# Vocational Rehabilitation (VR) Best Practices Checklist

# **Facility Operations**

- □ Develop a comprehensive plan to promote vocational rehabilitation.
- □ Review your facility's policies and practices to determine if they are work-friendly:
  - Do you prioritize schedules for in-center dialysis, home training, and home dialysis clinics for people who work or attend school?
  - Do you and your staff encourage and support home dialysis options and refer patients to other clinics for options you don't offer?
  - Does your facility offer in-center dialysis treatments early in the morning, after 5 p.m. or overnight, and weekends?
  - Does your facility allow patients to use laptops and/or cell phones during dialysis?
  - Do doctors consult with the social worker before signing disability forms?
- Include rehabilitation themes in corporate websites, newsletters, and educational materials.
- □ Keep brochures and other materials on rehabilitation in public areas.
- □ Distribute information on rehabilitation resources to all patients.
- □ Encourage staff to attend rehabilitation/work incentive seminars.
- Collaborate with rehabilitation and vocational personnel in the community and educate them about dialysis patients' vocational needs.
- ☐ Educate employers and advocate for patients' jobs and needed workplace accommodations (job changes) as requested/needed.
- $\ \square$  Include rehabilitation in patient assessments and plan of care forms.
- □ Collect and report vocational rehabilitation status for patients ages 18 through 54 in the End-Stage Renal Disease Quality Reporting System (EQRS).
- □ Assess each patient's kidney disease and quality of life (KDQOL).

# **Patient Care**

- □ **Upon admission**, meet with the patient and:
  - Encourage working patients to continue to work. From day one, team members need to believe and let patients know they can work on dialysis. If patients have doubts, encourage them not to make any quick decisions, to take a leave of absence to get used to dialysis, and/or to ask for job accommodation. The Family and Medical Leave Act (FMLA) and Americans with Disabilities Act (ADA) protect dialysis patients.
- □ Educate patients about the benefits of employment (see <u>Keeping Your Job When You Need Dialysis</u> at Home Dialysis Central):
  - SSDI pays about 35 percent of what the average patient earns at work, less for those making a higher income.
  - People on dialysis who work have less financial stress, are less depressed, have higher physical function, less pain, and better general health and energy.
  - People who work have fewer and shorter hospital stays and live longer.
  - People who work are more likely to get and keep transplants.
- Discuss each patient's personal rehabilitation goals, including but not limited to:
  - Employment/School
  - Hobbies
  - Physical activities
  - Social activities
  - Volunteering activities
- □ Educate yourself and patients about employment support listed below for Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) recipients (see the Social Security Administration (SSA) Red Book for explanations).

### SSI/SSDI

- Subsidy and special conditions
- Unsuccessful work attempt
- Impairment-related work expenses (IRWE)
- Plans to Achieve Self-Support (PASS)
- Ticket to Work (TTW)
- Continued payment under VR or similar program (Section 301)
- Expedited reinstatement

# SSDI only

- Trial work period (TWP)
- Substantial Gainful Activity (SGA)
- Extended period of eligibility (EPE)
- Unincurred business expenses (self-employment)
- Continuation of Medicare for persons with disabilities who work

# **SSI** only

- Earned income exclusions
- Student earned income exclusions
- Property Essential to Self-Support (PESS)
- Payments for people who work Section 1619(a)
- Reinstating SSI eligibility without a new application
- Medicaid while working Section 1619(b) and state thresholds

## **Blind only**

- Substantial Gainful Activity (SGA) (higher)
- Blind work expenses

|                               |  | ell every working-age patient the care team believes they can work and will support their forts.                               |
|-------------------------------|--|--|
| □ Before each plan of care me |  | efore each plan of care meeting, ask patients:   |
|                               |  | How satisfied are you with your current level of physical, social, and vocational activity?                                    |
|                               |  | Has your school, job or work status changed since the last time we talked?   |
|                               |  | If you went back to work, what would you like to do and what do you need to get that job?                                      |
|                               |  | If you went back to school, what would you like to study and where? What would it take to do that?                             |
|                               |  | What are your personal goals for returning to activities you enjoyed before you started dialysis?                              |
|                               |  | What can our facility do better to support those goals?  |
|                               |  | Have you considered home dialysis or transplant that may work better with your goals?  |
|                               | Dı   | uring each plan of care meeting, with the patient and rest of the interdisciplinary team:                                      |
|                               |  | Use kidney disease and quality of life (KDQOL) survey results (responses and scores) for care planning.                        |
|                               |  | Plan interventions to achieve patient's vocational rehabilitation goals.   |
|                               | In each <b>QAPI meeting</b> with the team: |  |
|                               |  | Compare facility rehabilitation outcomes from the prior year, set improvement goals for the year and brainstorm interventions. |

