

# **DVR Coding Definitions Throughout DVR Process**

**(Updated: June 8, 2015)**

This document has been created to assist staff in ensuring accurate information is entered into the IRIS system. Included in this document are the required data fields that the Rehabilitation Services Administration (RSA) requires we collect. We have included the RSA definition and special instructions to assist staff in ensuring the correct data is entered.

For instructions on how to properly code other required IRIS fields please see the [Help Pages in IRIS](#).

When including information in the IRIS system it is important to ensure that the information entered is accurate. The codes and entered information are used in numerous ways within the Division, within the Department, and by the Rehabilitation Service Administration (RSA) (e.g., RSA-911 report, internal tracking and data collection).

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## **Coding Information Gathered in Federal Requirements at Time of Application**

Information should be inputted into the Federal Requirements at the time of referral. This information should not be altered at a later date unless entered in error.

### **Misc Section**

#### **Social Security Number**

Enter the individual's nine-digit Social Security number (SSN).

#### **Client refused SSN**

When a SSN is not available or if the individual prefers not to provide his/her SSN, Assign System SSN.

#### **Date of Birth**

Record date (year, month, and day) of birth using the eight-digit protocol.

#### **Referral Source**

Indicate the individual, agency, or other entity that first referred the individual to the State VR agency. If the individual approached the VR agency on his/her own, even if based on information provided by the State VR agency, use self-referral.

- American Indian VR Services Program
- Centers for Independent Living
- Child Protective Services
- Community Rehabilitation Programs
- Consumer Organizations or Advocacy Groups
- Educational Institutions (elementary/secondary).
- Educational Institutions (post-secondary)
- Employers

- Faith Based Organizations
- Family/Friends
- Intellectual and Development Disabilities Providers
- Medical Health Provider (public or private)
- Mental Health Provider (public or private)
- One-Stop Employment/Training Centers
- Other Sources
- Other State Agencies
- Other VR State Agencies
- Public Housing Authority
- SS Admin (DDS or District Office)
- Self-Referral
- State Department of Correction/Juvenile Justice
- State Employment Service Agency
- Veteran's Administration
- Welfare Agency (state or local government)
- Worker's Compensation

**Gender**

Select the consumer's gender from the list.

**Race and Ethnicity**

**Both race and ethnicity should be reported.**

RSA continues to require self-identification to the greatest extent possible. It is generally expected that the information recorded will reflect the individual's own identification of race and ethnicity from the categories provided. However, if a customer truly refuses to identify his/her race or Hispanic ethnicity status, the counselor should, at a minimum, notify respondents that if they fail to self-identify that observer-identification method would be used. The counselor or interviewer would then provide the best assessment of the individual's race.

**NOTE:** It is known that some Hispanic people treat Hispanic ethnicity like a race. If Hispanic ethnicity is chosen, a race must also be selected. The same procedures as used above should be followed. Hispanics may belong to any race group.

**Race**

- White (an individual having origins in any of the original peoples of Europe, the Middle East or North Africa)
- Black or African American (an individual having origins in any of the Black racial groups of Africa).
- Asian (an individual having origins in any of the original peoples of Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).
- American Indian, Native American or Alaska Native (an individual having origins in any of the original peoples of North and South America [including Central America], and who maintains a tribal affiliation or community attachment).
- Native Hawaiian or Other Pacific Islander (an individual having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).

**Ethnicity - Hispanic or Latino**

Select yes if the consumer's Ethnicity is Hispanic or Latino (an individual of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).

**Marital Status**

Enter marital status of consumer at time of application.

- Divorced.
- Married.
- Never Married.
- Separated.
- Widowed.

**Highest Level of Education**

Record the level of education the individual has attained at the time of application. If an actual educational level is not documented, record an estimated level.

Use the following codes:

- No formal schooling.
- Elementary education (grades 1-8).
- Secondary education, no high school diploma (grades 9-12).
- Special education certificate of completion/diploma or in attendance:
  - The individual is currently a special education student.
  - High School Student with an IEP.
  - The individual received special education and earned a certificate of completion or high school diploma.
  - The individual received special education but did not receive a certificate/diploma.
- High school graduate or equivalency certificate (GED) (do not use for special education).
- Post-secondary education, no degree or certificate.
- Post-Secondary academic degree, Associate degree
- Bachelor's degree.
- Master's degree.
- Any degree above a Master's- e.g. Ph.D., Ed.D., J.D.
- Vocational/Technical Certificate
- Occupational credential beyond undergraduate degree work.
- Occupational credential beyond graduate degree work.

### **Student with Disability in Secondary Education at Application**

In IRIS, asks if the consumer is a person in high school receiving disability services. Indicate the status of an individual with a disability in secondary education at the time of application.

- Not a High School Student.
- High School student with 504 plan.
- High School student with IEP.
- High School student no 504 plan or IEP.

### **Veteran**

Enter if the person is a veteran  
Yes or No.

### **Living Arrangement at Application**

Indicate the living arrangements of the individual, either temporarily or permanently, on the date of application to the State VR agency.

- Adult Correctional Facility.
- Community Residential/Group Home.
- Halfway House.
- Homeless/Shelter.
- Mental Health Facility.
- Nursing Home.
- Other.
- Private Residence (independent, family, other person's, etc.).
- Rehabilitation Facility.
- Substance Abuse Treatment Center.

### **Primary Source of Support**

Enter based on the individual's **largest single source of economic support** at application, even if it accounts for less than one-half of the individual's total support.

- Personal income (own earnings, interest, dividends, rent, personal savings, retirement includes Social Security Retirement).
- Family and Friends (spouse's income or UI checks, family received public supports).
- Public Support (SSI, SSDI, TANF\*, WC, UI, incarcerated, etc.).
- All Other Sources (e.g. private disability insurance and private charities).

*\*TANF examples: W-2, Kinship Care, Wisconsin Share, Caretaker Supplement.*

Important: When Public Support (SSI, SSDI, TANF, WC, UI, etc.) is selected as the Primary Source of Support, then at least one of the Monthly Public Support Amounts must be greater than zero.

### **Involvement with Other Agencies and Services at Application**

At time of application, enter up to three codes from the list below that describes a service provider or funding source from which the individual was provided services or funding at the time of application.

- Not provided services or funding from any programs or organizations listed below
- American Indian VR Services Program
- Centers for Independent Living
- Child Protective Services
- Community Rehabilitation Programs
- Consumer Organizations or Advocacy Groups
- Educational Institutions (elementary/secondary)
- Educational Institutions (post-secondary)
- Employers
- Employment Networks (not otherwise listed)
- Federal Student Aid (such as, Pell grants, SEOG (Supplemental Educational Opportunity Grant), work study, etc.
- Intellectual and Developmental Disabilities Agencies
- Medical Health Provider (Public or Private)
- Mental Health Provider (Public or Private)
- One-stop Employment/Training Centers
- Public Housing Authority
- Social Security Administration (Disability Determination Service or District office)
- State Department of Correction/Juvenile Justice
- State Employment Service Agency
- Veteran's Administration
- Welfare Agency (State or local government)
- Worker's Compensation
- Other VR State Agencies
- Other State Agencies
- Other Sources

**Monthly Public Support Amount at Application**

Enter the monthly amount (to the nearest dollar) of public support received by the individual at application from each of the following sources.

Public support refers to **cash** payments made by Federal, State, and/or local governments for any reason including individual's disability, age, economic status. Include payments to a family unit precipitated by the individual's disability or when the individual's presence is taken into account in the computation of the family benefit. Also include any payments that are sent directly to the individual in an institution or to dependents on his/her behalf. Exclude any non-cash support payments such as Medicaid, Medicare, food stamps, and rental subsidies.

- Supplemental Security Income (SSI) for the Aged, Blind or Disabled:
  - Monthly SSI payment to individual for the aged, blind, and disabled. Only individual's portion should be recorded here.
- Temporary Assistance for Needy Families (TANF):
  - Cash public assistance payments made through the federally funded TANF program (e.g. W-2, Kinship Care, Wisconsin Share, Caretaker Supplement). If payment made to the family unit, use the local disbursing agency's procedure to estimate the individual's portion of the payment.
- General Assistance (State or local, e.g. county funds, Food Share, etc.).

- Social Security Disability Insurance (SSDI):
  - Monthly SSDI payment to individual.
- VA Disability Benefit:
  - Veterans Disability Benefits are payments made by the Department of Veterans Affairs for partial or total disability.
- Workers Compensation.
- Other Public Support:
  - Enter the monthly amount of public support from all other sources not listed including payments made by Federal, State and local governments for retirement or survivor benefits to the individual as well as UI and other temporary payments.

### **Medical Insurance Coverage at Application**

Enter if the individual has medical insurance at the time he/she is applying for VR services. If the consumer has medical insurance available through a listed source, select Yes.

- Medicaid/BadgerCare/MAPP(Medicaid Purchase Plan).
- Medicare.
- Public Insurance from Other Sources (Workers Compensation, Children’s Health Insurance Program, etc).
- Private Thru own Employment.
- Not Yet Eligible for Private Insurance through Current Employer, But Will Be Eligible for Private Insurance after a Certain Period of Employment.
- Private Other Insurance (through parent/family members insurance plan).

### **Employment Section**

#### **Current Employment Status**

Enter which best describes the employment status of the individual at application from the following. When an individual's work activity overlaps into two different employment categories, select the code more descriptive of the individual's employment activity at application.

- Employment without Supports in Integrated Setting:
  - Full-time or part-time employment in an integrated setting without ongoing support services. This is work performed for wages, salary, commissions, tips, or piece-rates, below, at, or above the minimum wage. Do not include self-employed individuals.
- Employment with Supports in Integrated Setting:
  - Full time or part-time employment in an integrated setting with ongoing support services for individuals with significant disabilities. Compensation for such employment may be below, at, or above the minimum wage.
- Extended Employment (Workshops):
  - Work for wages or salary in a non-integrated setting for a public or nonprofit organization. Such settings are variously referred to as community rehabilitation programs, or sheltered, industrial, or occupational workshops. Individuals are compensated according to the Fair Labor Standards Act and the organization provides any needed support services that enable the individual to train or prepare for competitive employment.

- Homemaker:
  - Men and women whose activity is keeping house for persons in their households or for themselves if they live alone.
- Not Employed All other Students:
  - Persons attending school full or part-time other than students in secondary education such as post-secondary training, adult education, or vocational training.
- Not Employed Other:
  - Persons not in any of the other categories (e.g., persons just out of school who are not yet employed; persons unable to retain or obtain work; and persons who have recently left specialized medical facilities).
- Not Employed Student in Secondary Education (grades 9-12).
  - Including students in GED classes or special education classes with a goal of obtaining a high school diploma or GED.
- Not Employed Trainee, Intern or Volunteer:
  - Persons engaging in unpaid work experiences, internships or volunteer work for purposes of increasing their employability. Such individuals may receive a stipend to defray the cost of transportation or other incidental expenses.
- Self-employment (except BEP):
  - Work for profit or fees including operating one's own business, farm, shop, or office. "Self-employment" includes sharecroppers, but not wage earners on farms.
- State Agency-managed Business Enterprise Program (BEP):
  - Randolph-Sheppard vending facilities and other small businesses operated by individuals with significant disabilities under the management and supervision of a State VR agency.
- Unpaid Family Worker:
  - An individual who works without pay on a family farm or in a family business.

### Hours Worked Per Week

Enter the number of hours an individual worked for earnings in a typical week at the time of application. Earnings may have been in the form of wages, salaries, tips, commissions, profits from self-employment, adjusted gross income for salespersons, etc.

### Weekly Earnings

Enter the amount of money (to the nearest dollar) earned in a typical week at the time of application. If the individual had no earnings, enter 0.

This item collects data on the **cash** earnings of individuals at application and includes all wages, salaries, tips, and commissions received as income **before** payroll deductions (gross income). Gross income is also used to calculate earnings for self-employed individuals and farmers. Estimate profits of farmers, if necessary.

**SPECIAL CASES:** To preclude misleading results such as a negative earnings situation, the following instructions are provided:

Where earnings are based on commissions that are irregular (e.g., real estate, automobile sales, etc.) or unreimbursed business expenses (e.g. car lease payments due first week of every month), to obtain a meaningful figure for a typical week's earnings, it should be calculated as an average over a representative period of time such as one month. Earnings should be based on the actual receipt of the payment and not on amounts accruing until the next commission payout.

**Previous Employment Status**

If the consumer has worked or is working, select Previous Employment; otherwise, select No Previous Employment.

**Year Last Employed**

If the consumer has ever worked, enter the four digit year in which he or she was last employed. If the individual is currently employed, enter the current year. If the consumer has never worked, leave the box blank.

## Coding Information Gathered at Eligibility and OOS

### **Primary Impairment: Required if Eligible, Drop-Down List (see below).**

Select the code that best describes the individual's primary physical or mental impairment that causes or results in a substantial impediment to employment. (Codes and descriptions are listed below.)

### **Primary Cause: Required if Eligible, Drop-Down List (see below).**

Select the appropriate two-digit code for the consumer's primary impairment cause. (Codes and descriptions are listed below.)

### **Secondary Impairment: Required if Eligible, Drop-Down List (see below).**

Select the code that best describes the secondary impairment. This is the physical or mental impairment that contributes to, but is not the primary basis of, the impediment to employment. Codes and descriptions are listed below.)

### **Secondary Cause: Required if Eligible, Drop-Down List (see below).**

Select the appropriate two-digit code for the consumer's secondary impairment cause. (Codes and descriptions are listed below.)

## CODES FOR IMPAIRMENTS

00 No impairment

### **SENSORY/COMMUNICATIVE IMPAIRMENTS:**

- 01 Blindness
- 02 Other Visual Impairments
- 03 Deafness, Primary Communication Visual
- 04 Deafness, Primary Communication Auditory
- 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
- 09 Communicative Impairments (expressive/receptive)

### **PHYSICAL IMPAIRMENTS:**

- 10 Mobility Orthopedic/Neurological Impairments
- 11 Manipulation/Dexterity Orthopedic/Neurological Impairments
- 12 Both mobility and Manipulation/Dexterity Orthopedic/Neurological Impairments
- 13 Other Orthopedic Impairments (e.g., limited range of motion)
- 14 Respiratory Impairments
- 15 General Physical Debilitation (fatigue, weakness, pain, etc.)
- 16 Other Physical Impairments (not listed above)

### **MENTAL IMPAIRMENTS:**

- 17 Cognitive Impairments (impairments involving learning, thinking, processing information and concentration)
- 18 Psychosocial Impairments (interpersonal and behavioral impairments, difficulty coping)
- 19 Other Mental Impairments

## CODES FOR CAUSES/SOURCES OF IMPAIRMENTS

00	Cause unknown
01	Accident/Injury (other than TBI or SCI)
02	Alcohol Abuse or Dependence
03	Amputations
04	Anxiety Disorders
05	Arthritis and Rheumatism
06	Asthma and other Allergies
07	Attention-Deficit Hyperactivity Disorder (ADHD)
08	Autism
09	Blood Disorders
10	Cancer
11	Cardiac and other Conditions of the Circulatory System
12	Cerebral Palsy
13	Congenital Condition or Birth Injury
14	Cystic Fibrosis
15	Depressive and other Mood Disorders
16	Diabetes Mellitus
17	Digestive
18	Drug Abuse or Dependence (other than alcohol)
19	Eating Disorders (e.g., anorexia, bulimia, or compulsive overeating)
20	End-Stage Renal Disease and other Genitourinary System Disorders
21	Epilepsy
22	HIV and AIDS
23	Immune Deficiencies excluding HIV/AIDS
24	Mental Illness (not listed elsewhere)
25	Cognitive Disability
26	Multiple Sclerosis
27	Muscular Dystrophy
28	Parkinson's Disease and other Neurological Disorders
29	Personality Disorders
30	Physical Disorders/Conditions (not listed elsewhere)
31	Polio
32	Respiratory Disorders other than Cystic Fibrosis or Asthma
33	Schizophrenia and other Psychotic Disorders
34	Specific Learning Disabilities
35	Spinal Cord Injury (SCI)
36	Stroke
37	Traumatic Brain Injury (TBI)

**Important:** If Secondary Impairment is coded "00" (No Impairment), then Secondary Cause must also be coded "00" (Cause Unknown). There are also several Impairment and Cause code combinations that RSA does not allow. These combinations are not edited on this case note. Instead, DVR runs the Error Checker report randomly throughout the year to find and correct the combinations that are considered errors by RSA.

## Coding Information Gathered at IPE Development

### Plan Type:

- **BEP (Business Enterprise Program) (Status 18)**
  - Select BEP when the consumer will be participating in the Business Enterprise Program for the blind. Change plan type as appropriate.
- **Counseling (Status 14)**
  - Select Counseling when counseling & guidance is the primary activity being provided to prepare the consumer for employment. Change plan type as appropriate.
- **Placement (Job Ready) (Status 20)**
  - Select Placement when the consumer has completed preparation for employment and is ready to seek and accept a job, or has been placed into, but has not yet begun, employment. Change plan type as appropriate.
- **Restoration (Status 16)**
  - Select restoration services when time-limited physical and/or mental restoration services are the primary activity being provided to prepare the consumer for employment (e.g., cataract surgery interrupts other planned DVR services for 3 months). Change plan type as appropriate.
- **Self-Employment (Status 18)**
  - Select Self-Employment when the employment plan is for self employment or business planning/development. (Includes consumers with dual track goals and self-employed farmers. Do not include Customized Self-Employment. Change plan type as appropriate.
- **Supported Employment (Status 20)**
  - Select Supported Employment when the consumer requires long term support to maintain competitive employment. Includes Customized Self-Employment. Change plan type as appropriate.
- **Training (Status 18)**
  - Select Training to identify persons who are receiving academic, business, vocational, on-the-job, or personal and vocational adjustment training. Change plan type as appropriate.
- **Transition (Status 18)**
  - Select Transition when the consumer will be transitioning from a secondary education program to employment. Once exited from high school change plan type as appropriate.

### Services:

Insert the necessary and appropriate primary services and secondary services. Include the start date, end date, provider, who pays, payment method.

**Fiscal Account Code information is included in the Fiscal Account Codes Document - [http://dwd.wisconsin.gov/dvr/pdf\\_files/fiscal\\_account\\_codes.pdf](http://dwd.wisconsin.gov/dvr/pdf_files/fiscal_account_codes.pdf).**

## Coding Information Gathered at Closure

The following information is to be gathered and entered at the time of case closure. This information is then automatically pulled for the federal requirements reporting.

### Type of Closure

Select one from these six listed types: (Note: The closure status is listed in parenthesis.)

- Closed after Plan Initiated, Not Rehabilitated (28):
  - Select Closed after Plan Initiated, Not Rehabilitated to close a case after the consumer's Plan for Employment was approved, services were initiated, but the consumer is not rehabilitated. (NOTE: The Plan Initiated field on the Case Summary page must be identified as Yes.)
- Closed, after Plan Signed, Plan Not Initiated, Not Rehabilitated (30):
  - Select this Closure Type to close a case after the consumer's Plan for Employment has been signed, but before services were initiated, and the consumer is not rehabilitated. (NOTE: The Plan Initiated field on the Case Summary page must be identified as No.)
- Closed before Plan Signed, Not Rehabilitated (30):
  - Select Closed before Plan Signed, Not Rehabilitated to close a case after the consumer is determined to be eligible but before the Plan for Employment is approved. In this case, the consumer is not rehabilitated.
- Closed from Applicant Status (08):
  - Select Closed from Applicant Status to close a case before the eligibility determination is made.
- Closed From Pre-Service Listing (Waiting List) (38):
  - Select Closed from Pre-Service Listing (Waiting List) to close a case which has been determined to be eligible in a closed OOS category and placed on the waiting list but is closed before the case is removed from the waiting list.
- Closed, Rehabilitated (26 or 34):
  - Select Closed, Rehabilitated to close a case because a consumer is rehabilitated.

### Closure Reason

Select the reason for closing the service record of an individual:

- All Other Reasons:
  - All reasons not covered by other codes.
- Death.
- Disability Too Significant to Benefit from VR Services:
  - An individual whose mental or physical disability is so significant that the individual cannot benefit from VR services in terms of employment. (To close a case for this reason an IPE must be written to assess the individual's ability to benefit from VR services. See DVR Policy Manual for further information.)
- Does Not Require VR Services:
  - An applicant does not require VR services to prepare for, enter into, engage in, or retain gainful employment consistent with their strengths, resources, priorities, concerns, abilities, capabilities, and informed choice.

- Extended Employment:
  - The individual received services and was placed in a non-integrated setting for a public or non-profit organization. If the person is working in extended employment, we leave the employment section blank on the closure - as it is not considered employment for RSA.
- Extended Services Not Available:
  - The individuals would have benefited from the provision of supported employment services but for whom no source of extended services was available.
- Individual in an Institution other than a prison or jail:
  - An individual has entered an institution other than a prison or jail, and will be unavailable to participate in a VR program for an indefinite or considerable period of time. Includes hospitals, nursing homes, treatment centers, etc.
- Individual is Incarcerated in a prison or jail:
  - An individual is unavailable to participate in a VR program for a considerable period of time because they are incarcerated in a prison, jail, or other criminal correction facility.
- No Disabling Condition:
  - An applicant is not eligible for VR services because no physical or mental impairment exists, such as when the reported disability is an acute condition with no residual impairment, e.g., a broken bone that heals.
- No Impediment to Employment:
  - An applicant is not eligible for VR services because their physical or mental impairment does not constitute a substantial impediment to employment.
- No Longer Interested in Receiving Services or Further Services:
  - The consumer does not want to receive any services or continue to receive services. This includes consumers who, through discussion with DVR, decide they no longer wish to have their case open. **Also use this code to indicate when an individual's actions (or non-actions) make it impossible to begin or continue a VR program (e.g. repeated failures to keep appointments)**
- Rehabilitated - achieved an employment outcome
- Transferred to Another Agency:
  - An individual needs services that are more appropriately obtained elsewhere such as State VR agencies or VA. Transfer to the other agency indicates that appropriate referral information is forwarded to the other agency so that agency may provide services more effectively.
- Transportation not Feasible or Available:
  - The individual was unable to accept or maintain employment because suitable transportation was either not feasible or not available.
- Unable to Locate or Contact or Moved:
  - The individual has moved without a forwarding address. This includes consumers who we attempt to contact using multiple methods/multiple attempts, and all methods of contact are unavailable (e.g., mail or emails returned, phone disconnected, etc.). Also use this code for persons who have left the State and show no intentions of continuing in their VR program.
    - **Note:** If the consumer is not responding to multiple contact attempts but mail is not returned, listed phone number works, etc., please refer to No Longer Interested in Receiving Services or Further Services.

### **Services Provided and Costs For Purchased Services**

For each service, indicate if the service was provided and who provided it. If purchased, what was the service provider type. Services must have been provided to the individual in determining eligibility and/or in developing and carrying out the IPE.

Questions for each Service Category:

#### **Was the Service Provided?**

- Not provided.
- Provided in house by VR Staff
- Purchased by VR Agency
- Provided by Comparable Benefits
- Combination of in house/purchased by VR/comparable benefit

#### **Primary Purchased VR Service Provider Type**

Identify the type of service provider for the purchased service. If an individual received the same service from more than one provider, record only the major provider.

- Other Private Service Providers
- Other Public Service Providers
- Private Community Rehabilitation Prgm
- Public Community Rehabilitation Prgm

#### **Comparable Services and Benefits Provider**

Identify the type of service provider who provided the comparable benefits. (select up to 3)

- No comparable services or benefits were provided
- American Indian VR Services Program
- Centers for Independent Living
- Child Protective Services
- Community Rehabilitation Programs
- Educational Institutions (elementary/secondary)
- Educational Institutions(post-secondary)
- Employers
- Employment Networks (not otherwise listed)
- Federal Student Aid (such as, Pell grants, Supplemental Educational Opportunity Grant, work study, etc.)
- Intellectual and Developmental Disabilities Agencies
- Medical Health Provider (public or private)
- Mental Health Provider (public or private)
- One-Stop Employment/Training Centers
- Public Housing Authority
- Social Security Administration (Disability Determination Services or District Office)
- State Department of Correction/Juvenile Justice
- State Employment Service Agency
- Veteran's Administration
- Welfare Agency (state or local government)
- Worker's Compensation
- Other VR State Agencies
- Other State Agencies
- Other Sources

## **RSA Service Listing with Activity Codes that Apply -**

[http://dwd.wisconsin.gov/dvr/pdf\\_files/rsa\\_codes.pdf](http://dwd.wisconsin.gov/dvr/pdf_files/rsa_codes.pdf).

### **Employment Status at Closure**

The Employment Status is automatically entered if an Employment case note exists for the consumer. If necessary, for individuals who achieved an employment outcome, select the consumer's current employment status from the eight listed ones. If classifying the individual into two different employments, select a code designating the principal status.

If the person is working in extended employment, we leave the employment section blank on the closure - as it is not considered employment for RSA.

- Employment without Supports in Integrated Setting:
  - Full-time or part-time employment in an integrated setting without ongoing support services. For purposes of this report, this is work performed for wages, salary, commissions, tips, or piece-rates, below, at, or above the minimum wage. Do not include self-employed individuals.
- Employment with Supports in Integrated Setting:
  - Is full-time or part-time employment in an integrated setting with ongoing support services for individuals with significant disabilities.
- Homemaker: To be eligible for a homemaker IPE outcome, an individual must meet **all** of the following conditions:
  - Be primarily responsible within the family unit for cleaning, laundering, shopping, and preparing meals.
  - By independently completing the tasks listed in one above, the individual allows a family member or caregiver to seek, obtain or maintain competitive employment.
  - Has an approved IPE with homemaker as the vocational objective.
- Self-employment (except BEP):
  - Work for profit or fees including operating one's own business, farm, shop or office. "Self-employment" includes sharecroppers, but not wage earners on farms. If this employment status is selected, Weekly Earnings cannot be \$0.
- State Agency-managed Business Enterprise Program (BEP):
  - Refers to Randolph-Sheppard vending facilities and other small businesses operated by individuals with significant disabilities under the management and supervision of a State VR agency.
- Unpaid Family Worker:
  - Refers to persons who work without pay on a family farm or in a family business.

### **Number of Jobs/Occupations at Closure**

Enter the number of separate jobs the consumer held at the time of closure.

### **ONET Code**

- Type in the Job Title and click on the Search button.
- Click on the O\*NET Occupational Title Drop Down List.
- Choose the best match.
- If none of the items is a good match, click on the Clear Search button, change the Job Title, and click on the Search button again.

- For the employment situations unique to the VR program, click on the drop down list for O\*Net Occupational Code and use the special codes indicated below. These codes do not duplicate any six-digit codes in the [O\\*NET/SOC](#) structure:
  - 599999 if the consumer is a homemaker.
  - 699999 if the consumer is a worker in extended employment.
  - 799999 if the consumer is an unpaid family worker.
  - 899999 if the consumer is a vending stand clerk.
  - 999999 if the consumer is vending stand operator.

### **Employer Name**

Enter the name of the employer.

For homemaker closures, enter Homemaker.

### **Employment Start Date**

Enter the start date of employment.

### **Weekly Earnings at Closure**

Enter the amount of money (to the nearest dollar) earned in a typical week at the time after achieving an employment outcome consistent with the employment outcome on an individual's IPE at the time of closure.

This includes all wages, salaries, tips, and commissions received as income **before** payroll deductions (gross income). Gross income for the business is also used to calculate earnings for self-employed individuals and farmers. Estimate profits of farmers, if necessary.

**SPECIAL CASES:** To preclude misleading results such as a negative earnings situation, the following instructions are provided:

Where earnings are based on commissions that are irregular (e.g., real estate, automobile sales, etc.), to obtain a meaningful figure for a typical week's earnings, it should be calculated as an average over a representative period of time such as one month. Earnings should be based on the actual receipt of the payment and not on amounts accruing until the next commission payout.

**Important:** Enter a 0 (zero) if the consumer generated no earnings. Homemakers would be entered as 0.

### **Hours Worked in a Week at Closure**

For an individual who achieved an employment outcome enter the number of hours an individual worked in a typical week for earning on all employment consistent with the IPE goal. Earnings may have been in the form of wages, salaries, tips, commissions, profits from self-employment, adjusted gross income for salespersons, etc.

**Important:** Enter a 0 (zero) if the consumer generated no earnings or did not achieve an employment outcome.

## Competitive Employment

Indicate whether the individual achieved competitive employment at the time the service record was closed.

**Important:** Competitive employment is defined as employment in the competitive labor market that is performed on a full-time or part-time basis in an integrated setting, self-employment or a state-managed Business Enterprise Program (BEP), and for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled. Minimum wage is the Federal or State minimum wage, whichever is higher. If the Hourly wage is greater than minimum wage, it is competitive, and integrated the competitive employment question must be listed as yes.

Do not use competitively employed for individuals that are closed as homemakers, or unpaid family workers.

## Supported Employment Status:

Select one status from these three listed ones:

- Not Supported Employment:
  - If the consumer is not Supported Employment
- Supported Employment in OOS Category 1:
- Supported Employment in OOS Category 2 or 3:

## Highest Level of Education

Record the level of education the individual has attained at the time of closure. If an actual educational level is not documented, record an estimated level.

Use the following codes:

- No formal schooling.
- Elementary education (grades 1-8).
- Secondary education, no high school diploma (grades 9-12).
- Special education certificate of completion/diploma or in attendance:
  - The individual is currently a special education student.
  - High School Student with an IEP.
  - The individual received special education and earned a certificate of completion or high school diploma.
  - The individual received special education but did not receive a certificate/diploma.
- High school graduate or equivalency certificate (GED) (do not use for special education).
- Post-secondary education, no degree or certificate.
- Post-Secondary academic degree, Associate degree
- Bachelor's degree.
- Master's degree.
- Any degree above a Master's- e.g. Ph.D., Ed.D., J.D.
- Vocational/Technical Certificate
- Occupational credential beyond undergraduate degree work.
- Occupational credential beyond graduate degree work.

**Student with Disability in Secondary Education at Closure In IRIS asks if the consumer is a person in high school receiving disability services.**

Indicate the status of an individual with a disability in secondary education at the time of closure.

- Not a High School Student.
- High School student with 504 plan.
- High School student with IEP.
- High School student no 504 plan or IEP.

**Primary Source of Support at Closure**

Enter based on the individual's **largest single source of economic support** at closure, even if it accounts for less than one-half of the individual's total support.

- Personal income (own earnings, interest, dividends, rent, personal savings, retirement includes Social Security Retirement).
- Family and Friends (spouse's income or UI checks, family received public supports).
- Public Support (SSI, SSDI, TANF\*, WC, UI, incarcerated, etc.).
- All Other Sources (e.g. private disability insurance and private charities).

*\*TANF examples: W-2, Kinship Care, Wisconsin Share, Caretaker Supplement.*

**Important:** When Public Support (SSI, SSDI, TANF, WC, UI, etc.) is selected as the Primary Source of Support, then at least one of the Monthly Public Support Amounts must be greater than zero unless the reason for closure is Individual in Institution other than a Prison or Jail or Individual Incarcerated in a Prison or Jail.

**Monthly Public Support Amount at Closure**

Enter the monthly amount (to the nearest dollar) of public support received by the individual at closure from each of the following sources.

Public support refers to **cash** payments made by Federal, State, and/or local governments for any reason including individual's disability, age, economic status. Include payments to a family unit precipitated by the individual's disability or when the individual's presence is taken into account in the computation of the family benefit. Also include any payments that are sent directly to the individual in an institution or to dependents on his/her behalf. Exclude any non-cash support payments such as Medicaid, Medicare, food stamps, and rental subsidies.

- Supplemental Security Income (SSI) for the Aged, Blind or Disabled:
  - Monthly SSI payment to individual for the aged, blind, and disabled. Only individual's portion should be recorded here.
- Temporary Assistance for Needy Families (TANF):
  - Cash public assistance payments made through the federally funded TANF program (e.g. W-2, Kinship Care, Wisconsin Share, Caretaker Supplement). If payment made to the family unit, use the local disbursing agency's procedure to estimate the individual's portion of the payment.
- General Assistance (State or local, e.g. county funds, Food Share, etc.).
- Social Security Disability Insurance (SSDI):
  - Monthly SSDI payment to individual.

- VA Disability Benefit:
  - Veterans Disability Benefits are payments made by the Department of Veterans Affairs for partial or total disability.
- Workers Compensation.
- Other Public Support:
  - Enter the monthly amount of public support from all other sources not listed including payments made by Federal, State and local governments for retirement or survivor benefits to the individual as well as UI and other temporary payments.

### **Medical Insurance Coverage at Closure**

If the consumer has medical insurance available through a listed source at the time of Closure, select Yes.

- Medicaid/BadgerCare/MAPP(Medicaid Purchase Plan).
- Medicare.
- Public Insurance from Other Sources (Workers Compensation, Children’s Health Insurance Program, etc.).
- Private Thru own Employment.
- Not Yet Eligible for Private Insurance through Current Employer, But Will Be Eligible for Private Insurance after a Certain Period of Employment.
- Private Other Insurance (through parent/family members insurance plan).

### **Account (Previously Object/Subobject) Coding Determination**

The purpose of the Account code is to identify if a payment is reportable or non-reportable to the Internal Revenue Service (IRS). When assigning this code, field staff should take into consideration ONLY the good or service being provided.

**Note:** The IRIS System will display a default code which looks at the Activity Code and tells the user what the Account code has been in the majority of purchases for that service. **However, the default code should only be a guide for users.**

#### **How to determine if a payment should be coded as reportable or non-reportable:**

- If a service is being purchased, it is reportable (even if the vendor chosen is non-reportable).
- If an object or good is being purchased, it should be coded as non-reportable (code 8800000).
- If both a good and a service are included, they must be coded on separate lines of the purchase order with the appropriate object code.

**Refer to the Fiscal Account Codes document for Information on Account Coding (Including Reportable & Non-Reportable Services and Vendors) -**

[http://dwd.wisconsin.gov/dvr/pdf\\_files/fiscal\\_account\\_codes.pdf](http://dwd.wisconsin.gov/dvr/pdf_files/fiscal_account_codes.pdf).