



## COUNCIL OF STATE ADMINISTRATORS OF VOCATIONAL REHABILITATION

1 Research Court, Suite 450  
Rockville, MD 20850  
(301) 519-8023 phone  
[www.rehabnetwork.org](http://www.rehabnetwork.org)

### CHIEF EXECUTIVE OFFICER

Stephen A. Wooderson  
[swooderson@rehabnetwork.org](mailto:swooderson@rehabnetwork.org)

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August 31, 2012

400 Maryland Avenue SW., LBJ  
Washington, DC 20202-4537

Attn: Darrin A. King

Regarding: Federal Register, Advanced Notice of Proposed Information Collection Requests; Office of Special Education and Rehabilitative Services; Annual Vocational Rehabilitation Program/Cost Report (Rehabilitation Services Administration (RSA)-2); OMB Control Number 1820-001, and Case Service Report (Rehabilitation Services Administration (RSA)-911); OMB Control Number 1820-0508 as published in the Federal Register, July 2, 2012.

Electronically mailed to [ICDocketMgr@ed.gov](mailto:ICDocketMgr@ed.gov)

Dear Mr. King:

In response to the Advanced Notice of Proposed Information Collection Requests: Annual Vocational Rehabilitation Program/Cost Report (RSA-2) and Case Service Report (RSA-911) as published in the Federal Register, July 2, 2012, the following comments are offered on behalf of the Council of State Administrators of Vocational Rehabilitation (CSAVR). CSAVR represents the 80 Directors who administer the public Vocational Rehabilitation Program in all the states, Territories, and the District of Columbia. We are responding to your request for public comment regarding the proposed changes to the RSA 2 and 911.

We have received many comments from our members and most have been sent to you directly. The overwhelming concerns are the cost and timeframes for implementing these proposed changes in terms of revamping IT data systems and collection mechanisms, the potential negative impact on service delivery budgets and outcomes due to increased administrative costs required by implementation, and questions as to the need for and value of the changes given that many are not required by the Rehabilitation Act and on their face do not appear to support it.

As you are aware, many states are struggling with the economy and are increasingly unable to generate the funds needed to match their federal VR allotment, even with a very attractive match ratio. Due to this, more and more states are entering and following Order of Selection, which means that they do not have the resources to serve all the individuals applying for services. There will be significant technical and training costs associated with the implementation of the proposed changes. Further, some of our members are in states where they are part

of a single statewide multi-agency case management system with other partners who have their own needs and priorities and are not fully matching their allotments. In this atmosphere it will be extremely challenging for some of our members to make the necessary modifications prior to FFY 2014 while preparing the FFY 2013 data in the current format and at the same time trying to explain to their governors and state legislators why their administrative costs are increasing and outcomes possibly decreasing. A further concern is the potential devastating impact of Sequestration cuts. Given the current economic climate, it seems that this is not the time to change reporting requirements and that such action should only occur after reauthorization.

Members have informed us that the proposed changes will require at least a year to develop, implement, and train staff. Further, the changes will add permanently to the data entry time required per case. One member has estimated that the additional data entry time required by the proposed changes will result in an additional 980 hours of staff time per year every year, in addition to the one-time training and reprogramming hours needed, noted above. Again the question becomes, is the “richer” database that might come from these changes worth the investment and ongoing increased administrative costs that will come from case service budgets most likely, especially at this time? There is concern that the time and cost estimates provided in OMB 83-1 are much too low.

In regard to primary and secondary disability for physical impairments, vocational rehabilitation (VR) presently collects data for the RSA-911 report by assigning codes in 1 of 16 categories to classify physical impairments (9 codes for sensory/communicative impairments and 7 for physical impairments) and assigning an additional code from 1 of 38 categories that identify the causes/sources of impairments. It is being proposed that these impairment codes be replaced with the six-digit disability code from the current version of the International Classification of Disease (ICD).

We believe it is premature to change the system to the ICD codes. These codes have too great a degree of specificity to be meaningful to VR. There are approximately 70,000 ICD-10 codes, as compared to the 54 codes presently used by VR. The on-line training tool that provides information about “how to code” is comprised of 22 chapters.

Vocational rehabilitation counselors do not have the clinical expertise to assign ICD codes and will likely need to gather additional medical reports by qualified health professionals. This will impede access to and eligibility for VR services for consumers. Furthermore, this level of detail is not required by the Rehabilitation Act, Federal Regulation or policy. Ultimately, the result will be fewer consumers served and entering competitive employment, which is not the direction our program should be going, especially at this time.

We recommend that switching to ICD codes for VR purposes be dropped because it will not improve the quality or quantity of services and competitive employment outcomes achieved for consumers to a degree that will justify the added one-time and ongoing costs of the switch.

Primary and Secondary Disability for Mental Health Impairments (elements #25 and 27)

Proposed Change: Replace current impairment codes with codes from the Diagnostic and Statistical Manual of Mental Disorders (DSM) codes.

Presently, VR uses three codes to report data about mental health impairments for the RSA-911 report. It is being proposed that these impairment codes be replaced with Diagnostic and Statistical Manual of Mental Disorders (DSM) codes. VR would need to gather information on the first three digits of the five digit DSM code, at a minimum.

While a more comprehensive system to code impairments may be beneficial, requiring VR to have a DSM code for reporting purposes will again negatively impact the timeliness of VR services to individuals seeking services without comparable benefit to the consumer. These codes are not required by the Act, Regulation or in policy, and are not always readily available. VR counselors do not have the authority to assign DSM codes, and would need to seek additional medical information at added administrative cost to the agency and to the detriment of case service budgets. The requirement to have these codes will delay the application process and eligibility determination and will result in fewer consumers served and moving into competitive employment. Again, CSAVR members question the return on investment of this proposal and the timing of and need for these changes, especially given the many fiscal challenges to VR agencies now and for the foreseeable future.

Many of our members are very concerned about the changes/additions proposed for Data Elements 53 through 248, which record the services provided and costs for those services. Adding several new service categories will again require that the VR agency first reprogram their financial system to divide purchases into additional categories and then reprogram their 911 system to track those payments. This will take significantly more time and money than projected in the proposal. There is confusion and concern about what would happen to existing cases, even if the changes can and are made. Although some information will transfer, as some categories will not change, the addition of new categories means that tens of thousands of purchases will have to be recoded on an individual basis in order to close an existing case. The addition of more categories, expense figures required for categories and in particular the multiple additions to the information collected on each category will require a significant amount of training and programming time and will eventually add significant time to the already lengthy amount of time it takes for data entry for every case closure.

At Closure - Number of Jobs; Occupation; Hours Worked; Weekly Earnings  
(elements # 251-256)

Proposed Change: New data element for number of jobs, and new definition for reporting occupation, hours worked and weekly earnings.

Presently VR records data about employment outcomes by reporting the occupation, number of hours worked and weekly earnings. There is no delineation about primary or secondary jobs. The proposed change to report only information about a “primary” job will provide skewed and inaccurate information about employment outcomes for individuals with disabilities. It will not reflect the actual hours worked, or wages earned, and will negatively impact VR’s performance standards. For example, a person who works two part-time jobs, such as one job for 20 hours a week and another job for 15 hours a week, is actually working 35 hours a week, but VR would only report that the individual is working 20 hours a week, if that is the primary job. Furthermore, both jobs could be consistent with the Individualized Plan for Employment (such as cashier). We recommend that if data is going to be collected about whether an individual has more than one job, that data also be collected about the actual number of hours worked and wages earned for an individual with a disability. This will provide a more accurate picture as to the results VR is achieving and also will respect the informed choice right of the consumer. Again, there are questions as to the need for this change now.

Below are some of the individual comments and questions concerning the proposed changes that our members have shared with us:

1. There will be significant technical and training needs associated with the RSA 2 and 911 changes. Will RSA provide the needed technical assistance and training?
2. For the RSA 2 -Schedule III: Number of Individuals Served and Purchased Service Expenditures by Service Category, we presume that the following sentence refers only to the **type** of services and expenditures, and not the numbers served and costs of those services, because the RSA 911 only reports closed cases and the RSA 2 includes costs of open and closed cases: “The services and expenditures included in Schedule III are the same services and expenditures of those of the RSA-911 report”. Is this correct?
3. Acquiring the additional new data for cases opened prior to FFY 2014 will require significant additional administrative costs for the next few years at the expense of case service budgets and production. Will accommodations be made in terms of the Standards and Indicators?
4. Due to the time and costs required to update systems, train staff, update reports etc., VR agencies should be required to meet or exceed only Standards and Indicators in the FFY 2014 year of submission.

5. Veteran Status – There are several new categories of individuals identified as veterans that include: commissioned officers of the Public Health Service, Environmental Science Services Administration or National Oceanic and Atmospheric Administration, or its predecessor, the Coast and Geodetic Survey. Typically a military veteran would have a DD214 to verify type of discharge. What form of verification would these new categories need to demonstrate type of discharge?
6. Will the format be comma delimited or will there be another delimiter?
7. The data element examples, in the element by element instructions part of the manual, include decimal points and dollar signs, are these symbols to be included with the data?
8. OVR's current impairment cause codes will be replaced by ICDs and DSMs which are expected to be given by health care providers. For cases opened prior to FFY 2014, can we use higher level codes, with more general descriptions?
9. There are over 16,000 codes in the current manual. How finite will RSA be requiring agencies to go?
10. Which version of the manual is RSA planning to specify?
11. How is RSA planning to address annual manual updates?
12. RE: Referrals without disability codes: Given Counselors are not generally credentialed to assign codes, what waivers to time standards will RSA be offering while agencies seek appropriate coding from those who are credentialed?
13. Is the language correct in the data element named "Medical Insurance Coverage at Application" and Closure: "Amounts no longer rounded to nearest dollar. Length of field increased to 10 digits with 2 decimal places. Deleted instructions that dealt with dollar rounding and fixed length data."?
14. The RSA – 911 reports on the cost of services through the life of case. Many cases span many years. It may not be possible to convert case service expenses from prior years into the coding structure of the proposed RSA – 911. How would this situation be handled by a VR agency and by RSA?

The following RSA – 911 comments are arranged by Item:

15. **15 – 16 Zip Code and County.** These are captured at intake and inserted into IRSS. If the client moves, these fields are overwritten. These fields will need to be locked or set aside so that they will not be overwritten.
16. **17 Source of Referral.** Agencies will need guidance from RSA on how to transition from our current coding structure to the proposed coding structure.

17. **18 – 20 Involvement with Other Agencies and Services.** VR agency suggests this be reported only for new cases after these reporting procedures take effect. Agencies do not want to try to create this information for cases already in service. Existing or closed cases would be “grand fathered in” under the old reporting procedure.
18. **21 Level of Education Attained at Application.** Clarification on how to differentiate between choices 2 and 3 for Certificate of Special Education Completion will be needed. Will this procedure begin with new cases only or must we go into all open cases and convert them?
19. **24 – 28 Primary, Secondary and Significant Disability.** Agency suggests using the new coding structure for new cases only. If existing cases or closed cases must be conformed to the new coding structure, RSA will need to create a crosswalk to convert old cases. The alternative is for each state to interpret the old coding structure into the new coding structure and this would result in inconsistent coding across the 80 VR and Blind agencies.
  - A drop-down list may not be practical to find the correct disability code since the International Classification of Disease and the Diagnostic and Statistical Manual of Mental Disorders contain very large numbers of separate code choices. However it is possible that the Doctor’s diagnosis may include the number code for the diagnosis, but this is not common.
  - Agencies may need to go through the costly process of keeping two sets of disability codes in the database (old and new) in order to be able to report for cases before and after the coding change occurs.
20. **32 – 38 Monthly Public Support at Application.** Persons on IPERS or Federal retirement benefits will continue to show Public Support as the primary source of support. Suggest removing these from Data Element 38 since these benefits are not impacted by Vocational Rehabilitation Services. Another idea is to move retirement benefits to Data Element 39, except for Social Security benefits. Social Security retirement benefits may need to be separated from SSI/SSDI benefits.
21. **40 – 45 Medical Insurance Coverage at Application.** Suggest grandfathering old cases since it will be very difficult to go back and capture this information. Whether or not a person is getting insurance coverage through a job is not indicative of whether or not Vocational Rehabilitation Services are helpful to the client. Many people receive insurance coverage through a spouse; young persons can stay on parents insurance to age 26.
22. **52 Supported Employment Goal.** In order to capture this information, agency will need to add a question at closure on the IPE3. This question will result in a high degree of inaccuracy of reporting. Staff will have multiple interpretations for choice number 3.

**RSA – 2 changes generated the following comments:**

1. Proposed Schedule III collects information on the number of individuals served and purchased service expenditures by service category. The current report contains 15 separate fields and 5 subfields. The proposed changes are listing degrees at colleges that are not possible to attain at those places. For example, a vocational degree is not obtained at a university. This should not be listed as an option.
2. Are they using the cost benefit analysis formula that the GAO uses or a straight b/c ratio? This will not reflect the actual value of VR because if we only consider actual outcomes for that year in relation to total costs: in this scenario we include all costs even those for clients in service status but for whom an outcome is not yet achieved. The GAO used staffing costs to create an efficiency rating that also was not very favorable. Recommend that only the costs associated with each outcome are factored, and not all costs since many of those costs are still in the pipeline waiting for an outcome.
  - Page 2 – determining the effectiveness includes more than the obvious goal of the program but other goals and it lists a) – c). Under (b) lowering amounts of money spent on and number of clients in receipt of medical services. The issue here is the number of people who seek out VR for hearing aid type services. Hearing aids are not paid for by many insurances and are quite costly. We put a managed care plan in place for these costs, but it is hard to find vendors who will take the rate and thus we have to approve exceptions now. How will they define what it is they are expecting to have tracked? Will it just be the non-significantly disabled as they list and if so it won't be a problem since we are not serving them? How do they define remedial medical service that could be provided elsewhere? Is this in reference to services covered by insurance and we should not be helping with the balance?
  - #7 – Section 103. We do not capture PELL information because of the formula we have. We know that they are either using PELL or other grant awards or paying the full amount themselves because we only pay a small percentage.
  - Page 4 of the Annual VR Program Cost Report Instructions document – Are they defining under #8 supported employment job coaching or other job coaching as examples?
  - Page 7 – same document as the prior - #3.D.e – Consultative services to educational agencies – how do we account for this? Counselor time for % cases in status 10-1?

**OMB 83-1**

- #2- Is it possible to list more than one vocational goal when the client has interests in more than one thing and is willing to take one of those listed?

- #7 – Does the SRC survey fit into bullet point 5?
- #11 – IVRS asks about Religion because it can be a vocational issue. There are certain religions that will not work in certain industries. For example, the Quakers will not work in industries affiliated with the production of war resources.

Reporting Manual for the 911:

74-80 is for Graduate College or University Training. Listing the Junior or Community College is not appropriate as an option for this category.

81-87 Four-year college or university training – same thing. Junior and CC not appropriate selection.

88-94 Junior or Community College – Graduate, four-year, university training is not appropriate. What is appropriate is: Associate Degree, Vocational Technical Degree.

251 – Is it possible to allow for more than one job at closure? So many clients in this economy, and even when the economy is good, decide they need to work two jobs to achieve their desired living standard.

We thank you for the opportunity to share thoughts and comments from our members. As has been stated above, the greatest concerns of our members are the need for, timing of, and cost benefit of the proposed changes. They will result in higher administrative costs to VR agencies and fewer individuals with disabilities being served and entering competitive employment, which is not the direction our members feel the program should be going, especially at this time. We think the most prudent course is to delay these changes and revisit them when the Act is reauthorized.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen A. Wooderson". The signature is fluid and cursive, with a large initial "S" and "W".

Stephen A. Wooderson  
Chief Executive Officer  
CSAVR