

UNITED STATES DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES  
REHABILITATION SERVICES ADMINISTRATION  
WASHINGTON, DC 20202

TECHNICAL ASSISTANCE CIRCULAR  
RSA-TAC-01-03  
DATE: August 30, 2001

ADDRESSEES: STATE VOCATIONAL REHABILITATION AGENCIES (GENERAL)  
STATE VOCATIONAL REHABILITATION AGENCIES (BLIND)  
STATE REHABILITATION COUNCILS  
CLIENT ASSISTANCE PROGRAMS  
PROTECTION & ADVOCACY OF INDIVIDUAL RIGHTS  
PROGRAMS  
REGIONAL REHABILITATION CONTINUING EDUCATION  
PROGRAMS  
AMERICAN INDIAN VOCATIONAL REHABILITATION  
PROGRAMS  
RSA SENIOR MANAGEMENT TEAM

SUBJECT: Clarification of Items in RSA-PD-00-06

The purpose of this Technical Assistance Circular is to clarify some issues that have arisen regarding the implementation of RSA-PD-00-06, dated March 16, 2000, which transmitted the instructions for the revised RSA-911, Case Service Report form.

**Effective Date:** As we stated in RSA-PD-00-07, dated April 17, 2000 (which amended the effective date contained in PD-00-06), the effective date for the revised RSA-911 instructions is October 1, 2001 (FY 2002). In other words, all FY 2002 RSA-911 reports that are due between October 1, 2002 and November 30, 2002 (the deadline for submittal of these reports) should be in the new reporting format. If you anticipate any problems with this requirement, please let us know by September 15, 2001.

In addition, we will be asking that a few agencies *voluntarily submit* data early (probably around February of 2002) so that we can test the new edit program and data file structures. The file submitted would include FY 2002 closures to date.

**Edit Program:** Several agencies have asked us if we will provide another edit program to check for errors on the new RSA-911 data. We do intend to provide a new edit program for RSA-911 data that has the format specified in PD-00-06. The edit program has not yet been written. We understand that you will need the program prior to submission of your FY 2002 data which is due no later than November 30, 2002. We intend to have the edit program ready for distribution well before October, 2002, and in fact, will make every effort to have a test version available in the spring of 2002.

**Missing Edit Checks:** As you may have noted, the new RSA-911 instructions do not contain as many edit specifications as the current RSA-911. For example, it has been brought to our attention that the current instructions have a special crosscheck between Veteran Status and

Public Support, and between interpreter assistance and impairment, while the new instructions do not contain these cross checks. We have been asked whether there are some current edit specifications in effect that are not listed in the new instructions but that we expect you to continue to use.

It is our intention to keep in the new edit system the elements in the present system that are applicable, useful, and convertible. Beginning on page 45 of PD-00-06, you will find a list of edit checks for the new RSA-911 instructions. We will provide you with additional edit checks in the spring of 2002. If you have recommendations for additional edit specifications that we did not include in PD-00-06 that you believe we should implement, please let us know.

**Extended Employment:** Effective October 1, 2001, a closure in Extended Employment will not be considered to be an employment outcome (26 Closure) in the VR program. We have been asked how we will change the coding for Item # 28, "Employment Status at Closure" and Item # 36, "Type of Closure" to account for this regulatory change.

Therefore, after October 1, 2001, all individuals receiving a code of 2 in Item # 28 "Employment Status at Closure" will not be considered as having achieved an employment outcome (code 3 in Item # 36). Rather, such individuals should receive a code 4 in Item # 36: "Closed after services were initiated without an employment outcome." However, you should continue to use code 2 for Item # 28 for these individuals, signifying that these individuals were placed in extended employment. We will incorporate this logic into our edit program so that a record for an individual receiving a code 2 for Item # 28 and a code 3 for Item # 36 will appear in the error report.

In addition, we will be adding a code to Item # 37, "Reason for Closure." If you wish, you may begin voluntarily coding individuals placed into extended employment as code 14.

Please note that extended employment (code 2) is still a valid code for Item # 15, "Employment Status at Application."

**New Items at Application:** There are some items that were previously not collected at application, such as record position 64, Workers' Compensation, in Item #18, "Type of Public Support at Application." We have been asked whether we have suggestions for collecting this data on cases that have been active for a while.

Whenever possible, we would like counselors to provide this data. However, we are concerned that the data be accurate. It is very important that counselors not fabricate or guess at what might be an appropriate code here.

**Disability Cross-Walk:** We have been asked to provide a cross-walk between the disability codes in the current RSA-911 and the disability codes in PD-00-06. The revision of the coding system for disabilities in PD-00-06 is intended to conform to current theory and practice of disability and rehabilitation study. While RSA and the State Federal VR program kept abreast of contemporary rehabilitation practice, our data collection on physical and mental impairments did not keep pace. In developing this coding system, an attempt was made to incorporate the World Health Organization's principles presented in the International Classification of Impairments, Disabilities and Handicaps (ICIDH), while at the same time addressing RSA's need to provide a

historic connection for researchers and advocates for specific disabilities and diseases who have used RSA's disability databases to track the services to, and progress of, their consumer base. The new coding system conforms to a functional impairment/disability model rather than a medical disability/etiology model.

The new disability coding system has two parts: a physical or mental impairment that is, or results in, an impediment to employment, and the cause of the impairment. Because of the changes noted above, a definitive and complete cross-walk from the current codes to the new codes is not possible. A single current code may cross-walk to several new codes, based on specific individual differences. The enclosed cross-walk demonstrates the possibilities, but it cannot be applied automatically in all instances, and is definitely not exhaustive in scope. We developed this cross-walk after consulting with a number of State VR agencies, and there appears to be general agreement about most items. However, in some cases (e.g., the codes for deaf and hard-of-hearing individuals), no definitive cross-walk is possible. In fact, because of the difficulty in creating a cross-walk for these impairments, we have enclosed some descriptive material about these codes that may be helpful in knowing when to use them.

Because no definitive disability cross-walk can be developed, we urge counselors to consider the information in each individual's service record at the time of case closure and then to enter an accurate impairment and cause code for each case in the new system. This approach is essential for some impairment or cause codes and helpful for all codes.

**Cross-Walk for All Other Items:** Like the disability cross-walk, the cross-walk for all other items was developed in consultation with a number of State VR agencies. This general cross-walk is also enclosed.

### **Questions on Specific Items on RSA-PD-00-06:**

In recent months, we have received a number of questions about PD-00-06. We thought it might be helpful to share the answers we have given to specific State agencies with all State agencies. As we receive more questions, we will distribute additional issuances:

Q. Item # 2, "Social Security Number": When a Social Security number is not available, PD-00-06 lists two options: using a unique identifier beginning with "99" or using an asterisk. Which is preferable?

A. Cases need a unique identifier (e.g., case number). In order to have a unique identifier, use the current procedure, recording a unique nine-digit identifier beginning with "99." The use of asterisks when a Social Security number is not available will not work if there is more than one such case because there would be no unique identifier. We were told that sometimes a Social Security number may not be available for an individual who applied for services but dropped out of the program shortly thereafter. Agencies need a unique nine-digit identifier for each case in order to assure accuracy of data submitted and facilitate clearing the data.

Q. Item # 8, "Race and Ethnicity": Why was a code for "Multi-racial" not included? The reporting system in PD-00-06 appears to be cumbersome. An individual might report that he/she identifies with a number of these racial and ethnic categories.

A. In proposing this coding scheme, we followed OMB's directive on reporting race and ethnicity. Although it is possible that an individual may belong to many of these categories, it is unlikely that we will have many individuals reporting that they belong to more than two or three. We at RSA will be responsible for aggregating these data, so there should be no additional burden on State agencies in reporting the information according to the coding system in PD-00-06.

Q. Item # 9, "Source of Referral": It would be nice to know the reasoning behind choosing these new categories and the combining of so many dissimilar items into code 9 "Other Sources."

A. We attempted to streamline the current coding system. We retained prevalent sources and placed the remaining sources, which were reported infrequently in the current system, in code 9, "Other Sources."

Q. Items # 10 and # 26, "Level of Education at Application/Closure": Code 3, "Special education certificate of completion/attendance," does not distinguish between whether the certificate is one of completion or attendance. Also, how should individuals in special education who drop out of school be coded?

A. Use code 3 if the individual received special education, whether or not he/she actually received a certificate of either completion or attendance.

Q. Item # 11, "Individualized Education Program (IEP)": Is this item asking if the person EVER had an IEP? We would like the element to refer to people who have had an IEP within the past few (say 3) years. It is not really relevant whether the person had an IEP 20 years ago.

A. We intend this item to ask whether the person ever had an IEP or received special education. An individual who was in special education or an ungraded classroom should have a code of 1, "had an IEP," for this item. We recognize that data may not be available on individuals who received their education a number of years ago. However, we did not want to place an arbitrary time limit here. If you have the information on an individual, please provide it.

Q. Item # 12, "Living Arrangement at Application": How should I code a living arrangement for an individual in a Youth Correctional Facility? Is that code 10, "Other?"

A. Yes.

Q. Item # 13, "Primary Disability": Can all mental impairments be coded as Cognitive or Psychosocial? Can you give an example of a mental impairment that is coded as # 19, "Other?"

A. Examples of code 19 would be alcohol abuse, other drug abuse, or mental and emotional impairments not elsewhere classified.

Q. Items # 16 and # 30, "Weekly Earnings at Application/Closure": if earnings are being collected using an annual or monthly amount, rather than a weekly amount, how many weeks per year do we use to calculate the weekly earnings and therefore the hourly wage?

A. Use 52 weeks if you only have an annual salary available. If you only have a monthly salary, multiply the monthly salary by 12 and divide the total by 52. However, if possible, try to get an exact weekly earnings amount at the time of closure so that the calculation can be done accurately.

Q. Items # 18 and # 32, “Type of Public Support at Application/Closure”: Please clarify if workers’ compensation is a private insurance or a public insurance. If it is private, why is it listed as a public support?

A. Funded by employers but mandated by legislation, workers’ compensation is a hybrid. We placed it as a choice under Items # 18 and # 32, “Type of Public Support at Application/Closure,” because we believe that the VR program would be performing a benefit to society in helping an individual who is receiving workers’ compensation to achieve employment, thus alleviating the need for this type of assistance.

Q. Items # 21 and # 35, “Medical Insurance Coverage at Application/Closure”: Some of our clients receive health insurance through our State mental health program for medication and physician checks. What code should we use for this insurance? It is public (State funds), but not Medicaid or Medicare. Also, what about veteran's insurance? And what about Bureau of Indian Affairs?

A. We did not anticipate this issue when we developed the instructions. Ideally, we would want to add a code for “Public insurance from other sources.” However, because we recognize that it is difficult for some of you to add codes at this time, we are asking that you change record positions 85 and 195, “Worker’s Compensation,” to “Public insurance from other sources.”

Q. Item # 25, “Services Provided”: What is the logic behind combining Diagnosis and Evaluation (D&E) with Treatment? Currently D&E is an assessment service. The new 911 still has Assessment as a separate service, but it combines Diagnosis with Treatment. How do we differentiate a service such as a Functional Capacity Evaluation between Assessment and D&E?

A. An Assessment Service (record positions 110-111) is one used to determine eligibility, to place an individual in a category in the order of selection or to help the counselor work with the individual to develop an Individualized Plan for Employment (IPE). The diagnosis and treatment of impairments (record positions 112-113) refers to a list of medical services contained in section 103(a)(6) of the Rehabilitation Act and are provided after an IPE is developed.

Q. Item # 25, “Services Provided”: When a service is provided by a One-Stop Employment/Training center, and there is no charge, how do I code source of funding?

A. The coding would depend on how the One-Stop center is funded—entirely by non-VR funding sources or a combination of VR and non-VR funding sources.

Q. Item # 25, "Services Provided": It is stated that "if an individual received the same service from more than one provider, record only the major provider." Is there a definition of "major provider"?

A. No, “major” is a matter of judgment and will depend on individual factors in the case. In making this judgment, you might consider which provider provided the most services in terms of numbers of hours of service or which provider spent the most money on a particular service.

Q. Item # 25, “Services Provided”: The classifications for training do not include high school training. How should this type of training be classified?

A. If high school training leading toward a diploma or a GED is provided, classify this service under “Miscellaneous Training” (record positions 128-129). We will consider adding a category for this type of training during the next revision of the RSA-911.

Q. Item 27, “Occupation at Closure”: Since the DOT is fast becoming obsolete, and since Job Service now uses O\*Net, we would like to begin using O\*Net also.

A. We plan to evaluate the adoption of the SOC (Standard Occupational Coding). Before adopting the SOC coding system, we need to identify a cross-walk between DOT and SOC to facilitate the adoption of this new system. For the present, however, because the version of the RSA-911 in PD-00-06 has OMB approval, you should continue to use the DOT codes for Item # 27, “Occupation at Closure.”

**Contacts:** Questions or suggestions should be directed to Mary Naifeh or Patricia Nash.

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Joanne M. Wilson  
Commissioner

Attachment

Cc: Council of State Administrators of Vocational Rehabilitation  
National Association of Protection and Advocacy Systems  
National Rehabilitation Facilities Coalition  
National Council on Independent Living

## NEW RSA-911 CODES FOR SENSORY/COMMUNICATIVE IMPAIRMENTS

The following statements are suggested to provide clarification to State VR agencies regarding new codes for impairments to be used for identifying individuals with sensory/communicative impairments. In particular, questions have been raised about the following codes:

- 03 – Deafness, Primary Communication Visual;**
- 04 – Deafness, Primary Communication Auditory (Oral);**
- 05 – Hearing Loss, Primary Communication Visual;**
- 06 – Hearing Loss, Primary Communication Auditory;**
- 07 – Other Hearing Impairments (Tinnitus, Meniere’s Disease, hyperacusis, etc.);**
- 08 – Deaf-Blindness (definition to remain the same);**
- 09 - Communicative Impairments (expressive/receptive).**

### **03 – Deafness – Primary Communication Visual**

**Receptive Communication**—primarily uses some form of sign language

**Expressive Communication**--primarily uses some form of sign language

Most rely on sign language interpreters as their first choice for communication access with hearing people.

Generally use TTY and TTY Relay Services

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### **04 – Deafness – Primary Communication Auditory**

**Receptive Communication**-- primarily depends on speechreading and/or visual communication such as speech to text translation,

**Expressive Communication**-- primarily use spoken language

Have been identified in the past as being oral deaf or late deafened adults and now would also include many deaf individuals who use cochlear implants and/or English based sign language.

Generally use TTY and TTY Relay services, including Voice Carry-over (VCO) option.

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### **05 - Hearing Loss – Primary Communication Visual**

**Receptive Communication**—primarily depends on auditory input aided by hearing aids and/or assistive listening technology and often relies on visual cues such as speech reading, body language, text translation or an English based sign language to supplement auditory input.

**Expressive Communication**-- primarily uses spoken language.

Generally use amplified telephone along with hearing aid T switch and may use TTY/VCO.

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### **06 - Hearing Loss – Primary Communication Auditory**

**Receptive Communication**—primarily uses remaining residual hearing which allows the individual to hear and understand speech with little or no visual input, generally with

the use of hearing aids and can benefit from assistive listening technology use in some situations.

**Expressive Communication**—primarily uses spoken language.

Generally use telephone with ease using appropriate amplification.

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## **07 – Other Hearing Impairments ( Tinnitus, Meniere’s Disease, Hyperacusis, etc.)**

While hearing loss is a major form of hearing impairment, there are other conditions of the hearing mechanism that bring with them functional limitations leading to disability such as the constant head noise of Tinnitus, the dizziness of Meniere’s Disease or the extreme sensitivity to sound of hyperacusis. Such conditions require thorough evaluation by trained physicians and a variety of interventions are available requiring consultation with trained hearing health specialists.

## **08 – Deaf-Blindness**

The term “individual who is deaf-blind” means any individual –

(A)(1) who has a central visual acuity of 20/200 or less in the better eye with corrective lenses, or a field defect such that the peripheral diameter of visual field subtends an angular distance no greater than 20 degrees, or a progressive visual loss having a prognosis leading to one or both of these conditions;

(2) who has a chronic hearing 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

(3) for whom the combination of impairments described in clauses (1) and (2) cause extreme difficulty in attaining independence in daily life activities, achieving psychological 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 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.

## **09 – Communicative Impairments (expressive/receptive)**

Speech and Language impairments for the most part come in combination with other impairments such as cerebral palsy, TBI, stroke, mental retardation, multiple sclerosis, deafness, etc., requiring significant intervention in addition to those provided relative to identified major disabling conditions. It is essential that communicative disabilities be recognized and attended to as either the major or secondary disability and appropriate interventions such as the use of augmentative and alternative communication (AAC) systems be implemented.