Dear RSA,

Re: Regarding: (04882) 1820-0508-v.9 Case Service Report (Rehabilitation Services Administration (RSA)-911)

I would like to take this opportunity to comment about my concerns on the proposed changes to the RSA-911.

The time and cost estimates provided by RSA in OMB 83-1 are very conservative, in my opinion. For example, the estimates do not include the time and resources required to train staff on the new and complex data elements. Many agencies will be forced to seek additional funding to provide the resources not only for the programming but also for training staff. With the likelihood that sequestration will further limit funding when most State VR agencies are already under an Order of Selection, this does not seem an appropriate time to expend funding and other resources for revisions to the RSA-911.

In OMB 83-1, the timeline would have agencies begin using the new data elements in October 2013 and submitting data in November of 2014. Texas Blind is in the process of moving to a new case management system, with a planned implementation date of March 31, 2013. Based on the amount of resources currently dedicated to this effort, it is not possible to accomplish the necessary reprogramming to the system as well as training for staff by the proposed October 1, 2013 implementation date. We strongly recommend that RSA revise the date agencies are required to begin using the new data elements to October, 2014, and the date for submission of the new data elements to November 1, 2015.

Some specific concerns regarding the instructions are:

1. Data element 24-28. This element requires using the IDC Code as part of the assessment for eligibility for VR services. Texas Blind currently does not use these codes, therefore significant changes to the data collection system as well as substantial training for staff will be required. In addition, clarification is needed from RSA regarding:
    - Whether VR counselors have the authority to add these codes to the RSA-911 based on their own interpretation of medical reports, or do these codes have to be specifically listed in the reports from physicians and other providers?
    - Will RSA require ICD-9-CM or ICD-10-CM coding?

    For those cases already receiving services, it will take a considerable amount of time to manually review and update this information in the data collection system.

    Requiring DSM Codes as part of the diagnosis will also present several challenges. Substantial programming will be required. In addition, to ensure VR Counselors use the correct codes, current reporting forms will have to be revised to add a space for the consultant to enter the appropriate DSM code.

2. Data element 28- Significant disability. RSA has added “most significant disability”. The criteria for identifying individuals with a most significant disability varies from State to State, and is used primarily by States under an Order of Selection. Our recommendation is to delete code 2. If code 2 is not deleted, then the following clarification should be added to the instructions:

   NOTE: Use code 2 only if the DSU is under an Order of Selection. If an individual is receiving Social Security benefits at application or closure, the individual is presumed eligible and significantly disabled. However, after review of functional limitations, the individual may be categorized as most significantly disabled.

   0 No Significant Disability
   1 Significant Disability
   2 Most Significant Disability

3. Data items 53-248 relate to services provided and the associated costs. Obtaining this amount of detailed information will take VR Counselors a significant amount of time. In addition, the quality of data will be diminished when a case is several years old, and will be dependent largely on the VR Counselors best recollection. In my opinion, the questionable data submitted to RSA will not be worth the substantial time and effort required to produce it.

Thank you in advance for your consideration of these comments and recommendations.