Magnetic Tape

1. In the event the State agency wishes to submit RSA-911 data on magnetic tape, the following specifications are preferred:
  - a. 9 Track Reels (NOT Cartridges)
  - b. 6250 BPI
  - c. Odd Parity
  - d. EBCDIC Code Set
  - e. Standard IBM Labels which include:
    - (1) Header Label: an identifying record will be written at the beginning of each reel, followed by a tapemark. The contents of this record will be determined by each agency.
    - (2) Data Record: the data records will follow the header. The record length must be 150 characters.
    - (3) Trailer Label: this record will follow the data records, and will be preceded and followed by a tapemark. The contents of this record will be determined by each agency.
2. The following alternative specifications may be used if the file cannot be produced as outlined above:
  - a. 800 or 1600 BPI
  - b. Unlabeled
3. The tape reel will specify the contents as 'RSA-911 Data for Fiscal Year \_\_\_\_'. Also specify the name of the agency submitting the data, the block size, the number of records, and exceptions, if any, to the specifications in paragraph 1. above.

**Case Service Report (RSA-911)**

**Edit Specifications**

<b>ELEMENT NAME</b>	<b>RECORD POSITION</b>	<b>EDIT SPECIFICATION</b>	<b>APPLICABLE TYPE OF CLOSURE CODE</b>
1. Record Identifier	1	Must equal "*".	1 thru 6
2. Agency Code	2-3	Must match Agency Code Table as outlined in reporting instructions.	1 thru 6
3. Social Security Number	4-12	a. Must be numeric. b. 1 <sup>st</sup> character must not equal 8 or 9. c. <b>If type of closure is 1, 1<sup>st</sup> character may be numeric or alpha, but 2<sup>nd</sup> thru last characters must be numeric.</b>	1 thru 6
4. Multiple Closure Code	13	Must range 0 - 3.	1 thru 6
5. Date of Application	14-19	Format MMDDYY	1 thru 6
Month	14-15	Must range 01 - 12.	
Day	16-17	Must range 01 - 31.	
Year	18-19	Must range from fiscal year of closure up to 12 years prior to fiscal year of closure.	
6. Date of Birth	20-25	Format MMDDYY	1 thru 6
Month	20-21	Must range 01 - 12.	
Day	22-23	Must range 01 - 31.	
Year	24-25	Must range from year of application minus 94 thru year of application minus 11.	
7. Sex	26	Must equal 1 or 2.	1 thru 6
8. Race	27	Must range 1 - 4.	1 thru 6
9. Marital Status	28	Must range 1 - 5.	1 thru 6
10. Hispanic Origin	29	Must equal 1 or 2.	1 thru 6
11. Previous Closure	30	Must range 1 - 3.	1 thru 6
12. Referral Source	31-32	Must match one of the following valid codes: 10, 12, 14, 16, 19, 20, 22, 24, 29, 30, 32, 34, 38-40, 44, 50-56, 59, 60, 62, 69. 70, 72, 79.	1 thru 6
13. Highest Grade Completed	33-34	Must range 00 - 21, or equal XX.	1 thru 6
14. Type of Public Support During VR	35-43		3 thru 6

SSI-Aged	35	Must equal 0 or 1.	
SSI-Blind	36	Must equal 0 or 1.	
SSI-Disabled	37	Must equal 0 or 1.	
AFDC	38	Must equal 0 or 1.	3 thru 6
General Assistance	39	a. Must equal 0 or 1. <b>b. Must equal 1, if Primary Source of Support at Application or Primary Source of Support at Closure equals 04.</b>	
SSDI	40	a. Must equal 0 or 1. <b>b. Must equal 1, if Primary Source of Support at Application or Primary Source of Support at Closure equals 07.</b>	
Veteran Disability	41	a. Must equal 0 or 1. <b>b. If code equals 1, Veteran status Code MUST be 1.</b>	
Other Disability	42	a. Must equal 0 or 1.	
Other Public Support	43	<b>b. If code equals 1, Veteran status Code MUST be 1.</b>  Must equal 0 or 1.  Must equal 0 or 1.	
15. Type of Institution	44-45	Must range 11 thru 17.	3 thru 6
16. Major Disabling Condition	46-48	a. Must match code in Disabling Condition Table as outlined in Reporting Instructions. b. Must NOT equal 999. <b>c. MUST NOT be equal to 100 - 289, if Secondary Disabling Condition equals 290 - 298.</b>	1 thru 6
17. Secondary Disabling Condition	49-51	a. If present, must match code in Disabling Condition Table as outlined in Reporting Instructions. b. Enter 999 is no Secondary Disabling Condition exists. <b>c. MUST NOT be equal to Major Disabling Condition.</b> <b>d. MUST NOT be equal to 100 - 289,if Major Disabling</b>	1 thru 6



<b>Condition equals 100 -289.</b>			
18. Work Status at Application	52	Must range 1 thru 9.	3 thru 6
19. Weekly Earnings at Application	53-55	a. Must be numeric. b. Must NOT be negative. c. <b>MUST be greater than 000, if Work Status at Application equals 1 or 2.</b>	3 thru 6
20. Hours Worked at Application	56-57	a. <b>MUST range 01 thru 79, if Weekly Earnings at Application is greater than 000.</b> b. <b>MUST be 00, is Weekly Earnings at Application is 000.</b>	3 thru 6
<b>-- Earnings/Hours Comparison</b>	<b>53-57</b>	<b>Calculate hourly wage rate; flag if \$50 per hour or more and correct earnings and/or hours, as needed.*</b>	
21. Monthly Amount of Public Assistance at Application	58-60	a. Must be numeric. b. Must NOT be negative. c. <b>NUST be greater than 000, if Primary Source of Support at Application equals 03 or 04.</b>	3 thru 6
22. Primary Source of Support at Application	61-62	a. Must range 00 thru 10. b. <b>If code is 04, then General Assistance (position 39) MUST equal 1.</b> c. <b>If code is 07, then SSDI (position 40) MUST equal 1.</b>	3 thru 6
23. Medical Insurance Coverage at Application	63	Must equal 0 or 1.	3 thru 6
24. Medical Insurance Available Through Job at Application	64	a. Must range 0 thru 2. b. <b>MUST equal 0 or 1, if Work Status at Application equals 1 or 2.</b> c. <b>MUST equal 2, if Work Status at Application equals 3 thru 9.</b>	3 thru 6
25. Date of Eligibility	65-70	Format MMDDYY	3 thru 6
Month	65-66	Must range 01-12.	
Day	67-68	Must range 01-31.	
Year	69-70	Must range from fiscal year of closure up to 12 years prior to fiscal year of closure.	

\* **Agencies are encouraged to set criteria for flagging below \$50 per hour.**

ELEMENT NAME	RECORD POSITON	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
26. Previous Employment Status	71	a. Must equal 0 or 1. <b>b. MUST equal 1 if Work Status at Application equals 1 thru 4.</b>	3 thru 6
27. Year Las Employed	72-73	<b>Format YY if Previous Employment Status equals 1. Otherwise leave blank.</b>	3 thru 6
28. RESERVED	74-76		
29. Cost of Case Services	77-81	a. If reported, MUST be numeric and may not be negative. b. If unknown, <u>MUST</u> be blank.	1 thru 6
30. Occupation at Closure	82-83	<b>MUST equal 5999** if Work Status at Closure equals 5. CANNOT equal 5999** is Work Status at Closure equals 1 thru 4 or equals 6.</b>	3
Summary (1 <sup>st</sup> and 2 <sup>nd</sup> digits)	82-83	<u>Must</u> match one of the following valid codes:  00 thru 05, 07, 09 thru 16, 18 thru 27, 29 thru 38, 40 thru 46, 50 thru 82, 84 thru 86, 89 thru 93, 95 thru 97 and 99.	
Detail	84-87		
3 <sup>rd</sup> digit	84		
4 <sup>th</sup> digit	85	Must range 0 thru 9.	
5 <sup>th</sup> digit	86	Must range 0 thru 6, or equal 9 for special VR codes for homemaker, vending stand clerk, vending stand operator, unpaid family worker-NEC, or worker in extended employment-NEC.	
6 <sup>th</sup> digit	87		
		Can equal 0 thru 9, or be blank.	
		Can equal 0 thru 9, or be blank.	

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
31. Services Provided*	88-100		3 thru 5
Assessment	88	Must equal 0 or 1.	
Restoration	89	Must equal 0 or 1.	
College/University Training	90	Must equal 0 or 1.	
Business/Vocational Training	91	Must equal 0 or 1.	
Adjustment Training	92	Must equal 0 or 1.	
On-the-job Training	93	Must equal 0 or 1.	
	94	Must equal 0 or 1.	
Miscellaneous Training	95	Must equal 0 or 1.	
(Substantial) Counseling & Guidance	96	a. Must equal 0 or 1. <b>b. Must equal 1 if Job Placement equals 1.</b>	
Job-finding Services	97	Must equal 0 or 1.	
	98	Must equal 0 or 1.	
Job Placement	99	Must equal 0 or 1.	
Transportation	100	Must equal 0 or 1.	
Maintenance		Must equal 0 or 1.	
Other Services*			
32. Type of Facility or Agency Furnishing Services	101-109		3 thru 5
Educational Institution	101	Must range 0 thru 3.	

\* Excludes Personal Assistance Services (Record Position 140) and Rehabilitation Technology Services (Record Positions 141 to 143).

Business and Vocational School	102	Must range 0 thru 3.	
Hospital and Sanatorium	103	Must range 0 thru 3.	
Health Organization/Agency	104	Must range 0 thru 3.	
Community Rehabilitation Program	105	Must range 0 thru 3.	
Welfare Agency	106	Must range 0 thru 3.	
Other Public Agency	107	Must equal 0 or 1.	
Other Private Agency	108	Must equal 0 or 2.	
Individuals (Private)	109	Must equal 0 or 2.	
33. Work Status at Closure	110	a. Must range 1 thru 6. <b>b. If code = 5, then Occupation at Closure MUST equal 599999.</b>	3
34. Weekly Earnings at Closure	111-113	a. Must be numeric. b. Must NOT be negative. <b>c. MUST be greater than 000, is Work Status at Closure equals 1 or 2.</b>	3

<b>ELEMENT NAME</b>	<b>RECORD POSITION</b>	<b>EDIT SPECIFICATION</b>	<b>APPLICABLE TYPE OF CLOSURE CODE</b>
35. Hours Worked at Closure	114-115	a. <b>MUST</b> range 01 thru 79, if Weekly Earnings at Closure is greater than 000. b. <b>MUST</b> be 00, if Weekly Earnings at Closure is 000.	3
-- Earnings/Hours Comparison	111-115	Calculate hourly wage rate; flag if \$50/hour or more and correct earnings and/or hours, as needed.*	
36. Monthly Amount of Public Assistance at Closure	116-118	a. Must be numeric b. Must NOT be negative. c. <b>MUST</b> be greater than 000, if Primary Source of Support at Closure equals 03 or 04.	3
37. Primary Source of Support at Closure	119-120	a. Must range 00 thru 10. b. If code equal 4, then General Assistance (position 39) <b>MUST</b> equal 1. c. If code equal 07, then SSDI (position 40) <b>MUST</b> equal 1.	3
38. Type of Closure**	121	Must range 1 thru 6	1 thru 6
39. Reason for Closure	122-123	a. <b>MUST</b> range 01 thru 10, or equal 12, if Type of Closure equals 1 or 2. b. <b>MUST</b> range 01 thru 07, or equal 10 or 12, if Type of Closure equals 4, 5, or 6.	1, 2, 4, 5, 6

\* Agencies are encouraged to set criteria for flagging below \$50/hour.

\*\* NOTES: 1. If no code or incorrect code entered, entire record will be rejected.  
2. Counts of each code 1 thru 6 **MUST** equal counts derived from the 4<sup>th</sup> Quarter, Quarterly Cumulative Caseload Report (Form RSA-113). Agencies may be required to resubmit data, if there are discrepancies in counts of closures between the two systems.

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
40. Date of Closure	124-129	Format MMDDYY	1 thru 6
Month	124-125	a. Must range 01 thru 09, if year equals Federal Fiscal Year of closure. b. Must range 10 thru 12, if year equals Federal Year of closure minus one.	
Day	126-127	Must range 01 thru 31.	
Year	128-129	Must equal Federal Fiscal Year of closure of Federal Fiscal Year of closure minus one.	
41. Supported Employment Status	130	Must range 0 thru 2.	3 thru 5
42. Supported Employment Outcome	131	<b>a. MUST equal 1, 2, of 3, if Supported Employment Status equals 1 or 2.</b> <b>b. MUST equal 1 or 2, if Work Status at Closure equals 1.</b> <b>c. MUST equal 3, if Work Status at Closure equals 2 thru 6.</b>	3
43. Medical Insurance Coverage at Closure	132	Must equal 0 or 1.	3
44. Medical Insurance Available Through Job at Closure	133	a. Must range 0 thru 2. <b>b. MUST equal 0 or 1, if Work Status at Closure equals 1 or 2.</b> <b>c. MUST equal 2, if Work Status at Closure equals 3 thru 6.</b>	3
45. Veteran Status	134	a. Must equal 0 or 1. <b>b. MUST equal 1 if Veterans Disability Support Code equals 1.</b>	1 thru 6
46. Severe Disability	135	Must equal 0 or 1.	1 thru 6
47. RESERVED	136-137		
48. Migratory Agricultural Worker	138	Must equal 0 or 1.	1 thru 6
49. Projects-with-Industry	139	Must equal 0 or 1.	1 thru 6

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
50. Personal Assistance Services Provided	140	a. Must equal 0 thru 4. <b>b. If code equals 1, the Major or Secondary Disabling Condition MUST range from 100 thru 149.</b> <b>c. If code equals 2, the Major or Secondary Disabling Condition MUST range from 231 thru 298.</b>	3 thru 5
51. Rehabilitation Technology Services Provided	141-143		3 thru 5
Rehabilitation Engineering	141	Must equal 0 or 1.	
Assistive Technology Devices	142	Must equal 0 or 1.	
Assistive Technology Services		a. Must equal 0 or 1. <b>b. Must equal 1 if Assistive Technology Devices equals 1</b>	3 THRU 5
52. RESERVED	144-150		

*The Monitoring of Data Quality:  
Special Crosschecks to be Applied Between Data Elements in the*

**CASE SERVICE REPORT**

**(RSA-911)**





## **CASE SERVICE REPORT (RSA-911): SPECIAL CROSSCHECKS TO BE APPLIED BETWEEN DATA ELEMENTS**

The following listing of comparison checks is offered to promote the consistency, coherence, and utility of RSA-911 data elements, and the validity of measurements derived from these data elements. This "stand alone" section is a repetition of comparison checks appearing (a) throughout the body of RSA-911 instructions and (b) in the listing of edit specifications. They are repeated here as a convenience for persons responsible for issues of data quality and integrity.

It is incumbent on State agencies to institute a systematic way to continuously monitor recorded information for correctness and reasonableness. The crosschecks that follow do not cover the totality of comparisons that can be made between RSA-911 variables, but would be part of a comprehensive data quality monitoring system. Systematic data quality monitoring followed by appropriate corrective action will contribute significantly to the usefulness of the resulting data and the program-related inferences that may fairly be drawn from them.

(The references below are to the Record Position (RP) of the specified RSA-911 data elements.)

### **1. Type of Public Support and Primary Source of Support at Application and at Closure**

(a) General Assistance (RP 39) should be coded 1 if the individual's Primary Source of Support at Application (RP 61-62) or at Closure (RP 119-120) is reported as Code 04 (Public Assistance, Without Federal Funds-General Assistance Only).

(b) Social Security Disability Insurance (RP 40) should be coded 1 if the individual's Primary Source of Support at Application (RP 61-62) or at Closure (RP 119-120) is reported as Code 07 (Social Security Disability Insurance).

### **2. Major and Secondary Disabling Condition**

(a) The three-digit code reported for Secondary Disabling Condition (RP 49-51) should not equal the three-digit code reported for the Major Disabling Condition (RP 46-48).

(b) A traumatic brain injury code ranging from 700 to 742 precludes the use of another code as the Major or Secondary Disabling Condition indicating the same disability.

(c) A deaf-blind code (290-298) precludes the use of a visual or hearing code (100-289) for the Major or Secondary Disabling Condition. (Agencies are encouraged to determine other combinations of major and secondary disabling conditions which are contradictory, e.g., moderate and mild mental retardation, deafness and hard of hearing, etc.)

### **3. Earnings at Application and Work Status at Application**

Earnings in the Week Before Application (RP 53-55) should range from 001 to 999 if the Work Status at Application (RP 52) is coded 1 (competitive labor market) or 2 (extended employment (workshops)).

### **4. Hours Worked at Application and Earnings at Application**

(a) Hours Worked at Application (RP 56-57) should be coded 00 if Earnings at Application (RP 53-55) is coded 000.

(b) Hours Worked at Application (RP 56-57) should range from 01 to 79 if Earnings at Application (RP 53-55) is coded from 001 to 999. (Under no circumstances, however, should a code such as 01 be inserted in the hours field to signify that the item on hours worked was not known. This improper procedure leads to grossly inflated hourly wage rates. In general, agencies should perform hourly wage rate calculations for all clients, flag instances where rates appear to be improbable, perhaps \$50 an hour or more, and correct the recorded figures for earnings or hours, or both earnings and hours.)

**5. Monthly Public Assistance Amount at Application and Primary Source of Support at Application**

Monthly Amount of Public Assistance at Application (RP 58-60) should be greater than 000 if the Primary Source of Support at Application (RP 61-62) is coded 03 (Public Assistance-Federal funds) or 04 (Public Assistance-No Federal funds).

**6. Monthly Public Assistance Amount at Application and Type of Public Support During VR**

A recorded Monthly Public Assistance Amount at Application (RP 58-60) greater than 000 must be associated with a Code 1 in at least one of the following record positions:

- RP 35 Supplemental Security Income (SSI)-Aged
- RP 36 Supplemental Security Income (SSI)-Blind
- RP 37 Supplemental Security Income (SSI)-Disabled
- RP 38 Aid to Families with Dependent Children (AFDC)
- RP 39 General Assistance (GA)

These five types of support constitute Public Assistance for which dollar amounts are to be reported. Do not report dollar amounts for any other types of support.

**7. Availability of Medical Insurance Through Employment at Application and Work Status at Application**

(a) Availability of Medical Insurance Through Employment at Application (RP 64) should be coded 0 or 1 if the Work Status at Application (RP 52) is coded 1 or 2 (competitive employment and extended employment (workshops), respectively).

(b) Availability of Medical Insurance Through Employment at Application (RP 64) should be coded 2 if the Work Status at Application (RP 52) is coded 3 to 9.

**8. Previous Employment Status and Work Status at Application**

Code 1 should appear for Previous Employment Status (RP 71) when the Work Status at Application (RP 52) is coded 1 to 4.

**9. Occupation at Closure and Work Status at Closure**

(a) Occupation at Closure (RP 82-87) should be coded 599999 if the Work Status at Closure (RP 110) is coded 5 (homemaker).

(b) Work Status at Closure (RP 110) should be coded 5 if the Occupation at Closure (RP 82-87) is coded 599999 (homemaker).

#### **10. Job-Finding Services and Job Placement**

Code 1 must be used for Job-Finding Services (RP 96) if Code 1 is used to indicate the provision of Job Placement (RP 97). By definition, a person receiving a job placement service also received a job-finding service. (It is possible, of course, for an individual to have received a job-finding service, but not job placement.)

#### **11. Earnings at Closure and Work Status at Closure**

Earnings in the Week Before Closure (RP 111-113) should range from 001 to 999 if the Work Status at Closure (RP 110) is coded 1 (competitive labor market) or 2 (extended employment (workshops)).

#### **12. Hours Worked at Closure and Earnings at Closure**

(a) Hours Worked at Closure (RP 114-115) should be coded 00 if Earnings at Closure (RP 111-113) is coded 000.

(b) Hours Worked at Closure (RP 114-115) should range from 01 to 79 if Earnings at Closure (RP 111-113) is coded from 001 to 999. (Under no circumstances, however, should a code such as 01 be inserted in the hours field to signify that the item on hours worked was not known. This improper procedure leads to grossly inflated hourly wage rates. In general, agencies should perform hourly wage rate calculations for all clients, flag instances where rates appear to be improbable, perhaps \$50 an hour or more, and correct the recorded figures for earnings or hours, or both earnings and hours.)

#### **13. Supported Employment Outcome, Supported Employment Status and Work Status at Closure**

(a) Supported Employment Outcome (RP 131) should be coded 1 or 2 if Supported Employment Status (RP 130) is coded 1 or 2 and Work Status at Closure is coded 1 (competitive employment).

(b) Supported Employment Outcome (RP 131) should be coded 3 if Supported Employment Status (RP 130) is coded 1 or 2 and Work Status at Closure is coded 2 through 6 (other than competitive employment).

#### **14. Monthly Public Assistance Amount at Closure and Primary Source of Support at Closure**

Monthly Amount of Public Assistance at Closure (RP 116-118) should be greater than 000 if the Primary Source of Support at Closure (RP 119-120) is coded 03 (Public Assistance-Federal funds) or 04 (Public Assistance-No Federal funds).

#### **15. Monthly Public Assistance Amount at Closure and Type of Public Support During VR**

A recorded Monthly Public Assistance Amount at Closure (RP 116-118) greater than 000 must be associated with a Code 1 in at least one of the following record positions:

- RP 35 Supplemental Security Income (SSI)-Aged
- RP 36 Supplemental Security Income (SSI)-Blind
- RP 37 Supplemental Security Income (SSI)-Disabled
- RP 38 Aid to Families with Dependent Children (AFDC)
- RP 39 General Assistance (GA)

These five types of support constitute Public Assistance for which dollar amounts are to be reported. Do not report dollar amounts for any other types of support.

**16. Availability of Medical Insurance Through Employment at Closure and Work Status at Closure**

(a) Availability of Medical Insurance Through Employment at Closure (RP 133) should be coded 0 or 1 if the Work Status at Closure (RP 110) is coded 1 or 2 (competitive employment and extended employment (workshops), respectively).

(b) Availability of Medical Insurance Through Employment at Closure (RP 133) should be coded 2 if the Work Status at Closure (RP 110) is coded 3 to 6.

**17. Veteran Status and Type of Public Support During VR**

Veteran Status (RP 134) should be coded 1 if the Type of Public Support During VR is shown as Code 1 in RP 41 (Veterans Disability Benefits).

**18. Personal Assistance Services and Major and Secondary Disabling Condition**

(a) When Code 1 (reader assistance) is used for Personal Assistance Services (RP 140), either the Major or Secondary Disabling Condition (RP 46-48 and RP 49-51, respectively) should indicate a visual impairment (Codes 100-149).

(b) When Code 2 (interpreter assistance) is used for Personal Assistance Services (RP 140), either the Major or Secondary Disabling Condition (RP 46-48 and RP 49-51, respectively) should indicate a hearing impairment (Codes 231-289) or a deaf-blind disability (Codes 290-298).

**19. Assistive Technology Devices and Assistive Technology Services**

Code 1 must be used for Assistive Technology Services (RP 142) if Code 1 is used for Assistive Technology Devices (RP 141).



**The Caseload Status System**

**STATE-FEDERAL PROGRAM OF VOCATIONAL REHABILITATION**





## THE CASELOAD STATUS SYSTEM

Progress and decision points in the vocational rehabilitation (VR) process have traditionally been referred to as statuses and represented as even numbered two-digit codes. The chief distinction in these statuses is between those representing cases that remain open vs. cases that have been closed. Both the open and closure statuses are composed of five components. The Case Service Report (RSA-911) calls for personal and program-related information only on the five closure statuses. The following list summarizes these closure statuses and, in addition, briefly describes the five components under the open statuses for reference purposes. The actual codes to use to designate the different types of closure in the RSA-911 system are found in the instructions for Record Position 121 (Type of Closure).

### Open Statuses

**Status 02 - Applicant:** When an individual signs a document to request VR services, he or she is an applicant and the case is placed into Status 02. While an applicant, the individual's eligibility for VR services is determined within 60 days in most instances. If eligible, the applicant's case is moved either to (1) the Pre-Service Listing (Status 04) where services will be delayed because he or she does not meet an agency's order of selection priorities or (2) the Service Statuses (10 to 24) where no delay in the delivery of services is intended. If not eligible for VR services, the applicant's case will be closed to Status 08. If a determination of eligibility cannot readily be made, the applicant will be moved to extended evaluation (Status 06) and more information obtained in determining eligibility.

**Status 04 - Pre-Service Listing:** An applicant placed into this status has been determined eligible for VR services, but cannot receive them because he or she does not meet a State agency's order of selection priorities. Typically, the name of the individual will be placed on a waiting list for services until such time as the State agency has sufficient funds available to provide services. Placement of the person's name on the waiting list for services indicates that there will be a delay in the initiation of services which the individual is otherwise entitled to receive. A case leaving this status will either be (1) moved to the Service Statuses (10 to 24) to signify that services will be provided without further delay or (2) closed from Status 38 to indicate that services will not be provided for whatever reason).

**Status 06 - Extended evaluation:** An applicant is placed into this status when a rehabilitation counselor certifies the need to provide certain services to help in determining whether the individual can benefit from the full range of rehabilitation services in terms of an employment outcome. Applicants leaving this status, if eligible for VR, will be moved to the Pre-Service Listing (Status 04) or to the Service Statuses (10 to 24). If not eligible, the applicant's case will be closed to Status 08 within the 18-month period allowed for extended evaluation.

**Statuses 10 to 24 - The Service Statuses:** In the service statuses, the rehabilitation agency may conduct any or all of the following activities on behalf of the individual who has been determined eligible for VR services (the list is not intended to be all-inclusive, just illustrative).

- assess the rehabilitation needs of the individual and formulate the Individualized Written Rehabilitation Program (IWRP).

- provide counseling and guidance to prepare the client for employment.

- provide or arrange for any physical or mental restoration services (e.g., surgery, psychiatric treatment, rehabilitation technology services, etc.)

-provide or arrange for many different kinds of training such college/university, business, vocational, on-the-job, or personal and vocational adjustment training.

-provide or arrange for the delivery of job-seeking skills and placement into suitable employment.

A person remains in the service statuses in instances when services have been interrupted.

**Status 32 - Post-employment services:** This status is used to identify individuals who have previously been successfully rehabilitated, but who need additional rehabilitation services to help them maintain, regain or advance in their employment.

[No information on this status is reported on Form RSA-113.]

### **Closure Statuses**

**Status 08 - Closed not accepted/ineligible for VR:** This status is used to identify persons determined ineligible or who are otherwise not accepted for VR services, whether closed from the applicant status (Status 02) or extended evaluation (Status 06).

**Status 26 - Rehabilitated:** Cases closed as rehabilitated must, as a minimum, (1) have been declared eligible for services, (2) have received appropriate assessment and related services, (3) have had a program for VR services formulated, (4) have completed the program, (5) have been provided counseling, and (6) have been determined to be suitably employed for a minimum of 60 days.

**Status 28 - Closed other reasons after IWRP initiated:** Cases closed into this category must have met criteria (1), (2) and (3) above, and at least one of the services provided for by the IWRP must have initiated, but, for some reason, one or more of criteria (4), (5) and (6) above were not met.

**Status 30 - Closed other reasons before IWRP initiated:** Cases placed into Status 30 are those which, although accepted for VR services, did not progress to the point that services were actually initiated under a rehabilitation program.

**Status 38 - Closed from Pre-Service Listing:** This status is used to identify individuals eligible for VR who will not advance to the Service Statuses (10 to 24) and whose names have been removed from the Pre-Service Listing (Status 04).