

*Conditions for people with severe intellectual and psychophysical disabilities
in the Russian Federation¹*

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Background.

The reasons behind many current problems related to support for persons with disabilities in the Russian Federation have historical roots.

Special conditions, designed to assist persons with developmental disorders, were first created in tsarist Russia, in the 19th century. “Custodianship societies”, “labor workshops”, and “clubs” were formed, financed by donations, membership fees and income from various fund-raising activities. Assistance and support were provided to three categories of recipients: the blind, the deaf and the mentally retarded.

A pre-revolutionary network of special educational establishments was formed under the umbrella of public philanthropic and charitable initiatives, while the state provided almost no financing and did not regulate by legislative means the activities of this system of institutions. (Societies for the deaf and blind).

After the 1917 revolution, a national special-education system began to be built. In Russia, this system came into being within the context of the state’s understanding, that it was the *obligation of citizens to be useful to society*, in the absence of a law on education, beyond any dialog with public movements and parents, and given a ban on philanthropic and charitable activities, where the single source of funding was the state budget.

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*In order to determine the level and potential of “usefulness”, and to understand and determine the work to be done by special-education institutions, in 1929 the Practical Science Institute for Special Schools and Children’s Homes was opened, which subsequently became the *Research Institute of Defectology (NII)* and the *Interventional Pedagogics Institute of the Russian Academy of Education (RAO)*. A unique academic school was created, covering *neurophysiology, psychology and interventional pedagogy*.*

1. In modern Russia, the state system responsible for the upbringing, education and development of children and teenagers *with light and medium degrees* of intellectual impairment (including combined forms) was mainly based on the principles of the special education system, which was constructed during the Soviet period. This system includes 8 types of schools offering 15 types of education, that differ depending on the specific development impairments in a child, and which take into account the intellectual potential retained by the child. The fundamental difference in this system of special education is the census character of education. An adverse consequence of the census system is the predictable rejection of children with major impairments of the intellect, emotions, complex defects, and categorization of children with development disorders into “capable of learning” and “incapable of learning”.

2. During the Soviet period, the state policy with respect to children and teenagers *with serious forms of intellectual and psychophysical impairments* was built on the assumption that such people fell into the “incapable of learning” category. Social boarding establishments were the only way for such children to receive care outside of their families. In the last decade, there have been certain changes, primarily in the conceptual approaches to determining the capabilities and rights of

the individual. Unfortunately, this has had little influence on the resolution of practical challenges concerning the development, rehabilitation, social support and integration of people with severe development impairments.

Socio-economic and legal aspects in the life of children with disabilities in the Russian Federation.

The problems of childhood.

Over the last eight years, the number of children aged under 18 has fallen in Russia, by almost 7 million. Meanwhile, the number of orphaned children and children with no parental custody has grown over the same period by 18%. The number of children residing permanently in residential institutions is almost 500,000, while half of these are orphaned children and children without parental care.

The situation is worsened by instability in the relations within families, following the birth of children with disabilities. In 50% of cases, the fathers abandon such families, and in just 4% of cases they help to bring up the child. 32% of fathers have no contact with their children. Meanwhile, the level of actual state assistance to families with children with disabilities is extremely low, and does not meet the subsistence minimum. The per-person income is lower than the subsistence minimum in 72% of families with children with disabilities, while the costs of even the most modest diet amounts to 80% of the family budget.

According to the Russian Ministry for Healthcare and Social Development, on January 1, 2006, the number of children with disabilities registered with public social protection agencies amounted to approximately 625,000 children.

The main illnesses in children that lead to disabilities are psychiatric and behavioral disorders, nervous system illnesses, congenital abnormalities, eye

disease, and others. The reasons for child disabilities are mainly functional disorders of the psyche and central nervous system, mental retardation, neuropsychic, neuromuscular, and skeletal disorders.

Data from the Russian Ministry for Healthcare and Social Development on the number of children with disabilities does not reflect the true situation surrounding child disability, as by no means do all Russian children undergo complete medical examinations at the appropriate time, which hinders the diagnosis of illnesses and the timely recognition, treatment and adaptation of disabilities. In addition, there is not a single system for keeping a record of children with disabilities.

Legal support.

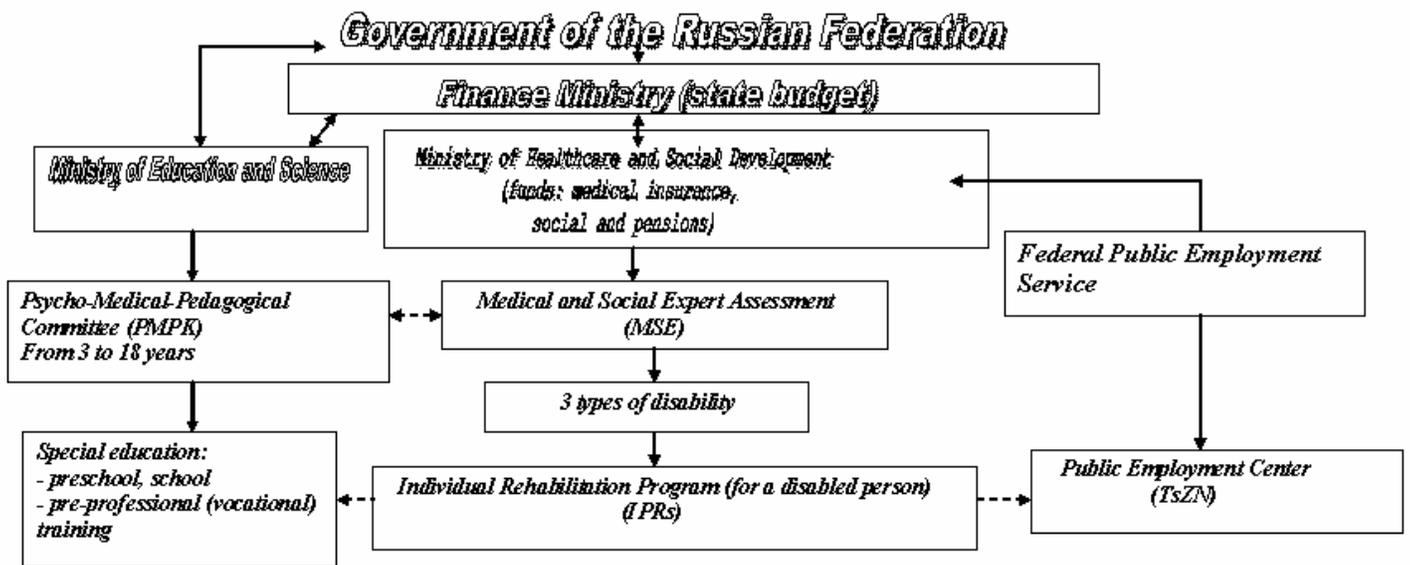
The RF Constitution recognizes the primacy of the universally-accepted principles and norms of international law. These include:

- The Declaration on the Rights of the Child (UN General Assembly Resolution dated 11/20/59),
- The Convention against Discrimination in Education (adopted by the UN General Assembly on December 14, 1960; ratified by Decree of the USSR Presidium of the Supreme Soviet, No. 254-VI, on 07/02/62),
- The Declaration on the Rights of Mentally Retarded Persons (UN General Assembly Resolution dated 12/20/71),
- The Declaration on the Rights of Disabled Persons (UN General Assembly Resolution dated 12/09/75),
- The Convention on the Rights of the Child (UN General Assembly Resolution of 11/20/89; ratified by Order of the USSR Supreme Soviet, No. 1559-1, on 06/13/90),

- The World Declaration on Ensuring the Survival, Protection and Development of Children (UN General Assembly Resolution of 09/30/90),
- Standard Rules on Equalizing Opportunities for Disabled Persons (adopted by the UN General Assembly on December 20, 1993, Resolution 48/96).

Table 1.

State executive structures, responsible for implementing social legislation



Starting from the 1990's more than 300 regulatory legal acts, aimed at protecting the interests of persons with disabilities, have been adopted in Russia. After the adoption of the RF Constitution, these rights were reinforced by the RF Family Code, Basic Legislation on Protection of Health of Citizens of the Russian Federation, Law On Education (1992), Federal Law on the Main Guarantees of the Rights of Children in the Russian Federation, Federal Law on the Foundations for

Social Support of the Population in the Russian Federation, Federal Law On State Social Support, and others. Of particular importance is the Federal Law of 11/24/95, No. 181-FZ, On Social Protection of Disabled Persons in the Russian Federation,² which defines state policy, including that within the field of social protection of children with disabilities.

Among a long and varied list of documents, the most social and humanitarian are those which declare the rights to:

- priority of upbringing in a family or in family forms of upbringing (adoption, custody), and maintenance of a system of social concessions;
- rehabilitation of children with disabilities, using IPRs³ as a universal mechanism for determining and implementing a set of services, necessary to a person with disabilities (therapeutic/medical, technical, education, etc.)⁴
- education of all levels and in all types of educational institutions: kindergarten, school, university or college. Expansion of alternate forms of educational services: home schooling, Therapy Pedagogical Centers (TsLP), Psychological-Medical-Pedagogical Committees (PMPK), and others.
- the right of the family (guardian) to choose the means of obtaining an education.

The laws adopted in the RF, unfortunately, only declare positive conditions for constructive interaction between the state and interested parties to provide the

² See Attachment: Federal Law No. 181-FZ of November 24, 1995

³ For additional information about IPR and related Regulations see Attachment: RF Government Order of February 20, 2006, No. 95, On the Procedure and Conditions for Declaring a Person Disabled; DECREE N 247, dated April 7, 2008 TO MAKE AMENDMENTS TO THE RULES ON DECLARING A PERSON DISABLED (Resolution_247); Order No. 877 of December 31, 2005, On the procedure for providing, at the expense of the federal budget, technical rehabilitation resources to disabled persons, and prosthetics (excluding dental prosthetics) and prosthetic-orthopedic items to certain categories of citizens qualifying as veterans." (recent version – in materials_IPR); "On the Manner in which Disabled Persons will be Equipped with Technical Means of Rehabilitation and in which Individual Categories of Citizens who are Veterans will be Equipped with Prostheses (with the exception of dentures), and Orthopedic Prosthetic Devices " (more old version of the document – in Resolution_240); Information about IPR (the same material twice translated in IPR.doc and in Materials_IPR)

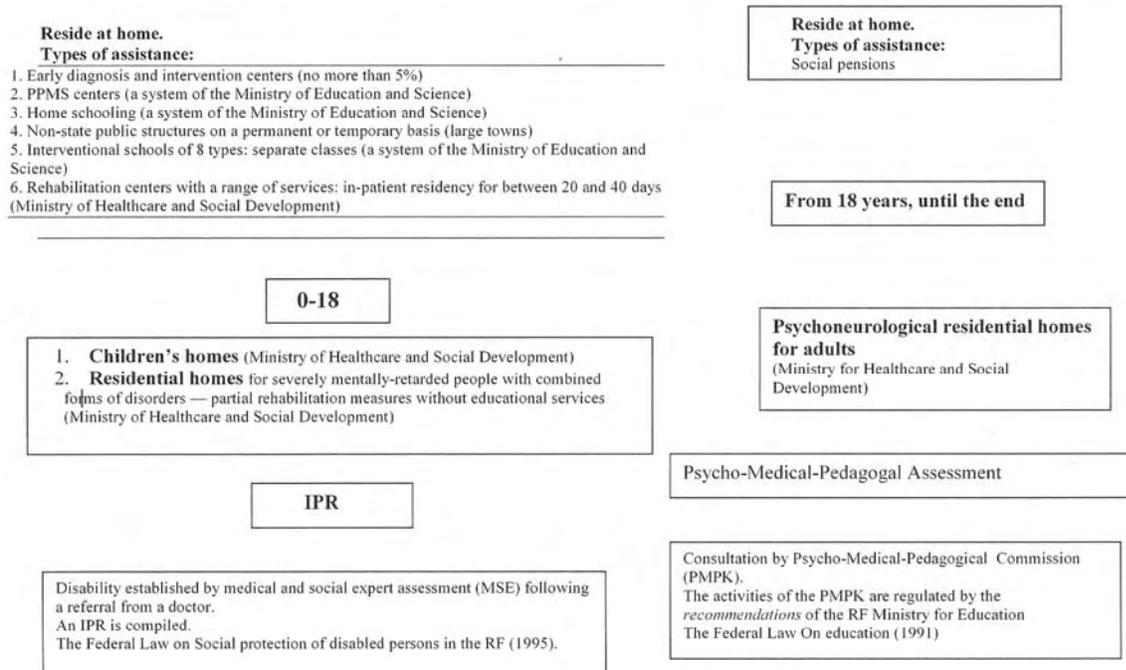
⁴ See more information on IPR in the attachment

appropriate measures with respect to the upbringing, education and rehabilitation of children with disabilities but, as has been shown in practice, they are not supported by implementation mechanisms. Meanwhile, the enhancement of laws by itself does not resolve the problem, as today there is the topical problem of the unsatisfactory implementation of current legislation by the agencies of state authority in the Russian Federation, and this is the main reason for mass violations of the rights of children with disabilities.

The situation worsened after the adoption of Federal Law 122-FZ, three years ago. Children with disabilities in various Russian regions were given unequal conditions from January 1, 2005, in violation of the articles of the RF Constitution. The norms of the new amendments, passed in this connection to the Federal Law On Social Protection of Persons with Disabilities in the Russian Federation, the RF Law On Education and others created additional hindrances for children and young people with disabilities, for their social integration. Federal Law No. 122-FZ reduced to zero the effective mechanisms, which were just starting to become streamlined, for rendering assistance to children with disabilities in the non-governmental sector.

Table 2-A.

Table 2. The legislative environment and structures (state and public) that provide rehabilitation and education services for children and adults with severe forms of intellectual and psychophysical deficiencies.
A. Children and adults under the guardianship of their parents.



The following state statistics illustrate the violation of the rights of children with disabilities to live and be brought up in families: 29,000 children with disabilities live permanently in residential children's homes run by social protection agencies, 67,000 in special (interventional) residential schools run by education agencies, and 5,000 in children's homes. Thus, 17% of children with disabilities (101,000) are deprived of a family environment. Moreover, the proportion of children with mental development problems, who live permanently in boarding institutions, can be as high as 30%, and has a tendency to grow further. The main reason for this is

the unacceptable socio-economic conditions, in which many families with children with disabilities find themselves.

The state policy with respect to children with major developmental problems has, until now, been constructed on the primacy of their “removal” from society, and keeping them in closed, residential institutions. The state continues to allocate far more funds to residential institutions, than to supporting families, or to providing children with alternative forms of family support. Significant state funds are spent on supporting the residential system: the average cost of keeping a child in a residential institution is 14,000 rubles per month, while the stipend for a child living in a foster family or adoptive family was increased only last year, and amounts to 6,500 rubles, according to Federal codes (indexed by the employment of the foster/adoptive parents). In addition, children with disabilities with psychiatric and nervous system disorders, as well as those with numerous congenital disorders (there are 95,000 such children) are not accepted by kindergartens, special (interventional) educational facilities, while social service centers and branches refuse to provide them with services. Despite the development of such centers and departments (according to the RF Ministry for Healthcare and Social Development, by 2005 there were 605, and in 1994 there were just 71), which are designed to render rehabilitation and adaptation services to children with disabilities, the number is clearly insufficient, and the regulatory documents governing their operations are aimed at assisting children with minimal disorders, while children with more severe disabilities simply do not end up at such centers.

The parents are most frequently totally unable to obtain interventional/pedagogical services for their children with serious psychoneurological disorders. It is extremely difficult for them to ignore the persistent recommendations by

PMPKs—Psychological-Medical-Pedagogical Committees—and the employees of social protection agencies, to surrender the child for state care.

The main reason for the mass violations of the rights of children with disabilities and children with limited abilities due to their health, to live and be brought up in a family, is the fact that in the time since the adoption of the UN Convention on the Rights of the Child and the Standard Rules On the Equalization of Opportunities for Persons with Disabilities, the state authorities in Russia did not adopt the necessary legislative and organizational measures to create the conditions for education and rehabilitation of children with disabilities by their place of residence and interventional/pedagogical aid at an early age.

The Russian Federation Constitution and legislation reinforces the right of children with disabilities to obtain education and rehabilitation in conditions of the greatest possible degree of social integration.

However, in practice there are today around 200,000 children with disabilities of school age, who are unable to realize their constitutional right to education. This figure was obtained by comparing the data of the Russian Ministry for Education and Science with the number of children with disabilities in school, and the data of the Russian Ministry for Healthcare and Social Development, with the number of children with disabilities in different age groups.

The percentage of children who do not receive an education is particularly high among people with disabilities – disorders of development of the psyche and mental development. For example in Tyumen Region, of 2,082 children with disabilities in this category, only 50 are in school; in Krasnodar Krai of 1,194 such school-age children, just 70 are; and in Stavropol, just 36. In Saratov Region, 1,685 children with disabilities have been declared “incapable of learning”, in violation of the law. Children with autistic disorders (ICD-10 codes F84.0, F84.1 and F84.5), of which there are at least 150,000 in Russia according to experts, either do

not receive any education at all, or are given inadequate conditions for receiving an education.

The reasons for the above violations are complex in character. In violation of the law, education agencies have failed to sufficiently ensure the development of model educational curricula and courses for children with strong mental development disorders; nor have conditions been created for the education and upbringing of children with disabilities in educational facilities.

In the majority of the constituent members of the Federation, in violation of the RF Law On Education and the Federal Law On Social Protection of Persons with Disabilities in the Russian Federation, the authorities do not provide sufficient financing or the organization of education of children with disabilities, as a result of which in the constituent members of the Federation a significant portion of such children find themselves outside the educational process. For a number of years, all efforts to introduce amendments and additions to the RF Law on Education, aimed at creation of a regulatory framework for the education of persons with disabilities and special educational needs, have been blocked.

RF Government Order No. 861 of 07/18/96 approved the procedure for the upbringing and education of children with disabilities at home and in non-governmental educational institutions, and the size of compensation for the expenses of parents (legal representatives) incurred for these purposes. With the adoption of Federal Law No. 122-FZ, amendments were introduced to legislation, as a result of which provisions on compensation for the expenses of parents for the education of children in non-governmental educational facilities were deleted from the RF Law On Education.

Moreover, from January 1, 2005, lawmakers chose against federal regulation of the issues of upbringing and education of children with disabilities at home, and introduced the corresponding amendments into the Federal Law On Social

Protection of Disabled Persons in the Russian Federation, transferring the authorities to determine the form of upbringing and education of children with disabilities at home, and to determine the size of compensation for the expenses of parents for these purposes to the level of RF constituent members, stipulating that the above compensation is to be paid from regional budgets. Thus, the size of compensation payments for these purposes will differ greatly, which will make it impossible to ensure equal volumes of educational services in different regions of Russia. One of the forms of education listed in the law has been denied federal financing—a deliberate act of discrimination.

The Russian Ministry of Education and Science developed and laid out in letters (2004) proposals on issues that require solution by the RF Government. The document lists a set of measures to secure the rights to education for children with mental development disorders, including measures to develop early psychological and pedagogical assistance, pre-school and basic general education for these children, including integrated education. However, as far as we know, this initiative has remained unrealized.

There is a series of by-laws, which themselves contradict the law. For example, Order of the Russian Ministry for Healthcare and Social Development No. 535 of 08/22/2005, On Approval of Classifications and Criteria, Used in Performing Medical and Social Expert Assessments for Citizens at Federal State Medical and Social Expert Assessment Agencies”⁵ directly established a classification that is based on discriminatory features such as “inability to study”, “inability to communicate” and “contraindication to engage in labor”.

In violation of current legislation, Psychological-Medical-Pedagogical Committees continue to issues conclusions affirming the “inability to study” of certain

⁵ See Attachment: Order of the Ministry of Healthcare and Social Development No, 535 of August 22, 2005, On approval of classifications and criteria, used in performing medical and social expert assessments of citizens by federal medical and social expert assessment bodies

categories of children with disabilities, and send them to residential institutions in the social protection system, which do not have licenses granting the right to conduct educational activities, and lack the necessary specialists and pedagogues on their staff.

A significant portion of the difficulties of educating and bringing up children with disabilities in the education system is linked to the chronic deficit of qualified staff: interventional pedagogues, psychologists, caregivers and social pedagogues, and to the insufficient level of their training. Many graduates of interventional pedagogy and special psychology (defectology) faculties do not go on to work in specialist (interventional) education facilities due to the inadequate wages and the low prestige of working as a defectologist/teacher.

The unique aspects of educating children with disabilities in both special (interventional) educational facilities, and in the general education system, require a major overhaul of the curricula of not only interventional pedagogy and special psychology (defectology) faculties, but also a number of others (primarily pre-school education and teaching in the lower-grades). Modern diagnostic methods make it possible to identify the majority of disorders in child development (at least at the level of the risk group) before the age of three years. One of the main areas in the reformation of the special education system was determined by the Collegium of the Russian Ministry of Education in its resolution of 02/09/99, as “the creation, by transformation of child healthcare and Psychological-Medical-Pedagogical Committees (consultations) of a single state system for the early detection of development disorders, early intervention and consultation with families bringing up children with development disorders, and the development of a interventional/pedagogical system for working with young children in pre-school educational facilities”.

Nevertheless, such a single system for the early detection of developmental disorders and early interventional/pedagogical assistance has yet to be created, and only a few children receive interventional/pedagogical assistance at an early age (for example in the Pskov, Sverdlovsk and Samara Regions, and in Moscow and St. Petersburg).

The question of the creation of integrated education has been raised many times in various official documents (including RF FS State Duma Order No. 3993-II GD of 05/20/99, in the above-mentioned Resolution of the Collegium of the Russian Ministry of Education, and RF Government Order of 12/29/2001, No. 1756-r On the Approval of the Concept for Modernization of Russian Education in the Period Until 2010"). In addition, the federal authorities have not yet ensured the creation of legislative, regulatory and methodological foundations for integrated education, and have not organized the training of staff in this field.

The main areas for the rehabilitation of children with disabilities in compliance with the Federal Law on Social Protection of Disabled Persons in the Russian Federation include:

- restorative medical measures, reconstructive surgery, prosthetics and orthotics, and treatment at sanatoria and health resorts;
- vocational orientation, training and education, as well as assistance in securing employment and vocational adaptation;
- social environment, social-pedagogical, social-psychological and social-cultural rehabilitation, as well as social-domestic adaptation;
- physical culture and therapeutic events, and sports.

The same law stipulates individual rehabilitation programs (IPR) for person with disabilities; this is a document that contains a set of rehabilitation measures that are optimal for a specific person with disabilities. The IPR form, which is issued by federal medical and social expert (MSE) assessment agencies, was approved by

Order No. 287⁶ of the Russian Ministry of Healthcare and Social Development, dated 11/29/2004.

Based on an individual rehabilitation program, a child with disabilities can be furnished with technical rehabilitation resources and rendered services for their medical, social, vocational and psychological/pedagogical rehabilitation.

In violation of the law, the medical and social expert assessment agencies fail, on a mass scale, to compile individual rehabilitation programs for persons with disabilities. In some MSE offices, when the disability of a child is established, or during re-assessment of an existing disability, the parents are still offered to sign a statement declining to compile an IPR. Based on this “rejection”, officials then fail to perform one of their main obligations.

In those cases where the IPR is nevertheless compiled in accordance with the law, its practical implementation, as a rule, is impossible, as the measures and services stipulated by the IPR may be listed only in compliance with a federal list, approved by the RF Government. However, they do not perform the key function: to ensure free provision of measures and services, guaranteed by law and the individual rehabilitation form to the person with disabilities. Despite the fact that RF Government Order of 12/30.2005 approved this new, expanded list, the situation has not radically changed⁷.

Thus, a regulatory act of the RF Government reduces the minimum guaranteed volume of social protection, compared to the volume, established by law and the relevant international treaties. This directly contradicts the intention of lawmakers, and denies with disabilities children vitally-necessary rehabilitation, as well as giving officials additional justification for declining parents’ requests for social rehabilitation services.

⁶ See the Document in the Attachment: “Order of the RF Ministry for Healthcare and Social Development” dated November 29, 2004, No. 287

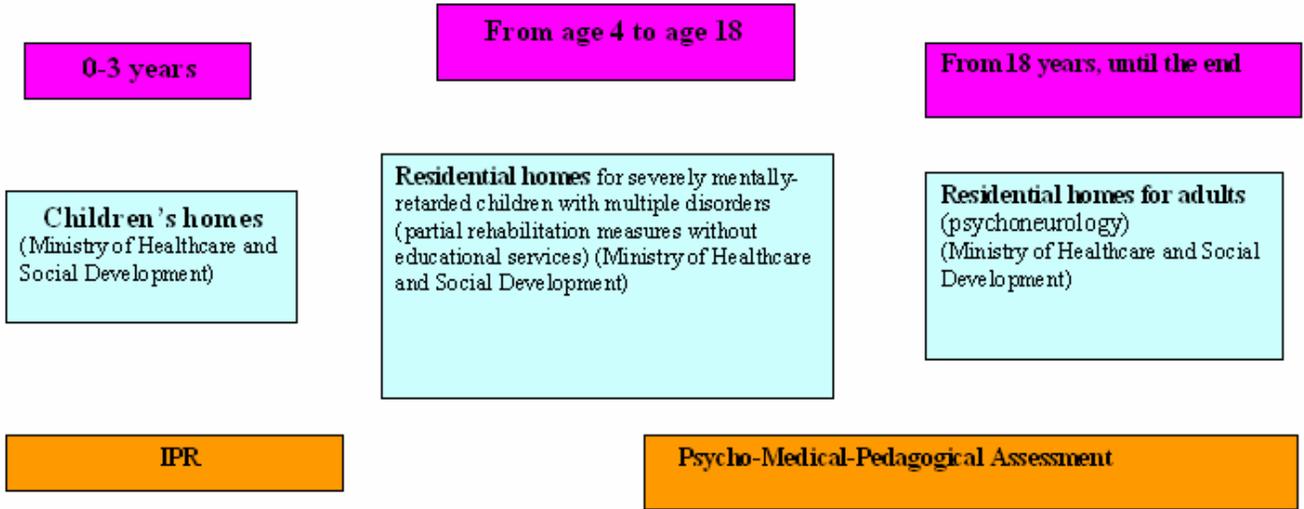
⁷ See the Document in the Attachment: O R D E R October 21, 2004, No. 1343-r”

However, if parents are able to receive a service, even just in the non-government sector, then the compensation stipulated by law for money spent on rehabilitation services will not be paid out by the social protection agencies. Obtaining compensation can then only be done by means of a court ruling.

A crucial component in the process of rehabilitation is the vocational training, ensuring the possibility of subsequent employment. So-called “employment recommendations”, which the person with disabilities receives as a result of certification at medical and social expert assessment offices, often do not fail to facilitate their rational employment, but often even act as a hindrance. When MSEs establish, from childhood, category-three restrictions on the ability of persons with disabilities to work, an insurmountable obstacle is created, making it impossible for a person with disabilities to find employment, or causing him or her to lose their jobs.

Table 2-B.

**Table 2. The legislative environment and (state) structures that provide rehabilitation and education services for children and adults with severe forms of intellectual and psychophysical deficiencies.
B. Children and adults under the guardianship of the state (orphans).**



The question of violations of the rights of children with disabilities in residential institutions is **especially urgent**.

In 2005, 28,700 children were in the care of 152 residential social service facilities. These facilities are intended to house children with mental and physical impairments, who are unable to perform self-care, who require constant care, and who are fully sponsored by the state. However, a significant number of children live in such facilities, who do not have major psychiatric disorders involving loss of the ability to perform daily-living activities.

In some residential homes there are gross violations of personal security, protection from physical and psychological violence, cruel treatment, exploitation and the use of methods that degrade human dignity.

Particularly alarming is the state of children on “permanent bed regime”, as well as children housed in wards for those “incapable of learning”. They are denied any form of upbringing, due to the absence of the requisite full-time positions. According to Rosstat (Federal Service of State Statistics), in 2004 4,917 children (17.2%) were on “permanent bed regimes” in children’s residential facilities, while 10,461 children (37%) were in the “incapable of learning” category.

Moreover, in residential facilities there are violations of the right of children requiring medical care due to their health, to the corresponding medical and social assistance and medical care, which must be provided by specialists. Due to the fact that the positions of ward nurses are not provided for, cleaning staff or junior nurses, who are not specialists, provide care for the children.

The practice of the unlawful placement of children in children’s residential institutions, effectively for life, is common, as upon reaching adulthood they are transferred to similar facilities for adults. One of the reasons for this is the use of the obsolete Instructions ‘On medical indications and contraindications for acceptance at boarding homes’, approved in 1978, and which has never been amended by the Russian Ministry for Healthcare and Social Development. In addition, the administration of special facilities fails to meet the requirements of article 43 of the RF Law On Psychiatric Care and Guarantees for the Rights of Citizens in Rendering Such Care”, according to which they are obliged, at least once per year, to perform certification of patients, engaging a medical psychiatrist to determine whether they will continue to be located in the facility. The language of diagnoses listed in the conclusions of Psycho-Medical-Pedagogical Commissions in many cases is not internally coordinated, and often does not

correspond to the International Statistical Classification of Diseases and Related Health Problems (ICD). Moreover, doctors at these facilities, as previously, do not always use the ICD to establish and formulate medical diagnoses, or the International Classification of Functioning, Disability and Health (ICF), to describe the social rehabilitation needs of the child.

For a significant portion of children living in residential children's homes, upon reaching the age of 14 their legal capacity is restricted by legal process, in violation of current legislation. Court hearings to determine whether to restrict legal capacity are conducted in the absence of the children, regardless of the fact that the state of health and age of many of them do not prevent their attendance in court.

In residential homes, the right of children to a private life is violated. For example, children and teenagers do not have personal possessions, including clothes, or their own bed-side tables (cupboards) to store them. The spaces in which they live are highly restricted, the premises are overcrowded, and children do not have the opportunity to be on their own.

Children living in residential children's homes depend completely on the facility staff, and are not protected from arbitrary treatment by such staff. Work to establish the legal status of children and process the necessary documents is organized in a highly unsatisfactory manner in some specialized children's facilities, which is the cause of violations of the residential and property rights of residents. One of the reasons for the lack of protection for children in children's residential homes is the fact that they are closed, and external controls to monitor the rights of residents are absent.

The role of non-government organizations is currently expanding within the social aid system: this includes public groups, associations, charitable foundations, and organizations made up of the parents of children with disabilities. Complementing the work of state education and public social protection structures, civil society is

seeking new ways to organize the field of social aid for children. Thus, thanks to the constructive and robust position of civil society, numerous problems connected with the observation of rights of children with disabilities can be resolved, and genuine assistance can be rendered to the families of such children.

The absence of the interest of the state in the results of NGO activities hinders the development of an alternative infrastructure for persons with disabilities, which also hinders integration processes, as most organizations are sponsored by short-term grants, or the “shadow” payment of fees by parents for services rendered. The absence of premises, modern resources, and credit and tax benefits, complicate massively the activities of grass-roots NGOs and parental associations, which (unlike the majority of state institutions) are primarily aimed at creating accessible and optimal conditions for the development of children with disabilities as individuals, which is an inalienable right of any person.

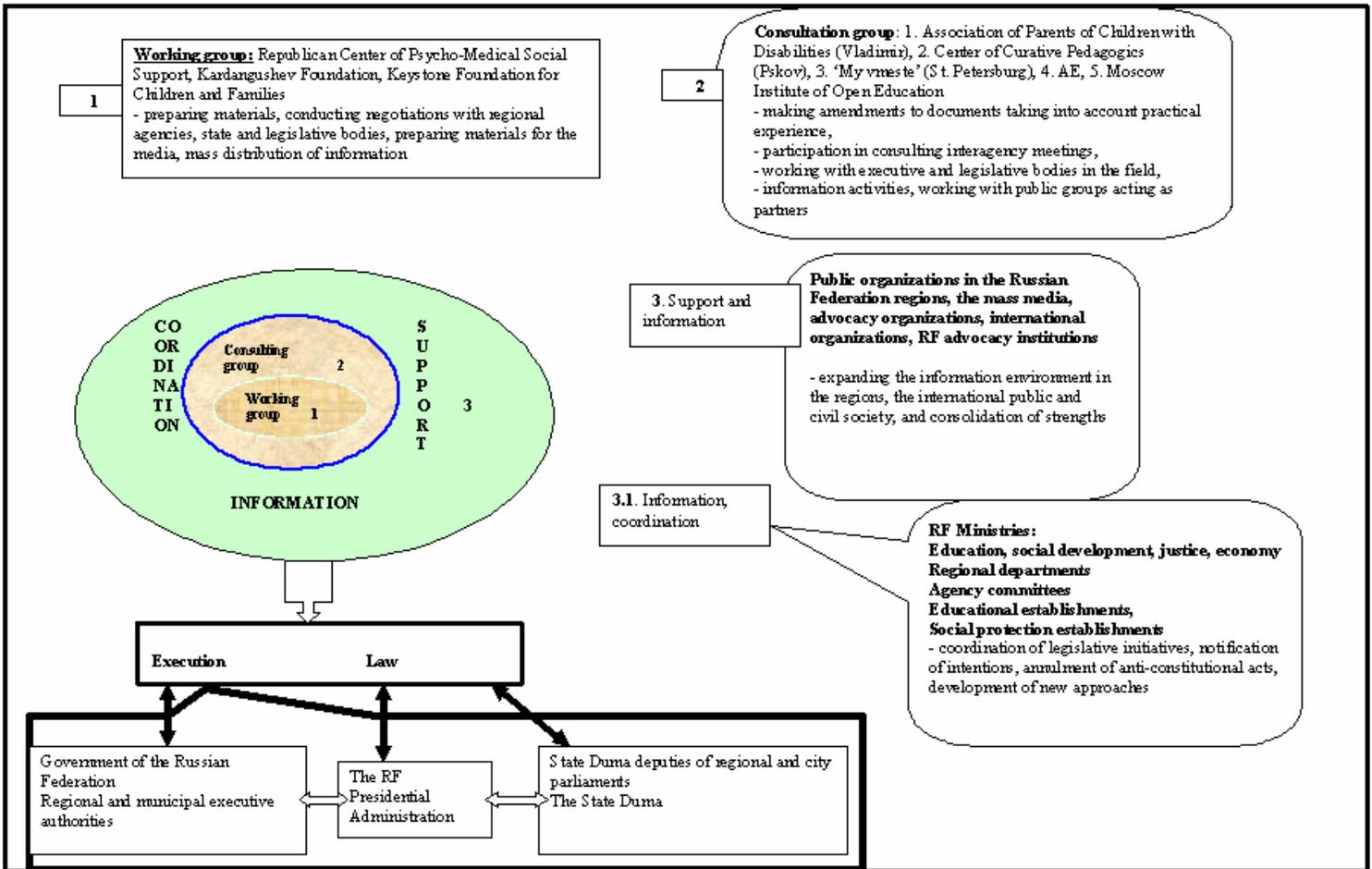
There are also problems within civil society:

- today there is a huge number of public initiatives involved in supporting people with disabilities. The time has come to critically assess what has been done, as the large *quantity* does not always translate into high-*quality* aid. The core issue here is responsibility. One must not fail to realize that, for example, work with an autistic child that is executed incorrectly can forever negate any opportunity that person has for rehabilitation.
- a major problem for public organizations is the analysis, synthesis and subsequent formalization of experience accumulated—there are not enough specialists with the appropriate qualifications. Therefore, it is crucial not only that those active in the field study (remembering that, as a rule, such study involves seminars no longer than 2-3 weeks), but also staff with the appropriate academic training are engaged, for joint work and to perform expert assessments. The experience accumulated by certain organizations is

often innovational for our country, and with support from academia it could be more effectively realized on both the regional and federal levels. (Example of work by the interagency public group).

- major problems are associated with the transfer of the results of work to similar organizations:
- one and the same “wheel” is reinvented over and over, sometimes in neighboring regions. This is a drain on resources. One must also speak of the consolidation and coordination of efforts, and expansion of the information network.
- the experience of our organizations in the business of protecting the rights of children with disabilities and their families brought us to the following conclusion: alongside spreading legal information amongst the population, and providing legal support, it is also necessary to work on lobbying for regulatory and legislative initiatives on the regional and federal levels. The RF social legislation structure is built in such a way, that by developing a mechanism for assistance and support of one category of persons with disabilities, we at the same create a legal precedent for all categories.

Table 3.

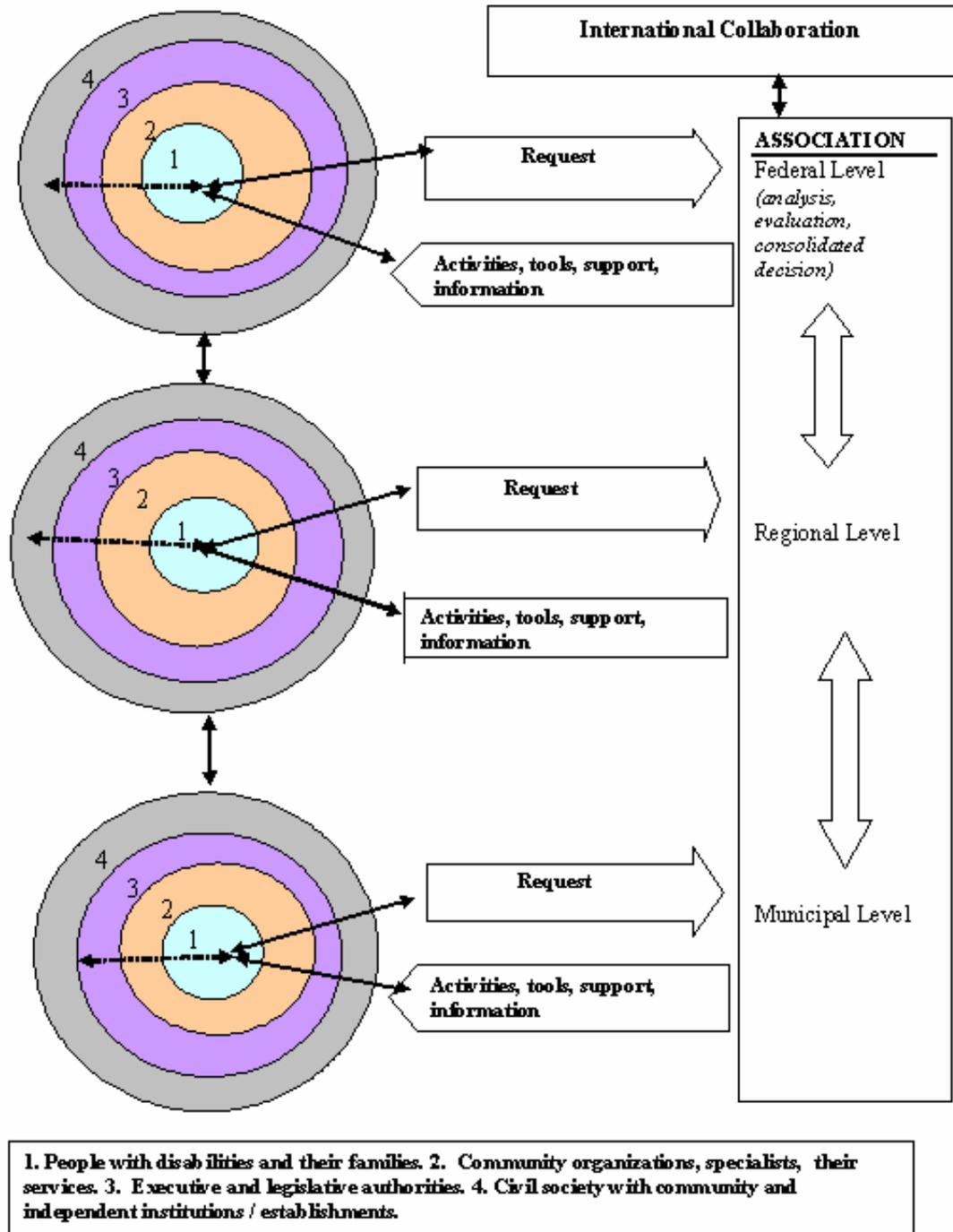


In order to resolve the above problems, we need now to talk about consolidation of all the responsible and interested structures.

Undoubtedly, the lack of funding is extremely limiting, but it is clear that there is now the political will and effort by certain civil society groups to promote the social integration of persons confronting disabilities.

An example is the Interregional Association, which was created by virtue of the efforts of public organizations, together with a number of specialists and academics.

Table 4.



What is an IPR?

Our country, as a full-fledged member of international organizations, has naturally been called upon to observe the regulations of such organizations, concerning the lives of the disabled—primarily, the Standard Rules on the Equalization of Opportunities for Persons with Disabilities, of the United Nations Organization. In doing so, the state recognizes the right of persons with disabilities to fully participate in public life, and has begun work on their integration and adaptation into modern life.

Nevertheless, it is entirely natural that all people with physical restrictions or limited intellectual development, despite the general [Russian] term *invalid* [=disabled person], have various, different opportunities to perform active and independent lives. It is impossible to compare the needs of, for example, a wheelchair-bound disabled person, with those of an unseeing person. And even within a single category of physical disabilities, the interests, desires and day-to-day aspirations of specific people can differ widely. Therefore, the restoration of each *disabled person* to a full life is a unique process for each individual. The Individual Rehabilitation Program (IPR) was invented to take into consideration all the unique characteristics of rehabilitation of each individual with disabilities.

The Federal Law On Social Protection of Disabled Persons (article 11) defines IPR as follows: “medical and social expert assessment of the set of optimal rehabilitative measures for a disabled person, developed on the basis of a decision by an authorized agency responsible for management of federal establishments, and including specific types, forms, amounts, schedules and procedures of medical, professional and other rehabilitative measures, aimed at restoring or compensating for disrupted or absent functions of the organism, and restoration or compensation of the abilities of a disabled person to perform specific types of activity.”

What does a disabled person get from filling out an IPR?

A disabled person’s Individual Rehabilitation Program is the main mechanism for performing the rehabilitation of disabled persons.

At the current time, many aspects of the rehabilitation process are resolved more effectively, and regulated together with representatives of the authorities at all levels, where a disabled person possesses an IPR. One can cite the example of arranging employment—currently, no disabled person can be registered as unemployed at labor exchanges without filling out an IPR for this purpose. Without an IPR, it is difficult to gain an education (higher and secondary special educational establishments require disabled persons to provide an Individual Rehabilitation Program when submitting their application documents, or to acquire a new profession without paying fees, and then to secure employment. Using the IPR you can gain access to the technical rehabilitation resources you need, and to rehabilitation services; special conditions can be stipulated in the IPR, which must then be provided for you in the academic institution where you study, or in the organization where you work.

It should be noted that the state can not always provide the rehabilitation service you require. The IPR contains both rehabilitation measures, provided for a disabled person for free, in compliance with the Federal List of Technical Resources and Services Provided to Disabled Persons, and rehabilitation measures, which are partly paid for by the disabled person himself or other persons or organizations, of any organizational or legal status, or type of ownership.

For this reason, IPR cards may indicate not just a state organization as the executor. Moreover, the organization indicated as executor must be that organization, which will provide the necessary rehabilitation services in the optimal manner. If you have already paid for rehabilitation services or acquired technical rehabilitation resources listed in an IPR card, the state must compensate those expenses to you.

Thus, the creation of a personalized IPR is a means of resolving your problems, related to your disability and the opportunity to fulfill your life goals and desires with the help of the state authorities.

How is an IPR card filled out?

IPR cards are compiled on the basis of a decision by a federal medical and social expert agency. Therefore, a request to complete an IPR should be made at the location where you received or will receive your disability certificate [svidetelstvo ob invalidnosti], specifically, the local branch of the Medical and Social Expert Office (BMSE or MSE office, previously known as VTEKs, before restructuring). You can find a BMSE at your local district polyclinic, although they are subordinate to the RF Ministry for Healthcare and Social Development.

However, not all disabled people are registered by district with their local MSE offices. As a rule, those with visual impairments are registered with the specialist eye MSE, and must obtain IPRs there.

To obtain an IPR, you must contact your attending physician, and request a referral to a BMSE. Then you need to apply to the BMSE, submitting the referral from your attending physician and two copies of an application following the below template:

SAMPLE APPLICATION

To the Medical and Social Expert Office in _ district
In the name of _____
(Surname, first name, middle name, unabbreviated)
Of disability group _____,
Residing at the address: _____

(the mailing code and address must not be abbreviated)
telephone: _____

APPLICATION

Please compile an individual rehabilitation program for me.

(in the application, it is a good idea to indicate the measures, resources and services for all three forms of rehabilitation (medical, vocational and social) which you require to ensure that you have opportunities, equal to those of other citizens. Often, MSE agencies use a standard application form that does not leave room to add information. If this is the case, it is worthwhile writing down all your requests in an appendix, and adding to the application the words "Please consider the appended recommendations").

Date _____ Signature _____

Deliver one copy of the application to the BMSE together with the referral, insisting that the second copy is signed (that is, the registrar must make a note, stating that documents have been received, indicating the date and his or her position, and sign), which you are to keep, in order to later, in case you need to check up on the process later.

In order for an IPR to be developed for you, together with the referral of your attending physician, it is also necessary to submit a copy of your proof of disability note [spravka ob

invalidnosti], and two copies of the application to the BSME. An appendix to the application can include recommendations from independent experts who have rendered rehabilitative assistance to the disabled person, as MSE experts often do not possess the complete set of information about your needs, or sufficient qualifications to determine your rehabilitation potential.

It should be remembered that an application for an IPR to be developed can be made at an MSE office not only during the period of re-assessment of certification. An IPR card is made up each year, including in those cases, where a disability is identified and no certification re-assessment period is set.

An IPR must be developed *no later than one month* after the submission of the written application.

In compliance with RF Government Decree No. 965, dated August 13, 1996, the MSE is bound to compile IPRs for every disabled person. However, BMSE experts sometimes suggest that the parents of disabled children (or adult disabled people themselves) sign a statement declining an individual rehabilitation program, claiming that this step is not worth taking, that rehabilitation is ineffective, or claiming an absence of technical devices, services, or material resources, necessary to fulfill an IPR. Such a request by a BSE is illegal.

What can be included in a completed IPR card?

By order of the RF Ministry of Healthcare and Social Development No. 287 of November 29, 2004, a universal IPR form was adopted, which can be divided into several sections. It begins with detailed personal information about the disabled person. This section, apart from standard personal data, includes the following information:

- level of education (general and vocational);
- professions and specialties, qualifications and work record at time of re-assessment (if any);
- disability group and the reason for the disability; the degree of limitation of the ability to work.

Based on objective data, a rehabilitation program is compiled.

The IPR card consists of four rehabilitation programs:

a medical rehabilitation program;

a social rehabilitation program;

a vocational rehabilitation program.

a psychological/pedagogical rehabilitation program for disabled children.

Medical rehabilitation of disabled people is performed with the goal of restoring or compensating for absent or disrupted functions, to return them to a socially-valuable level. The rehabilitation process includes more than just medical assistance.

Medical rehabilitation includes:

1. Restorative therapy:

- mechanotherapy
- physiotherapy
- kinesitherapy
- massage
- acupuncture
- mud and bath therapy
- traditional therapy
- occupational therapy
- speech therapy training, etc.

2. Reconstructive surgery:

Cosmetology, organ-protecting and organ-restorative surgery methods.

3. *Prosthetic-orthopedic assistance, including* provision of prosthetics, orthopedic and other auxiliary devices, including any necessary adjustment, repair and replacement, as well as training in their use.

4. *Provision of technical devices for medical rehabilitation:*

- urinals
- colostomy bags
- hearing aids
- provision of information services on medical rehabilitation issues.

5. *Treatment at sanatoria and health resorts* for non-working disabled people is offered by the public social protection agencies; for disabled people requiring treatment in specialized TB clinics—by healthcare agencies; for working disabled people—from the Social Insurance Fund by place of employment.

6. *Medical and social patronage of families of disabled people.* The legend “required” or “not required” is entered, in compliance with the conclusion of the federal BMSE.

The social rehabilitation section can include:

1. *Information and consultation on rehabilitation issues.*
2. *Offering legal aid.*
3. *Social/psychological and social/cultural patronage of families of disabled people.*

4. *Adaptive training for domestic and public activities:*

- When performing personal hygiene tasks
- Clothing and footwear devices that allow independent dressing
- When preparing and consuming food
- When tidying premises, washing dishes, or washing clothes
- Self-care skills
- Movement skills
- Skills of orientation in one’s habitat
- Personal safety and security skills
- Communication skills, including with the help of technical devices
- The ability to independently perform measures to prevent the development of one’s illness, to correctly use medical devices for self-monitoring, and to restore functions
- Help in starting a family, training in family and marital relations
- Training in food preparation (including for individual diets)
- Provision of information on vitally-important issues
- others

5. *Need for technical rehabilitation resources:*

- Personal devices for movement (walking sticks, crutches, wheelchairs, vehicles, etc.)
- Technical devices and equipment for self-care
- Technical devices and equipment for the preparation of food
- Technical devices for training and vocational classes (special furniture, manipulators, devices and equipment)
- others

6. *Psychological rehabilitation:* aimed at promoting confidence in one’s abilities, focusing goals, enhancing positive qualities, an optimistic look-out on life, as well as *psychotherapeutic assistance*, aimed at correcting the subject’s relationships.

7. *Sociocultural rehabilitation:*

- Visiting friends, relatives, acquaintances, places of recreation and entertainment, and cultural sites
- provision of special devices for leisure activities (devices for reading, computer games, special developmental games, etc.)
- other

8. *Rehabilitation using physical culture and sports resources:*

- classes in sports the individual can play;
- rendering assistance in interacting with sports organizations;
- other

Vocational/professional rehabilitation of a disabled person is the process and system of restoring the ability of a disabled person to compete on the labor market.

The vocational rehabilitation program includes the following measures and services:

1. *professional orientation*
2. *recommendations on the working conditions and types of labor, that are appropriate for the individual, and those that are contraindicated*
3. *professional training (retraining)*
4. *help in securing employment*
5. *rehabilitation devices for vocational training (retraining) or labor*

Psychological/pedagogical rehabilitation. This new section of the IPR is for children aged under 18, to include interventional recommendations for pre-school education, basic education and vocational education. This is a very important change, as when a record is made about the need to receive one or other type of education, and the executor is indicated, the parents may find it easier to defend their child's right to an education. The school or kindergarten indicated in the IPR must accept the child. This section includes the following measures and services:

1. Obtaining pre-school up-bringing and education. A record is made of the specific type (form) of pre-school educational institution.
2. Obtaining general education. The level (primary or secondary) and type of educational institution is indicated (regular, general education, special group of regular general educational institution, special ((interventional) general educational) and the form of education.
3. Psychological/pedagogical interventional work. A record is made of the types of psychological/pedagogical correction (correction of speech impairments, emotional-volitional disorders, etc.)
4. Technical rehabilitation resources for training. A list of technical rehabilitation devices is indicated.
5. Social-pedagogical patronage of families with disabled children.

Any rehabilitation program contains information about the executor of the rehabilitation measure, and the period of time, in which the recommended measure is to be executed. In addition, there must also be notes confirming implementation, in the corresponding sections.

Upon completion of the IPR fulfillment period, a written conclusion is drawn up, assessing the results for all of the rehabilitation programs thus compiled:

1. Assessment of the results of medical rehabilitation.
2. Assessment of the results of vocational rehabilitation.
3. Assessment of the results of social rehabilitation.
4. Assessment of the results of psychological/pedagogical rehabilitation.
5. Special notes on the implementation of the IPR.

What to do if there are disagreements with the medical and social expert assessment office on how to fill out the IPR card?

The IPR is considered to have been completed when it is signed by the disabled person or his/her legal representative. In the old form of IPRs, the disabled person had to sign each page, confirming his or her agreement with the contents of each section of the IPR, whereas in

the new form of the IPR only one signature is needed. In case of disagreement with the contents of the IPR (not all recommendations were taken into account, or there is disagreement with certain recommendations), the disabled person can appeal by submitting an application to the Head MSE office for the region, and then to the Federal MSE office, which is managed by the RF Ministry for Healthcare and Social Development. A copy of the IPR is to be appended to the application. Based on an examination and discussions with the disabled person, a conclusion is made on the disputed issues. If the claims are justified, then a new IPR card is compiled, with new recommendations, which is signed by the chair of the expert committee and certified by a stamp of the regional MSE head office.

The next level of appeal for those who disagree with the conclusions of the experts is a court of law.

Once more about IPRs.

An important change in the rehabilitation of disabled people consists in the fact that there is only the *federal list of rehabilitation measures, technical rehabilitation devices and services, provided to a disabled person free of charge, on the condition that these measures are included in the IPR. The disabled person and his sponsors are to pay for all other measures included in the IPR.*

The RF Government passed Decree No. 1343-r on October 21, 2004, 'On the approval of a federal list of rehabilitation measures, technical rehabilitation devices and services, provided to disabled people'. The RF Government Decree of December 30, 2005 contains an additional list of technical rehabilitation devices and services.

The procedure for provision of technical rehabilitation devices was determined by RF Government Decree No. 771 of December 12, 2004, 'On approval of the Rules for the provision in 2005 of technical rehabilitation devices to disabled people, and prosthetics (excluding dental prosthetics), and orthopedic prosthetic devices to certain categories of citizens, qualifying as veterans, at the expense of the federal budget.'

Order No. 287 of the RF Ministry for Healthcare and Social Development of 11/29/2004 approved the 'Individual disabled person rehabilitation program form, issued by federal medical and social expert assessment agencies.'

The volume of rehabilitation measures stipulated by an individual disabled person rehabilitation program cannot be less than that, established by the Federal List of Technical Devices Provided to Disabled People.

In compliance with the Law On Social Protection of Disabled People in the Russian Federation (article 11), an IPR "is subject to mandatory execution by the appropriate agencies of state authority, agencies of local self-government, and other organizations of any organizational and legal status, or form of ownership." This means that state organizations and establishments, the status of which means that they can assist in implementing an IPR, do not have the right to refuse to fulfill an IPR.

However, for the disabled person himself, under article 11 of the Law, the IPR only has the status of a recommendation. A disabled person (or person representing the disabled person's interests) may decline an entire individual rehabilitation program, or decline the implementation of specific parts thereof. But this exempts the corresponding state agencies and organs of local self-government, as well as other organizations of any organizational and legal status, and form of ownership, from responsibility for the implementation of the IPR, and does not give the disabled person the right to compensation, equal to the cost of rehabilitation measures provided free-of-charge.

Actions to be taken by a disabled person after completing an IPR card.

After an IPR card has been filled out for you, and you agree with all the contents of the card, you and the head of the BMSE must sign three copies of the compiled IPR card and certify them with a stamp. One copy remains at the BMSE, the second is issued to you personally, and the third is sent to the local agency of public social protection to monitor IPR implementation. In addition, in certain regions (such as Samara Oblast) you will be personally

issued with a tear-off coupon for the employment service, which you can take to the local Employment Center, to be registered as unemployed at the labor exchange. If such coupons are not provided in your area, then you can contact the above office with your copy of the IPR card. Many disabled people are concerned about registering at labor exchanges, as they may lose local additions to their pension (if there are such in your area) by doing so, but after registration they can receive unemployment benefit, which more than compensates their financial losses. However, the issue of unemployment benefit is not a simple matter, so you should try to become familiar with the whole mechanism for accrual of unemployment benefits for your individual case. In addition, having the corresponding record in the vocational rehabilitation section, you will be able to receive retraining, and then secure employment via the labor exchange in a field of interest to you (for example, such popular professions as web designer or office manager). Moreover, if you require, the unemployment office must create a special position for you.

In addition, the IPR card contains a space, near each measure included, entitled “responsible for implementation”, which must in all cases be filled out and, most likely, one of the state agencies will be indicated. This will be the agency that you need to contact, to ensure that the measure is implemented.

Choosing an IPR executor.

A key factor when filling out an IPR card is the choice of executors. The executor is indicated in the space opposite each rehabilitation measure. Due to the new IPR form, the procedure for indicating the executor of one or other rehabilitation measure has slightly changed. Previously, the executor was always indicated by the BMSE, but now that agency only appoints some of the executors, for example, when providing technical rehabilitation devices, the executor is indicated by the executive agency of the social insurance fund, while the executors of certain measures are appointed by the local social protection agency.

The disabled person, or his legal representative, should remember that the tasks of rehabilitation, in compliance with article 9 of the Federal Law On Social Protection of Disabled People, is the elimination or greatest possible compensation of restrictions to day-to-day activities, caused by a disability. Therefore, IPR executors should be selected from among those organizations or persons who are able to meet the task set, in the optimal manner. These may be state or non-government organizations with any types of ownership.

Let’s look at possible options for participation by BMSE experts and persons with disabilities (or their legal representatives) in selecting IPR executors.

1. The IPR executors are specific state establishments.

Usually, MSE agencies or other agencies propose as IPR executors one or a number of specific state institutions which, in their opinion, offer the necessary services or means of rehabilitation. If you consider that the organizations proposed by the MSE can execute the IPR to the appropriate standard, you may use the opportunity thus offered.

After completing a rehabilitation course or provision of technical devices, the IPR executor organization places a note in the IPR card, reporting the implementation of measures.

IPR services are rendered to disabled people by state establishments, free-of-charge.

However, the law leaves you the right to select an IPR executor yourself, in place of the institution proposed by the MSE.

2. IPR executors are not specific organizations, but institutions of a particular type.

MSE bodies, or other agencies, may name as executors not specific organizations, but organizations of a specific type, which are responsible for training or social rehabilitation with respect to disabled people (for example, “social service center” or “____-type school”).

In practice, it is in far from all cases that such organizations agree to fulfill such rehabilitation tasks placed before them. For this reason, one can start by enquiring (by way of

registered-mail correspondence) whether potential executors are able to offer IPR services. If the organization appointed as an IPR executor is unable to offer the services you require, you may receive a rejection (preferably in the written form).

Moreover, you have the right to immediately select a different organization as an IPR executor.

3. Independent choice of an IPR executor, by the disabled person.

It is important to note that a rejection from an organization, listed in the IPR as an executor, is not a rejection of the set of measures, recommended by the individual rehabilitation program: according to article 11 of the Federal Law On Social Protection of Disabled People in the RF, “a disabled person has the right to independently resolve the question of securing a specific technical device or form of rehabilitation.” It follows from this that the disabled person (or his legal representative) may select an IPR executor at his or her discretion. The criterion for the choice of an executor of IPR measures is the possibility of the complete implementation of the program, with the help of the executor. On this basis, the IPR executor may be a state or a non-government organization, capable of most successfully implementing the program developed for you by the MSE, regardless of whether it is recorded by BMSE staff in the IPR card.

Coordination of the choice of IPR executor with MSE agencies.

The MSE agencies may agree with your arguments, use the recommendations received from independent experts, and enter the executors that you propose into the IPR card.

However, in practice BMSE experts do not agree in many cases to place responsibility for implementing an IPR on non-government organizations.

Notwithstanding a positive decision by MSE agencies, you have the right to complete the recommended IPR rehabilitation course in the institution that suits you.

Who will absorb the costs of IPR rehabilitation?

The Federal Law On Social Protection of Disabled People in the Russian Federation states the following: “If a technical rehabilitation device or service, stipulated by an individual program, cannot be provided to a disabled person, or if a disabled person has acquired the corresponding device or has paid for a service at their own expense, then he will be paid compensation, in the volume of the cost of the technical or other device or service, which was to be provided to the disabled”. This means that if the parent of a disabled child (or the disabled person himself or herself) acquired a technical device or paid for a service, entered in the IPR, then he or she has the right to receive compensation for monies spent on that device. It is worth taking a closer look at this issue.

First of all, it should be noted that the IPR is to include both rehabilitative measures that are provided free-of-charge (paid for by the state), in addition to those that are paid for by the disabled person himself. According to the law, those technical devices and services are provided free-of-charge, which are included in the federal list of technical rehabilitation devices and services, provided to the disabled person. This list was approved by the government and, unfortunately, the contents of the list are fairly scant. A look at this document shows that the state assumes payment for the very minimum set of technical devices and services. In some regions, regional rehabilitation disabled person programs have long since been established. The technical devices and services included therein are provided to disabled people free-of-charge, at the expense of the specific region. Regional programs must continue to be valid after January 1, 2005.

Receiving compensation for the costs of IPR services.

Compensation of the costs of services, received as part of the IPR, must be performed by the local branches of the social insurance fund.

The following aspect is important here: the right to compensation of expenses on the implementation of the IPR is supported only by documented contractual relations with an actual IPR executor, reinforced by evidence of the fact of payment for rehabilitation devices

and services. If an organization (experts), which renders you paid rehabilitation services, prefers to receive money without formalizing such relations, and do not run that payment for classes through their bookkeeping (or do not issue payment receipts), then the question of compensation for the expenses you incurred cannot be reviewed by the social protection agencies.

Interaction with disabled people requiring lawful compensation for expenses incurred during the process of implementing an IPR, and the agencies of the Federal Social Insurance (FSS), must be proper, clear and mutually correct. After any given period of rehabilitation you can approach the local agency of the FSS, with an application for compensation, using a form similar to the one below:

To the social insurance fund branch (name of city, district and region)

From _____, residing at the address: (indicate mailing code and address)

Application

On the basis of article 11 of the Federal Law On Social Protection of Disabled People in the Russian Federation, I request compensation of expenses, incurred by me as part of the implementation of Individual Rehabilitation Program No. _____, issued by BMSE No. _____, on the ____th day of _____, 200_, in the sum of _____rubles and _____kopecks.

The recommended measures were executed at (name of organization or surname and initials of independent specialist/actual IPR executor).

Appendices:

1. Copy of the IPR card.
2. Copies of contracts to render services.
3. Copies of receipts (confirmation) for payment of services.

Date

You will keep the originals of all documents.

The application can be lodged with the chancellery office of the FSS agency, by asking the employee receiving the application to sign the second copy and inscribe the incoming reference number. It is also possible to avoid visiting the FSS agency in person, and instead send the application and all the necessary appendices by registered mail, with notification of receipt.

If you do not receive a response within a month, or you receive a response, declining to pay compensation, you can send a complaint to the superior FSS agency.

A response from the superior agencies, declining to pay compensation, concludes the interaction between the disabled person and his or her representative, with the FSS, on a voluntary basis. The next step on the path to receiving compensation for expenses to implement an IPR can be an appeal to a court, with a complaint about the inaction of agencies of the social insurance fund, and a demand to compensate, on a lawful basis, the expenses incurred by the disabled person or his parents.

The parents of a disabled child (or adults with disabilities) should understand that a court appeal is not an indication of your desire to create a conflict situation. The opposite is true: correctly-constructed arguments by the representatives of disabled people in court will help the employees of state services to pay attention to the problem, and become fully aware of all aspects of their obligations, as established by the law.

On the other hand, while we consider such activity to be a form of defending a person's rights, at the current time there have been court rulings with the opposite viewpoint (although, in truth, the respondents were the local social protection agencies, as prior to January 1, 2005 they were responsible for issuing compensation), and for this reason, one must expect victory

but prepare for defeat. But if we do not fight for our rights, state policies concerning us will not change.

IPRs for the parents of disabled children.

Why do the parents of disabled children have to fill out an IPR, and how can this help with enrolment of their children at general comprehensive schools?

Unlike adult disabled people, children with physical restrictions have great difficulty getting places at general comprehensive schools. The vast majority of those running such schools strive to send disabled children for schooling at specialist institutions (mostly residential schools), or organize home schooling. Here, the situation can be changed only using IPR cards. That is, if virtually no doctors will write in a regular proof of disability note a recommendation stating that education is possible in a regular school by full-time attendance, the same doctor can place a detailed recommendation in an IPR card, as he has the opportunity to state the conditions, under which this is possible. Here, parents can also pool the resources of various agencies: departments for the social rehabilitation of disabled children, local self-government agencies and schools, as the completed IPR card is subject to mandatory implementation by all the authorities. For example, for a child with impaired vision, the main obstacle to education in a general-education school is the absence of special Braille textbooks. It is entirely possible that help could come from the disabled child social rehabilitation department, funded by the local authorities, to provide the student with the necessary study resources.

Nevertheless, when compiling an IPR card, MSE experts are reluctant to write recommendations for education in a regular school. Here, a persistent will is required, to enroll your child in a general-education school and not in home schooling.

Bear in mind, also, that as the legal representative of your child, you can participate in the compilation and implementation of the IPR.

Material for information purposes

INDIVIDUAL REHABILITATION PROGRAMS (IPR)

Contents:

1. Federal Law On Social Protection of Disabled Persons in the Russian Federation, No, 181-FZ of November 24, 1995
2. RF Government Order of February 20, 2006, No. 95, On the Procedure and Conditions for Declaring a Person Disabled
3. Brief information about the IPR
4. Federal list of rehabilitation measures, and technical rehabilitation resources and services, provided to disabled persons.
5. Order No. 877 of December 31, 2005, On the procedure for providing, at the expense of the federal budget, technical rehabilitation resources to disabled persons, and prosthetics (excluding dental prosthetics) and prosthetic-orthopedic items to certain categories of citizens qualifying as veterans.”
6. Order of the Ministry of Healthcare and Social Development No, 535 of August 22, 2005, On Approval of Classifications and Criteria, Used in Performing Medical and Social Expert Assessments of Citizens by Federal Medical and Social Expert Assessment Bodies.
7. The declaration of a citizen legally incapable.

Federal Law No. 181-FZ of November 24, 1995

**On the Social Protection of Disabled Persons in the Russian Federation
(with amendments dated July 24, 1998, January 4 and July 17, 1999, May 27, 2000, 9 June, August 8, December 29 and 30, 2001, May 29, 2002, January 10 and October 23, 2003, August 22 and December 29, 2004, and December 31, 2005)**

Adopted by the State Duma on July 20, 1995

Approved by the Federation Council on November 15, 1995

This Federal Law defines state policy in the field of social protection of disabled persons in the Russian Federation, the aim of which is to provide disabled persons with opportunities, equal to those of other citizens in the realization of citizens' economic, political and other rights and freedoms, guaranteed by the [Constitution](#) of the Russian Federation, as well as in compliance with universally-accepted principles and norms of international law and the international agreements of the Russian Federation.

The measures of social protection for disabled persons stipulated by this Federal law are the expenditure obligations of the Russian Federation, with the exception of measures of social support and social servicing, which fall under the authorities of the state authority of constituent members of the Russian Federation, in compliance with the legislation of the Russian Federation.

Chapter I. General Provisions

Federal Law of August 22, 2004, No. 122-FZ, introduces amendments into article 1 of this Federal Law, which [come into force](#) from January 1, 2005.

Article 1. The concept "disabled person" and the basis for determining the disability group.

Disabled person [Russian-'invalid']: a person who has impaired health with an enduring disorder of the functions of the organism, caused by illnesses, the consequences of trauma, or defects, leading to limitations on day-to-day activities and dictating the need for social protection.

Limitation of day-to-day activities: the partial or complete loss by a person of the ability or opportunity to perform self-care, to move independently, to orient oneself in space, to communicate, to control one's behavior, to study or to engage in employment.

Depending on the degree of the disorder of the functions of the organism and the limitations on the day-to-day activities of persons, declared to be disabled, the **disability group** is established, and for persons under 18 the category of "**disabled child**" is established.

The declaration of a person as disabled is performed by a federal medical and social expert assessment body. [The procedure and](#) conditions for declaring a person disabled are established by the Russian Federation Government.

Federal Law of August 22, 2004, No. 122-FZ introduces amendments into article 2 of this Federal Law, which [come into force](#) from January 1, 2005.

Article 2. The concept of social protection for disabled persons.

Social protection for disabled persons: a system of economic and legal measures, and social support measures, that are guaranteed by the state, which provide disabled persons with the conditions necessary to overcome, substitute (compensate) limitations on day-to-day activities and which are aimed at creating opportunities to participate in the life of society, equal to those of other citizens.

Social support for disabled persons: a system of measures which extend social guarantees to disabled persons, which are established by laws and other regulatory acts, with the exception of pension support.

Article 3. Legislation of the Russian Federation on the Social Protection of Disabled Persons.

The legislation of the Russian Federation on the social protection of disabled persons consists of the relevant provisions of the [Constitution](#) of the Russian Federation, this Federal Law, other federal laws and other regulatory legal acts of the Russian Federation, as well as laws and other regulatory legal acts of the constituent members of the Russian Federation.

If an international treaty (agreement) of the Russian Federation establishes other rules than those stipulated by this Federal Law, then the rules of the international treaty (agreement) are applicable.

Federal Law of August 22, 2004, No. 122-FZ, introduces amendments into article 4 of this Federal Law, which come into force from January 1, 2005.

Article 4. The competency of the federal agencies of state authority in the field of the social protection of disabled persons

The competency of the federal agencies of state authority in the field of the social protection of [disabled persons](#) includes:

- 1) determining the state policy with respect to disabled persons;
- 2) adopting federal laws and other regulatory legal acts of the Russian Federation on the social protection of disabled persons (including those regulating the procedure and conditions for extending to disabled persons the standard federal minimum of measures of social protection); control over the execution of legislation of the Russian Federation on the social protection of disabled persons;
- 3) conclusion of international treaties (agreements) of the Russian Federation on issues of the social protection of disabled persons;
- 4) establishing general principles for the organization and execution of medical and social expert assessments and the [rehabilitation of disabled persons](#);
- 5) [determining criteria and establishing conditions](#) for declaring a person a disabled person;
- 6) establishing the standards for [technical rehabilitation devices](#), means of communication and information technology, establishing norms and rules, ensuring access for disabled persons to the appropriate environment for day-to-day activities; determining the corresponding certification requirements;
- 7) establishing the procedure of accreditation of organizations, of any organizational and legal status or type of ownership, which conduct activities in the field of the rehabilitation of disabled persons;
- 8) performing accreditation of enterprises, institutions and organizations in federal ownership and performing activities in the field of the rehabilitation of disabled persons;
- 9) development and implementation of federal targeted programs in the field of the social protection of disabled persons and control over their implementation;
- 10) approval and funding of a federal list of rehabilitation measures, and technical rehabilitation devices and services, provided to disabled persons;
- 11) creation of federal medical and social expert assessment bodies, and performance of monitoring of their activities;
- 13) coordination of scientific research, funding of scientific research, and design and development, related to the problems of disability and disabled persons;
- 14) development of methodological documents covering issues of the social protection of disabled persons;
- 15) [became invalid](#) from January 1, 2005;
- 16) facilitation and assistance for the work of all-Russia public associations of disabled persons;
- 17) [became invalid](#) from January 1, 2005;
- 18) [became invalid](#) from January 1, 2005;
- 19) formation of federal budget parameters for spending on the social protection of disabled persons;
- 20) establishing a single registry system for disabled persons in the Russian Federation, including disabled children, and the organization on the basis of this system of statistical observation of the social and economic situation of disabled persons and their demographic make-up.

Federal Law of August 31, 2005, No. 199-FZ introduces amendments into article 5 of this Federal Law, which come into force from January 1, 2006.

Article 5. The participation of agencies of state authority of constituent members of the Russian Federation in the provision of social protection and social support for disabled persons

The agencies of state authority of constituent members of the Russian Federation have the following rights, with respect to social protection and social support for disabled persons:

- 1) to participate in the implementation of state policy with respect to disabled persons on the territories of constituent members of the Russian Federation;
- 2) to adopt, in compliance with federal laws, laws and other regulatory legal acts of constituent members of the Russian Federation;
- 3) to participate in the determination of priorities for the implementation of social policy with respect to disabled persons on the territory of constituent members of the Russian Federation, taking into account the socio-economic development of these territories;
- 4) the development, approval and implementation of regional programs in the field of the social protection of disabled persons for the purposes of equalizing their opportunities and social integration into society, as well as the right to exercise control over their implementation;
- 5) to perform the exchange with authorized federal agencies of executive authority, of information on the social protection of disabled persons, and to provide them with social support;
- 6) to provide additional social protection measures to disabled persons, at the expense of the budgets of the constituent members of the Russian Federation;
- 7) to facilitate the employment of disabled persons, including incentives for the creation of special positions for their employment;
- 8) to perform activities to train personnel in the field of the social protection of disabled persons;
- 9) to fund scientific research, as well as science research, and design and development, in the field of social protection of disabled persons;
- 10) to assist public associations of disabled persons.

Article 6. Responsibility for causing harm to human health, that leads to disability.

Persons guilty of causing harm to the health of citizens, which leads to disability, do bear material, civil legal, administrative and criminal liability in compliance with the legislation of the Russian Federation.

Chapter II. Medical and Social Expert Assessment

Article 7. The concept of medical and social expert assessments

Medical and social expert assessment: the determination, in the established manner, of the needs of a person undergoing certification, for social protection measures, including rehabilitation, based on an assessment of the limitations on day-to-day activity, caused by an enduring disorder of the functions of the organism.

A medical and social expert assessment is performed on the bases of a comprehensive assessment of the state of the organism, based on an analysis of clinical/functional, social/domestic, vocational/employment and psychological data of the person undergoing certification, using classifications and criteria, developed and approved in the manner determined by the Russian Federation Government.

Federal Law of August 22, 2004, No. 122-FZ, introduces amendments into article 8 of this Federal Law, which come into force from January 1, 2005.

Article 8. Federal medical and social expert assessment institutions

Medical and social expert assessment is performed by federal medical and social expert assessment bodies, subordinate to an authorized agency appointed by the Government of the Russian Federation. The procedure for the organization and activities of federal medical and social expert assessment bodies is determined by the Russian Federation Government.

In compliance with the order of the RF Government of June 30, 2004, No. 325, the activities of the state medical and social expert assessment service is organized by the Federal Agency for Healthcare and Social Development.

The following obligations apply to federal medical and social expert assessment bodies:

1) establishing disabilities, the reasons, period and commencement of such status, and the needs of the disabled person for various forms of social protection;

See the [Classifications and Criteria](#), used in performing medical and social expert assessment of citizens by federal state medical and social expert assessment bodies, approved by [Order](#) of the Ministry of Healthcare and Social Development, August 22, 2005, No. 535.

2) development of individual [disabled person rehabilitation](#) programs;

3) analysis of the level and reasons for public disability;

4) participation in the development of comprehensive programs for disabled person rehabilitation, prevention of disability and the social protection of disabled persons;

5) determination of the degree of occupational disability;

6) determination of the causes of death of a disabled person in cases where the legislation of the Russian Federation stipulates that social support measures are extended to the family of the deceased.

The decisions of medical and social expert assessment bodies imply mandatory implementation by the agencies of state authority, agencies of local self-government, as well as organizations of any organizational or legal status, or form of ownership.

Chapter III. The Rehabilitation of Disabled Persons

[Federal Law](#) of August 22, 2004, No. 122-FZ introduces amendments into article 9 of this Federal Law, [which come into force](#) from January 1, 2005.

Article 9. The concept of the rehabilitation of disabled persons

The rehabilitation of disabled persons: the system and process of the complete or partial restoration of the abilities of disabled persons to perform domestic, public and professional activities. The rehabilitation of disabled persons is aimed at eliminating or, as far as possible, fully compensating for restrictions to their day-to-day activities, caused by impaired health with an enduring disorder of the functions of the organism, for the purposes of the social adaptation of disabled persons, their achievement of material independence, and their integration into society.

The main areas of rehabilitation of disabled persons include:

restorative medical measures, reconstructive surgery, prosthetics and orthotics, and treatment at sanatoria and health resorts;

vocational orientation, training and education, as well as assistance in securing employment and workplace adaptation;

social-environmental, social-pedagogical, social-psychological and socio-cultural rehabilitation, as well as social-domestic adaptation;

See the [Order](#) of the RF Ministry for Healthcare No. 567 of November 25, 2003, On Improvement of the Medical-Social and Psychological Rehabilitation of Disabled Children and Disabled Persons from Childhood.

physical culture and therapeutic measures, and sport.

The implementation of the main areas of rehabilitation of disabled persons implies the use by disabled persons of technical rehabilitation devices, the creation of the necessary conditions for unhindered access by disabled persons to components of the utilities, transport and social infrastructures, and the use of means of transportation, communication and information, as well as providing disabled persons and members of their families with information on issues related to the rehabilitation of disabled persons.

[Federal Law](#) of August 22, 2004, No. 122-FZ, introduces amendments into article 10 of this Federal Law, [which come into force](#) from January 1, 2005.

Article 10. The federal list of rehabilitation measures, and technical rehabilitation resources and services, provided to disabled persons.

The state guarantees disabled persons the execution of rehabilitation measures, and the delivery of technical resources and services, stipulated by the federal list of rehabilitation measures, and technical

rehabilitation resources and services, provided to disabled persons at the expense of the federal budget.

The federal [list](#) of rehabilitation measures, and technical rehabilitation resources and services provided to disabled persons, is approved by the Russian Federation Government.

[Federal Law of August 22, 2004, No. 122-FZ, introduces amendments into article 11 of this Federal Law, which come into force from January 1, 2005.](#)

See the [Form](#) for rehabilitation programs for those who suffered as a result of an industrial accident or vocational sickness, approved by [Order](#) of the RF Ministry for Labor, July 18, 2001, No. 56.

Article 11. Individual disabled person rehabilitation programs.

Individual [disabled person rehabilitation](#) programs are developed on the basis of a decision by the [authorized agency](#) executing management of federal medical and social expert assessment bodies, of a set of rehabilitation measures that are optimal for the disabled person, including certain forms, types, volumes, schedules and a procedure for the implementation of medical, occupational and other rehabilitation measures, aimed at the restoration and compensation of the disabled person's abilities to perform certain types of activity.

Individual disabled person rehabilitation programs imply mandatory implementation by the agencies of state authority, agencies of local self-government, as well as other organizations, regardless of their organizational or legal status, or their form of ownership.

Individual [disabled person rehabilitation](#) programs contain both rehabilitation measures, provided for the disabled person with exemption from payment, in compliance with the federal list of rehabilitation measures, technical rehabilitation resources and services, provided for the disabled person, and rehabilitation measures, for which the disabled person himself or other parties or organizations participate in payment, regardless of their organizational or legal status, or their form of ownership.

See the individual disabled person rehabilitation program [form](#) issued by federal medical and social expert assessment bodies, and approved by [Order](#) of the RF Ministry for Healthcare and Social Development, November 29, 2004, No. 287.

The volume of rehabilitation measures stipulated by an individual disabled person rehabilitation program cannot be less than that stipulated by the federal list of rehabilitation measures, technical rehabilitation resources and services, provided to the disabled person.

Individual disabled person rehabilitation programs have the status of recommendations for the disabled person himself; he retains the right to decline one or other form, type and volume of rehabilitation measures, as well as declining the implementation of the entire program. A disabled person has the right to independently meet the need to provide him/herself with specific technical rehabilitation devices or forms of rehabilitation, including wheelchairs, prosthetics and orthopedic devices, printed materials with special typefaces, sound-amplifying equipment, warning devices, video materials with subtitles or sign-language interpretation, and other similar resources.

If a [rehabilitation](#) device or service stipulated by an individual disabled person rehabilitation program cannot be provided to a disabled person, or if the disabled person has acquired the corresponding device or paid for a service at his own expense, then he is paid compensation in the volume of the cost of the technical rehabilitation device, or services, which must be provided to the disabled person.

See the [List](#) of technical devices, used exclusively to prevent disability or for the rehabilitation of disabled persons, the sale of which is not subject to value added tax, as approved by RF Government [Order](#), December 21, 2000, No. 998.

See the [Draft List](#) of technical and other rehabilitation devices for those who have suffered as a result of industrial accidents and occupational illness and the periods for their use, sent as RF FSS [Federal Social Insurance] [Letter](#) No. 02-18.10-783, on February 5, 2002.

If a [disabled person](#) (or a person representing his interests) declines an entire individual disabled person rehabilitation program or the implementation of individual parts thereof, this exempts the corresponding agencies of local self-government, as well as other organizations regardless of their organizational and legal status and form of ownership, from responsibility to implement the program, and does not give the disabled person the right to receive compensation in the volume of the cost of the rehabilitation measures that were to be provided free-of-charge.

[Federal Law of August 22, 2004, No. 122-FZ](#) introduces amendments into article 11.1 of this Federal Law, which [come into force](#) from January 1, 2005.

Article 11.1. Technical rehabilitation resources for disabled persons.

Technical rehabilitation devices for disabled persons include devices, which contain technical solutions, including special ones, used to compensate or eliminate enduring restrictions on the day-to-day activities of a disabled person.

The following are technical rehabilitation resources:

- special devices for self-care;
- special devices for care;
- special devices for orientation in space (including guide dogs with a harness set), and for communication and for the exchange of information;
- special devices for studying and education (including literature for the blind) and vocational activity classes;
- prosthetic devices (including prosthetic and orthopedic devices, orthopedic footwear and special clothes, eye prosthetics and hearing aids);
- special physical training, sports equipment, and sports inventory.

See the [Nomenclature of technical and other means of rehabilitation for disabled persons, manufactured in the RF and abroad, subject to state registration, approved by Order of the Federal Service for Supervision in the Field of Healthcare and Social Development, dated March 14, 2005, No. 505-Pr/05](#)

The decision to provide disabled persons with technical rehabilitation devices is taken with the establishment of medical indications and contraindications.

Medical indications and contraindications are established on the basis of assessment of the enduring disorders of the functions of the organism, dictated by illnesses, the consequences of traumas, and defects.

Based on medical indications, it is established, whether a disabled person requires technical rehabilitation devices, which compensate or eliminate enduring limitations on the day-to-day activities of a disabled person.

Funding of expenditure obligations to provide disabled persons with technical rehabilitation resources, including the manufacture and repair of prosthetic and orthopedic devices, is implemented at the expense of the federal budget and Russian Federation Social Insurance Fund.

Technical rehabilitation devices stipulated by individual disabled person rehabilitation programs, and provided to disabled persons at the expense of the Federal budget and the Russian Federation Social Insurance Fund, are transferred to disabled persons for use free-of-charge.

Additional funds for financing the costs of technical rehabilitation devices for disabled persons, stipulated by this article, may be received from other sources, not forbidden by the law.

Technical rehabilitation devices are provided to disabled persons by their place of residence by the authorized agencies in the manner, dictated by the Russian Federation Government, the Russian Federation Social Insurance Fund, and other interested organizations.

[The List](#) of technical rehabilitation devices and the indications for the provision of these to disabled persons, as well as the [procedure](#) for providing disabled persons with technical rehabilitation devices are determined by the Government of the Russian Federation.

[The size](#) and [procedure](#) of payment of annual monetary compensations to disabled persons of the costs of maintenance and veterinary servicing of guide dogs are determined by the Government of the Russian Federation.

Article 12. [Became invalid](#) from January 1, 2005.

Chapter IV. Supporting the Day-to-day Activities of Disabled Persons

[Federal Law of August 22, 2004, No. 122-FZ](#), introduces amendments into article 13 of this Federal Law, which [come into force](#) from January 1, 2005.

Article 13. Medical aid for disabled persons

Rendering qualified medical aid to disabled persons is performed in compliance with the Russian Federation legislation and the legislation of constituent members of the Russian Federation, within the framework of the program of state guarantees for rendering free medical assistance to the citizens of the Russian Federation.

Federal Law of August 22, 2004, No. 122-FZ, introduces amendments into article 14 of this Federal Law, which come into force from January 1, 2005.

Article 14. Providing disabled persons with unhindered access to information

The state guarantees disabled persons the right to obtain the information they need. Ensuring the publication of literature for the visually impaired is an expenditure obligation of the Russian Federation. The acquisition of periodical, scientific, textbooks, reference, informational and fictional literature for disabled persons, including that published on tape cassettes and Braille typefaces, for educational institutions and libraries in the competency of the constituent members of the Russian Federation, and municipal educational institutions, is an expenditure obligation of constituent members of the Russian Federation, and for municipal libraries is an expenditure obligation of the agency of local self-government. The acquisition of the above literature for federal educational institutions and libraries is an expenditure obligation of the Russian Federation.

Sign language is recognized as a means of interpersonal communication. A subtitling or sign-language interpretation system for TV programs, as well as film and video products, is in the process of being introduced.

The authorized agencies assist disabled persons in obtaining sign-language interpretation services, in the provision of equipment for such interpretation, and in the provision of resources for the visually-impaired.

Federal Law of August 22, 2004, No. 122-FZ, introduces amendments into article 15 of this Federal Law, which come into force from January 1, 2005.

Article 15. Providing disabled persons with unhindered access to components of the social infrastructure

The Government of the Russian Federation, agencies of executive authority of constituent members of the Russian Federation, local self-government agencies and organizations, regardless of their organizational and legal status or their type of ownership, create the conditions for disabled persons (including disabled persons using wheelchairs and guide dogs) to have unhindered access to social infrastructure facilities (residential, public and industrial buildings, structures and installations, sporting facilities, places of recreation, cultural, entertainment and other establishments) as well as for unhindered use of railroad, air, water and intercity road transportation, and between all forms of city and suburban passenger transportation, means of communication and information (including equipment that uses sound signals to duplicate light signals from traffic lights and other devices regulating the movement of pedestrians through transportation links).

The planning and construction of cities and other population centers, the formation of residential and recreational zones, the development of design solutions for new construction and the reconstruction of buildings, installations and sets thereof, as well as the development and production of general-use means of transportation, means of communication and information, without adaptation of such items for access and use by disabled persons is not allowed.

State and municipal expenses for the development and production of means of transportation, taking into account the needs of disabled persons, the adaptation of means of transportation, means of communication and information for unhindered access to these by disabled persons, and their use by disabled persons, the creation of conditions for disabled persons to have unhindered access to utilities, transportation and social infrastructure facilities is effected within the limits of purchase orders, annually allocated for these goals in the budgets at every level. The costs of conducting the above measures, not covered by state and municipal expenses, is effected from other sources, not forbidden by the legislation of the Russian Federation.

See the Rules for compensation of the costs incurred by telecoms operators in 2004, in connection with the provision of concessions on the payment of communications services to veterans and disabled

persons, pension support for whom is effected by the pensions agencies of federal agencies of executive authority, where military and equivalent service is stipulated, as approved by the [Order](#) of the RF Government of December 10, 2003, No. 748.

In cases where active facilities cannot be completely adapted for the needs of disabled persons, the owners of such facilities must perform, by consent with public associations of disabled persons, measures to ensure the satisfaction of the minimum needs of disabled persons.

Enterprises, institutions and organizations providing transportation services to the population will ensure the installation of special equipment at railroad stations, airports and other facilities, to allow disabled persons to use their services without hindrance. Automobile-manufacturing organizations performing the manufacture of means of transportation, as well as other organizations of any organizational and legal status, that provide transportation services to the population, will ensure the installation of such equipment using special devices and fixtures for the purposes of creating the conditions for disabled persons to use the above devices without hindrance.

Areas for the construction of garages or parking for technical and other means of transportation are provided to disabled persons, close to their place of residence, taking into account city-planning codes, as a priority.

At each transportation terminal (stop), including near trade, services, medical, sporting and cultural and entertainment establishments, at least 10 per cent of places are provided (but no less than one place) for the automobiles of disabled persons to be parked, and these may not be occupied by other means of transportation. Disabled persons use the parking places for special automobiles free of charge.

[Federal Law](#) of August 22, 2004, No. 122-FZ, introduces amendments into article 16 of this Federal Law, which [come into force](#) from January 1, 2005.

According to [article 35](#) of this Federal Law and the RF Government [Order](#) of December 7, 1996, No. 1449, article 16 [enters into force](#) from January 1, 1999.

Article 16. Responsibility for failure to meet the requirements to create conditions for disabled persons to have unhindered access to utilities, transportation and social infrastructure facilities.

Legal entities and official figures bear administrative liability in compliance with the [legislation](#) of the Russian Federation for the failure to implement the requirements stipulated by this Federal Law, other federal laws and other regulatory legal acts, to create the conditions for disabled persons to have unhindered access to utilities, transportation and social infrastructure facilities, as well as for the unhindered use of railroad, air, water, intercity automobile transportation and all means of city and suburban passenger transportation, and means of communication and information.

Monetary funds, received via the extraction of administrative fines for the failure to meet the requirements to create conditions for disabled persons to have unhindered access to the above facilities and resources are transferred to the federal budget.

[Federal Law](#) of August 29, 2004, No. 199-FZ, introduces amendments into article 17 of this Federal Law, which [come into force](#) from January 1, 2005.

Article 17. Provision of residential premises for disabled persons

[Disabled persons](#) and the families of disabled children who require improvement of their residential conditions are registered and provided with residential premises in the manner stipulated by the legislation of the Russian Federation and the legislation of the constituent members of the Russian Federation.

The provision, using federal budget funds, of residential premises to disabled persons and the families of disabled children, who need improvement of their living conditions, and who registered prior to January 1, 2005, is executed in compliance with the provisions of [article 28.2](#) of this Federal Law.

Disabled persons and the families of disabled children who require improvement of their accommodation, and who registered after January 1, 2005, are provided with residential premises in compliance with the [legislation of the Russian Federation on accommodation](#).

Determination of the procedure for allocating residential premises (under social rent contracts or as ownership) to citizens who need an improvement of their accommodation conditions, and who registered prior to January 1, 2005, are established by the legislation of constituent members of the Russian

Federation.

Residential premises are provided to disabled persons, and the families of disabled children, taking into account the state of their health and other circumstances worthy of consideration.

Disabled persons may be provided with residential premises under a social rent contract for a total area, exceeding the standard area allocated to a single person (but by no more than a factor of two), on the condition that they suffer from severe forms of chronic illnesses, covered by the list, established by the Russian Federation Government.

Payment for residential premises (payment for social rent, as well as for the maintenance and repair of residential premises), provided to a disabled person under a social rent contract and exceeding the standard area of residential premises allocated, is determined based on the total area of residential premises occupied, without indexation, taking into account the concessions provided.

Residential premises occupied by disabled persons are equipped with special devices and fixtures, in compliance with the individual disabled person rehabilitation program.

Disabled persons, residing in residential social care facilities and desiring to receive residential premises under social rent contracts, are subject to registration for improvement of their accommodation conditions, regardless of the area occupied, and are provided with residential premises on an equal basis with other disabled persons.

Disabled children living in residential social care facilities, who are orphans or who are left without parental care, upon reaching the age of 18 are eligible for the allocation of residential premises as a priority, if the individual [disabled person rehabilitation](#) program stipulates the possibility of performing self-care and supporting an independent lifestyle.

When a disabled person is placed in a residential social care facility, residential premises in state or municipal residential buildings occupied by such a disabled person under a social rent contract, are reserved for that person for a period of six months.

Specially-equipped residential premises in state or municipal residential buildings, occupied by disabled persons under social rent contracts, once vacated, are to be occupied, as a priority, by disabled persons needing improvement of their accommodation conditions.

[Disabled persons](#) and the families of disabled children are extended a discount of no less than 50 per cent of the payment for the residential premises (in state or municipal residential buildings) and for the payment of communal utility fees (regardless of who owns or manages the residential buildings), and in residential buildings which do not have central heating, for the cost of fuel, acquired within the limits established for sales to the public.

Disabled persons and the families of disabled persons are extended the right to receive, as a priority, plots of land for individual residential construction, as well as for running ancillary, country-house or gardening plots.

Regarding the provision of concessions to disabled persons and the families of disabled children, for the provision of residential premises for the same, and regarding the payment of accommodation fees and communal utilities, see RF Government [Order](#) of July 27, 1996, No. 901.

Federal Law of August 22, 2004, No. 122-FZ, introduces amendments into article 18 of this Federal Law, which [come into force](#) from January 1, 2005.

Article 18. The upbringing and education of disabled children

Educational facilities, together with public social protection agencies and healthcare agencies provide pre-school, non-school upbringing and education for disabled children, ensure that [disabled persons](#) receive secondary general education, secondary vocational and higher vocational education in compliance with individual disabled person rehabilitation programs.

Disabled children of pre-school age are extended the necessary rehabilitation measures, and the conditions are created, for their attendance of children's regular pre-school facilities. For disabled children, the state of whose health excludes the possibility of their attendance of children's regular pre-school facilities, special pre-school facilities are created.

Where it is impossible to perform the upbringing and education of disabled children in regular or special pre-school and general education establishments, the education management agencies and educational establishments provide, with the consent of parents, education for disabled children, under a complete general education program, or by individual home-schooling.

The procedure for upbringing and education of disabled children at home, as well as the size of

compensation for costs incurred by parents for these purposes, are determined by the laws and other regulatory acts of the constituent members of the Russian Federation, and are the expenditure obligation of the budgets of constituent members of the Russian Federation.

See the [Procedure for the Upbringing and Education of Disabled children at Home and in Non-Governmental Educational Establishments, and the Size of Compensation for the Expenses of Parents \(Legal Representatives\) for These Purposes, approved by RF Government Order No. 861 of 07/18/96.](#)

The upbringing and education of disabled children in pre-school and comprehensive education establishments are the expenditure obligations of the constituent member of the Russian Federation.

[Federal Law of August 22, 2004, No. 122-FZ, introduces amendments into article 19 of this Federal Law, which come into force from January 1, 2005.](#)

Article 19. The education of disabled persons

The state guarantees disabled persons the necessary conditions to receive an education and professional training.

The general education of [disabled persons](#) is performed with exemption from payment of fees in both comprehensive education establishments, equipped where necessary with special technical devices, and in special educational establishments, and is regulated by the legislation of the Russian Federation, and the legislation of the constituent members of the Russian Federation.

The third section of article 19 of this Federal law came into force from January 1, 1996.

The state provides disabled persons with basic general, secondary (full) general education, basic vocational, secondary vocational and higher vocational education in compliance with the individual [disabled person rehabilitation](#) program.

Vocational education for disabled persons in education establishments of various types and levels is executed in compliance with the legislation of the Russian Federation, and the legislation of the constituent members of the Russian Federation.

For disabled persons who require special conditions to receive vocational education, special vocational educational establishments of various types and forms are created, or the corresponding conditions in regular vocational educational establishments.

*See the RF Ministry of Education [Order](#) of November 12, 2003, No. 4206, *On improving vocational education for disabled persons.**

Vocational training and vocational education for disabled persons in special vocational educational establishments for disabled persons is performed in compliance with state education standards, based on education programs that are adapted for the education of disabled persons.

The organization of the education process in special vocational educational establishments for disabled persons is regulated by regulatory legal acts, and the organizational and methodological materials of the corresponding federal agencies of executive authority.

The provision of disabled persons with special textbooks and literature, with exemption from payment or on concessionary terms, as well as extending the opportunity to use the services of sign-interpretation is an expenditure obligation of the constituent member of the Russian Federation (with the exception of those studying in Federal state educational establishments). For disabled persons studying in Federal state educational establishments, the provision of these measures is an expenditure obligation of the Russian Federation.

Article 20. Providing employment for disabled persons

[Disabled persons](#) are extended guarantees of employment by the Federal agencies of state authority and the agencies of state authority of the constituent members of the Russian Federation, by means of performing the following special measures, which facilitate raising their ability to compete on the employment market:

1) [became invalid](#) from January 1, 2005;

See the text of [paragraph 1, article 20](#)

2) establishing in organizations, regardless of the organizational or legal status of the form of ownership, quotas for the hiring of disabled persons and the minimum number of special positions for disabled persons;

3) reserving positions in the professions that are most appropriate for the employment of disabled persons;

4) stimulating creation by enterprises, establishments and organizations of additional jobs (including special jobs) for employing disabled persons;

Paragraph 5 of article 20 of this Federal Law came into force from January 1, 1996.

5) the creation for disabled persons, of working conditions that comply with individual disabled person rehabilitation programs;

6) the creation of conditions for entrepreneurial activity by disabled persons;

7) the organization of training for disabled persons in new professions.

The procedure for participation by elderly citizens and disabled persons, residing in residential social care establishments, in therapeutic labor activities was approved by RF Government Order of December 26, 1995, No. 1285

See the List of priority professions of workers and clerks, the mastery of which gives disabled persons the greatest opportunities to be competitive in the regional employment markets, approved by RF Ministry of Labor Order, September 8, 1993, No. 150.

Federal Law of August 22, 2004, No. 122-FZ, introduces amendments into article 21 of this Federal Law, which come into force from January 1, 2005.

Article 21 of this Federal Law came into force from July 1, 1995.

Article 21. The establishment of quotas for the hiring of disabled persons

For organizations in which the number of employees is more than 100, the legislation of each constituent member of the Russian Federation establishes a quota for hiring disabled persons, as a percentage of the average number of employees on the payroll (at least 2 and no more than 4 per cent).

Public associations of disabled persons and organizations formed by disabled persons, including commercial societies and partnerships, the charter (share) capital of which consists of a contribution by the public association of disabled persons, are exempted from mandatory quotas on jobs for disabled persons.

Federal Law of August 22, 2004, No. 122-FZ, introduces amendments into article 22 of this Federal Law, which come into force from January 1, 2005.

Article 22 of this Federal Law came into force from July 1, 1995.

Article 22. Special jobs for the employment of disabled persons

Special workplaces for the employment of disabled persons: workstations which require additional measures to organize the labor process, including the adaptation of the main and auxiliary equipment, technical and organizational support, additional installation and provision of technical devices, taking into account the individual capabilities of disabled persons.

The minimum number of special workstations for the employment of disabled persons is established by the agencies of executive authority of constituent members of the Russian Federation for each enterprise, establishment and organization within the limits of the established quota for hiring disabled persons.

Federal Law of June 9, 2001, No. 74-FZ, introduces amendments into article 23 of this Federal Law

Article 23 (apart from the first section) of this Federal Law came into force from July 1, 1995.

Article 23. Working conditions for disabled persons

The first section of article 23 of this Federal Law came into force from January 1, 1996.

Disabled persons, employed in organizations, regardless of their organizational and legal status or their form of ownership, create the necessary conditions for employment in compliance with an individual disabled person rehabilitation program.

The establishment in collective or individual labor contracts of working conditions for disabled persons (payment of wages, work hours regime and relaxation time, duration of annual and additional paid leave, etc.), which deteriorates the situation of disabled persons, compared to that of other employees, is not allowed.

For disabled persons of groups 1 and 2, a reduced working period is established, of no more than 35 hours per week, with full remuneration.

The recruitment of disabled persons for overtime work, work during weekends and at night is allowed only with their consent, and on the condition that such work is not forbidden for them, by their state of health.

Disabled persons are extended annual leave of at least 30 calendar days.

Federal Law of June 23, 2003, No. 132-FZ, introduces amendments into article 24 of this Federal Law

Article 24 (apart from paragraph 2, second section) of this Federal Law came into force from July 1, 1995.

Article 24. The rights, obligations and responsibilities of employers to provide employment to disabled persons

Employers have the right to request and receive information, necessary in the creation of special workstations for the employment of disabled persons.

Employers, in compliance with the established quota for hiring disabled persons, must:

1) create or allocate workstations for the employment of disabled persons;

Paragraph 2, first section, article 24, in this Federal law came into force from January 1, 1996.

2) the creation for disabled persons of working conditions, in compliance with individual disabled person rehabilitation programs;

3) provision, in the established manner, of information, necessary to organize the employment of disabled persons.

Article 25. Became invalid from January 1, 2005.

Article 26. Became invalid from January 1, 2005.

Federal Law of August 22, 2004, No. 122-FZ, introduces amendments into article 27 of this Federal Law, which come into force from January 1, 2005.

Article 27. Material support for disabled persons

Material support for disabled persons includes monetary payments for various purposes (pensions, benefit payments, insurance payments where the risk of health impairment is insured, compensation payments for harm to one's health, and other payment), and compensation in those cases, established by the legislation of the Russian Federation.

Federal Law of August 22, 2004, No. 122-FZ, introduces amendments into article 28 of this Federal Law, which come into force from January 1, 2005.

Article 28. Social and domestic servicing of disabled persons

On the social servicing of disabled persons, see also the [Federal Law of December 10, 1995, No. 195-FZ](#)

The social and domestic servicing of disabled persons is performed in the manner and on the basis, determined by agencies of state authorities of the constituent members of the Russian Federation, with the participation of public associations of disabled persons.

The agencies of executive authority of subjects in the Russian Federation create special social care services, including delivering food and household goods to disabled persons, and approving a list of illnesses for which [disabled persons](#) have the right to receive concessionary service.

Disabled persons requiring care and assistance from others are provided with medical and domestic service at home, or in residential facilities. The conditions for disabled persons residing in residential social care facilities must ensure the possibility for disabled persons to realize their rights and legal interests in compliance with this Federal Law, and facilitate the satisfaction of their needs.

On the provision to certain categories of persons, concessions on medicines and dental prosthetics, see RF Ministry of Social Protection and RF Ministry of Healthcare [Letter](#), September 13, 1993, Nos. 1-2674-18 and 05-16/35-16.

Disabled persons are provided with the required means of telecommunication servicing, special telephone sets (including for telephone subscribers with hearing defects), and collective-use public call offices.

Disabled persons are provided with household equipment, as well as sign-interpretation equipment, devices for the visually-impaired, and other devices necessary for social adaptation by disabled persons.

The technical servicing and repair of technical rehabilitation devices for disabled persons is performed as a priority, with exemption from payment, or on concessionary terms.

The procedure for providing services, including the technical servicing and repair of technical rehabilitation devices for disabled persons is determined by the Russian Federation Government.

[Federal Law of August 22, 2004, No. 122-FZ](#), (edition of the [Federal Law of December 29, 2004, No. 199-FZ](#)) introduces amendments into article 28.1 of this Federal Law, which [come into force from January 1, 2005](#).

Article 28.1. Monthly monetary payments to disabled persons

1. Disabled persons and disabled children have the right to receive a monthly monetary payment in the size and manner, established by this article.

Paragraph 2 of article 28.1 of this Federal law [came into force from January 1, 2006](#).

On monthly monetary payments from January 1 to December 31, 2005, see the [Federal Law of August 22, 2004, No. 122-FZ](#)

2. The monthly monetary payment is established in the following volume:

- 1) disabled persons with category 3 restrictions to their abilities to work: 1,400 rubles;
- 2) disabled persons with category 2 restrictions to their abilities to work, and disabled children: 1,000 rubles;
- 3) disabled persons with category 1 restrictions to their abilities to work: 800 rubles;
- 4) disabled persons with no category of restrictions to their abilities to work, with the exception of disabled children: 500 rubles;

3. If a citizen simultaneously has the right to a monthly monetary payment under this Federal Law, and under another Federal Law or other regulatory legal act, regardless of the basis upon which it is established (with the exception of cases where the monthly monetary payment in compliance with the Law of the Russian Federation On the Social Protection of Citizens, Subjected to the Impact of Radiation due to the Chernobyl Nuclear Power Plant Catastrophe (in the edition of the [Law](#) of the Russian Federation of June 18, 1992, No. 3061-1), [Federal Law](#) No. 2-FZ of January 10, 2002, On social guarantees to citizens, subjected to radiation impact as a result of nuclear tests at the Semipalatinsk Test Site), then that citizen is given one monthly monetary payment under this Federal Law, or under the other federal law, or other regulatory legal act, at the discretion of the citizen.

4. The size of the monthly monetary payment is subject to indexation in the manner and schedule, determined by [Federal Law](#) No. 173-FZ of December 17, 2001, On work pensions in the Russian Federation for indexation of the size of the basic part of the work pension.

5. The monthly monetary payment is established and paid by the territorial agency of the Russian Federation Pensions Fund.

6. The monthly monetary payment is effected in the [manner](#), determined by the federal agency of executive authority, performing the development of state policy and normative legal regulation in the field of healthcare and social development.

7. Part of the sum of the monthly monetary payment may be allocated to fund the provision of social services to the disabled person, in compliance with [Federal Law](#) of July 17, 1999, No. 178-FZ, On state social assistance.

[Federal Law of December 29, 2004, No. 199-FZ expands this Federal Law, with a new article, 28.2, which came into force from January 1, 2005.](#)

Article 28.2. Provision of social support measures for disabled persons, to pay for residential premises and communal services, as well as to provide residential premises for disabled persons and the families of disabled children

The Russian Federation transfers to the agencies of state authority of the constituent members of the Russian Federation the authorities to provide social support measures for disabled persons, for the payment of residential premises and communal services, and to provide residential premises to disabled persons and the families of disabled children requiring improvement of their conditions of accommodation, who registered prior to January 1, 2005.

Funds for the implementation of such transferred authorities, and to provide the above social support measures, are stipulated as part of the Federal Compensations Fund, formed from in the form of subventions in the federal budget.

The volume of funds, allocated in the Federal Compensations Fund to budgets of constituent members of the Russian Federation, is determined:

by payment of residential and communal utilities costs, based on the number of people with the right to the above social support; two [federal standards](#) approved by the Russian Federation Government: the federal standard for the maximum cost of residential and communal utilities services per one square meter of total area per month, and the federal standard for the standard social area of residential premises, applicable for calculation of interbudgetary transfers;

for the provision of residential premises to disabled persons and families with disabled children, based on the number of people with the right to such social support; the total area of residential apartments of 18 square meters and the average market value of one square meter of total area of residential premises for the constituent member of the Russian Federation, established by the [federal agency of executive authority](#), authorized by the Government of the Russian Federation.

Subventions are accrued in the manner, established for the execution of the federal budget, to the budget accounts of constituent members of the Russian Federation.

[The procedure](#) for spending and accounting for funds for the provision of subventions is established by the Government of the Russian Federation.

The form for providing the above social support measures is determined by the regulatory legal acts of the constituent members of the Russian Federation.

The agencies of state authority of the constituent members of the Russian Federation do each quarter submit to the federal agency of executive authority responsible for developing a single state financial, credit and monetary policy, a report on spending of the subventions allocated, indicating the number of persons bearing the right to the above social support measures, the categories of recipients of social support measures, and to the federal agency of executive authority responsible for developing a standard state policy in the field of healthcare, social development, labor and protection of consumers' rights —a list of persons, who are allocated social protection measures, indicating the recipient categories, the basis for receipt of social support measures, the size of the area occupied and the cost of the residential premises allocated or purchased. Where necessary, additional reporting data are submitted in the manner, established by the Government of the Russian Federation.

Funds for the implementation of the above authorities are targeted (earmarked), and may not be used for other purposes.

In cases where funds are not used in a targeted fashion, the authorized federal agency of executive

authority retains the right to exact the above funds in the manner, established by the [legislation](#) of the Russian Federation.

Control over the expenditure of funds is performed by the federal agency of executive authority performing the functions of control and supervision in the financial and budgetary field, the federal body of executive authority performing functions of control and inspection in the field of healthcare and social development, and the Russian Federation Audit Chamber.

Article 29. [Became invalid](#) from January 1, 2005

Article 30. [Became invalid](#) from January 1, 2005.

Federal Law of August 22, 2004, No. 122-FZ, introduces amendments into article 31 of this Federal Law, which [come into force](#) from January 1, 2005.

Article 31. The procedure for preserving social protection measures established for disabled persons

In cases where other legal acts for disabled persons stipulate norms that imply a level of social protection for disabled persons, in excess of those stipulated by this Federal Law, the provisions of those legal acts are to be applied. If a disabled person has the right to one and the same measure of social protection under this Federal Law and, simultaneously, under a different legal act, the measure of social protection is extended either under this Federal Law, or under the other legal act (regardless of the basis for establishing concessions).

Article 32. Liability for violating the rights of disabled persons. Review of disputes

Citizens and official figures, guilty of violating the rights and freedoms of disabled persons, bear liability in compliance with the legislation of the Russian Federation.

Disputes on issues of the establishment of disabilities, the implementation of individual [disabled person rehabilitation](#) programs, the provision of specific social protection measures, and disputes that involve other rights and freedoms of disabled persons, are reviewed by legal process.

Chapter V. Public Associations of Disabled Persons

Federal Law of June 4, 1999, No. 5-FZ, introduces amendments into article 33 of this Federal Law

Article 33. The right of disabled persons to form public associations

Public associations, created and active for the purposes of protecting the rights and lawful interests of disabled persons, equalizing their opportunities with those of other citizens, is a form of social protection of disabled persons. The state renders support and assistance to these public associations, including material, technical and financial.

Organizations, formed by disabled persons and persons representing their interests, for the purposes of protecting the rights and lawful interests of disabled persons, equalizing their opportunities with those of other citizens, resolving the tasks of social integration of disabled persons, within such organizations disabled persons and their legal representatives (one of the parents, adoptive parents, or a guardian or custodians) make up at least 80 percent of the members, as well as unions (associations) of such organizations, are recognized as public associations of disabled persons.

Federal agencies of executive authority, agencies of executive authority of the Russian Federation, and other organizations regardless of their organizational and legal status and their form of ownership, engage authorized representatives of public associations of disabled persons to prepare and take decisions that involve the interests of disabled persons. Resolutions passed in violation of this provision may be declared invalid by legal process.

The property of public associations of disabled persons may include enterprises, establishments, organizations, commercial partnerships and societies, buildings, installations, equipment, means of transportation, residential property, intellectual property, monies, shares and securities, and any other property and plots of land, in compliance with the legislation of the Russian Federation.

Article 34. [Became invalid](#) from January 1, 2005.

Chapter VI. Concluding Provisions

Article 35. The entry into force of this Federal Law

This Federal law enters into force from the date of its official publication, with the exception of those articles, for which other schedules apply for their entry into force.

Articles 21, 22 and 23 (except for the first section), 24 (except paragraph 2, second section) of this Federal Law enter into force from January 1, 1995; articles 11 and 17, the second section of article 18, the third section of article 19, paragraph 5 of article 20, the second section of article 23, paragraph 2 of the second section of article 24, and the second section of article 25 of this Federal Law enter into force from January 1, 1996; articles 28, 29 and 30 of this Federal Law enter into force from January 1, 1997, as concerns the expansion of concessions that are currently valid.

Articles 14, 15 and 16 of this Federal Law came into force between 1995 and 1999. Specific schedules for the entry into force of the above articles are determined by the Government of the Russian Federation.

Article 36. Validity of laws and other regulatory legal acts

The President of the Russian Federation and the Government of the Russian Federation are to align their regulatory legal acts with this Federal Law.

Until the laws and other regulatory legal acts current on the territory of the Russian Federation are aligned with this Federal Law, the laws and other regulatory legal acts are applied in that part, as does not contradict this Federal Law.

RF Government Order of February 20, 2006, No. 95 On the Procedure and Conditions for Declaring a Person Disabled

In compliance with the Federal Law On Social Protection of Disabled People in the Russian Federation, the Government of the Russian Federation hereby orders:

1. That the attached Rules for declaring a person a disabled person are adopted.
2. The Ministry for Healthcare and Social Development of the Russian Federation, with the involvement of all-Russia public associations of disabled people is to develop and approve under coordination with the ministry of Education and Science of the Russian Federation and the Russian Federation Ministry of Finances, the classifications and criteria to be used to perform medical and social expert assessments of citizens, by Federal medical and social expert assessment bodies.
3. That the Russian Federation Ministry of Healthcare and Social Development gives explanations on issues, connected with the application of the Rules, adopted under this order.
4. That Russian Federation Government Order No. 965 of August 13, 1996 On the Procedure for Declaring Citizens Disabled is declared invalid (Russian Federation Legislative Assembly, 1996, No. 34, article 4127).

Rules
for declaring a person a disabled person
(adopted by RF Government Order of February 20, 2006, No. 95)

I. General Provisions

1. These Rules define, in compliance with the Federal Law On Social Protection of Disabled People in the Russian Federation, the procedure and conditions for declaring a person disabled. The declaration of a person (hereafter – a citizen) a disabled person is performed by Federal medical and social expert assessment bodies: the Federal Medical and Social Expert Assessment Office (hereafter, the Federal Office), head medical and social expert assessment offices (hereafter, head offices), and medical and social expert assessment offices in cities and districts (hereafter, offices), which are branches of the head offices.

2. Declaring a citizen disabled is performed by conducting a medical and social expert assessment, based on the comprehensive assessment of the state of the citizen's organism, on the basis of analysis of his clinical/functional, social/domestic, vocational/labor and psychological data, using the classifications and criteria adopted by the Russian Federation Ministry for Healthcare and Social Development.

3. The medical and social expert assessment is conducted to establish the structure and degree of restrictions on the day-to-day activities of the citizen (including the degree of restriction of the ability to work) and the individual's potential for rehabilitation.

4. Specialists at the offices (head office and Federal Office) must familiarize the citizen (his legal representative) with the procedure and conditions for declaring a citizen a disabled person, as well as issuing explanations to citizens on questions related to establishing a disability.

II. Conditions for Declaring a Citizen Disabled

5. The conditions for declaring a citizen disabled are:

a) impairment of health, with an enduring disorder in the functions of the organism, caused by diseases, or the consequences of traumas or defects:

b) restriction of day-to-day activities (partial or complete loss by citizens of the ability or opportunity to perform self-care, to move independently, to orient themselves in space, to communicate, to control their behavior, to study or to perform labor);

c) the need for social protection measures, including rehabilitation.

6. The presence of one of the conditions listed in article 5, above, is not a sufficient basis to declare a citizen a disabled person.

7. Depending on the degree of restriction of day-to-day activities, resulting from an enduring disorder of the functions of the organism, caused by illnesses, traumas or defects, a citizen who is declared a disabled person is certified with disability group I, II or III, and a citizen aged under 18 is certified as a "disabled child".

8. When establishing the disability group of a citizen, at the same time and in compliance with the classifications and criteria, stipulated by article 2 of these Rules, the degree of restriction of his or her ability to work is determined (degree of restriction III, II or I), or the disability group is established without any restriction to the ability to work.

9. Group I disability is established for 2 years, and groups II and III are established for 1 year.

The degree of restriction of the ability to work (the absence of restrictions to the ability to work) is established for the same period of time as the disability group.

10. The category "disabled child" is established for 1 or 2 years, or until the citizen reaches the age of 18.

11. If a citizen is declared a disabled person, the date of establishing disability is counted as the day

on which the office received the citizen's application to perform a medical and social expert assessment.

12. Disability is established prior to the first day of the month following the month in which a medical and social expert assessment of a citizen (or re-assessment) is scheduled.

13. Disability with no schedule for re-assessment is established in cases where, during the performance of rehabilitation measures, it is established that it is not possible to eliminate or reduce the degree of restriction to the day-to-day life activities of a citizen, caused by enduring, irreversible morphological changes, defects and disorders of the functions of organs and systems of the organism.

14. When a citizen is declared a disabled person, the reason for disability listed can be a general disease, a labor injury, occupational illness, disability from childhood, disability from childhood due to an injury (contusion, maiming), related to military action during the Great Patriotic War, war injury or illness during military service, disability related to the Chernobyl Nuclear Power Plant catastrophe, the consequences of radiation impact or direct involvement in the activity of high-risk units, as well as other reasons listed in the legislation of the Russian Federation.

At the current time, the [Instructions](#) for determining the reasons for disability, adopted by order of the RSFSR Ministry for Social Support, on December 25, 1986, No. 161, are valid, as well as the [Recommendations](#) for the procedure of medical certification in Medical-Labor Expert Committees (VTEKs) of citizens from the high-risk units, to establish disability, as adopted by Order of the RF Ministry for Social Protection No. 88, of May 7, 1993.

For the procedure for determining the causal relationship between service on the front and disabilities of former servicemen, previously declared disabled during the Patriotic War, see the [Letter](#) of the USSR State Committee for Labor and the USSR Ministry of Health, No. 17-YuB, of March 18, 1985

In the absence of documents confirming the fact of an occupational illness, labor injury, war wound or other circumstances covered by the legislation of the Russian Federation, and serving as a cause for a disability, general illness is indicated as the reason for the disability. In this case, the citizen is rendered assistance in obtaining the documents indicated. Upon submitting to the office the corresponding documents, the reason for the disability is altered, from the day on which these documents are submitted, without additional certification of the disabled person.

III. Procedure for Referring a Citizen for a Medical and Social Expert Assessment

15. A citizen is referred for a medical and social expert assessment by an organization rendering therapeutic and prophylactic assistance, regardless of the organizational or legal status of the organization, an agency providing pension support, or an agency of public social protection.

16. An organization rendering therapeutic and prophylactic assistance refers a citizen for a medical and social expert assessment after performing the necessary diagnostic, therapeutic and rehabilitation measures, given data confirming an enduring disorder of the functions of the organism caused by illnesses, the consequences of traumas, or defects.

Moreover, in the referral for medical and social expert assessment, the form for which is approved by the Ministry for Healthcare and Social Development of the Russian Federation, data are indicated on the condition of the citizen's health, reflecting the degree of impairment of the functions of organs and systems, the current compensatory potential of the organism, and the results of rehabilitation measures performed.

17. The body providing pension support, as well as the public social protection agency, has the right to refer for medical and social expert assessment a citizen who displays the signs of restricted day-to-day activities, and who requires social protection, if that person has medical documents confirming impairment of the functions of the organism due to illnesses, the consequences of traumas, or defects.

The form for such a referral for medical and social expert assessment, issued by the agency

providing pension support, or the public social protection body, is approved by the Ministry for Healthcare and Social Development of the Russian Federation.

18. Organizations providing therapeutic and prophylactic aid, bodies providing pensions support, and public social protection bodies are responsible for the accuracy and completeness of information indicated in the referral for medical and social expert assessment, in the manner stipulated in the legislation of the Russian Federation.

19. If an organization providing therapeutic and prophylactic aid, an agency providing pensions support, or a public social protection body declines to issue a citizen with a referral for medical and social expert assessment, he is issued with an official note, on the basis of which the citizen (his legal representative) has the right to approach the office independently.

Specialists at the office perform an examination of the citizen, and based on the results compile a schedule for additional examination of the citizens, and performance of rehabilitation measures, after the implementation of which, the issue of the presence of restrictions on day-to-day activities is reviewed.

IV. Procedure For Performing Medical And Social Expert Assessment for a Citizen

20. Medical and social expert assessment of a citizen is performed at the office, by the place of residence (by place of temporary residence, or by place of location of the pension account of a disabled person who has left the Russian Federation for permanent residence abroad).

21. A medical and social expert assessment is performed at the head office, if the decision of an office is appealed, or based on a referral from an office, in cases requiring special types of examinations.

22. A medical and social expert assessment is performed at the Federal Office if the decision of a head office is appealed, or based on a referral from a head office, in cases requiring special types of examination of unusual complexity.

23. Medical and social expert assessment can be performed at home, in cases where the citizen is unable to visit an office (head office or Federal Office) due to their health, which is confirmed by the conclusion of an organization rendering therapeutic and prophylactic aid, in an in-patient facility where the citizen is located for treatment, or remotely, upon the decision of the relevant office.

24. Medical and social expert assessments are performed on the basis of an application by a citizen (his legal representative).

The application is submitted to the office in written form, attaching the referral for medical and social expert assessment, issued by the organization providing therapeutic and prophylactic aid (the agency providing pension support or the public social protection agency), and medical documents confirming the health impairment.

25. The medical and social expert assessment is performed by specialists at the office (head office, Federal Office) by means of examination of the citizen, study of the documents submitted, analysis of the social and domestic, vocational/labor, psychological and other data of the citizen.

26. A protocol is compiled upon performing a medical and social expert assessment of the citizen.

27. During the performance of a medical and social expert assessment of a citizen, upon the invitation of the head of the office (head office, Federal Office) representatives of state non-budgetary funds, the Federal Labor and Employment Service, and experts in the corresponding fields (hereafter, consultants) may participate with the right to cast an advisory vote.

28. The decision to declare a citizen a disabled person or to decline to declare this status is taken by a simple majority of votes of experts performing the medical and social expert assessment, on the basis of discussion of the results of the medical and social expert assessment.

The decision is announced to the citizen undergoing the medical and social expert assessment (his legal representative) in the presence of all the specialists performing the medical and social expert assessment, who offer explanations, if necessary.

29. Based on the results of the medical and social expert assessment of the citizen, an act is drawn up, which is signed by the head of the corresponding office (head office, Federal Office) and the experts that took the decision, which is then certified with a stamp.

The conclusions of consultants, engaged to perform the medical and social expert assessment, a list of documents and key information that served as the basis for the decision taken, are entered into the medical and social expert assessment act, or appended thereto.

The Ministry of Healthcare and Social Development of the Russian Federation approves the procedure for compiling the medical and social expert assessment act, and the format of the document.

The period of archive storage of the medical and social expert assessment act is 10 years.

30. When a medical and social expert assessment is performed for a citizen at a head office, the medical and social expert assessment act for that citizen, with all available documents appended, is sent to the head office within 3 days from the performance of the medical and social expert assessment at an office.

When a medical and social expert assessment is performed for a citizen at the Federal Office, the medical and social expert assessment act for that citizen, with all available documents appended, is sent to the Federal Office within 3 days from the performance of the medical and social expert assessment at the head office.

31. In cases requiring special types of examination of the citizen, for the purposes of establishing the structure and degree of restriction of day-to-day activities (including the degree of restriction on the ability to work), the potential for rehabilitation, as well as obtaining other additional information, a schedule for additional examination can be drawn up, which is approved by the head of the corresponding office (head office or Federal Office). The citizen undergoing the medical and social expert assessment is informed of this schedule, in a way that allows him to understand the information.

The additional examination schedule can stipulate additional examinations, as required, in medical and rehabilitation organizations, obtaining a conclusion of the head office or Federal Office, request for information required, the performance of inspection of the conditions and character of vocational activities, the social and domestic situation of the citizen, and other measures.

32. After obtaining the data, stipulated by the additional inspection schedule, experts at the corresponding office (head office or Federal Office) take a decision to declare the citizen a disabled person, or decline to declare him disabled.

33. Where the citizen (his legal representative) is declined additional inspection and the provision of the required documents, the decision to declare the citizen a disabled person or to decline to do so is taken on the basis of available data, with the corresponding note made in the medical and social expert assessment act for that citizen.

34. For a citizen declared to be a disabled person, the experts of the office (head office or Federal Office) conducting the medical and social expert assessment compile an individual rehabilitation program, which is approved by the head of the corresponding office.

35. An excerpt from the medical and social expert assessment act for a citizen, declared to be a disabled person, is sent by the corresponding office (head office or Federal Office), to the agency providing pension support, within 3 days after the decision is taken to declare the citizen a disabled person.

The Ministry of Healthcare and Social Development of the Russian Federation approves the procedure for compiling the excerpt, and the format for the document.

Information about all cases of declaring persons liable for mandatory military service or citizens of conscription age are submitted by the office (head office or Federal Office) to the corresponding military commissariats.

36. A citizen declared to be a disabled person is issued with: an official note, confirming the fact that his disabled-person status has been established, indicating the disability group and the degree of restriction on his ability to work, or indicating the disability group, but without restriction of the ability to work, and an individual rehabilitation program.

The Ministry of Healthcare and Social Development of the Russian Federation approves the procedure for compiling the official note and the individual program, and the format for these documents.

See the [form](#) for the official note, confirming the establishment of disabled person status, and the

recommendations for the procedure for filling it out, approved by order of the RF Ministry for Labor, No, 41, on March 30, 2004.

A citizen who has not been declared a disabled person is issued, at his request, with a note on the results of the medical and social expert assessment.

37. For a citizen possessing a document declaring the temporary inability to work, and recognized as a disabled person, the disability group and the date it was established are inscribed in this document.

V. Procedure for Re-Assessment of a Disabled Person

38. Re-assessment of a disabled person is performed in the manner, described by sections I-IV of these Rules.

39. Re-assessment of disabled people of group 1 and conducted once every 2 years, and once per year for disabled people of groups 2 and 3, while disabled children are re-assessed annually throughout the period, during which the category "disabled child" is established for the child.

Re-assessment of a citizen, whose disability was established with no re-assessment period, may be conducted at his personal request (an application by his legal representative), or by referral from an organization providing therapeutic and prophylactic aid, in connection with a change in the state of health, or when the head office or Federal Office acts to verify decisions, taken by the corresponding office, or the head office.

40. Re-assessment of a disabled person may be performed in advance, but no more than 2 months prior to the conclusion of the established period of the disability.

41. Re-assessment of a disabled person prior to the established period, by his personal request (an application by his legal representative), or by referral from an organization providing therapeutic and prophylactic aid, in connection with a change in the state of health, or when the head office or Federal Office acts to verify decisions, taken by the corresponding office, or the head office.

VI. The Procedure for Appealing the Decisions of an Office, Head Office or Federal Office

42. A citizen (his legal representative) can appeal a decision of the office to the head office within a month, on the basis of a written statement submitted to the office conducting the medical and social expert assessment, or to the head office.

The office performing the medical and social expert assessment of a citizen, within 3 days of receipt of the application, sends it, together with all available documents, to the head office.

43. The head office, no later than 1 month from the date of receipt of the citizen's application, performs the medical and social expert assessment, and on the basis of the results obtained, issues the appropriate decision.

44. If the citizen appeals the decision of the head office, the chief expert on medical and social expert assessments for the corresponding constituent member of the Russian Federation, with the consent of the citizen, can delegate the performance of a medical and social expert assessment to another set of experts at the head office.

45. The decision of the head office may be appealed within a month, to the Federal Office, on the basis of an application, submitted by a citizen (his legal representative) to the head office performing the medical and social expert assessment, or to the Federal Office.

The Federal Office, no later than 1 month from the date of receipt of the citizen's application, performs the medical and social expert assessment, and on the basis of the results obtained, issues the appropriate decision.

46. The decisions of offices, head offices and the Federal Office may be appealed in court by the citizen (his legal representative) in the manner, described by the legislation of the Russian Federation.

General information about Individual Rehabilitation Programs.

Our country, as a full-fledged member of international organizations, has naturally been called upon to observe the regulations of such organizations, concerning the lives of the disabled—primarily, the Standard Rules on the Equalization of Opportunities for Persons with Disabilities, of the United Nations Organization. In doing so, the state recognizes the right of persons with disabilities to fully participate in public life, and has begun work on their integration and adaptation into modern life.

Nevertheless, it is entirely natural that all people with physical restrictions or limited intellectual development, despite the general term “disabled person” [in Russian: “*invalid*”], have various, different opportunities to perform active and independent lives. It is impossible to compare the needs of, for example, a wheelchair-bound disabled person, with those of an unseeing person. And even within a single category of physical disabilities, the interests, desires and day-to-day aspirations of specific people can differ widely. Therefore, the restoration of each *disabled person* to a full life is a unique process for each individual. The Individual Rehabilitation Program (IPR) was invented to take into consideration all the unique characteristics of rehabilitation of each individual with disabilities.

The Federal Law On Social Protection of Disabled Persons (article 11) defines IPR as follows: “medical and social expert assessment of the set of optimal rehabilitative measures for a disabled person, developed on the basis of a decision by an authorized agency responsible for management of federal establishments, and including specific types, forms, amounts, schedules and procedures of medical, professional and other rehabilitative measures, aimed at restoring or compensating for disrupted or absent functions of the organism, and restoration or compensation of the abilities of a disabled person to perform specific types of activity.”

What does a disabled person get from filling out an IPR?

A disabled person’s Individual Rehabilitation Program is the main mechanism for performing the rehabilitation of disabled persons.

At the current time, many aspects of the rehabilitation process are resolved more effectively, and regulated together with representatives of the authorities at all levels, where a disabled person possesses an IPR. One can cite the example of arranging employment—currently, no disabled person can be registered as unemployed at labor exchanges without filling out an IPR for this purpose. Without an IPR, it is difficult to gain an education (higher and secondary special educational establishments require disabled persons to provide an Individual Rehabilitation Program when submitting their application documents, or to acquire a new profession without paying fees, and then to secure employment. Using the IPR you can gain access to the technical rehabilitation resources you need, and to rehabilitation services; special conditions can be stipulated in the IPR, which must then be provided for you in the academic institution where you study, or in the organization where you work.

It should be noted that the state can not always provide the rehabilitation service you require. The IPR contains both rehabilitation measures, provided for a disabled person for free, in compliance with the Federal List of Technical Resources and Services Provided to Disabled Persons, and rehabilitation measures, which are partly paid for by the disabled person himself or other persons or organizations, of any organizational or legal status, or type of ownership.

For this reason, IPR cards may indicate not just a state organization as the executor. Moreover, the organization indicated as executor must be that organization, which will provide the necessary rehabilitation services in the optimal manner. If you have already paid for

rehabilitation services or acquired technical rehabilitation resources listed in an IPR card, the state must compensate those expenses to you.

Thus, the creation of a personalized IPR is a means of resolving your problems, related to your disability and the opportunity to fulfill your life goals and desires with the help of the state authorities.

How is an IPR card filled out?

IPR cards are compiled on the basis of a decision by a federal medical and social expert agency. Therefore, a request to complete an IPR should be made at the location where you received or will receive your disability certificate [svidetelstvo ob invalidnosti], specifically, the local branch of the Medical and Social Expert Office (BMSE or MSE office, previously known as Medical-Labor Expert Committee (VTEKs), before restructuring). You can find a BMSE at your local district polyclinic, although they are subordinate to the RF Ministry for Healthcare and Social Development.

However, not all disabled people are registered by district with their local MSE offices. As a rule, those with visual impairments are registered with the specialist eye MSE, and must obtain Individual Program of Rehabilitation (IPRs) there.

To obtain an IPR, you must contact your attending physician, and request a referral to a BMSE. Then you need to apply to the BMSE, submitting the referral from your attending physician and two copies of an application following the below template:

SAMPLE APPLICATION

To the Medical and Social Expert Office in _ district
In the name of _____
(Surname, first name, middle name, unabbreviated)
Of disability group _____,
Residing at the address: _____

(the mailing code and address must not be abbreviated)
telephone: _____

APPLICATION

Please compile an individual rehabilitation program for me.

(in the application, it is a good idea to indicate the measures, resources and services for all three forms of rehabilitation (medical, vocational and social) which you require to ensure that you have opportunities, equal to those of other citizens. Often, MSE agencies use a standard application form that does not leave room to add information. If this is the case, it is worthwhile writing down all your requests in an appendix, and adding to the application the words "Please consider the appended recommendations").

Date _____ Signature _____

Deliver one copy of the application to the BMSE together with the referral, insisting that the second copy is signed (that is, the registrar must make a note, stating that documents have been

received, indicating the date and his or her position, and sign), which you are to keep, in order to later, in case you need to check up on the process later.

In order for an IPR to be developed for you, together with the referral of your attending physician, it is also necessary to submit a copy of your proof of disability note [spravka ob invalidnosti], and two copies of the application to the BSME. An appendix to the application can include recommendations from independent experts who have rendered rehabilitative assistance to the disabled person, as MSE experts often do not possess the complete set of information about your needs, or sufficient qualifications to determine your rehabilitation potential.

It should be remembered that an application for an IPR to be developed can be made at an MSE office not only during the period of re-assessment of certification. An IPR card is made up each year, including in those cases, where a disability is identified and no certification re-assessment period is set.

An IPR must be developed *no later than one month* after the submission of the written application.

In compliance with RF Government Decree No. 965, dated August 13, 1996, the MSE is bound to compile IPRs for every disabled person. However, BMSE experts sometimes suggest that the parents of disabled children (or adult disabled people themselves) sign a statement declining an individual rehabilitation program, claiming that this step is not worth taking, that rehabilitation is ineffective, or claiming an absence of technical devices, services, or material resources, necessary to fulfill an IPR. Such a request by a BSE is illegal.

What can be included in a completed IPR card?

By order of the RF Ministry of Healthcare and Social Development No. 287 of November 29, 2004, a universal IPR form was adopted, which can be divided into several sections. It begins with detailed personal information about the disabled person. This section, apart from standard personal data, includes the following information:

- level of education (general and vocational);
- professions and specialties, qualifications and work record at time of re-assessment (if any);
- disability group and the reason for the disability; the degree of limitation of the ability to work.

Based on objective data, a rehabilitation program is compiled.

The IPR card consists of four rehabilitation programs:

a medical rehabilitation program;

a social rehabilitation program;

a vocational rehabilitation program.

a psychological/pedagogical rehabilitation program for disabled children.

Medical rehabilitation of disabled people is performed with the goal of restoring or compensating for absent or disrupted functions, to return them to a socially-valuable level. The rehabilitation process includes more than just medical assistance.

Medical rehabilitation includes:

1. Restorative therapy:

- mechanotherapy
- physiotherapy

- kinesitherapy
- massage
- acupuncture
- mud and bath therapy
- traditional therapy
- labor therapy
- logopedic assistance, etc.

2. *Reconstructive surgery:*

Cosmetology, organ-protecting and organ-restorative surgery methods.

3. *Prosthetic-orthopedic assistance, including* provision of prosthetics, orthopedic and other auxiliary devices, including any necessary adjustment, repair and replacement, as well as training in their use.

4. *Provision of technical devices for medical rehabilitation:*

- urinals
- colostomy bags
- hearing aids
- provision of information services on medical rehabilitation issues.

5. *Treatment at sanatoria and health resorts* for non-working disabled people is offered by the public social protection agencies; for disabled people requiring treatment in specialized TB clinics—by healthcare agencies; for working disabled people—from the Social Insurance Fund by place of employment.

6. *Medical and social patronage of families of disabled people.* The legend “required” or “not required” is entered, in compliance with the conclusion of the federal BMSE.

The social rehabilitation section can include:

1. *Information and consultation on rehabilitation issues.*

2. *Offering legal aid.*

3. *Social/psychological and social/cultural patronage of families of disabled people.*

4. *Adaptive training for domestic and public activities:*

- When performing personal hygiene tasks
- Clothing and footwear devices that allow independent dressing
- When preparing and consuming food
- When tidying premises, washing dishes, or washing clothes
- Self-care skills
- Movement skills
- Skills of orientation in one’s habitat
- Personal safety and security skills
- Communication skills, including with the help of technical devices
- The ability to independently perform measures to prevent the development of one’s illness, to correctly use medical devices for self-monitoring, and to restore functions
 - Help in starting a family, training in family and marital relations
 - Training in food preparation (including for individual diets)
 - Provision of information on vitally-important issues
 - others

5. *Need for technical rehabilitation resources:*

- Personal devices for movement (walking sticks, crutches, wheelchairs, vehicles, etc.)
- Technical devices and equipment for self-care

- Technical devices and equipment for the preparation of food
- Technical devices for training and vocational classes (special furniture, manipulators, devices and equipment)
- others

6. *Psychological rehabilitation*: aimed at promoting confidence in one's abilities, focusing goals, enhancing positive qualities, an optimistic look-out on life, as well as *psychotherapeutic assistance*, aimed at correcting the subject's relationships.

7. *Sociocultural rehabilitation*:

- Visiting friends, relatives, acquaintances, places of recreation and entertainment, and cultural sites
- provision of special devices for leisure activities (devices for reading, computer games, special developmental games, etc.)
- other

8. *Rehabilitation using physical culture and sports resources*:

- classes in sports the individual can play;
- rendering assistance in interacting with sports organizations;
- other

Vocational/professional rehabilitation of a disabled person is the process and system of restoring the ability of a disabled person to compete on the labor market.

The vocational rehabilitation program includes the following measures and services:

1. *professional orientation*
2. *recommendations on the working conditions and types of labor, that are appropriate for the individual, and those that are contraindicated*
3. *professional training (retraining)*
4. *help in securing employment*
5. *rehabilitation devices for vocational training (retraining) or labor*

Psychological/pedagogical rehabilitation. This new section of the IPR is for children aged under 18, to include interventional recommendations for pre-school education, basic education and vocational education. This is a very important change, as when a record is made about the need to receive one or other type of education, and the executor is indicated, the parents may find it easier to defend their child's right to an education. The school or kindergarten indicated in the IPR must accept the child. This section includes the following measures and services:

1. Obtaining pre-school up-bringing and education. A record is made of the specific type (form) of pre-school educational institution.
2. Obtaining general education. The level (primary or secondary) and type of educational institution is indicated (regular, general education, special group of regular general educational institution, special ((interventional) general educational) and the form of education.
3. Psychological/pedagogical interventional work. A record is made of the types of psychological/pedagogical correction (correction of speech impairments, emotional-volitional disorders, etc.)
4. Technical rehabilitation resources for training. A list of technical rehabilitation devices is indicated.
5. Social-pedagogical patronage of families with disabled children.

Any rehabilitation program contains information about the executor of the rehabilitation measure, and the period of time, in which the recommended measure is to be executed. In addition, there must also be notes confirming implementation, in the corresponding sections.

Upon completion of the IPR fulfillment period, a written conclusion is drawn up, assessing the results for all of the rehabilitation programs thus compiled:

1. Assessment of the results of medical rehabilitation.

2. Assessment of results of vocational rehabilitation.
3. Assessment of results of social rehabilitation.
4. Assessment of results of psychological/pedagogical rehabilitation.
5. Special notes on the implementation of the IPR.

What to do if there are disagreements with the medical and social expert assessment office on how to fill out the IPR card?

The IPR is considered to have been completed when it is signed by the disabled person or his/her legal representative. In the old form of IPRs, the disabled person had to sign each page, confirming his or her agreement with the contents of each section of the IPR, whereas in the new form of the IPR only one signature is needed. In case of disagreement with the contents of the IPR (not all recommendations were taken into account, or there is disagreement with certain recommendations), the disabled person can appeal by submitting an application to the Head MSE office for the region, and then to the Federal MSE office, which is managed by the RF Ministry for Healthcare and Social Development. A copy of the IPR is to be appended to the application. Based on an examination and discussions with the disabled person, a conclusion is made on the disputed issues. If the claims are justified, then a new IPR card is compiled, with new recommendations, which is signed by the chair of the expert committee and certified by a stamp of the regional MSE head office.

The next level of appeal for those who disagree with the conclusions of the experts is a court of law.

Once more about IPRs.

An important change in the rehabilitation of disabled people consists in the fact that there is only the *federal list of rehabilitation measures, technical rehabilitation devices and services, provided to a disabled person free of charge, on the condition that these measures are included in the IPR. The disabled person and his sponsors are to pay for all other measures included in the IPR.*

The RF Government passed Decree No. 1343-r on October 21, 2004, 'On the approval of a federal list of rehabilitation measures, technical rehabilitation devices and services, provided to disabled people'. The RF Government Decree of December 30, 2005 contains an additional list of technical rehabilitation devices and services.

The procedure for provision of technical rehabilitation devices was determined by RF Government Decree No. 771 of December 12, 2004, 'On approval of the Rules for the provision in 2005 of technical rehabilitation devices to disabled people, and prosthetics (excluding dental prosthetics), and orthopedic prosthetic devices to certain categories of citizens, qualifying as veterans, at the expense of the federal budget.'

Order No. 287 of the RF Ministry for Healthcare and Social Development of 11/29/2004 approved the 'Individual disabled person rehabilitation program form, issued by federal medical and social expert assessment agencies.'

The volume of rehabilitation measures stipulated by an individual disabled person rehabilitation program cannot be less than that, established by the Federal List of Technical Devices Provided to Disabled People.

In compliance with the Law On Social Protection of Disabled People in the Russian Federation (article 11), an IPR "is subject to mandatory execution by the appropriate agencies of state authority, agencies of local self-government, and other organizations of any organizational and legal status, or form of ownership." This means that state organizations and establishments, the status of which means that they can assist in implementing an IPR, do not have the right to refuse to fulfill an IPR.

However, for the disabled person himself, under article 11 of the Law, the IPR only has the status of a recommendation. A disabled person (or person representing the disabled person's interests) may decline an entire individual rehabilitation program, or decline the implementation of specific parts thereof. But this exempts the corresponding state agencies and organs of local self-government, as well as other organizations of any organizational and legal status, and form of ownership, from responsibility for the implementation of the IPR, and does not give the disabled person the right to compensation, equal to the cost of rehabilitation measures provided free-of-charge.

Actions to be taken by a disabled person after completing an IPR card.

After an IPR card has been filled out for you, and you agree with all the contents of the card, you and the head of the BMSE must sign three copies of the compiled IPR card and certify them with a stamp. One copy remains at the BMSE, the second is issued to you personally, and the third is sent to the local agency of public social protection to monitor IPR implementation. In addition, in certain regions (such as Samara Oblast) you will be personally issued with a tear-off coupon for the employment service, which you can take to the local Employment Center, to be registered as unemployed at the labor exchange. If such coupons are not provided in your area, then you can contact the above office with your copy of the IPR card. Many disabled people are concerned about registering at labor exchanges, as they may lose local additions to their pension (if there are such in your area) by doing so, but after registration they can receive unemployment benefit, which more than compensates their financial losses. However, the issue of unemployment benefit is not a simple matter, so you should try to become familiar with the whole mechanism for accrual of unemployment benefits for your individual case. In addition, having the corresponding record in the vocational rehabilitation section, you will be able to receive retraining, and then secure employment via the labor exchange in a field of interest to you (for example, such popular professions as web designer or office manager). Moreover, if you require, the unemployment office must create a special position for you.

In addition, the IPR card contains a space, near each measure included, entitled "responsible for implementation", which must in all cases be filled out and, most likely, one of the state agencies will be indicated. This will be the agency that you need to contact, to ensure that the measure is implemented.

Choosing an IPR executor.

A key factor when filling out an IPR card is the choice of executors. The executor is indicated in the space opposite each rehabilitation measure. Due to the new IPR form, the procedure for indicating the executor of one or other rehabilitation measure has slightly changed. Previously, the executor was always indicated by the BMSE, but now that agency only appoints some of the executors, for example, when providing technical rehabilitation devices, the executor is indicated by the executive agency of the social insurance fund, while the executors of certain measures are appointed by the local social protection agency.

The disabled person, or his legal representative, should remember that the tasks of rehabilitation, in compliance with article 9 of the Federal Law On Social Protection of Disabled People, is the elimination or greatest possible compensation of restrictions to day-to-day activities, caused by a disability. Therefore, IPR executors should be selected from among those organizations or persons who are able to meet the task set, in the optimal manner. These may be state or non-government organizations with any types of ownership.

Let's look at possible options for participation by BMSE experts and persons with disabilities (or their legal representatives) in selecting IPR executors.

1. The IPR executors are specific state establishments.

Usually, MSE agencies or other agencies propose as IPR executors one or a number of specific state institutions which, in their opinion, offer the necessary services or means of rehabilitation. If you consider that the organizations proposed by the MSE can execute the IPR to the appropriate standard, you may use the opportunity thus offered.

After completing a rehabilitation course or provision of technical devices, the IPR executor organization places a note in the IPR card, reporting the implementation of measures.

IPR services are rendered to disabled people by state establishments, free-of-charge.

However, the law leaves you the right to select an IPR executor yourself, in place of the institution proposed by the MSE.

2. IPR executors are not specific organizations, but institutions of a particular type.

MSE bodies, or other agencies, may name as executors not specific organizations, but organizations of a specific type, which are responsible for training or social rehabilitation with respect to disabled people (for example, "social service center" or "____-type school").

In practice, it is in far from all cases that such organizations agree to fulfill such rehabilitation tasks placed before them. For this reason, one can start by enquiring (by way of registered-mail correspondence) whether potential executors are able to offer IPR services. If the organization appointed as an IPR executor is unable to offer the services you require, you may receive a rejection (preferably in written form).

Moreover, you have the right to immediately select a different organization as an IPR executor.

3. Independent choice of an IPR executor, by the disabled person.

It is important to note that a rejection from an organization, listed in the IPR as an executor, is not a rejection of the set of measures, recommended by the individual rehabilitation program: according to article 11 of the Federal Law On Social Protection of Disabled People in the RF, "a disabled person has the right to independently resolve the question of securing a specific technical device or form of rehabilitation." It follows from this that the disabled person (or his legal representative) may select an IPR executor at his or her discretion. The criterion for the choice of an executor of IPR measures is the possibility of the complete implementation of the program, with the help of the executor. On this basis, the IPR executor may be a state or a non-government organization, capable of most successfully implementing the program developed for you by the MSE, regardless of whether it is recorded by BMSE staff in the IPR card.

Coordination of the choice of IPR executor with MSE agencies.

The MSE agencies may agree with your arguments, use the recommendations received from independent experts, and enter the executors that you propose into the IPR card.

However, in practice BMSE experts do not agree in many cases to place responsibility for implementing an IPR on non-government organizations.

Notwithstanding a positive decision by MSE agencies, you have the right to complete the recommended IPR rehabilitation course in the institution that suits you.

Who will absorb the costs of IPR rehabilitation?

The Federal Law On Social Protection of Disabled People in the Russian Federation states the following: "If a technical rehabilitation device or service, stipulated by an individual program, cannot be provided to a disabled person, or if a disabled person has acquired the corresponding device or has paid for a service at their own expense, then he will be paid compensation, in the volume of the cost of the technical or other device or service, which was to be provided to the disabled". This means that if the parent of a disabled child (or the disabled person himself or herself) acquired a technical device or paid for a service, entered in the IPR, then he or she has the right to receive compensation for monies spent on that device. It is worth taking a closer look at this issue.

First of all, it should be noted that the IPR is to include both rehabilitative measures that are provided free-of-charge (paid for by the state), in addition to those that are paid for by the disabled person himself. According to the law, those technical devices and services are provided free-of-charge, which are included in the federal list of technical rehabilitation devices and services, provided to the disabled person. This list was approved by the government and, unfortunately, the contents of the list are fairly scant. A look at this document shows that the state assumes payment for the very minimum set of technical devices and services. In some regions, regional rehabilitation disabled person programs have long since been established. The technical devices and services included therein are provided to disabled people free-of-charge, at the expense of the specific region. Regional programs must continue to be valid after January 1, 2005.

Receiving compensation for the costs of IPR services.

Compensation of the costs of services, received as part of the IPR, must be performed by the local branches of the social insurance fund.

The following aspect is important here: the right to compensation of expenses on the implementation of the IPR is supported only by documented contractual relations with an actual IPR executor, reinforced by evidence of the fact of payment for rehabilitation devices and services. If an organization (experts), which renders you paid rehabilitation services, prefers to receive money without formalizing such relations, and do not run that payment for classes through their bookkeeping (or do not issue payment receipts), then the question of compensation for the expenses you incurred cannot be reviewed by the social protection agencies.

Interaction with disabled people requiring lawful compensation for expenses incurred during the process of implementing an IPR, and the agencies of the Federal Social Insurance (FSS), must be proper, clear and mutually correct. After any given period of rehabilitation you can approach the local agency of the FSS, with an application for compensation, using a form similar to the one below:

To the social insurance fund branch (name of city, district and region)

From _____, residing at the address: (indicate mailing code and address)

Application

On the basis of article 11 of the Federal Law On Social Protection of Disabled People in the Russian Federation, I request compensation of expenses, incurred by me as part of the

implementation of Individual Rehabilitation Program No. _____, issued by BMSE No. _____, on the ____th day of _____, 200_, in the sum of _____ rubles and _____ kopecks.

The recommended measures were executed at (name of organization or surname and initials of independent specialist/actual IPR executor).

Appendices:

1. Copy of the IPR card.
2. Copies of contracts to render services.
3. Copies of receipts (confirmation) for payment of services.

Date

You will keep the originals of all documents.

The application can be lodged with the chancellery office of the FSS agency, by asking the employee receiving the application to sign the second copy and inscribe the incoming reference number. It is also possible to avoid visiting the FSS agency in person, and instead send the application and all the necessary appendices by registered mail, with notification of receipt.

If you do not receive a response within a month, or you receive a response, declining to pay compensation, you can send a complaint to the superior FSS agency.

A response from the superior agencies, declining to pay compensation, concludes the interaction between the disabled person and his or her representative, with the FSS, on a voluntary basis. The next step on the path to receiving compensation for expenses to implement an IPR can be an appeal to a court, with a complaint about the inaction of agencies of the social insurance fund, and a demand to compensate, on a lawful basis, the expenses incurred by the disabled person or his parents.

The parents of a disabled child (or adults with disabilities) should understand that a court appeal is not an indication of your desire to create a conflict situation. The opposite is true: correctly-constructed arguments by the representatives of disabled people in court will help the employees of state services to pay attention to the problem, and become fully aware of all aspects of their obligations, as established by the law.

On the other hand, while we consider such activity to be a form of defending a person's rights, at the current time there have been court rulings with the opposite viewpoint (although, in truth, the respondents were the local social protection agencies, as prior to January 1, 2005 they were responsible for issuing compensation), and for this reason, one must expect victory but prepare for defeat. But if we do not fight for our rights, state policies concerning us will not change.

IPRs for the parents of disabled children.

Why do the parents of disabled children have to fill out an IPR, and how can this help with enrolment of their children at general comprehensive schools?

Unlike adult disabled people, children with physical restrictions have great difficulty getting places at general comprehensive schools. The vast majority of those running such schools strive

to send disabled children for schooling at specialist institutions (mostly residential schools), or organize home schooling. Here, the situation can be changed only using IPR cards. That is, if virtually no doctors will write in a regular proof of disability note a recommendation stating that education is possible in a regular school by full-time attendance, the same doctor can place a detailed recommendation in an IPR card, as he has the opportunity to state the conditions, under which this is possible. Here, parents can also pool the resources of various agencies: departments for the social rehabilitation of disabled children, local self-government agencies and schools, as the completed IPR card is subject to mandatory implementation by all the authorities. For example, for a child with impaired vision, the main obstacle to education in a general-education school is the absence of special Braille textbooks. It is entirely possible that help could come from the disabled child social rehabilitation department, funded by the local authorities, to provide the student with the necessary study resources.

Nevertheless, when compiling an IPR card, MSE experts are reluctant to write recommendations for education in a regular school. Here, a persistent will is required, to enroll your child in a general-education school and not in home schooling.

Bear in mind, also, that as the legal representative of your child, you can participate in the compilation and implementation of the IPR.

(Complete) federal list of rehabilitation measures and technical rehabilitation resources and services provided to disabled persons.

(approved by RF Government Order of October 21, 2004, No. 1343-r)
by RF Government order of 12/30/2005, No. 2347-r

Rehabilitation measures

1. Restorative therapy (including medicinal support for treating illnesses that became the cause of a disability).
2. Reconstructive surgery (including medicinal support for treating illnesses that became the cause of a disability).
3. Treatment at sanatoria and health resorts.
4. Prosthetics and orthotics, and provision of hearing aids.
5. Provision of occupational orientation for disabled persons (vocational training, re-training and qualification enhancement).

Technical rehabilitation resources

6. Support and tactile walking sticks, crutches, and supports.
7. Hand-powered wheelchairs (in-door and outdoor).
8. Compact wheelchairs.
9. Absorbent undergarments and diapers.
10. Special devices for impairment of secretion function for unnatural openings/stomata.
11. Toilet armchairs with sanitary attachments.
12. Guide dogs with harness sets.
13. Braille writing devices.
14. Books printed in Braille.
15. Hearing aids.
16. Decoders for receiving TV programming with subtitles.
17. Prosthetics, including and implants and orthotics.

18. Orthopedic footwear.
19. Special clothes.
20. Electric-powered activity wheelchairs.
21. Mattresses and pillows for preventing sores.
22. Devices for dressing and undressing, and for grabbing objects.
23. Special devices for reading “talking books”.
24. For optical correction of weak eyesight.
25. Medical thermometers and tonometers with oral output.
26. Sound, light and vibration alarms.
27. Hearing aids, including with tailor-made ear inserts.
28. Televisions with teletext for receiving programming with hidden subtitles.
29. Telephone terminals with visual text output.
30. Oral speech-creating devices.

Services

31. Repair of technical rehabilitation devices, including prosthetic and orthotic devices.
32. Veterinary service for guide dogs.
33. Sign-language interpretation.

Order No. 877 of December 31, 2005

On the procedure for providing, at the expense of the federal budget, technical rehabilitation devices to disabled persons and prosthetics (excluding dental prosthetics) and prosthetic-orthopedic items to certain categories of citizens qualifying as veterans.”

In implementation of article 111 of the Federal Law On Social Protection of Disabled Persons in the Russian Federation and articles 14-19 of the Federal Law On Veterans, the Russian Federation Government orders that:

1. The attached are approved: Rules for providing, at the expense of the federal budget, technical rehabilitation resources to disabled persons and prosthetics (excluding dental prosthetics) and prosthetic-orthopedic items to certain categories of citizens qualifying as veterans.
2. This order covers legal relations, arising after January 1, 2006.

Chair of the Russian Federation Government, Mikhail Fradkov

APPROVED by order of the Russian Federation Government on December 31, 2005, No, 877.

The **Rules** for providing, at the expense of the federal budget, technical rehabilitation devices to disabled persons and prosthetics (excluding dental prosthetics) and prosthetic-orthopedic items to certain categories of citizens qualifying as veterans.”

1. These Rules define the manner for providing, at the expense of the federal budget, to disabled persons (with the exception of disabled persons, whose disability was caused due to industrial accidents and occupational illnesses), technical rehabilitation resources, stipulated by the federal list of rehabilitation measures, and technical rehabilitation resources and services, provided to disabled persons, by approved order of the Russian Federation Government on December 30, 2005, No. 2347-r (*Rossiyskaya gazeta*, January 11, 2006) and to certain categories of citizens

qualifying as veterans (hereafter, veterans), prosthetics (except for dental prosthetics) and prosthetic and orthopedic devices.

These Rules do not cover the provision of guide dogs (with harnesses) to disabled persons, or the payment of annual monetary compensation of the costs of keeping such dogs, and veterinary services for the same.

2. Provision of disabled persons with technical rehabilitation devices and of veterans with prosthetics, and prosthetic and orthopedic devices, is performed in compliance with individual rehabilitation programs, developed by federal state medical and social expert assessment bodies.

3. Applications for the provision (replacement) for a disabled person of a technical rehabilitation device, or a prosthetic or prosthetic/orthopedic device for a veteran, are submitted by the disabled person or veteran, or by a person representing their interests, to the executive agency of the Social Insurance Fund of the Russian Federation by place of residence (hereafter, the authorized agency).

When submitting an application, a passport and individual rehabilitation program are to be presented.

4. The authorized agency, within 15 days from the date of receipt of the application, indicated in paragraph 3 of these Rules, reviews it and informs the disabled person or veteran, in writing, about their registration for receipt of the corresponding technical rehabilitation device, prosthetic or prosthetic/orthopedic device. Simultaneously with the notification of registration of the disabled person or veteran, a referral is sent for the receipt (manufacture) of the above device to the organization, selected by the authorized agency in the established manner.

5. Technical rehabilitation devices, prosthetics and prosthetic/orthopedic devices transferred to disabled persons and veterans free-of-charge and for free use are not subject to alienation to third parties, including by sale or gifting.

6. If the technical rehabilitation device stipulated by the individual rehabilitation program cannot be supplied to the disabled person, or the prosthetic or prosthetic/orthopedic device cannot be supplied to the veteran, or if these persons independently provided themselves with the corresponding device by acquisition at their own expense, they are issued with compensation in the volume of the costs actually incurred, but no more than the cost of the technical rehabilitation device, prosthetic, prosthetic/orthopedic device, that was to be supplied to the disabled person or veteran under the individual rehabilitation program.

The decision to issue compensation is taken by the authorized agency on the basis of an application by the disabled person, veteran or person representing their interests, to compensate the costs of acquiring technical rehabilitation devices, prosthetics, prosthetic/orthopedic devices, or on the basis of documents confirming such expenses.

Payment of compensation to a disabled person or veteran is effected by the authorized agency in the order of supply of technical rehabilitation devices, prosthetics, or prosthetic/orthopedic devices by means of postal order or transfer of funds to the personal bank account of these persons (at their request).

If a disabled person, veteran, or a person representing their interests declines the provision of a technical rehabilitation resource, prosthetic or prosthetic/orthopedic device, recommended by individual rehabilitation programs, or acquires a technical rehabilitation resource, prosthetic or prosthetic/orthopedic device that is not recommended by individual rehabilitation programs, this does not give the disabled person or veteran the right to receive compensation.

7. Repair of technical rehabilitation devices, prosthetics, or prosthetic/orthopedic devices provided to a disabled person or veteran, respectively, either free or which they purchased at their own expense with subsequent compensation in compliance with paragraph 6 of these Rules, is effected for free on the basis of applications, submitted to the authorized agency.

8. Replacement of technical rehabilitation devices, prosthetics, or prosthetic/orthopedic devices is performed by the decision of the authorized agency, upon completion of the period of their use or, where repair is impossible, either by the introduction by the federal state medical and social expert assessment body of changes to the individual program, identifying the need for early replacement.

The replacement of technical rehabilitation devices, prosthetics, or prosthetic/orthopedic devices provided to a disabled person or veteran free, or which they acquired at their own expense with subsequent compensation in compliance with paragraph 6 of these Rules (if their cost did not exceed the size of the compensation received), for new devices, is effected on condition of relinquishment of the old devices. The possibility of their further use is determined by the authorized body.

Relinquishment is not applicable to technical rehabilitation devices, prosthetics and prosthetic/orthopedic devices that were tailor-made, or which were not intended for repeated use, the list of which is compiled by the Russian Federation Ministry for Healthcare and Social Development.

In the event of the death of the disabled person or veteran, the technical rehabilitation devices, prosthetics and prosthetic/orthopedic devices in their use are not subject to relinquishment.

9. Technical rehabilitation devices, prosthetics and prosthetic/orthopedic devices, which a disabled person or veteran has the right to use free-of-charge, but which they acquired themselves at a price that exceeded that compensation received under paragraph 6 of these Rules, will remain the property of the disabled person or veteran after their replacement.

10. The period of use of technical rehabilitation devices, prosthetics and prosthetic/orthopedic devices prior to their replacement is established by the Russian Federation Ministry for Healthcare and Social Development.

11. When providing prosthetics or prosthetic/orthopedic devices to a disabled person or veteran:

a) preliminary or complex prosthetic work is executed at therapy and prevention establishments and in-patient complex prosthetic work and prosthetic/orthopedic enterprises or the federal state establishment 'Federal Medical Expert Assessment Office' with the manufacture, where necessary, of prosthetics for treatment and training. The basis for the manufacture and payment of prosthetics for treatment and training, given initial prosthetic work, is an official note on the need for such devices, issued by a treatment and prevention establishment or the state establishment 'Federal Medical Expert Assessment Office';

b) orthopedic footwear, as well as footwear for prosthetics and orthopedic devices for disabled persons and veterans, who have stumps at both upper extremities, or a stump at one upper extremity and limb deformation at the other upper extremity, are issued with the structural components that allow them to don footwear independently.

12. For travel to the location of a treatment and prevention establishment, prosthetic/orthopedic enterprise, federal state Federal Medical and Social Expert Assessment Office, to which a referral has been issued, a disabled person or veteran is presented by the authorized agency with a special coupon extending the right to receive travel documents for travel by rail (hereafter, the special coupon) or a personalized document to receive, free, travel documents for travel by road, air or water transportation (hereafter, the personalized document). Where transportation using two or more forms of transportation is necessary, a special coupon (personalized document) is issued for each form of transportation.

The special coupon (personalized document) is also presented to a person accompanying the disabled person or veteran, if the individual rehabilitation program stipulates the need to be accompanied.

The special coupon (personalized document) contains the necessary data to process the corresponding travel documents (tickets). The completed special coupon (personalized document) is issued to a disabled person or veteran for travel to the location of a treatment and prevention establishment, prosthetic/orthopedic enterprise, federal state Federal Medical and Social Expert Assessment Office, and back.

The special coupon (personalized document) is presented to a disabled person or veteran and, where necessary, to the person accompanying them, for no more than four journeys to the location of the treatment and prevention establishment, prosthetic/orthopedic enterprise, federal state Federal Medical and Social Expert Assessment Office to which referral has been issued, and four return journeys. The need for each trip is confirmed in writing by the above organizations, by issuing to the disabled person or veteran a written notification to be presented to the authorized agency.

13. For travel stipulated by paragraph 12 of these Rules, the disabled person or veteran has the right to use the following types of transportation:

a) railroad transportation at a distance of up to 200 km: in a hard-seated carriage (no reserved seats); and for over 200 km: with a reserved place in a compartment carriage;

b) travel over water: in category III seats;

c) public road transportation (except taxi);

d) air transportation for distances over 1500 kilometers, or in the absence of passenger railroad transportation: in economy class.

14. The costs of transportation organizations, incurred in connection with travel by disabled persons under paragraph 12 of these Rules, as well, if necessary, as travel by accompanying persons, is compensated by the authorized agency using federal budget funds, allocated by the Russian Federation Social Insurance Fund for providing disabled persons with technical rehabilitation devices, and prosthetics (except for dental prosthetics) and prosthetic/orthopedic devices to certain categories of citizens, qualified as veterans.

15. The costs of accommodation for a disabled person or veteran and, if necessary, for an accompanying person, where prosthetics, or prosthetic/orthopedic devices are manufactured under out-patient conditions, are paid for the disabled person and veteran and, if necessary, for the accompanying person, by the prosthetics/orthopedics/enterprise, the treatment and prevention establishment, or the federal state establishment "Federal Medical and Social Expert Assessment Office".

The above costs are compensated to these organizations by the authorized agency using federal budget funds, allocated by the Russian Federation Social Insurance Fund, for providing disabled persons with technical rehabilitation devices, and certain categories of citizens, qualified as veterans with prosthetics (except for dental prosthetics) and prosthetic/orthopedic devices.

Payment of the costs of accommodation for the above persons is effected in the volumes, stipulated for payment of travel costs to persons, sent on business travel within Russian Federation.

Payment of the costs of accommodation is effected for the actual number of days of accommodation, but no more than 7 days per trip. By resolution of the authorized agency, where a disabled person, veteran, or, where necessary, an accompanying person, is accommodated at a location, that is removed from the prosthetic/orthopedic enterprise, treatment and prevention establishment, or federal state Federal Medical and Social Expert Assessment Office, payment may be effected for the actual number of days of accommodation, but no more than 14 days, on the condition that a prosthetic or prosthetic/orthopedic device is manufactured during one trip.

16. If a disabled person or veteran independently resolves their prosthetic issue in compliance with the individual rehabilitation program, on the decision of the authorized agency they may be

provided a letter of guarantee, covering payment to the corresponding organization of the cost of manufacture of prosthetics, prosthetic/orthopedic devices (in volumes, not exceeding the cost of such prosthetics or prosthetic/orthopedic devices manufactured in the organization, selected by the authorized agency in the established manner).

17. Financing of the costs stipulated by these Rules for the provision of technical rehabilitation devices to disabled persons, and prosthetics or prosthetic/orthopedic devices to disabled persons, is effected at the expense of the federal budget, transferred for these purposes to the Russian Federation Social Insurance Fund, while for disabled persons who are convicted and serving imprisonment terms in correction facilities, funding comes from that allocated from the federal budget for the maintenance of establishment and agencies, responsible for effecting punishments.

RF MINISTRY FOR HEALTHCARE AND SOCIAL DEVELOPMENT

ORDER

August 22, 2005, No. 535

Registered at the RF Ministry of Justice on September 13, 2005
Registration number 6998

On approval of classifications and criteria, used in performing medical and social expert assessment of citizens by federal state medical and social expert assessment bodies.

In compliance with paragraph 2 of the order of the Russian Federation Government of August 13, 1996, No. 965, On the procedure for declaring citizens disabled persons (Russian Federation Legislative Assembly, 1996, No. 34, article 4127; 2005, No. 7, article 560) I hereby order: Approval, by consent with the Russian Federation Ministry of Education and Science of the Russian Federation, and the Russian Federation Ministry of Finance, of the classifications and criteria, used during the performance of medical and social expert assessment of citizens by the federal state establishments of medical and social expert assessment, as per the appendix.

Minister M. Yu. Zurabov
Registered at the RF Ministry of Justice on September 13, 2005
Registration number 6998

Appendix
to the order of the Ministry of Healthcare
of August 22, 2005, No. 535

Classifications and criteria, used in performing medical and social expert assessment of citizens by federal state medical and social expert assessment agencies.

I. General Provisions

1. Classifications and criteria, used in performing medical and social expert assessment of citizens by federal state medical and social expert assessment bodies, determine the main forms of disorders of the human organism, caused by illnesses, the consequences of traumas, or defects, and the degree of their intensity, the main categories of daily activities and the degree of restriction of these categories.

2. The criteria used in performing medical and social expert assessments for citizens by federal state medical and social expert assessment bodies, determine the conditions for establishing the

degree of restriction of the ability to work and the disability group (or the category “disabled child”).

II. Classifications of the main forms of disorders of the human organism and the degree of their intensity

3. The main forms of violations of the functions of the human organism are:

disorders of the psychological functions (perception, attention, memory, thought, intellect, emotions, will, consciousness, behavior, psychomotor functions);

disorders of language and speech functions (disorders of the aural (rhinolalia, dysarthria, stuttering, alalia, aphasia) and written (dyslexia), verbal and non-verbal speech, disorders of vocalization, etc.);

disorders of sensory functions (vision, hearing, smell, touch, pain, temperature and other forms of sensation);

disorder of statodynamic functions (motor functions of the head, body, extremities, coordination of movement);

disorders of the functions of blood circulation, breathing, digestion, secretion, hematogenesis, metabolism and energy metabolism, internal secretion, and immunity;

disorders caused by physical deformity (deformity of the face, head, body, extremities, leading to deformity of appearance, anomalous openings of the digestive, urinary and breathing tracts, irregular body size).

4. For the comprehensive assessment of different factors, characterizing enduring disorders of the functions of the human organism, four degrees of intensity are recognized:

first degree: insignificant disorders,

second degree: moderate disorders,

third degree: marked disorders,

fourth degree: severe disorders.

III. Classification of the main categories of daily human activities and the degree of restriction of these categories

5. The main categories of daily human activities are:

- the ability to perform self-care;
- the ability to move around independently;
- the ability to orient oneself in space;
- the ability to communicate;
- the ability to control one's behavior;
- the ability to learn;
- the ability to work.

6. For the comprehensive assessment of different factors, characterizing restrictions on the main categories of human day-to-day activities, three degrees of intensity are recognized:

a) the ability to perform self-care: the ability of a person to independently execute one's physiological needs, to perform daily domestic activities, including personal hygiene skills:

first degree: the ability to perform self-care with a greater expenditure of time; actions are divided into multiple steps, the volume of actions performed is reduced, and auxiliary technical devices are used, where necessary;

second degree: the ability to perform self-care with regular, partial assistance from other persons and using, where necessary, auxiliary technical devices;

third degree: inability to perform self-care; the need for constant assistance, and total dependence on other persons;

b) the ability to orient oneself in space: the ability to independently move through space, maintaining body balance while moving, while at rest and while changing position, and the ability to use public transportation;

first degree: the ability to independently move, with a greater expenditure of time; actions are divided into multiple steps and distances are shorter, and auxiliary technical devices are used, where necessary;

second degree: the ability to move independently with regular, partial assistance from other persons and using, where necessary, auxiliary technical devices;

third degree: the inability to move independently, and the need for constant assistance from others;

c) the ability to orient oneself in space: the ability to adequately perceive one's environment, the ability to determine the current time and one's location;

first degree: the ability to orient oneself only in familiar situations independently and (or) with the help of auxiliary technical devices;

second degree: the ability to orient oneself with regular, partial assistance from other persons and using, where necessary, auxiliary technical devices;

third degree: the inability to orient oneself (disorientation) and the need for constant assistance and (or) supervision by others;

d) the ability to communicate: the ability to establish contact between people by the perception, processing and transmission of information:

first degree: the ability to communicate with reduced speed and volume of information received and transmitted; the use of auxiliary technical devices, where necessary;

second degree: the ability to communicate regular, partial assistance from other persons and using, where necessary, auxiliary technical devices;

third degree: the inability to communicate, and the need for constant assistance from others;

d) the ability to control one's behavior: the ability to be aware of oneself and of adequate behavior, taking into account social/legal and moral/ethical norms:

first degree: restriction in the ability to control one's behavior, arising periodically in complex life situations and (or) permanent difficulty in fulfilling role functions concerning different spheres of life, with the possibility of partial self-correction;

second degree: constant reduction of criticism towards one's behavior and the environment, where partial correction is possible only with regular assistance from others;

third degree: the inability to control one's behavior, where correction is impossible, and constant assistance (supervision) from others is required;

f) the ability to communicate: the ability to perceive, remember, assimilate and reproduce knowledge (general education, vocational, etc.), and to master skills and abilities (vocational, social, cultural and domestic):

first degree: the ability to learn, and to receive education, to a certain level, under state education standards in general educational establishments, using special teaching methods, a special teaching regime, and where necessary using auxiliary technical devices and technologies;

second degree: the ability to learn only in special (interventional) educational establishments for students and foster children with abnormal development, or at home, using special programs and with the aid of auxiliary technical devices and technologies, where necessary;

third degree: inability to learn;

g) ability to work: the ability to perform professional activities in compliance with certain demands for the content, volume, quality of work, and certain working conditions:

first degree: the ability to perform professional activities in normal working conditions, with a lowered level of qualification, difficulty, tension and (or) reduction on the volume of work, the inability to continue work in the core profession, retaining the opportunity, in normal working conditions, to perform professional activity to a lower qualification level;

second degree: the ability to perform professional activity in specially-created working conditions, using auxiliary technical devices and (or) with the help of others;

third degree: the inability to perform professional activity or the impossibility (contraindication) of performing professional activity.

7. The degree of restriction of the main categories of daily human activities is determined, based on the assessment of their deviation from normal, corresponding to a certain period (age) of human biological development.

IV. The criteria for establishing the degree of restriction of the ability to perform professional activity

8. The ability to perform professional activity includes:

the ability of a person to reproduce special professional knowledge, abilities and skills in the form of productive and effective work;

the ability of a person to perform professional activity in the workplace, not requiring alteration of sanitary and hygiene working conditions, additional labor organization measures, special equipment and lighting, shifts, or the speed, volume or difficulty of work;

- the ability of a person to interact with other people in social/labor relations;
- the ability to motivate labor;
- the ability to observe a work schedule;
- the ability to organize the working day (organize the labor process in the appropriate temporal order).

9. Assessment of the parameters of the ability to perform professional activity is performed, taking into account existing professional knowledge, abilities and skills.

10. The criterion for establishing *first degree* restriction of the ability to work is disruption of health with an enduring, moderately-expressed disorder of the functions of the organism, caused by illnesses, the consequences of traumas, or defects, leading to a reduction in the qualification level, volume, difficulty and stress of work performed, the impossibility of continuing to work in the core profession, given the possibility of performing other forms of work with a lower level of qualifications, in normal working conditions, in the following cases:

performing work in normal working conditions in the core profession, with a volume of activity reduced by at least half, and a reduction in the difficulty of the work by at least two grades.

given a change of employment, to engage in work with a lower qualification level in normal working conditions, due to the impossibility of continuing to work in the core profession.

11. The criterion for establishing the *second degree* of restriction of the ability to work is disruption of health with an enduring, marked disorder of the functions of the organism, caused by illnesses, the consequences of traumas, or defects, given which it is possible to perform professional activity in specially-created working conditions, with the use of auxiliary technical devices and (or) with assistance from other people.

12. The criterion for establishing the *third degree* of restriction of the ability to work is a disruption of health with an enduring, severely marked disorder of the functions of the organism, caused by illnesses, the consequences of traumas, or defects, leading to the complete inability to perform work, including in specially-created working conditions, or contraindication of professional activity.

V. Criteria for establishing disability groups

13. The criterion for determining the first disability group is disorder of the health of a person, with an enduring, severely marked disorder of the functions of the organism, caused by illnesses, consequences of traumas, or defects, leading to a restriction of one of the following categories of daily activities, or their combination, and inducing the need for the person's social protection:

- the ability to perform self-care of the third degree;
- the ability to move, of the third degree;
- the ability to orient oneself in space, of the third degree;
- the ability to communicate, of the third degree;
- the ability to control one's behavior, of the third degree.

14. The criteria for establishing the second disability group is impairment of a person's health with an enduring, marked disorder of the functions of the organism, caused by illnesses, the consequences of traumas, or defects, leading to the restriction of one of the following categories of daily activities or their combination, and inducing the need for the person's social protection:

- the ability to perform self-care, of the second degree;
- the ability to move, of the second degree;
- the ability to orient oneself in space, of the second degree;
- the ability to communicate, of the second degree;
- the ability to control one's behavior, of the second degree.
- the ability to learn, of the third or second degree;
- the ability to perform professional activities of the third or second degree.

15. The criterion for determining the third disability group is disorder of the health of a person, with an enduring, moderately-marked disorder of the functions of the organism, caused by illnesses, consequences of traumas, or defects, leading to a first-degree restriction in the ability to

work, or a restriction of the following categories of daily activities, in various combinations, and inducing the need for the person's social protection:

- the ability to perform self-care, of the first degree;
- the ability to move, of the first degree;
- the ability to orient oneself in space, of the first degree;
- the ability to communicate, of the first degree;
- the ability to control one's behavior, of the first degree.
- the ability to learn, of the first degree;

16. The category "disabled child" is defined as the presence of restrictions to daily activities of any category and any of the three degrees of intensity (which are assessed in compliance with the norm for the person's age), inducing the need for the person's social protection.

Declaring a citizen legally incapable

The sole basis for establishing guardianship over an adult citizen is a declaration of legal incapacity, due to mental illness or mental retardation.

Persons are declared mentally disabled, who, due to mental illness or temporary psychiatric disorders are unable to understand the meaning of their actions, or be fully aware of their actions. Persons are declared to be mentally retarded, who are by nature bereft of the ability to understand the meanings of their actions and be aware of their actions[8].

In compliance with article 29 of the RF Civil Code, a citizen may be declared legally incapable only by legal process. The establishment of guardianship [*opeka*] (over a legally incapable person) or custody [*popechitelstvo*] (over a person with limited legal capacity) is performed in compliance with chapter 31 of the RF Civil Procedural Code.

The review of such cases features a number of special characteristics. Cases to declare a citizen legally incapable may be initiated on an application by his family, a guardianship and custody agency, a public prosecutor, a treatment facility or professional union, or other public organizations. An application to declare a citizen legally incapable is submitted to court by the place of residence of such a citizen, or by the location of the medical facility where the citizen is located. The application must list facts, on the basis of which the citizen can be considered *non compos mentis*.

In preparing a case for legal proceedings, the court appoints a forensic psychiatric expert assessment to determine the mental state of the citizen. After performing the expert assessment, the experts must answer the following questions:

1) Does the person suffer from a mental illness, and if so, which? 2) Can the person be responsible for his/her actions? 3) Does the person require the establishment of guardianship, due to his/her mental state?

Based on the results of the expert assessment, a conclusion is compiled and appended to the legal file of the case. The case to declare a citizen legally incapable is reviewed by a court, in the mandatory presence of the public prosecutor and a representative of the guardianship and custody agency. The citizen himself can attend the review of the case to declare him legally incapable, depending on the state of his health. The court ruling to declare a citizen legally incapable is the basis for establishing guardianship over the citizen. Therefore the court must, within three days from when the court decision comes into legal force, inform the guardianship and custody agency located by the place of residence of the person declared legally incapable,

about the need to appoint a guardian for the citizen. As in the case with guardianship (custody) over minors, the decision to appoint a citizen as a guardian is taken by the guardianship and custody agency within one month from the day that the necessary information is received from the court.

Guardians and custodians

A guardian or custodian is appointed by a guardianship and custody agency **by place of residence of the person requiring guardianship or custody**, within **one month** from the moment when the above agency learns of the need to establish guardianship and custody over a citizen. The one-month period starts when, for example, the court ruling to declare a citizen legally incapable or partially incapable, to terminate parental rights, or to remove a child from custody, regardless of the termination of parental rights, enters into force, or when a court sentence is handed down to the parents of a child. The date of loss of parental custody will be the date of death of a single mother, or the last remaining parent, etc. If it is impossible to establish the moment when the need for guardianship (custody) arose, then it will be the date on which the authorized guardian or custodian drew up the corresponding certificate of examination. When a future guardian (custodian) approaches the local agencies of self-government with a request to be appointed guardian (custodian), the one-month period is counted from the day when such an application is submitted.

Given **circumstances worthy of attention**, the guardian or custodian may be appointed by a guardianship and custody agency by the place of residence of the guardian (custodian). For example, if such a person has already relocated a citizen requiring assistance to his residence, or does not have the opportunity to remain in the home of the future ward for long periods of time. If the guardianship (custody) is formalized by place of residence of the guardian (custodian), then he receives all the necessary documents where the resolution was passed. However, the personal file of the ward, in which all documents pertaining to guardianship (custody) are archived, is relocated, by place of residence of the ward.

If a person requiring guardianship or custody has not had a guardian or custodian appointed within one month, the functions of guardian or custodian are temporarily delegated to a guardianship and custody agency. Such bodies are to perform this duty for the period of time necessary to find and appoint a guardian (custodian), and select the appropriate establishment where the ward will be located, under total state custody.

After taking the appointment decision, the agency of local self-government issues to the guardian (custodian) one copy of the resolution and **guardianship credentials**.

The appointment of a guardian or custodian may be appealed in court by interested parties.

Only adult, legally capable citizens may be appointed guardians and custodians. Guardians whose parental rights have been terminated may not be appointed guardians and custodians. Persons who may not become guardians and custodians under any circumstances:

- persons under 18 years of age,
- legally incapable persons,
- persons, whose parental rights have been terminated.

Moreover, the legal incapacity of a citizen is confirmed by a court decision, and the termination of parental rights is confirmed by the corresponding court ruling, issued in compliance with the requirements of marriage, family and procedural legislation. All other contraindications for the appointment of a guardian (custodian) are reviewed, taking into account the recommendations for the selection of a guardian or custodian.

A guardian or custodian may be appointed only with his or her consent. Such consent is usually expressed in a statement addressed to the guardianship and custody agencies, with a request for appointment as a guardian or custodian. The moral and other personal qualities of the applicant must be taken into consideration, as well as the ability to perform the duties of a guardian or custodian, the relationship existing between the applicant and the person requiring guardianship or custody and, if possible, the desire of the ward.

For citizens requiring guardianship or custody, and who are located in, or who have been sent to, the corresponding care or treatment facilities, public social protection facilities or other, analogous establishments, the guardians and custodians are these same establishments.

Guardianship and custody duties are performed free-of-charge, with the exception of cases, stipulated by the law.

Guardians and custodians of minor citizens must live together with their wards. Separate accommodation of the custodian and ward aged over sixteen is allowed with the permission of the guardianship and custody agency, on the condition that this does not negatively affect the upbringing and protection of the rights and interests of the ward. The main condition of separate accommodation of the custodian and his minor ward is ensuring unfavorable consequences for the minor, as a result of living separately from his or her custodian, are not possible. However, even when there are no grounds for concern, the custodian must make regular visits.

Guardians and custodians must notify the guardianship and custody agencies about changes of the place of residence. This information is sent to the agencies of guardianship and custody, where the personal file of the ward is archived. From here, it is sent on, by the new address.

Guardians and custodians must make efforts to ensure their wards are looked after, to ensure they have care and medical therapy, must protect their rights and interests (except for the custodians of underage citizens whose legal capacity is restricted by a court). Guardians and custodians of minors must make efforts to secure their education and upbringing.

The duties of guardians and custodians of minors of any age fully coincide with parental duties (to nurture, to care for the physical, spiritual and moral development, as well as the education, vocational training, to individually choose forms and means of upbringing, education, etc.). The guardian (custodian) has the right to demand, through a court, the return of a child located under guardianship (custody), from any persons detaining such a child without legal grounds, which can include removal of the child from his or her close relatives. Moreover, the guardian (custodian) does not have the right to hinder communication between the child and his parents and other close relatives, with the exception of cases where such communication does not meet the interests of the child.

If the basis, with reference to which a citizen was declared legally incapable, or partially legally incapable, due to the abuse of alcoholic drinks or narcotic substances, is no longer relevant, the guardian or custodian has a duty to appeal to a court to declare the ward legally capable, and to lift guardianship or custody from that person.

Management of the property of a ward

Fully legally incapable, and minor, citizens, may have the following as property: residential buildings, apartments, automobiles, garages, plot of lands, savings in a bank account, securities, shares and other property received as a gift or by inheritance. Citizens whose legal capacity has been restricted by a court, and minors aged between 14 and 18, in addition to the above property items, may have income from their own labor and entrepreneurial activity; items purchased at their own expense, savings in bank accounts in their own name, etc.

The protection of the property rights of all wards presupposes not only a solicitous attitude by the guardian and custodian to their property, but also taking measures to protect this property. A guardian and custodian has the right and obligation to manage this property, as well as using the income from the management of this property for the appropriate purpose (the purchase of food and clothes for the ward, the payment of utilities, payment, where necessary, for leisure, therapy, education, etc.).

As regards costs that cannot be classified as current and critical (the purchase of expensive items, travel and vacations, etc.), these are to be paid for by the guardian (custodian) **with preliminary permission** from the agencies of guardianship and custody. Where a relatively small sum is involved, such permission is given by the person authorized to protect the rights of the ward. Permission of the guardianship and custody agencies must be obtained to spend significant sums, in the form of a special resolution by the head of the local administration.

The guardian does not have the right, without preliminary permission of the guardianship and custody agency, to perform transactions, and the custodian does not have the right to give permission to perform transactions, for alienation, including exchange or gifting, of the property of the ward, the letting (renting) of such property, for free use or use against a deposit, or transactions which imply the loss of rights belonging to the ward, the division of the ward's property or the removal of a portion thereof, or any other transactions that imply a reduction in the property of the ward.

The procedure for managing the property of a ward is determined by the civil legislation of the RF.

A guardian, custodian, their spouses and close relatives do not have the right to perform transactions with a ward, with the exception of the transfer of property to the ward in the form of a gift or for free use, as well as representing the ward when performing transactions or conducting court cases between the ward and the spouse of the guardian or custodian, and their close relatives.

Trust management of the ward's property

Where **permanent management** of the real estate and other valuable property of a ward is necessary, the guardianship and custody agency concludes a contract with a manager designated by that agency, for the trust management of such property. In this case, the guardian or custodian retains his or her authorities with respect to the property of the ward, which was not transferred for trust management. The corresponding civil legislation provisions are applied to trust management relations.

Trust management of the property of a ward ceases on the grounds, stipulated by law for the cessation of the property trust management contract, as well as in cases where guardianship and custody cease.

Release and removal of guardians and custodians from the performance of their duties

The guardianship and custody agency releases the guardian or custodian from the performance of their duties in cases where a minor is returned to his or her parents, or is adopted.

This rule should not be understood literally, as the return of a minor to his or parents is often not in his or her interests. If there is doubt about whether the return of the child to his or her parents is in his or her interests, and the guardian (custodian) is, moreover, against being released from the duties he or she has assumed, the guardianship and custody agencies should recommend that a parent, who insists on personally raising his or her children, appeal to a court with a suit requesting the return of the child or youth. Where such a claim is satisfied, the guardianship and custody agencies must issue a resolution confirming the release of the guardian or custodian from fulfilling their obligations.

Where a ward is placed in the corresponding care, treatment, public social protection establishment or other, analogous establishment, the guardianship and custody agency releases the previously-appointed guardian or custodian from the performance of their duties, if this does not contradict the interests of the ward. If such placement is **temporary**, then the guardian or custodian is **not released** from their duties. Where **complete and permanent** state custody is established, the release of the guardian or custodian of their duties is inevitable.

Given legitimate reasons (illness, alteration of property status, absence of mutual understanding with the ward, etc.), the guardian or custodian may be released from the performance of their duties **upon his or her request** (application). Such reasons may include: change of the family status of the guardian (custodian), lack of desire on the part of a second spouse to tolerate difficulties arising in the family, the loss of employment by the guardian (custodian) and other grave economic difficulties for the guardian (custodian) and members of his or her family, the inability to resolve the ward's problems, or the presence of a more appropriate candidate for the role of guardian (custodian).

The release of the guardian (custodian) from the performance of their duties should be distinguished from suspension. In cases where the guardian or custodian has incorrectly performed the duties he assumed, including abuse of guardianship or custody for personal gain or by leaving the ward without supervision and the necessary assistance, the guardianship and custody agency may suspend the guardian or custodian from the performance of their duties and take the necessary measures to bring the guilty citizen to justice, as established by the law.

Termination of guardianship and custody

Guardianship and custody over a minor citizen is terminated in court, where a court delivers a ruling to declare a ward legally capable, or terminates the restrictions to their legal capacity, upon the applicant of the guardian, custodian, or guardianship and custody agency.

When a minor ward reaches the age of fourteen years, guardianship over him or her terminates, and the citizen performing the duties of a guardian becomes a custodian of the minor without any additional ruling on this matter.

Custody over a minor ceases without any special ruling when the minor ward reaches the age of eighteen, or when he or she enters into marriage, and in other cases where the ward acquires legal capacity prior to reaching the age of consent.

List of illnesses, due to which a person may not adopt a child, assume guardianship (custody) over the child, or accept the child into a foster family (approved by order of the RF Government on May 1, 1996, No. 542)

Tuberculosis (active or chronic) of all forms of localization, in patients registered in follow-up groups I, II and V;

Illnesses of the internal organs, nervous system, and musculoskeletal system in the decompensation stage;

Malignant cancerous illnesses in any areas;

Addiction to narcotics, toxic substances or alcoholism;

Infectious diseases, prior to removal of follow-up registration;

Psychiatric illnesses, where the patients are declared legally incapable or of restricted legal capacity, in the established manner;

All illnesses and traumas, leading to disability groups I and II, which exclude the ability to work.

Patronage over legally capable citizens

The need to reinforce the protection of the rights and interests of adults, who are not fully able to look after themselves, is dictated by the inclusion of provisions on patronage in the Civil Code.

Circumstances dictating the need for patronage are related to health conditions resulting from advanced age, severe somatic disorders, disability, the impossibility of moving freely outside of one's home due to a physical infirmity, etc. Nevertheless, the person's intellect and ability to reasonably assess their actions remains. Such a citizen only requires a helper. The need for a helper usually arises if there are no close relatives nearby, who are ready to offer support, regardless of what support may be needed.

On the request of an adult, legally capable citizen, who is unable to independently realize and protect his or her rights and duties due to a health condition, **custody in the form of patronage** may be established.

The custodian (helper) of an adult, legally capable citizen may be appointed by a guardianship and custody agency **only with the consent** of such a citizen.

Patronage, as an independent form of assistance to legally capable, but helpless citizens may be either free-of-charge, or paid at the expense of the person receiving patronage, from their income. Remuneration may come in the form of the provision of goods, which may or may not be in the form of property (use of a summer house, automobile, room in an apartment, personal library, etc.). In the absence of any funds on the part of the person requiring such assistance, in exceptional cases the work by the latter may be paid by social assistance agencies, or funds of various types. All such key circumstances are to be reflected in the text of a **patronage contract**. The contract must clearly describe the rights and duties of the parties (the helper and the guardianship and custody agency), as well as the rights and duties of the person, for whom the contract is concluded. The text of the contract may describe details of importance to the helpless citizen (delivery of food products, cooking of food, cleaning, organizing medical assistance, reading aloud for the blind, etc.). The patronage contract presupposes the existence of a systematic supervision (control) over the implementation of the contract, by the guardianship and custody agencies and, where necessary, accountability of the helper. The actions of the helper deserve particular attention, even if they are based on a power-of-attorney, regarding the alienation of property, property, residential and other critically-important rights of the person using the patronage contract. No property deals requiring notarization may be concluded in the name of the person under patronage, without the consent of the guardianship and custody agencies. To ensure greater safety of helpless persons, particular care is required when selecting a helper.

Management of the property belonging to an adult, legally-capable ward is performed by a custodian (helper) on the basis of a trust deed or trust agreement, concluded with the ward. The conclusion of domestic and other deals, aimed at satisfying the domestic needs of the ward, is performed by the custodian (helper) with the consent of the ward.

Patronage may be ceased upon the unilateral statement of the helper, the person receiving their assistance, the guardianship and custody agencies, or the public prosecutor. Moreover, it is immaterial what factors induce a physical person to cease patronage relations. For the guardianship and custody agencies and the public prosecutor, the unconscientious performance of the duties of

helper serves as grounds to raise the issue of the termination of such a contract. A patronage contract is also terminated in the case of the death of a helper, or of the person receiving their assistance.

The custodian (helper) of a citizen under patronage is released from performance of the duties assumed, in the cases described by article 39 of the RF Civil Code. *(1. Where a ward is placed in the corresponding care, treatment, public social protection establishment or other, analogous establishment, the guardianship and custody agency releases the previously-appointed guardian or custodian from the performance of their duties, if this does not contradict the interests of the ward.*

2. Given legitimate reasons (illness, alteration of property status, absence of mutual understanding with the ward, etc.), the guardian or custodian may be released from the performance of their duties upon his or her request.

3. In cases where the guardian or custodian has incorrectly performed the duties he assumed, including the abuse of guardianship or custody for personal gain or by leaving the ward without supervision and the necessary assistance, the guardianship and custody agency may suspend the guardian or custodian from the performance of their duties and take the necessary measures to bring the guilty citizen to justice, as established by the law.)

Registered at the RF Ministry of Justice on December 22, 2004
Registration No. 6226

Order of the RF Ministry for Healthcare and Social Development
dated November 29, 2004, No. 287

On approval of the form for individual disabled person rehabilitation programs, issued by federal medical and social expert assessment agencies.

For the purposes of implementing article 63 of Federal Law No. 122-FZ of August 22, 2004, On introducing amendments to the legislative acts of the Russian Federation and declaring invalid certain legislative acts of the Russian Federation, in connection with the adoption of the Federal Laws On introducing amendments and additions to the Federal Law On general principles of organization of legislative (representative) and executive agencies of state authority of constituent members of the Russian Federation, and On general principles of organization of local self-government in the Russian Federation (Legislative Assembly of the Russian Federation, 2004, No. 35, article 3607), article 11 of Federal Law of November 24, 1995, No. 181-FZ, On social protection of disabled persons in the Russian Federation (Legislative Assembly of the Russian Federation, 1995, No. 48, article 4563; 2004, No. 35, article 3607) and in compliance with paragraph 5.2.94 of the Provisions on the Ministry for Healthcare and Social Development of the Russian Federation, approved by order of the Russian Federation Government on June 30, 2004, No. 321 (Legislative Assembly of the Russian Federation, 2004, No. 28, article 2898), I hereby order:

Approval of the form of the individual disabled person rehabilitation form, issued by federal medical and social expert assessment agencies, as per the attached.

Minister M. Yu. Zurabov

Registered at the RF Ministry of Justice on December 22, 2004

Attachment

to the order of the Ministry for Healthcare
and Social Development of the RF
dated November 29, 2004, No. 287

Form for individual disabled person rehabilitation programs, issued by
federal medical and social expert assessment agencies

The resolution of a medical and social expert assessment agency is subject to mandatory implementation by the corresponding agencies of state authority and local self-government, as well as by organizations of any organizational or legal status, or form of ownership (article 8 of the Federal Law On social protection of disabled persons in the Russian Federation)

(name of federal medical and social expert assessment agency)

INDIVIDUAL DISABLED PERSON REHABILITATION FORM, ISSUED BY FEDERAL MEDICAL
AND SOCIAL EXPERT ASSESSMENT AGENCIES (IPR)

Card No. ____ for certification document No. ____ dated __/____200__.

(after the words "Card No." a serial number is to be entered, which matches the serial number in the registry of issued individual rehabilitations programs (hereafter, IPR); after the words "for certification document No.", the number of the document, as recorded in the book of minutes of sessions of federal medical and social expert assessment agencies (hereafter, MSE agencies), is to be entered, and the date of receipt by the federal MSE agency of the application by a citizen to perform a medical and social expert assessment)

1. Surname, first name, middle name _____
2. Date of birth _____
3. Place of residence; if none, indicate the place of temporary accommodation, or de facto place of residence on the territory of the Russian Federation (underline as appropriate): _____
4. Contact telephone number: _____
5. Place of work or study (underline as appropriate): _____
6. General education: none, primary general, basic general, secondary general (underline as appropriate)
7. Vocational education: none, primary vocational, secondary vocational, higher vocational (underline as appropriate)
8. Core profession (specialty): _____
9. Qualification (level, category, rank): _____
10. Disability group _____
(entered in block capitals, exactly as in the record of the decision of the federal MSE agency in the certification document on the disability group)
11. Degree of restriction of the ability to work _____
(entered in block capitals exactly as in the record of the decision of the federal MSE agency in the certification document on the degree of limitation of the ability to work)
12. Reason for disability _____
(entered exactly as in the record of the decision of the federal MSE agency in the certification document on the reason for disability)

Medical rehabilitation program

Measures, services, technical rehabilitation devices, necessary to eliminate the reasons, conditions and factors, causing the disability	Schedule of implementation	Executor	Note on implementation
<p>Restorative therapy</p> <hr/> <hr/> <p>(enter a record of specific types of restorative therapy, required by the disabled person, indicating how they were provided (out-patient polyclinic, in-patient, at home) according to the conclusion of the MSE agency)</p>		<p>(indicated by the federal MSE agency)</p>	
<p>Reconstructive surgery</p> <hr/> <hr/> <p>(enter a record on the specific forms of reconstructive surgery required by the disabled person, according to the conclusion of the MSE agency)</p>		<p>(indicated by the federal MSE agency)</p>	
<p>Prosthetic/orthopedic assistance</p> <hr/> <hr/> <p>(enter a record on the specific forms of prosthetics and orthotics, which the disabled person requires, according to the conclusion, issued by the federal MSE agency)</p>		<p>(indicated by the executive agency of the Social Insurance Fund of the Russian Federation)</p>	
<p>Treatment at sanatoria and health resorts</p> <hr/> <hr/> <p>(enter a record on the treatment at sanatoria and health resorts, with the prescribed type, frequency and season of treatment recommended, & duration</p>		<p>(indicated by the executive agency of the Social Insurance Fund of the Russian Federation)</p>	

required by the disabled disabled person, according to the conclusion of the federal MSE agency)			
Technical rehabilitation resources (entry made, listing the technical resources for medical rehabilitation, required by the disabled disabled person, according to the conclusion of the federal MSE agency)		(indicated by the executive agency of the Social Insurance Fund of the Russian Federation)	
Medical/social patronage of a disabled person's family (entry made: "required" or "not required", according to the conclusion of the federal MSE agency)		(indicated by the federal MSE agency)	

Vocational rehabilitation program
(for persons of 14 years of age and above)

Measures, services, technical rehabilitation devices, necessary to eliminate the reasons, conditions and factors, causing the disability	Schedule of implementation	Executor	Note on implementation
<p>Recommendations regarding contraindications and acceptable working conditions and types of work</p> <hr/> <hr/> <hr/> <p>(enter a record on the contraindicated industrial factors and working conditions, as well as indicated working conditions (including the need to create a special workstation) and examples of types of work, that are acceptable with respect to the state of health, as per the conclusion of the federal MSE agency)</p>		<hr/> <p>(indicated by the federal MSE agency)</p>	
<p>Vocational/professional orientation</p> <hr/> <hr/> <hr/> <p>(entry made on the types of professional orientation (provision of vocational information, professional consultation, professional selection and professional recruitment, and so forth), which are deemed necessary for the disabled person, according to the conclusion of the federal MSE agency)</p>		<hr/> <p>(indicated by the federal MSE agency)</p>	
<p>Vocational training (retraining)</p> <hr/> <hr/> <hr/> <p>(enter a record on the</p>		<hr/> <p>(indicated by</p>	

<p>profession (specialty), recommended for acquisition , level of vocational training (primary, secondary, higher, graduate, supplementary vocational training (retraining) and the form training (full-time, distance, evening, residential, according to the conclusion of the federal MSE agency)</p>		<p>the federal MSE agency)</p>	
<p>Assistance in securing employment</p> <hr/> <hr/> <hr/> <hr/> <p>(enter a record on the specific measures, implemented for the purposes of helping find employment in accordance with the recommended labor terms (finding the right workplace for employment, including jobs subject to a quota, and organization of employment as part of special employment assistance programs, including assistance and promotion for organizing self-employment), as required by the disabled person, according to the conclusion of the federal MSE agency)</p>		<p>(indicated by the federal MSE agency)</p>	
<p>Technical rehabilitation resources for professional training (retraining) or work</p> <hr/> <hr/> <hr/> <hr/> <p>(an entry is made on the list of technical rehabilitation resources, required to support measures: training, vocational training, the labor process at a specific workstation, and helping getting to the</p>		<p>(indicated by the executive agency of the Social Insurance Fund of the Russian Federation)</p>	

place of work and back, according to the conclusion of the federal MSE agency)			
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Social rehabilitation program

Measures, services, technical rehabilitation devices, necessary to eliminate the reasons, conditions and factors causing the disability	Schedule of implementation	Executor	Note on implementation
<p>Awareness-raising and consulting on issues of rehabilitation</p> <hr/> <hr/> <p>(entry made: "required" or "not required", according to the conclusion of the federal MSE agency)</p>		<hr/> <p>(indicated by the local agency of public social protection)</p>	
<p>Rendering legal assistance</p> <hr/> <hr/> <p>(entry made: "required" or "not required", according to the conclusion of the federal MSE agency)</p>		<hr/> <p>(indicated by the local agency of public social protection)</p>	
<p>Social/psychological and social/cultural patronage of the family of a disabled person</p> <hr/> <hr/> <p>(entry made: "required" or "not required", according to the conclusion of the federal MSE agency)</p>		<hr/> <p>(indicated by the local agency of public social protection)</p>	
<p>Adaptation training for performing social and domestic activities</p> <hr/> <hr/> <hr/> <p>(entry made: specific forms of adaptation training (training in the skills of personal care, the techniques and methodology</p>		<hr/> <p>(indicated by the local agency of public social</p>	

<p>of self-care, training in the use of technical rehabilitation resources, training in movement, organization of domestic life, etc.) required by the disabled person in order to perform domestic and social activities, according to the conclusion issued by the federal MSE agency)</p>		<p>protection)</p>	
<p>Technical rehabilitation resources for social and public activities</p> <hr/> <hr/> <hr/> <p>(an entry is made, listing the technical rehabilitation resources, required by the disabled person to perform domestic and public activities, according to the conclusion issued by the federal MSE agency)</p>		<hr/> <p>(indicated by the executive agency of the Social Insurance Fund of the Russian Federation)</p>	
<p>Psychological rehabilitation</p> <hr/> <hr/> <hr/> <p>(an entry is made, listing the forms of psychological rehabilitation (psychotherapy, psychological intervention, psychological counseling, etc.), required by the disabled person, according to the conclusion issued by the federal MSE agency)</p>		<hr/> <p>(indicated by the federal MSE agency)</p>	
<p>Socio-cultural rehabilitation</p> <hr/> <hr/> <hr/> <p>(entry made: the need for provision of information and consultation on the issues of socio-cultural rehabilitation, related to assistance for interaction with cultural institutions, and on forms of art, indicated for educational classes, according to the conclusion of the federal</p>		<hr/> <p>(indicated by the local agency of public social protection)</p>	

MSE agency)			
Rehabilitation by means of physical culture and sports			
(entry made: the need for the provision of information or consultation on the issues of physical culture and sport, training in the skills required for classes in physical education and sport, rendering assistance for interaction with sports organizations, recommendations on sports and physical culture, indicated for classes, as per the conclusion of the MSE agency)		(indicated by the local agency of public social protection)	

Psychological/pedagogical rehabilitation program
(for children aged under 18)

Measures, services, technical rehabilitation devices, necessary to eliminate the reasons, conditions and factors causing the disability	Schedule of implementation	Executor	Note on implementation
<p>Preschool education and training</p> <hr/> <hr/> <p>(entry made on the specific type (form) of preschool education institution, in which it is recommended to receive preschool education and training, according to the conclusion issued by the federal MSE agency)</p>		<hr/> <p>(indicated by the federal MSE agency)</p>	
<p>Receiving general education</p> <hr/> <hr/> <p>(entry made on the level of education (primary, secondary), indicating the type of educational institution (regular general education, institution with special groups for general education, special (interventional), general education, etc.) and the forms of education (individual program, home schooling, distance learning, etc.), which the disabled child needs to receive, according to the conclusion issued by the federal MSE agency)</p>		<hr/> <p>(indicated by the federal MSE agency)</p>	
<p>Interventional psychological and pedagogical work</p> <hr/> <hr/> <p>(entry made on the forms of psychological/pedagogical intervention, required by a disabled child (correction of unformed higher functions</p>		<hr/> <p>(indicated by the federal MSE agency)</p>	

of the psyche, disruptions of emotional/volition and behavioral reactions, speech deficiencies, internal family relations, relations within the child corrective, with teachers, the formation of the motivation to study, social/domestic skills, etc.), according to the conclusion of the federal MSE agency)			
Technical rehabilitation resources for training (entry made, listing the technical rehabilitation resources, required by a disabled child for training, according to the conclusion, issued by the federal MSE agency)		(indicated by the executive agency of the Social Insurance Fund of the Russian Federation)	
Social/pedagogical patronage of the family of a disabled child (entry made: "required" or "not required" according to the conclusion of the federal MSE agency)		(indicated by the federal MSE agency)	

(In all tables in the column "Schedule of implementation" for the corresponding sections, the period of time is indicated (duration and frequency) during which the recommended rehabilitation measure must be implemented, according to the conclusion, issued by the federal MSE agency; in the column "Executor" in the corresponding sections, the indication of the executor of the rehabilitation measures is signed by the head of the federal MSE agency (the executive agency of the Russian Federation Public Social Insurance Fund, or territorial agency of public social protection), indicating the executor, and is certified with a stamp; in the column "Note on implementation" for the corresponding sections, the record "implemented" or "not implemented" by the organization indicated as the executor, regardless of that organization's organizational or legal status of the organization, or the form of ownership, and is signed by the responsible representative of that organization, and certified with a stamp).

I agree with the contents of the IPR _____
(signature of disabled person or legal representative) (name in full)
(underline as appropriate)

Head of the federal medical and social expert assessment agency _____
(signature) (name in full)

Place for stamp

13. Date of re-certification ___/____/200__.
(established by the federal MSE agency in each specific case, taking into account the period of time, necessary to implement rehabilitation measures and assess their effectiveness)

Conclusion
on implementation of the individual rehabilitation program (completed upon completion of the IPR implementation period)

Assessment of the results of medical rehabilitation:
compensation of absent functions achieved (complete, partial), disrupted functions restored (completely, partially), positive results are absent (underline as appropriate).

Assessment of the results of vocational rehabilitation:
new profession obtained, qualification level raised, level of general (vocational) education raised, an appropriate job was found, a special job was created, employment was secured (completely, partially), positive results are absent (underline as appropriate).

Assessment of the results of social rehabilitation:
the ability to perform self-care was achieved (completely, partially), the opportunity to live independently was achieved, integration into the family and society was achieved, positive results were absent (underline as appropriate).

Assessment of the results of psychological/pedagogical rehabilitation:
motivation to study was restored (compensated), the functions of communication and control over one's behavior were restored (compensated), motivation for play (work) activities was restored (compensated); the opportunity to obtain primary, secondary or higher vocational education was realized, a profession was obtained, positive results were absent (underline as appropriate).

Special notes about implementing the IPR:

(enter additional information about the results of implementing rehabilitation measures)

Date of issue of conclusion ___/____/200_ .

Head of federal medical and social expert assessment agency _____
(signature) (name in full)

Place for stamp

ORDER

October 21, 2004, No. 1343-r

1. In application of article 10 of the Federal Law on Social Protection of Disabled persons in the Russian Federation (Russian Federation Legislative Assembly, 1995, No. 48, article 4563; 2004, No. 35, article 3607) the attached federal list of rehabilitation measures, and technical rehabilitation resources and services provided to disabled persons is hereby to be approved.

2. This order comes into force from January 1, 2005.

Chairman of the Russian Federation Government,

M. Fradkov

Federal List of Rehabilitation Measures, Technical Rehabilitation Resources and Services Provided to Disabled Persons

(approved by Order of the RF Government on October 21, 2004, No. 1343-r)

Rehabilitation measures

1. Restorative therapy (including medicinal support when treating diseases that caused disability).
2. Reconstructive surgery (including medicinal support when treating disease that caused disability).
3. Treatment at sanatoria and health resorts.
4. Prosthetics and orthotics, and the provision of hearing aids.
5. Providing professional orientation of disabled persons (vocational training, re-training and enhancement of the level of qualifications).

Technical rehabilitation resources

6. Support and tactile walking sticks, crutches, and supports.
7. Hand-powered wheelchairs (in-door and outdoor).
8. Compact wheelchairs.
9. Absorbent undergarments and diapers.
10. Special devices for impairment of secretion functions for unnatural openings/stomata.
11. Toilet armchairs with sanitary attachments.
12. Guide dogs with harness sets.
13. Braille writing devices.
14. Books printed in Braille.
15. Hearing aids.
16. Decoders for receiving TV programming with subtitles.
17. Prosthetics, including and implants and orthotics.
18. Orthopedic footwear.
19. Special clothes.

Services

20. Repair of technical rehabilitation devices, including prosthetic and orthotic devices.
21. Veterinary service for guide dogs.

Russian Federation Government Decree, dated 04.07.2008, № 240

Russian Federation Government Decree

Dated April 7, 2008 N 240

"On the Manner in which Disabled Persons will be Equipped with Technical Means of Rehabilitation and in which Individual Categories of Citizens who are Veterans will be Equipped with Prostheses (with the exception of dentures), and Orthopedic Prosthetic Devices "

In compliance with Article 111 of the Federal Law "On the Social Protection of Disabled Persons in the Russian Federation" and Articles 14019 of the Federal Law "On Veterans" the Russian Federation Government decrees to:

1. Approve the attached Rules for Equipping Disabled Persons with Technical Means of Rehabilitation and Individual Categories of Citizens who are Veterans with Prostheses (with the exception of dentures), and Orthopedic Prosthetic Devices.
2. Provide justification to the Russian Federation Ministry of Health and Social Development on issues pertaining to the application of the Rules approved by this decree.
3. Declare null and void the Russian Federation Decree dated December 31, 2005 N 877 "On the Manner in which the Federal Budget will Finance the Equipping Disabled Persons with Technical Means of Rehabilitation and Individual Categories of Citizens who are Veterans with Prostheses (with the exception of dentures), and Orthopedic Prosthetic Devices" (Code of Russian Federation Law, 2006, N 7, p. 773)

4. This Decree enters into force as of October 1, 2008.

Chairman of the Government

Of the Russian Federation

V. Zubkov

Rules for Equipping Disabled Persons with Technical Means of Rehabilitation

and Individual Categories

of Citizens who are Veterans with Prostheses (with the exception of dentures), and Orthopedic Prosthetic Devices

1. These Rules determine the manner of supplying:

Persons, recognized as disabled (with the exception of persons who have become disabled as a result of a work accident or professional illnesses), and persons up to 18 years of age, who have been designated under the category "disabled child" (hereinafter referred to as the disabled), with technical means of rehabilitation, as stipulated by the Federal List of Rehabilitation Treatments, Technical Means of Rehabilitation and Services Provided to a Disabled Person as approved by Russian Federation Government Order, dated December 30, 2005 N 2347-p (hereinafter referred to as technical means);

Provide individual categories of citizens who are veterans, but who are not disabled (hereinafter referred to as veterans) with prostheses (with the exception of dentures) and orthopedic prosthetic devices (hereinafter referred to as devices).

Disabled persons will be provided with guide dogs, as well as with an annual daily compensation to cover expenses related to veterinary care, food and general upkeep of guide dogs, as per Russian Federation Government Decree, dated November 30, 2005 N 708 "On the Approval of Rules to Provide Disabled Persons with Guide Dogs and an Annual Daily Compensation to Cover Expenses Related to Veterinary Care, Food and General Upkeep of the Guide Dogs."

2. Disabled persons are provided with technical means in accordance with individual disabled persons' rehabilitation programs, developed by federal government institutions on medical and social expertise in the manner proscribed by the Russian Federation Ministry of Health and Social Development (hereinafter referred to as rehabilitation program).

Veterans are provided with devices in accordance with doctor's orders to be equipped with prostheses, veterans are

provided with orthopedic prosthetic devices that are issued by medical commissions of medical organizations that offer therapeutic and preventative care to veterans (hereinafter referred to as doctor's order). The form of the doctor's order and the manner in which it is filled is approved by the Russian Federation Ministry of Health and Social Development.

3. Disabled persons and veterans are provided with technical means and devices by way of:

a) being given the relevant technical means (device);

b) receiving repair services for, or a replacement of technical means (device) that had been previously issued;

c) providing transportation to a disabled person (veteran, and, when necessary, to a person accompanying that individual), as indicated in paragraph 2 of point 5 of these Rules;

d) paying for accommodations for a disabled person (veteran, and, when necessary, to a person accompanying that individual) in a case when technical means (the device) is being made on an out-patient basis;

e) compensating the expenses incurred in carrying out the activities listed in sub-point "a" and "b" of this section (in the event that the disabled person or veteran paid out of his own pocket), including paying for banking services (postal services) for wiring (remitting) compensation monies.

4. A request to receive technical means (a device) is submitted by the disabled person (veteran) or by a person representing his/her interests, to the executive body of the Russian Federation Social Insurance Fund at ones place of residency (hereinafter referred to as the authorized body) by presenting the passport of the disabled person (veteran) and the rehabilitation program (doctor's order).

5. The authorized body reviews the request indicated in point 4 of these Rules, and, within a 15-day period from the date the request was submitted, notifies the disabled person (veteran) in writing that he/she has been added to the list to be supplied with technical means (device). Concurrently with the notification, the authorized body:

Sends (gives) the disabled person (veteran) a referral to either obtain or have made technical means (device) (hereinafter referred to as referral) to an organization (hereinafter referred to as organizations to which a referral has been made) that provides technical means (devices) of the authorized body's choice in the manner proscribed by Russian Federation law for placing orders to deliver goods, carry out work and render services for state needs.

In the event that the disabled person (veteran) needs transportation to and from the organization to which he/she was referred is located, he/she is sent (given) a special coupon giving him/her the right to obtain free travel documents for travel by rail (hereinafter referred to as special coupon) and (or) a voucher payable to the person named to obtain free travel documents to travel by car, air, or water from a transportation company of the authorized body's choice in the manner proscribed by Russian Federation law for placing orders to deliver goods, carry out work and render services for state needs (hereinafter nominal voucher) to provide transportation in the manner proscribed by point 12 of these Rules.

The forms of notification, referral, special coupons and nominal vouchers are approved by the Russian Federation Ministry of Health and Social Development.

6. Technical means (device) provided to a disabled person (veteran) in accordance with these Rules, is transferred to him/her for use free of charge and is not permitted to be disposed for the gain of third parties, including by being sold or by being given as a gift.

7. In the event that the technical means (device) that have been proscribed by the rehabilitation program (doctor's order) cannot be provided to the disabled person (veteran), then compensation is paid in the amount of the cost of the technical means (device) that was to have been provided to the disabled person (veteran) in accordance with the rehabilitation program. (doctor's order).

The decision to issue compensation is made by the authorized body based on a request submitted by the disabled person (veteran) or person representing his/her interests, to be reimbursed for costs incurred to obtain the technical means (device), as well as on the rehabilitation program (doctor's order) and receipts documenting these expenses.

A denial on a request to be equipped with technical means (device) does not give the disabled person (veteran) or any other person representing his/her interests the right to receive compensation in the amount that such technical means (device) costs.

8. Repair of technical means (device) is rendered free of charge based on a request submitted by a disabled person (veteran) or a person representing his/her interests, to the authorized body, and on the basis of medical-technical expertise. The manner in which the authorized body carries out the medical-technical examination and the form of the findings of the medical-technical examination is determined by the Russian Federation Ministry of Health and Social

Development.

If a disabled person (veteran) has repair work done to his/her technical means (device) at his/her own expense, then he/she is compensated for it.

The decision about issuing compensation is made by the authorized body based on a request for compensation for the repairs of the technical means (device) submitted by the disabled person (veteran) or person representing his/her interests, as well as on the findings of the medical-technical examination, and any other documents confirming these expenses.

9. The length of time the technical means (devices) can be used until they need replacement is established by the Russian Federation Ministry of Health and Social Development.

10. The technical means (device) is replaced by virtue of a decision of the authorized body based on a request thereto submitted by the disabled person (veteran) or the person representing his/her interests:

Upon expiration of the pre-established period of use, given that there is a finding issued by a medical commission from a medical organization that provides therapeutic and preventative care to disabled persons (veterans) stating that there are no counter indications to providing the disabled person (veteran) with technical means (device);

When it becomes impossible to do further repairs or in the case of a need for an early replacement as documented by the findings of a medical-technical examination.

Technical means (devices) are replaced in the manner for their acquisition, as proscribed by these Rules.

11. Technical means (devices) issued to disabled persons (veterans) are not subject to return.

12. In the event that a disabled person (veteran) needs transportation to and from the location of the organization to which he/she was referred, even if it takes two or three kinds of transport to get there, the authorized body issues him/her, as well as the person accompanying the disabled person (veteran), if the rehabilitation program (doctor's order) has stipulated the need for accompaniment, a special coupon and (or) a nominal voucher for each type of transportation.

The special coupon (nominal voucher) contains data necessary for processing the corresponding travel documents (tickets).

The special coupon (nominal voucher) is issued to a disabled person (veteran, accompanying person) for no more than 4 round trips to the location of the organization to which he/she has been referred.

If a disabled person (veteran, accompanying person) travels to the locations of the organization to and from which he/she was referred at his/her own expense, then he/she is reimbursed for the transportation costs verified by the travel documents, if the given organization issues a written confirmation about the need for the trip in the event that the types of transportation listed in point 13 of these Rules were used, but for no more than four round trips to the location of that organization.

13. In order to travel to the location of the organization to which the referral has been made, the disabled person (veteran, accompanying person) has the right to make use of the following types of transportation:

a) rail road transportation – for distances up to 200 km in a “hard” car [third-class car] (without a reserved seat ticket), and for distances greater than 200 km with a reserved seat ticket in a car with sleeping compartments;

b) water transport at category III sites;

c) by any general use automobile transportation (except a taxi);

d) air transportation (for distances greater than 1500 km or places with no access to the railroad) in economy class.

14. Compensation is paid to the disabled person (veteran, accompanying person) in those cases stipulated by points 7, 8 and 12 of these Rules, by the authorized body within on month of the date the relevant decision was made to send a postal wire or via wire transfer of funds to the personal bank account of the recipient of the compensation (it is his/her choice).

15. Expenses for accommodations for the disabled person (veteran, accompanying person) in cases where the technical means (device) has to be made on an out-patient basis, are covered by the organization to which the referral was made and will be reimbursed by the authorized body.

Payment for these expenses is made for the actual number of days of accommodation, but for no more than 7 days during

one trip, and is made in the amount stipulated for paying the travel costs of persons sent on business trips within the bounds of the Russian Federation.

At the discrepancy of the authorized body the payment for costs related to accommodations for a disabled person (veteran, accompanying person) in a region remote from the organization to which the referral was made, can be rendered for the actual number of days of accommodations, but for no more than for 14 days, if the technical means (device) can be produced within the period of one trip.

16. The financing for the expenses stipulated by these Rules is provided at the expense of budget allocation of the Russian Federation Social Insurance Fund, whose source of funding is interagency transfers, obtained from the federal budget to equip disabled persons with technical means and services and veterans with devices. With respect to disabled persons who fall into the category of persons convicted to time behind bars or serving time in correctional institutions, fund come from federal budget allocations intended for executing the functions of correctional institutions and any other punishing body.

RUSSIAN FEDERATION GOVERNMENT

DECREE N 247, dated April 7, 2008

TO MAKE AMENDMENTS TO THE RULES ON DECLARING A PERSON DISABLED

The Government of the Russian Federation decrees to:

1. Approve the attached [amendments](#) being made to the [Rules](#) on Declaring a Person Disabled that were approved by Russian Federation Government Decree N 95, dated February 20, 2006 (Code of Russian Federation Laws, 2006, N 9, pg. 1018).

2. Institute, that when federal government institutions of medical and social experts make a decision about whether to established a disability group without indicating a redetermination date for citizens whose disability status was established prior to the effective date of this Decree, they take into consideration also that period during which a given citizen was disabled prior to the effective date of this Decree.

3. Require the Russian Federation Ministry of Health and Social Development submit to the Government of the Russian Federation in the first quarter of 2009, a report documenting the results of how this Decree is being applied.

Chairman of the Government
Of the Russian Federation
V. Zubkov

Approved
by Government Decree N 247
of the Russian Federation,
dated April 7, 2008

AMENDMENTS BEING MADE TO THE RULES ON DECLARING A PERSON DISABLED

1. [Point 13](#) should read as follows:

"13. Citizens shall be assigned to a disability group without a redetermination date identified, while citizens under the age of 18 shall fall into the category "disabled child" until such time that that citizen turns 18 year of age:

no later than 2 years after the initial determination of disability (assignment to the "disabled child" category) has been made for a citizen having illnesses, defects, irreversible morphological changes, organ and body system dysfunction according to the list that concurs with the appendix;

no later than 4 years after the initial determination that the citizen is disabled (assigned to the "disabled child" category) in the event that during the process of rehabilitation therapy it becomes clear that it is impossible to eliminate or lessen the degree of the citizen's limitation brought on by persistent irreversible morphological changes, defects and organ and body system dysfunction (with the exception of those indicated in the appendix to this Decree).

The designation of a disability group without indicating a redetermination date (the "disabled child" category for citizens under 18 years of age) can be established at the time of

the initial determination of that citizen as being disabled. (assigned to the “disabled child” category) based on the information described in paragraphs two and three of this point, given that no positive results have yielded from the rehabilitation treatments which were conducted on the citizen prior to being referred to undergo medical-social expert evaluation. In this case, it is necessary that the referral to undergo medical-social expert evaluation, that has been given to the citizen by the organization that is providing him with therapeutic and preventive care and that has referred him to undergo a medical-social expert evaluation, must contain information documenting that no positive results yielded from such rehabilitation treatments, or such information must be included in medical documents in the event that the citizen is sent to undergo a medical-social expert evaluation in accordance with point 17 of this Decree.

Citizens who have turned to the bureau independently in accordance with point 19 of these Rules, can be assigned to a disability group without indication of a redetermination date (“disabled child” category for those citizens under 18 years of age) at the time of initial determination of that citizen to be disabled (assignment of the “disabled child” category) in the event that the rehabilitation treatments prescribed to that citizen in accordance with the indicated point yield no positive results.”

2. Add the following content to point 13.1:

"13.1. A citizen who was classified in the “disabled child” category prior to turning 18 years of age is subject to redetermination in the manner established by these rules. Moreover, the calculation of these dates stipulated by paragraphs two and three of point 13 of these Rules, shall be made as of the day the disability group has been determined for the first time upon turning 18 years old.”

3. Supplement the appendix with the following content:

"Appendix to the Rules
on Declaring a Person Disabled
(in the version
of the Decree N 247 of the Government
of the Russian Federation,
dated April 7, 2008)

**LIST
OF DISEASES, DEFECTS, IRREVERSIBLE MORPHOLOGICAL CHANGES, ORGAN
AND BODY SYSTEM DYSFUCTION, FOR WHICH A DISABILITY GROUP IS
ASSIGNED WITHOUT INDICATING A REDETERMINATION DATE (“DISABLED
CHILD” CATEGORY FOR CITIZENS WHO HAVE NOT YET TURNED 18) TO
CITIZENS NO LATER THAN 2 YEARS AFTER THE INITIAL DETERMIANTION OF
DISABILITY (DETERMINATION OF “DISABLED CHILD” CATEGORY)**

1. Malignant tumors (with metastases and relapses after radical treatment; metastases without detection of a primary lesion under ineffective treatment; general overall severe state following palliative treatment, incurability of a disease with expressed manifestations of intoxication, cachexia [emaciation] and collapse of the tumor).

2. Malignant tumors of the lymphoid, hematopoietic and other tissues related to them with expressed manifestations of intoxication and severe overall state.

3. Inoperable benign tumors of both the brain and spinal chord with persistent expressed impairments to motor, speech and vision functions (expressed hemipareses, parapareses, tripareses, quadrapareses, hemiplegia, paraplegia, triplegia, quadriplegia) and expressed dynamic impairments in the spinal fluid.

4. Absence of a larynx after an operative removal.

5. Congenital and acquired mental retardation (expressed dementia, severe mental fatigue, deep mental fatigue).

6. Diseases of the nervous system with chronic progressive course, with persistent and expressed impairments to motor, speech and vision functions (expressed hemipareses, parapareses, tripareses, quadrapareses, hemiplegia, paraplegia, triplegia, quadriplegia, ataxia, and total aphasia).

7. Inherited progressive diseases of the nerves and muscles (Duchenne pseudo-hypertrophic muscular dystrophy, Werding-Hoffman spinal muscular atrophy), progressive neuromuscular diseases involving bulbar function impairment.

8. Severe forms of neurodegenerative diseases of the brain (Parkinson's Plus).

9. Total blindness in both eyes given inefficaciousness of the treatment conducted; a reduction in the sharpness of vision in both eyes and in the better-seeing eye up to a 0.03 correction or concentric narrowing of the field of vision in both eyes up to 10 degrees as a result of persistent and irreversible changes.

10. Totally blind and deaf.

11. Congenital deafness in cases in which hearing aids or cochlear implants are not possible).

12. Diseases characterized by an increase in blood pressure with severe complications with the central nervous system (with persistent expressed impairments to motor, speech and vision functions), the heart muscles (accompanied by inadequate blood circulation IIB – III degree coronary failure of the functional class III-IV), muscles of the kidneys (chronic renal failure stage IIB – III).

13. Ischemic heart disease with coronary failure of the functional class III – IV angina, and with a persistent IIB – III degree of inadequate blood circulation.

14. Diseases of the respiratory organs with a progressive course, accompanied by persistent pulmonary failure of the II-III degree, combined with inadequate blood circulation of the IIB-II degree.

15. Hepatic cirrhosis with hepatosplenomegaly and portal hypertension of the III degree.

16. Fecal fistula that cannot be eliminated, stomas.

17. Extremely expressed deformity or fusion of large joints in the upper and lower extremities in a functionally unusable position (if replacement arthroplasty is impossible).

18. Terminal stage of chronic kidney failure.

19. Urinary fistula that cannot be eliminated, stomas

20. Congenital anomalies in the development of the muscular-skeletal system with expressed persistent impairments to the support and motor functions with no possibility of correction.

21. Consequences of traumatic injuries to the brain or spinal chord with persistent expression of impairments to motor, speech and vision functions (expressed hemipareses, parapareses, tripareses, quadrapareses, hemiplegia, paraplegia, triplegia, quadriplegia, ataxia, and total aphasia) and severe disruption of pelvic organ function.

22. Defects of the upper extremities: amputation in the should joint area, disarticulation, and stumps of the shoulder and forearm, the absence of a hand, the absence of all phalanges of the four fingers of the hand, excluding the first, the absence of three fingers on the hand, including the first.

23. Defects and deformations of the lower extremity: amputation in the area of the pelvic joint, disarticulation of the hip, stumps of the hip and lower leg, absence of a foot.”

**RF Government Order of February 20, 2006, No. 95
On the Procedure and Conditions for Declaring a Person Disabled**

In compliance with the [Federal Law](#) On Social Protection of Disabled People in the Russian Federation, the Government of the Russian Federation hereby orders:

1. That the attached [Rules](#) for declaring a person a disabled person are adopted.
2. The Ministry for Healthcare and Social Development of the Russian Federation, with the involvement of all-Russia public associations of disabled people is to develop and approve under coordination with the ministry of Education and Science of the Russian Federation and the Russian Federation Ministry of Finances, the classifications and criteria to be used to perform medical and social expert assessments of citizens, by Federal medical and social expert assessment bodies.
3. That the Russian Federation Ministry of Healthcare and Social Development gives explanations on issues, connected with the application of the [Rules](#), adopted under this order.
4. That Russian Federation Government [Order](#) No. 965 of August 13, 1996 On the Procedure for Declaring Citizens Disabled is declared invalid (Russian Federation Legislative Assembly, 1996, No. 34, article 4127).

Prime Minister
of the Russian Federation

M. Fradkov

**Rules
for declaring a person a disabled person
(adopted by RF Government [Order](#) of February 20, 2006, No. 95)**

- [I. General provisions \(1-4\)](#)
- [II. Conditions for declaring a citizen a disabled person \(5-14\)](#)
- [III. Procedure for referring a citizen for medical and social expert assessment \(15-19\)](#)
- [IV. Procedure for performing medical and social expert assessment \(20-37\)](#)
- [V. Procedure for re-assessment of disabled person certification \(38-41\)](#)
- [VI. Procedure for appealing the decisions of an office, head office or Federal Office \(42-46\)](#)

I. General Provisions

1. These Rules define, in compliance with the Federal Law on Social Protection of Disabled People in the Russian Federation, the procedure and conditions for declaring a person disabled. The declaration of a person (hereafter – a citizen) a disabled person is performed by Federal medical and social expert assessment bodies: the Federal Medical and Social Expert Assessment Office (hereafter, the Federal Office), head medical and social expert assessment offices (hereafter, head offices), and medical and social expert assessment offices in cities and districts (hereafter, offices), which are branches of the head offices.

2. Declaring a citizen disabled is performed by conducting a [medical and social expert assessment](#), based on the comprehensive assessment of the state of the citizen's organism, on the basis of analysis of his clinical/functional, social/domestic, vocational/labor and psychological

data, using the classifications and criteria adopted by the Russian Federation Ministry for Healthcare and Social Development.

3. The medical and social expert assessment is conducted to establish the structure and degree of restrictions on the day-to-day activities of the citizen (including the degree of restriction of the ability to work) and the individual's potential for rehabilitation.

4. Specialists at the offices (head office and Federal Office) must familiarize the citizen (his legal representative) with the procedure and conditions for declaring a citizen a disabled person, as well as issuing explanations to citizens on questions related to establishing a disability.

II. Conditions for Declaring a Citizen Disabled

5. The conditions for declaring a citizen disabled are:

a) impairment of health, with an enduring disorder in the functions of the organism, caused by diseases, or the consequences of traumas or defects:

b) restriction of day-to-day activities (partial or complete loss by citizens of the ability or opportunity to perform self-care, to move independently, to orient themselves in space, to communicate, to control their behavior, to study or to perform labor);

c) the need for social protection measures, including rehabilitation.

6. The presence of one of the conditions listed in [article 5](#), above, is not a sufficient basis to declare a citizen a disabled person.

7. Depending on the degree of restriction of day-to-day activities, resulting from an enduring disorder of the functions of the organism, caused by illnesses, traumas or defects, a citizen who is declared a disabled person is certified with disability group I, II or III, and a citizen aged under 18 is certified as a "disabled child".

8. When establishing the disability group of a citizen, at the same time and in compliance with the classifications and criteria, stipulated by [article 2](#) of these Rules, the degree of restriction of his or her ability to work is determined (degree of restriction III, II or I), or the disability group is established without any restriction to the ability to work.

9. Group I disability is established for 2 years, and groups II and III are established for 1 year.

The degree of restriction of the ability to work (the absence of restrictions to the ability to work) is established for the same period of time as the disability group.

10. The category "disabled child" is established for 1 or 2 years, or until the citizen reaches the age of 18.

11. If a citizen is declared a disabled person, the date of establishing disability is counted as the day on which the office received the citizen's application to perform a medical and social expert assessment.

12. Disability is established prior to the first day of the month following the month in which a medical and social expert assessment of a citizen (or re-assessment) is scheduled.

13. Disability with no schedule for re-assessment is established in cases where, during the performance of rehabilitation measures, it is established that it is not possible to eliminate or reduce the degree of restriction to the day-to-day life activities of a citizen, caused by enduring, irreversible morphological changes, defects and disorders of the functions of organs and systems of the organism.

14. When a citizen is declared a disabled person, the reason for disability listed can be a general disease, a labor injury, occupational illness, disability from childhood, disability from childhood due to an injury (contusion, maiming), related to military action during the Great Patriotic War, war injury or illness during military service, disability related to the Chernobyl Nuclear Power Plant catastrophe, the consequences of radiation impact or direct involvement in the activity of high-risk units, as well as other reasons listed in the legislation of the Russian Federation.

At the current time, the [Instructions](#) for determining the reasons for disability, adopted by order of the RSFSR Ministry for Social Support, on December 25, 1986, No. 161, are valid, as well as the [Recommendations](#) for the procedure of medical certification in Medical Disability Expert Commission (VTEKs) of citizens from the high-risk units, to establish disability, as adopted by Order of the RF Ministry for Social Protection No. 88, of May 7, 1993.

For the procedure for determining the causal relationship between service on the front and disabilities of former servicemen, previously declared disabled during the Patriotic War, see the [Letter](#) of the USSR State Committee for Labor and the USSR Ministry of Health, No. 17-YuB, of March 18, 1985

In the absence of documents confirming the fact of an occupational illness, labor injury, war wound or other circumstances covered by the legislation of the Russian Federation, and serving as a cause for a disability, general illness is indicated as the reason for the disability. In this case, the citizen is rendered assistance in obtaining the documents indicated. Upon submitting to the office the corresponding documents, the reason for the disability is altered, from the day on which these documents are submitted, without additional certification of the disabled person.

III. Procedure for Referring a Citizen for a Medical and Social Expert Assessment

15. A citizen is referred for a medical and social expert assessment by an organization rendering therapeutic and prophylactic assistance, regardless of the organizational or legal status of the organization, an agency providing pension support, or an agency of public social protection.

16. An organization rendering therapeutic and prophylactic assistance refers a citizen for a medical and social expert assessment after performing the necessary diagnostic, therapeutic and rehabilitation measures, given data confirming an enduring disorder of the functions of the organism caused by illnesses, the consequences of traumas, or defects.

Moreover, in the referral for medical and social expert assessment, the form for which is approved by the Ministry for Healthcare and Social Development of the Russian Federation, data are indicated on the condition of the citizen's health, reflecting the degree of impairment of the functions of organs and systems, the current compensatory potential of the organism, and the results of rehabilitation measures performed.

17. The body providing pension support, as well as the public social protection agency, has the right to refer for medical and social expert assessment a citizen who displays the signs of restricted day-to-day activities, and who requires social protection, if that person has medical documents confirming impairment of the functions of the organism due to illnesses, the consequences of traumas, or defects.

The form for such a referral for medical and social expert assessment, issued by the agency providing pension support, or the public social protection body, is approved by the Ministry for Healthcare and Social Development of the Russian Federation.

18. Organizations providing therapeutic and prophylactic aid, bodies providing pensions support, and public social protection bodies are responsible for the accuracy and completeness of information indicated in the referral for medical and social expert assessment, in the manner stipulated in the legislation of the Russian Federation.

19. If an organization providing therapeutic and prophylactic aid, an agency providing pensions support, or a public social protection body declines to issue a citizen with a referral for medical and social expert assessment, he is issued with an official note, on the basis of which the citizen (his legal representative) has the right to approach the office independently.

Specialists at the office perform an examination of the citizen, and based on the results compile a schedule for additional examination of the citizens and performance of rehabilitation measures, after the implementation of which, the issue of the presence of restrictions on day-to-day activities is reviewed.

IV. Procedure for Performing Medical and Social Expert Assessment for a Citizen

20. Medical and social expert assessment of a citizen is performed at the office, by the place of residence (by place of temporary residence, or by place of location of the pension account of a disabled person who has left the Russian Federation for permanent residence abroad).

21. A medical and social expert assessment is performed at the head office, if the decision of an office is appealed, or based on a referral from an office, in cases requiring special types of examinations.

22. A medical and social expert assessment is performed at the Federal Office if the decision of a head office is appealed, or based on a referral from a head office, in cases requiring special types of examination of unusual complexity.

23. Medical and social expert assessment can be performed at home, in cases where the citizen is unable to visit an office (head office or Federal Office) due to their health, which is confirmed by the conclusion of an organization rendering therapeutic and prophylactic aid, in an in-patient facility where the citizen is located for treatment, or remotely, upon the decision of the relevant office.

24. Medical and social expert assessments are performed on the basis of an application by a citizen (his legal representative).

The application is submitted to the office in written form, attaching the referral for medical and social expert assessment, issued by the organization providing therapeutic and prophylactic aid (the agency providing pension support or the public social protection agency), and medical documents confirming the health impairment.

25. The medical and social expert assessment is performed by specialists at the office (head office, Federal Office) by means of examination of the citizen, study of the documents submitted, analysis of the social and domestic, vocational/labor, psychological and other data of the citizen.

26. A protocol is compiled upon performing a medical and social expert assessment of the citizen.

27. During the performance of a medical and social expert assessment of a citizen, upon the invitation of the head of the office (head office, Federal Office) representatives of state non-budgetary funds, the Federal Labor and Employment Service, and experts in the corresponding fields (hereafter, consultants) may participate with the right to cast an advisory vote.

28. The decision to declare a citizen a disabled person or to decline to declare this status is taken by a simple majority of votes of experts performing the medical and social expert assessment, on the basis of discussion of the results of the medical and social expert assessment.

The decision is announced to the citizen undergoing the medical and social expert assessment (his legal representative) in the presence of all the specialists performing the medical and social expert assessment, who offer explanations, if necessary.

29. Based on the results of the medical and social expert assessment of the citizen, an act is drawn up, which is signed by the head of the corresponding office (head office, Federal Office) and the experts that took the decision, which is then certified with a stamp.

The conclusions of consultants, engaged to perform the medical and social expert assessment, a list of documents and key information that served as the basis for the decision taken, are entered into the medical and social expert assessment act, or appended thereto.

The Ministry of Healthcare and Social Development of the Russian Federation approves the procedure for compiling the medical and social expert assessment act, and the format of the document.

The period of archive storage of the medical and social expert assessment act is 10 years.

30. When a medical and social expert assessment is performed for a citizen at a head office, the medical and social expert assessment act for that citizen, with all available documents appended, is sent to the head office within 3 days from the performance of the medical and social expert assessment at an office.

When a medical and social expert assessment is performed for a citizen at the Federal Office, the medical and social expert assessment act for that citizen, with all available documents appended, is sent to the Federal Office within 3 days from the performance of the medical and social expert assessment at the head office.

31. In cases requiring special types of examination of the citizen, for the purposes of establishing the structure and degree of restriction of day-to-day activities (including the degree of restriction on the ability to work), the potential for rehabilitation, as well as obtaining other additional information, a schedule for additional examination can be drawn up, which is approved by the head of the corresponding office (head office or Federal Office). The citizen undergoing the medical and social expert assessment is informed of this schedule, in a way that allows him to understand the information.

The additional examination schedule can stipulate additional examinations, as required, in medical and rehabilitation organizations, obtaining a conclusion of the head office or Federal Office, request for information required, the performance of inspection of the conditions and character of vocational activities, the social and domestic situation of the citizen, and other measures.

32. After obtaining the data, stipulated by the additional inspection schedule, experts at the corresponding office (head office or Federal Office) take a decision to declare the citizen a disabled person or decline to declare him disabled.

33. Where the citizen (his legal representative) is declined additional inspection and the provision of the required documents, the decision to declare the citizen a disabled person or to decline to do so is taken on the basis of available data, with the corresponding note made in the medical and social expert assessment act for that citizen.

34. For a citizen declared to be a disabled person, the experts of the office (head office or Federal Office) conducting the medical and social expert assessment compile an individual rehabilitation program, which is approved by the head of the corresponding office.

35. An excerpt from the medical and social expert assessment act for a citizen, declared to be a disabled person, is sent by the corresponding office (head office or Federal Office), to the agency providing pension support, within 3 days after the decision is taken to declare the citizen a disabled person.

The Ministry of Healthcare and Social Development of the Russian Federation approves the procedure for compiling the excerpt, and the format for the document.

Information about all cases of declaring persons liable for mandatory military service or citizens of conscription age are submitted by the office (head office or Federal Office) to the corresponding military commissariats.

36. A citizen declared to be a disabled person is issued with: an official note, confirming the fact that his disabled-person status has been established, indicating the disability group and the degree of restriction on his ability to work, or indicating the disability group, but without restriction of the ability to work, and an individual rehabilitation program.

The Ministry of Healthcare and Social Development of the Russian Federation approves the procedure for compiling the official note and the individual program, and the format for these documents.

See the [form](#) for the official note, confirming the establishment of disabled person status, and the [recommendations](#) for the procedure for filling it out, approved by [order](#) of the RF Ministry for Labor, No, 41, on March 30, 2004.

A citizen who has not been declared a disabled person is issued, at his request, with a note on the results of the medical and social expert assessment.

37. For a citizen possessing a document declaring the temporary inability to work, and recognized as a disabled person, the disability group and the date it was established are inscribed in this document.

V. Procedure for Re-Assessment of a Disabled Person

38. Re-assessment of a disabled person is performed in the manner, described by sections I-IV of these Rules.

39. Re-assessment of disabled people of group 1 and conducted once every 2 years, and once per year for disabled people of groups 2 and 3, while disabled children are re-assessed annually throughout the period, during which the category "disabled child" is established for the child.

Re-assessment of a citizen, whose disability was established with no re-assessment period, may be conducted at his personal request (an application by his legal representative), or by referral from an organization providing therapeutic and prophylactic aid, in connection with a change in the state of health, or when the head office or Federal Office acts to verify decisions, taken by the corresponding office, or the head office.

40. Re-assessment of a disabled person may be performed in advance, but no more than 2 months prior to the conclusion of the established period of the disability.

41. Re-assessment of a disabled person prior to the established period, by his personal request (an application by his legal representative), or by referral from an organization providing therapeutic and prophylactic aid, in connection with a change in the state of health, or when the head office or Federal Office acts to verify decisions, taken by the corresponding office, or the head office.

VI. The Procedure for Appealing the Decisions of an Office, Head Office or Federal Office

42. A citizen (his legal representative) can appeal a decision of the office to the head office within a month, on the basis of a written statement submitted to the office conducting the medical and social expert assessment, or to the head office.

The office performing the medical and social expert assessment of a citizen, within 3 days of receipt of the application, sends it, together with all available documents, to the head office.

43. The head office, no later than 1 month from the date of receipt of the citizen's application, performs the medical and social expert assessment, and on the basis of the results obtained, issues the appropriate decision.

44. If the citizen appeals the decision of the head office, the chief expert on medical and social expert assessments for the corresponding constituent member of the Russian Federation, with the consent of the citizen, can delegate the performance of a medical and social expert assessment to another set of experts at the head office.

45. The decision of the head office may be appealed within a month, to the Federal Office, on the basis of an application, submitted by a citizen (his legal representative) to the head office performing the medical and social expert assessment, or to the Federal Office.

The Federal Office, no later than 1 month from the date of receipt of the citizen's application, performs the medical and social expert assessment, and on the basis of the results obtained, issues the appropriate decision.

46. The decisions of offices, head offices and the Federal Office may be appealed in court by the citizen (his legal representative) in the manner, described by the legislation of the Russian Federation.

From the...

Order of the RF Government of December 30, 2005, No. 2347-r ON THE FEDERAL LIST OF REHABILITATION MEASURES, TECHNICAL REHABILITATION RESOURCES AND SERVICES PROVIDED TO DISABLED PERSONS

Approves a new Federal List of Rehabilitation Measures, technical Rehabilitation Resources and Services Provided to Disabled Persons.

In addition to the technical resources covered by the previous federal list, the new list also includes:

1. Electric-powered activity wheelchairs.
2. Mattresses and pillows for preventing bed sores.
3. **Devices for dressing and undressing, and for grabbing objects.**
4. Special devices for reading "talking books".
5. Special devices for optical correction of weak eyesight.
6. Medical thermometers and tonometers with oral output.
7. Sound, light and vibration alarms.
8. Hearing aids, including those with tailor-made ear inserts.
9. Televisions with teletext for receiving programming with hidden subtitles.
10. Telephone terminals with visual text output.
11. Oral speech-creating devices.
12. Sign-language interpretation.