

Vocational Rehabilitation



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Vocational Rehabilitation

The vocational rehabilitation program is a federal and state program to assist individuals with disabilities to obtain and maintain employment. Funding for the program is primarily provided by a federal vocational rehabilitation grant (78.7%) with state matching funds (21.3%). The purpose of the program is to provide comprehensive, coordinated, effective, efficient, and accountable services designed to assess, plan, develop, and provide vocational rehabilitation services for individuals with disabilities, consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice, so that such individuals may prepare for and engage in gainful employment.

In Wisconsin, the Department of Workforce Development (DWD), Division of Vocational Rehabilitation (DVR), administers the vocational rehabilitation program.

To accomplish the statewide goals of the vocational rehabilitation program, Wisconsin is divided into 11 workforce development areas (WDAs) that serve individuals with disabilities. Attachment 1 shows a map of Wisconsin's WDA service areas. Each WDA covers one or more counties and is staffed by a DVR director, supervisor(s), counselors, and case coordinators located at several service sites within the WDA.

Individuals with disabilities apply for vocational rehabilitation services at one of the service sites or can request an application online. If the individual is found eligible for services, a team consisting of counselors and case coordinators at the service site where the individual is located provides guidance and counseling, helps create a plan for employment, and provides services, on behalf of and tailored to meet the specific vocational rehabilitation needs of, each individual.

Services may be provided directly by DVR staff or purchased from a vendor.

Background

Following World War I, federal legislation was enacted to assist disabled veterans with employment and educational opportunities. In 1920, the federal Smith-Fess Act expanded such opportunities to all disabled citizens. For the first time, the federal government provided funds to the states for vocational services, including vocational guidance, training, occupational adjustment, prosthetics, and job placement services, for all disabled citizens. The states were required to provide a 50% match to the federal funds.

Over the years, additional federal legislation expanded services and the definition of disability such as the inclusion of mental illness developmental disability. The Rehabilitation Act of 1973 replaced prior legislation and prioritized service for persons with severe disabilities, established affirmative action programs, and created the individual written rehabilitation program to ensure individual involvement in a rehabilitation plan of action. The Rehabilitation Act of 1973 was amended in 1978, 1986, 1992, and 1998 to establish independent living centers with a focus on community integration and peer supports, establish supported employment as a program, enhance support for rehabilitation engineering, support special projects and demonstrations, and guarantee individual choice in career opportunities.

According to the Rehabilitation Research and Training Center on Disability Demographics and Statistics, 2010 Disability Status Reports, in the

United States 10.3% of working age individuals (ages 21 and 64) reported a disability, 33.9% of these disabled workers were employed, and 27.0% of these individuals lived in poverty. In Wisconsin, 8.9% of working age individuals reported a disability, 40.0% of these disabled workers were employed, and 24.3% of these individuals lived in poverty. The Rehabilitation Act of 1973, as amended in 1998, was enacted to: (a) empower individuals with disabilities to maximize employment, economic self-sufficiency, independence, and inclusion and integration into society; and (b) ensure that the federal government plays a leadership role in promoting the employment of individuals with disabilities, especially individuals with significant disabilities, and in assisting states and providers of services in fulfilling the aspirations of such individuals for meaningful and gainful employment and independent living.

The Rehabilitation Services Administration (RSA), in the Office of Special Education and Rehabilitative Services (OSERS) in the U.S. Department of Education, administers funding under the Rehabilitation Act of 1973, as amended. OSERS provides funding and guidance based on the best available evidence-based practices in special education, vocational rehabilitation, and disability research. The RSA oversees formula and discretionary grant funding for vocational rehabilitation.

To be eligible to receive funding from the RSA, each state must file a state plan that describes how the state will conduct its vocational rehabilitation program in compliance with federal law and designates the state agency which administers the program. As noted, DWD's Division of Vocational Rehabilitation administers the program in Wisconsin.

DVR assists individuals with disabilities to obtain, maintain, or improve employment and is the state's primary provider of employment services to people with disabilities. Attachment 2

lists the statutory requirements of the vocational rehabilitation program.

The remainder of this paper provides information regarding eligibility, services, specialized programs, and funding for DVR. This paper also provides statistics regarding the disabled population served by DVR and describes the Wisconsin Rehabilitation Council (WRC).

Program Eligibility

Under federal law, to be eligible for DVR services, an individual must have a physical or mental impairment that results in a substantial impediment to employment and requires DVR services to prepare for, secure, retain, or regain employment.

A substantial impediment to work may include difficulty with: (a) getting to and from places; (b) communicating; (c) getting ready for work or taking care of oneself; (d) making realistic decisions and following through with plans; (e) getting along with others; (f) working full-time or performing all of the physical duties of a job; and (g) learning new job skills. Attachment 3 lists examples of disabilities that could result in a substantial impediment to employment and require DVR services.

An individual eligible for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) benefits is presumed eligible for DVR services provided that the individual intends to achieve an employment outcome. Completion of the DVR application process is sufficient evidence that the individual intends to achieve an employment outcome.

For individuals not eligible for SSI or SSDI benefits, DVR reviews information regarding the individual's disability, including DVR counselor

observations, to determine eligibility. Other information may be obtained from other programs and providers, such as educational institutions, the Social Security Administration (SSA), physicians, hospitals, and other sources. The information used must describe the current functioning of the individual. If the information does not describe the current functioning of the individual or is unavailable, insufficient, or inappropriate, DVR bases its determination of eligibility on an assessment of additional information that results from the provision of DVR evaluation services, including assistive technology devices and services and work experience.

Application Process. DVR has staff in 42 locations throughout the state, in addition to the central administrative office in Madison. DVR considers an individual to have applied for services when the individual: (a) has completed a DVR application or otherwise requested services; (b) has provided the information necessary to initiate an assessment to determine eligibility and priority for services; and (c) is available to complete the assessment process. DVR began accepting on-line applications for services in April, 2012.

Eligibility must be determined within 60 days after the individual submits an application for DVR services. However, the counselor and the individual can agree on a specific extension of time due to exceptional and unforeseen circumstances beyond the control of either DVR or the individual.

A DVR counselor determines eligibility. A written statement of eligibility must be included in the case record. Individuals who are determined not to be eligible for DVR services are informed of the decision, in writing, and provided with the reasons for the determination of ineligibility, notification of their appeal rights, and information about the Client Assistance Program (CAP). The rights of the applicants are discussed on page 13 under "Appeal and Other Rights."

Once determined eligible, the DVR counselor recommends, in writing, the category in which individuals should be placed according to the severity of the disability. This system of categories is called order of selection (OOS). As stated previously, individuals with the most significant disabilities have priority for services.

Order of Selection

Under federal law, if DVR services cannot be provided to all eligible individuals with disabilities in the state who apply for the services, the state plan must: (a) show the order to be followed in selecting eligible individuals to be provided vocational rehabilitation services; (b) provide the justification for the order of selection; (c) include an assurance that, in accordance with criteria established by the state for the order of selection, individuals with the most significant disabilities will be selected first for the provision of vocational rehabilitation services; and (d) provide that eligible individuals who do not meet the order of selection criteria must have access to services provided through an information and referral system.

DVR first implemented an OOS in 1994, which consisted of seven categories. In August 2000, DVR updated the OOS categories, reducing the categories from seven to three. These three categories are used today. When an individual is found eligible for vocational rehabilitation services, an order of selection determination is completed. The individual's order of selection priority category is determined jointly by the counselor and individual by evaluating the individual's functional limitations, anticipated required services, and the duration of those services. DVR establishes a wait list of individuals who are eligible, but cannot be served due to lack of resources. When DVR determines it has adequate resources to serve more individuals on the

waiting list, activations are made based on the category (individuals with the most significant disabilities are served first) and date of application.

To determine the appropriate category placement, each eligible individual is assessed to determine the functional limitations and the number of those limitations resulting from their physical or mental impairment in areas such as mobility, communications, and work tolerance. Table 1 shows the types of abilities that are assessed in order to determine appropriate DVR placements.

Generally a determination is made as to whether there is a reasonable expectation that this person could obtain some kind of work or participate in work-related activities with or without training. Based on this assessment, the individual is placed in one of the three OOS categories.

Category 1 includes persons with a most significant disability. An individual has a most significant disability if a serious mental or physical

impairment exists that seriously limits four or more functional capacities in terms of an employment outcome and whose vocational rehabilitation requires multiple services over an extended period of time. Category 2 includes persons with significant disabilities. An individual has a significant disability if a serious mental or physical impairment exists that seriously limits one to three functional capacities in terms of an employment outcome, and whose vocational rehabilitation requires multiple services over an extended period of time. An allowed SSDI or SSI recipient is automatically considered to be, at least, an individual with a significant disability. Category 3 is for all other persons eligible for DVR services--those who do not have a disability that seriously limits functional capacities and do not require multiple services over an extended period of time. "Multiple services" are two or more primary services needed to achieve a successful rehabilitation outcome. "Extended period of time" is defined as needing vocational rehabilitation services for six months or more with a 90-day follow-up after achieving a successful

Table 1: Factors in Determining DVR Placements*

Mobility	The ability to get to work from home and to move around a worksite or participate in work activity
Communication	The ability to exchange information effectively when participating in work-related activities
Self-Care	The ability to perform activities of daily living at a level which allows the individual to participate in work-related activities
Self-Direction	The ability to initiate, organize, and make decisions in one's own best interest at a level allowing the individual to participate in work-related activities
Interpersonal Skills	The ability to establish and maintain relationships with others at a level which allows the individual to participate in work-related activities
Work Tolerance	The ability to meet the demands of participating in work-related activities, such as how long and under what circumstances the individual can work
Work Skills	The ability to meet employment expectations for entry-level workers (or in the case of someone who is already employed, the expectations of employers for someone at that level of employment)

*The assessments consider the individual's physical, cognitive, and psychological abilities in these areas.

rehabilitation outcome.

Placement into an OOS category is determined without regard to length of residency, income level, type of disability, age, sex, race, color, national origin, source of referral, expected employment outcome, type of service needs, or costs of services. All individuals receive official notification of their specific order of selection determination and their right to appeal their category placement. An individual may also request a review of his or her category within the OOS whenever new evidence is available. Those who are not immediately activated from the wait list to develop an employment plan are offered referral services and the option of remaining on the waiting list until the individual can be activated for employment plan development.

Since the implementation of the three-category order of selection, there have been waiting lists for one or more categories. As of December 1, 2012, eligible applicants with the most significant disabilities (Category 1) did not experience a waiting period. Comparatively, 3,071 eligible applicants with significant disabilities (Category 2) and 1,545 non-significantly disabled eligible applicants (Category 3) were on the waiting list. As of December 1, 2012, persons with significant disabilities could expect to wait between four and six months before being invited to develop a plan of service, whereas eligible applicants with non-significant disabilities were not expected to be invited off of the wait list and experienced an indefinite wait period.

Each individual on the OOS wait list is contacted annually to determine if additional information is available and if he or she wishes to remain on the waiting list. If an individual no longer wishes to remain on the waiting list, his or her case is closed and the individual is notified in writing of the closure and the right to appeal the closure. This information is documented in the case record.

DVR is required to consult with the Wisconsin Rehabilitation Council regarding the need to have and implement an order of selection. DVR provides quarterly updates to the WRC regarding the order of selection and waiting list status.

Individualized Plans for Employment

Once an individual is assigned to an OOS category and invited from a waiting list, an individualized plan for employment (IPE) is developed by the DVR counselor and the individual. The IPE must be developed within 90 days, unless an extension of time is approved by the individual, counselor, and DVR management.

The process to develop an IPE begins with an assessment to determine the needs of the individual. Assessments determine interests and capabilities, vocational rehabilitation needs, and rehabilitation technology needs.

DVR must provide the individual, or the individual's representative, in writing and in an appropriate mode of communication, with information regarding options for developing an IPE. These options must include: (a) information on the availability of assistance to the extent determined to be appropriate by the individual from a counselor in developing all or part of the IPE; (b) the availability of technical assistance in developing all or part of the IPE; (c) a description of the full range of components included in an IPE; (d) as appropriate, an explanation of the DVR guidelines and criteria associated with financial commitments, additional information an individual requests or DVR determines necessary, or information on the availability of assistance in completing DVR forms required in developing the IPE; (e) a description of the rights and remedies available to the individual including recourse to due process and mediation; and (f) a description of the client assistance program and information

about how to contact CAP.

The IPE itself contains a description of the specific employment outcome chosen by the individual, the timelines for the achievement of the employment outcome, a description of the specific services to be provided, and the timelines for the initiation of the services. The IPE also includes a description of the entity chosen by the individual, or the individual's representative, to provide the services and the methods chosen by the individual to procure the services.

The IPE also describes criteria to evaluate the progress toward achievement of the employment outcome and the terms and conditions of the IPE, including DVR responsibilities, individual responsibilities in relation to the employment outcome, expectations and outcomes needed to measure satisfactory progress, the individual's participation in paying for the costs of services, the individual's responsibilities in applying for and securing comparable benefits, and the responsibilities of other entities as the result of arrangements made pursuant to comparable services or benefits.

Finally, for an individual with the most significant disabilities with an employment outcome in a supported employment setting, the IPE includes information that identifies the extended services needed by the individual, the source of extended services or, if the source cannot be identified at the time of the development of the IPE, a description of the basis for concluding that there is a reasonable expectation that such source will become available, and, if necessary, a statement of projected need for post-employment services.

An IPE must be a written document prepared on DVR forms. The IPE must be developed and implemented in a manner that affords the individual the opportunity to exercise informed choice in selecting an employment outcome. For high school students eligible for an IPE, the IPE must be completed before the student leaves high

school. The IPE must be agreed to and signed by the individual, or the individual's representative, and approved and signed by a DVR counselor. A copy of the IPE must be provided to the individual, or the individual's representative, in writing and, if appropriate, in the native language or mode of communication of the individual, or the individual's representative.

The IPE must be reviewed, at a minimum, annually by a DVR counselor and the individual, or the individual's representative. The review must be signed by the counselor and the individual, or the individual's representative. The IPE is amended as necessary by the individual, or individual's representative, in collaboration with DVR staff. An amendment is necessary if there are substantive changes in the employment outcome, services to be provided, or the providers of the services. Amendments do not take effect until agreed to and signed by the individual, or individual's representative, and the DVR counselor.

Program Services and Providers

Services are provided to an individual based on the IPE. Services must be necessary and appropriate to assist an individual in preparing for, securing, retaining, or regaining an employment outcome that is consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual. In addition to the assessments discussed above, other types of services are described below.

Guidance and Counseling. A DVR counselor provides information and shares knowledge about the impact disabilities have on employment. The counselor discusses the individual's abilities, needs, and interests to establish an IPE. Guidance and counseling also include support services to assist an individual in exercising in-

formed choice.

Referral. Individuals may be referred to other federal or state programs for services best suited to address their specific employment needs. For each of these programs, the individual is provided with the notice of the referral by DVR to the agency carrying out the program, information identifying a specific point of contact within the agency carrying out the program, and information and advice regarding the most suitable services to assist the individual to prepare for, secure, retain, or regain employment.

Job-Related Services. The goal of DVR is for an individual to find and keep a job. These services include job-seeking skills, job search and placement assistance, job-retention services, follow-up services, and follow-along services. The individual learns to create a resumé and cover letter, to interview, to network, to find job openings, and to research employers.

Vocational and Training Services. These services include the provision of personal and vocational adjustment services, books, tools, and other training materials. For employment training goals that require attending a college, university, technical college, or vocational training program, the individual may apply for a DVR training grant.

The training grant amount, which was last increased on June 14, 2010, is for up to \$4,500 per academic year for a full-time student or \$141 per credit for a part-time student. The actual amount of a training grant awarded to an individual depends on how much financial aid is received and the unmet need based on other sources of financial aid. The student must apply for and accept, if eligible, other financial aid in order to be considered for a training grant. The grant is paid directly to the student, divided in equal payments by academic year, semester, or quarters. DVR must receive a grade report or transcript at the end of each semester or quarter to verify adequate com-

pletion before the next installment of the grant can be issued. The grant may be used to fund tuition and fees, books and supplies, transportation, room and board, dependent care, student loan fees, and other personal expenses.

Diagnosis and Treatment. If financial support for diagnosis and treatment of physical and mental impairments is not readily available from another source, such as health insurance, diagnosis and treatment may be covered DVR services. A decision to provide funding is based upon a determination that the service is likely to correct or modify substantially a stable or slowly progressive physical or mental impairment that constitutes a substantial impediment to employment, and that comparable benefits have been well researched

Covered services may include: (a) corrective surgery or therapeutic treatment (including hospitalization) necessary to correct or substantially modify a physical or mental condition that constitutes a substantial impediment to employment, but is of such a nature that such correction or modification may reasonably be expected to eliminate or reduce such impediment to employment within a reasonable length of time; (b) prosthetic and orthotic devices; (c) eyeglasses and visual services prescribed by qualified personnel who are selected by the individual; (d) special services (including transplantation and dialysis), artificial kidneys, and supplies necessary for the treatment of individuals with end-stage renal disease; (e) diagnosis and treatment of mental and emotional disorders by qualified personnel who meet state licensure laws; and (f) necessary hospitalization in connection with surgery or treatment.

Maintenance for Additional Costs. Additional costs incurred while participating in a DVR assessment or while receiving services under an IPE may be covered. Maintenance is provided when relocation is necessitated by the IPE, is feasible, and results in increased costs to the indi-

vidual. If commuting and relocation are both feasible, then the individual may choose between the two. However, DVR costs will be limited to the less costly of the two alternatives.

Transportation. Travel and related expenses necessary to enable an individual to participate in a vocational rehabilitation service can be provided by DVR. Transportation services also include adequate training in the use of public transportation vehicles and systems.

Interpreter Services. Interpreter services may be provided by qualified personnel for individuals who are deaf, hard of hearing, or deaf-blind. Services also include reader services for individuals who are determined to be blind after an examination by qualified personnel who meet state licensure laws.

Services for Blind. Rehabilitation teaching services and orientation and mobility services may be provided to individuals who are blind.

Occupational Licenses, Tools, Equipment, and Supplies. To achieve an employment goal or to start up a business consistent with the goals of an established IPE, services may be provided to obtain an occupational license, tools, equipment, and initial stocks and supplies necessary to achieve the goal.

Self-Employment. For individuals who complete a thorough and well-researched business plan on self-employment or the operation of a small business, services may be provided to achieve self-employment or small business goals. These services, to the extent authorized through the state workforce investment system, may include technical assistance and other consultation services to conduct market analysis and the provision of resources to individuals who are pursuing self-employment or telecommuting or establishing a small business operation as an employment outcome. DVR and the individual must assess the individual's knowledge, ability, motiva-

tion, and personal commitment to establish, operate, and maintain a business that generates a competitive wage and that will be self-sustaining.

Rehabilitation Technology. Individuals may receive technological aids and devices that can make it easier to do a job or to continue with the training needed. Rehabilitation technology includes telecommunications, sensory, vehicular modifications, and other technological aids and devices. Replacement of equipment must be disability-related and linked directly to an IPE.

Transition Services. These services are provided to ensure a smooth transition for students with disabilities from high school to post-secondary education or employment in order to facilitate the achievement of the employment outcome identified in the IPE. Eligible students with disabilities are contacted in high school to formulate an IPE so that a plan is in place for either employment or additional education when the student graduates from high school. Transition services are discussed in further detail in the "Specialized Programs" section on page 15.

Supported Employment Services. Supported employment (SE) services are ongoing support services and other appropriate services needed to support and maintain an individual with a most significant disability in employment.

Ongoing support services consist of: (a) a particularized assessment supplementary to a comprehensive assessment; (b) the provision of skilled job trainers who accompany the individual for intensive job skill training at the worksite; (c) job development, job retention, and placement services; (d) social skills training; (e) regular observation or supervision of the individual; (f) follow-up services such as regular contact with the employer, the individual, the individual's representative, and other appropriate persons, in order to reinforce and stabilize the job placement; (g) facilitation of natural supports at the worksite; (h) any other DVR services; and (i) services similar

to any other services listed in this paragraph.

DVR annually receives a federal appropriation for supported employment under Title VI-B of the Rehabilitation Act. These funds are to be used only for individuals with the most significant disabilities. Vocational Rehabilitation Title I dollars are used to serve individuals with significant disabilities and any other eligible individuals who need supported employment.

Supported employment services are provided based on a determination of the needs of the individual and specified in an IPE. SE services are provided for up to a maximum of 18 months unless, under special circumstances, the individual and the counselor agree to extend the time in order to achieve the rehabilitation objectives identified in the IPE. SE is discussed in further detail in the "Specialized Programs" section on page 15.

Family Services. Services to the family of an individual may be provided if they are necessary to assist the individual to achieve an employment outcome. For example, transportation or child care may be provided to family members if needed in order for the family members to participate in the individual's evaluation or IPE.

Post Employment Services. Post employment services are services that are necessary to assist an individual to: (a) retain employment when the limitations resulting from the disability cause the individual to be at risk of losing the job; (b) regain employment when the individual is unable, due to the disability, to seek employment without assistance; or (c) advance in employment, when the job is no longer consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. These services are available to meet rehabilitation needs that do not require complex and comprehensive services. Post employment service plans are not to exceed two primary services and/or more than six months in duration.

Planned Trial Work. Planned trial work is provided in a realistic, integrated work site in the community which evaluates the individual's abilities, capabilities, and work capacity. The selection of specific work sites for trial work experience must be consistent with the individual's exercise of informed choice. Trial work experiences may include supported employment work situations or on-the-job training. If the individual has accommodation needs which can be addressed through provision of assistive technology devices or personal attendant care services, those must be addressed when trial work experience is provided. The IPE for trial work experiences must incorporate and document periodic assessments to be carried out during the trial work experiences.

Other Goods and Services. Any other goods and services may be provided if they are determined necessary for the individual to achieve an employment outcome.

Service Providers and Partners. DVR purchases services from providers to assist individuals with disabilities to obtain and maintain employment. The individual chooses the service provider based on information provided by DVR, including: (a) a list of providers; (b) the cost, accessibility, and duration of potential services; (c) consumer satisfaction with those services, to the extent that information is available; (d) qualifications of potential service providers; (e) types of services offered by the potential providers; (f) the degree to which services are provided in integrated settings; and (g) the outcomes achieved by individuals working with the service providers, to the extent that information is available.

All purchased services are authorized prior to the provision of services. Most services are provided on a fee-for-service basis. Once services are completed for the individual, the provider submits an invoice to DVR for the authorized service. Direct payments may be made to individuals for situations such as the provision of bus tokens if direct purchase or reimbursement is not

feasible. A receipt or other appropriate documentation that the funds were used as intended is required for direct payments. DVR provides training grants to individuals attending post-secondary education programs to cover approved education costs in the IPE. In addition, DVR may contract with county agencies for job development services and supported employment assessment services.

Providers of DVR services must be licensed, certified, registered or otherwise accredited, as applicable, for the occupation, facility, or service provided or, in the absence of these requirements, must possess other equivalent competency assurance. Any facility in which services are provided must meet the accessibility and the civil rights compliance standards required by law, including meeting the special communication needs of individuals. Providers must also take affirmative action to employ and advance in employment individuals with disabilities.

DVR also partners with state agencies, educational institutions, state and national organizations, American Indian VR programs and services, and community agencies to provide needed services.

Comparable Benefits or Services. Prior to providing any vocational rehabilitation services to an individual, except services exempted, DVR staff must determine if comparable benefits or services exist under any other program and whether those benefits or services are available to the individual. If available, the comparable benefits and services must be used in whole or in part to cover the cost of services, unless the use of these benefits and services would interrupt or delay: (a) the progress of the individual toward achieving the employment outcome identified in the IPE; (b) an immediate job placement; or (c) the provision of such service to any individual at extreme medical risk.

Exemptions from the determination of compa-

rable benefits include assessments for eligibility and IPE needs, counseling and guidance, referral and other services to secure services from other agencies, placement services, and rehabilitation technology. Comparable benefits do not include awards and scholarships based on merit.

Financial Contribution and Fees. DVR does not require a financial needs test as a condition for providing services, except that a financial needs test, applied by the Free Application for Federal Student Aid (FAFSA) is required for post-secondary education services. Individuals are advised that they may voluntarily contribute to the cost of the services listed in the IPE, but are not required to do so.

Federal guidelines permit DVR to establish limits on fees that DVR counselors may pay providers for services in order to ensure a reasonable cost to the program for each service. DVR has established maximum fees that counselors may pay to providers for specific goods and services. If the individual chooses a product or vendor that exceeds the established fee schedule and does not obtain an exception, the individual is responsible for the excess amount. DVR also requires prior written authorization before specific services can be rendered and payment can be made.

Case Closure

Cases may be closed for a variety of reasons at any point during the DVR process. The following paragraphs describe the reasons cases may be closed.

Too Severely Disabled to Benefit from Services. A case cannot be closed because the individual is too severely disabled to benefit from services during the OOS process because of the presumption of being able to benefit. If, however, at any other time in the case process it is believed

that the individual may be too severely disabled to benefit from services, an IPE will be written or amended to assess the individual's ability to participate in and benefit from services. Trial work experiences are required services for these plans. If trial work experiences are not available, alternate evaluation services must be provided in integrated settings and consistent with the individual's informed choice. The decision to close the case due to the severity of the individual's disability can be made only after a variety of work experiences over a sufficient period of time result in clear and convincing evidence that the individual is incapable of benefiting from vocational rehabilitation services in terms of an employment outcome. No one assessment strategy alone can result in clear and convincing evidence.

Individuals whose cases are closed because they are incapable of benefiting from services in terms of an employment outcome must be provided an opportunity for a review of that determination a year after case closure and, thereafter, at the request of the individual. The review must assess whether their condition may have changed and they may now be eligible for services.

Prior to Eligibility. An individual's case will be closed without an eligibility determination when the individual declines to participate, refuses services, fails to cooperate, has died, or is institutionalized. The case will also be closed if the individual is unavailable during an extended period to complete an assessment for determining eligibility and DVR has made a reasonable number of attempts to contact the individual or, as appropriate, the individual's representative to encourage participation.

Due to Ineligibility. The individual or, if appropriate, the individual's representative must be provided an opportunity for a full consultation of an ineligibility decision before the individual's case is closed due to ineligibility. The individual must also be offered referral services.

After Eligibility Determination. An eligible individual's case will be closed when it has not been possible to develop an IPE, the IPE has been completed, services are no longer necessary or appropriate, the individual fails to cooperate, the individual does not achieve satisfactory progress in an IPE, or the individual is no longer eligible. The individual or the individual's representative must be provided an opportunity to discuss the closure decision before the case is closed.

After Rehabilitation. A case may be closed when the rehabilitation services result in an employment outcome.

An individual has achieved an employment outcome only if the following requirements are met and documented: (a) services provided under an IPE have contributed to the achievement of the employment outcome; (b) the individual has achieved the employment outcome described in the IPE; (c) the employment outcome is consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice; (d) the employment outcome is in the most integrated setting possible consistent with the individual's informed choice; (e) the individual is compensated at or above the minimum wage and receives at least the customary wage and benefit level paid to other individuals performing similar work for the same employer; (f) employment has been maintained for at least 90 days; (g) the individual and counselor consider the employment to be satisfactory and agree the individual is performing well on the job; and (h) the employment is stable and the individual no longer requires vocational rehabilitation services to maintain the employment. Paid work experience cannot be considered a "closure after rehabilitation" until 90 days of employment have been completed after the end of the work experience period.

Work in a nonintegrated or sheltered setting or work for which there is no payment is not con-

sidered a closure after rehabilitation. Nonintegrated or sheltered employment means the individual is normally paid on a piece rate basis, is not doing the same type of job and is not generally afforded a benefits package offered other employees of the organization, and is supported by other resources, such as county funding. Individuals employed by the program earning wages and benefits normally afforded a person engaged in an employment relationship are considered competitively employed in an integrated setting and, thus, a successful rehabilitation outcome.

At the time of closure, the individual is informed of the availability of post-employment services and will be provided services, if necessary, to maintain, regain, or advance employment consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, and interests.

After Rehabilitation in Supported Employment. An individual's case will be closed when the individual is working in supported employment only when the employment represents competitive employment or employment in integrated work settings in which the individual is working toward competitive employment. The employment must be in an integrated work setting where most employees do not have disabilities and the individual regularly interacts with these employees while performing job duties, or when the individual regularly interacts with individuals who do not have disabilities, including the general public, while performing job duties as part of a work group of employees with disabilities. There must be confirmation of extended support services after case closure by another party identified in the IPE. Closure occurs no sooner than 90 days after transition to extended support services. Individuals must be compensated in accordance with the federal Fair Labor Standards Act.

Notification of Closure. Individuals whose cases are closed for any reason except death or no

known address must be notified, in writing, of the case closure, the type of closure, the reasons for the closure, the right to appeal the closure decision, and the process for appealing, including the availability of the client assistance program to assist with an appeal. Individuals must be provided an opportunity for full consultation prior to case closure. Notification to the individual or individual's representative must be supplemented as necessary by other appropriate modes of communication consistent with the informed choice of the individual.

Annual Review if Working Under a Sub-Minimum Wage Certificate. If an individual's case is closed because he or she has been working under a sub-minimum wage certificate, an annual review must be conducted each year for two years. An individual or individual's representative may request additional reviews. The review is to determine the interests, priorities, and needs of the individual with respect to competitive employment or training for competitive employment. An individual or individual's representative must have input into the review and reevaluation and sign an acknowledgment. Maximum efforts must be made to assist these individuals in engaging in competitive employment.

Appeal and Other Rights

Appeal Procedures. Any person aggrieved by a determination of eligibility or ineligibility for vocational rehabilitation services or by the furnishing or denial of services, including a decision relating to an OOS category assignment, may appeal. The individual may request a review informally, with a DVR supervisor, with mediation through a neutral third party to reach a compromise or agreement with DVR, and/or through a formal hearing where an impartial hearing officer (IHO) will hear the facts of the case and make a decision. An IHO must be a person who

knows about DVR and the DVR process, but does not work for DVR, is not a member of the WRC, has not been involved in previous decisions regarding the individual, and does not have any personal or financial interest that may conflict with the IHO's obligation to be objective.

The appeal begins with a written request for a review, signed by the individual, stating what decision the individual wants reviewed and what the individual thinks the decision should have been. This written request must be filed with the DVR hearing coordinator within 12 months after the notice of a decision or action was mailed to the individual, or the appeal will be dismissed. The hearing coordinator then notifies all parties of the action. A hearing must be held within 60 days of the receipt of the hearing request by a hearing coordinator unless the hearing officer grants an extension for good cause at the request of either party.

If the individual chooses mediation to resolve the matter, the hearing coordinator will provide a list of trained mediators to try to reach an agreement between the individual and DVR. If the individual is not satisfied with mediation, he or she may still pursue a formal hearing. The time limit to hold the hearing is not delayed by mediation unless both the individual and DVR agree to a delay.

If the individual does not choose mediation or mediation is unsuccessful, then the hearing coordinator sends a letter to the individual identifying IHOs and asking the individual to select a hearing officer. If the individual does not select an IHO, DVR will randomly select one from the list of available IHOs. The IHO who is selected by the individual then asks the parties involved to participate in a prehearing interview to: (a) formulate a statement of the issue or issues presented by an appeal; (b) identify potential witnesses and receive motions; (c) confirm the scheduled hearing; or (d) clarify any other issues to be considered or excluded from a hearing. Participation

in a prehearing is not required.

If the parties reach an agreement prior to the hearing, the IHO will notify the parties that the issue has been resolved by mutual agreement, and the appeal is dismissed. The notice must include a brief summary of the agreement and advise the parties that failure to meet the conditions of the agreement is grounds for a new hearing request. If either party objects to the proposal prior to the scheduled hearing, the hearing will be held without additional notice.

The formal hearing is closed to the public as a confidential matter unless the individual files a motion to open the hearing. Attendance by both parties is required. The individual may choose someone to represent him or her at the hearing and must file notice of representation. At the hearing, each side presents its case, including opening statements, any witnesses, rebuttals, and closing arguments. The hearing is tape recorded.

The IHO must issue a written decision within 10 days of any written motion that was filed and within 30 days of a hearing. The IHO provides a report of the hearing, including the findings and the grounds for the decision. The decision is final unless the Division of Vocational Rehabilitation Administrator acts to change the decision or the individual petitions the circuit court for review. The notice specifies the procedures for filing a claim in circuit court.

If the DVR Administrator decides to perform a formal review of the IHO's decision, written notice of this decision must be filed with the parties by certified mail within 20 days of the date that the decision of the hearing officer was mailed. Additional evidence and information relevant to the final decision may be filed with the DVR Administrator not later than 30 days following the date of the intent to review notice, and the Administrator may also collect new evidence from other sources during that period.

The DVR Administrator cannot modify a decision of an IHO which supports the position of the individual unless, based on clear and convincing evidence, the decision is clearly contrary to law or federal policy issuances. The Administrator may consult with the IHO regarding the decision, and must notify the parties in writing by certified mail of the outcome of the review within 30 calendar days after the date of the intent-to-review notice. The notice must state the findings, the grounds for the final decision, that it is the final decision unless modified by a court, and how to file a request for circuit court review.

Pending the decision of a hearing officer, DVR may not suspend, reduce, or terminate services under an IPE, unless the services were obtained through misrepresentation, fraud, collusion, or criminal conduct.

Client Assistance Program (CAP). Pursuant to federal law, CAP provides information about services for people with disabilities and provides assistance when a person is having difficulty receiving services that are funded under the Rehabilitation Act.

CAP serves people seeking services from DVR, American Indian vocational rehabilitation projects, or independent living centers in Wisconsin. These programs must inform a person of CAP services whenever: (a) a service is denied, reduced, or changed; (b) a person is found not eligible; or (c) a case is closed against the person's wishes.

CAP services include the provision of information regarding services for people with disabilities, assistance with the determination of whether an individual is receiving appropriate services, assistance with resolving differences between an individual and the counselor or rehabilitation teacher, and assistance with an appeal or other legal remedy when appropriate services have been denied. CAP services are provided at no cost to individuals.

Confidential Information. No person may disclose, directly or indirectly, any information concerning any person who applies for or receives vocational rehabilitation services without the consent of the person, except when necessary for program administration or to carry out an individual's IPE. Any person who violates this requirement is subject to a fine of not more than \$500, imprisonment for not more than six months, or both.

Exceptions to this requirement include disclosing information: (a) in the administration of the DVR program; (b) in response to law enforcement, fraud, or abuse investigations; (c) to the individual for access to his or her own records; (d) as needed to protect the individual from physical harm to self or others; (e) in response to criminal investigations; (f) in response to a judicial order; (g) when required by federal law for an approved audit, research, or evaluation purpose; or (h) in suspected cases of abuse, neglect, exploitation, or endangerment, unless expressly prohibited by state or federal laws.

Other safeguards to protect confidential information include notification of confidentiality rights and responsibilities to those that have access to the case record, requiring requests by parties other than the individual to be in writing and to specify the information wanted and the purpose for which it will be used, assurances from a third party that receives confidential information that it will only be used for the purpose requested, and notice to a third party not to re-release the confidential information.

Other Rights and Responsibilities. Individuals are advised, in writing, of all of their rights, including the availability of CAP, when they apply for services, when they are determined not eligible for services or do not meet the requirements of an open OOS category, when the IPE is prepared or amended, when services are denied, when a decision to close the case is made, and at any other time upon request by the individual

during the process.

Each individual must have his or her responsibilities clearly defined as they relate to the rehabilitation process. Responsibilities vary according to the abilities of each individual and are defined within the counseling and guidance relationship.

Specialized Programs

DVR provides specific services tailored to the needs of individuals and employers. Several specialized programs have been created to serve groups of individuals who have specific needs in common. Some of these programs receive targeted federal funding and some programs provide match funds to draw federal funds to the DVR program. Provided below are brief descriptions of each of these programs and their DVR funding relationship.

Business Enterprise Program. The business enterprise program (BEP) began in 1936 with the Randolph-Sheppard Act. This federal law gives priority and preference to legally blind individuals in the operation of any vending or cafeteria service in a federally owned, funded, or leased facility. The Wisconsin DVR exercised a voluntary option to apply to the Department of Education for a state licensing agency (SLA) designation for the "Vending Facility Program For The Blind on Federal and Other Property." The federal license allows DVR to exercise priority preferences for legally blind individuals to operate vending or cafeteria service on federal properties in Wisconsin.

Wisconsin later enacted companion legislation to ensure that state government gives similar priority to blind individuals whenever establishing or contracting food service or vending operations on state owned or leased properties. DVR

establishes and maintains BEP businesses in state buildings and on federal properties when the business is feasible and profitable. The ultimate objective of the program is to enable blind persons to operate their own businesses. Typical BEP businesses include vending machine operations, snack bars, coffee shops, or full-service cafeterias. In state fiscal year 2010-11, between 79% and 87% of BEP gross sales were from state owned facilities.

DWD is authorized by the BEP state statute to collect a portion of the proceeds from the BEP operators as well as from private food and beverage vendors operating on federal and state owned and leased properties. The collected funds support a portion of the expenses of the program. These funds serve a secondary purpose in that they can be used as state match for federal vocational rehabilitation funds allocated to DVR. The matched funds can then be used for the purposes identified in the federal Vocational Rehabilitation Act.

When vendor fund collection is insufficient to cover the costs of the BEP, DVR may choose to supplement the BEP with case aid funds. Historically DVR has used case aid funds to pay for BEP management services and to assist new BEP operators with their business start-up costs and equipment. However, even for established BEP operators, the program has relied heavily on DVR funding supplements for BEP equipment purchase and maintenance.

Native Americans with Disabilities. DVR has a memorandum of understanding (MOU) with Great Lakes Inter Tribal Council (GLITC) to assist GLITC and member tribes in providing vocational rehabilitation services to Native Americans with disabilities in Wisconsin.

The purpose of the agreement is to help GLITC to expand and support Section 121 vocational rehabilitation programs throughout Wisconsin. [The tribal programs are authorized under

Section 121 of the federal Rehabilitation Services Act.] DVR provides technical assistance to GLITC to help support its efforts to serve eligible individuals on or near the reservations, including services to Native Americans living in urban areas of the state; such as Milwaukee, Madison, and Black River Falls.

Prior to federal fiscal year (FFY) 2011, the funding of this MOU was a joint venture between GLITC and DVR for the use of "Native American Gaming Initiative" (NAGI) funds as an allowable source of match funds for federal vocational rehabilitation funds allocated to DVR. Beginning in FFY 2011, the types of services provided under this MOU through NAGI funds are not an allowable source of match dollars for the DVR program. DVR's State Plan, instead, passes NAGI funds to the GLITC in support of maintaining those services.

The agreement has been in place since state fiscal year 1998-99, and is renewed annually, contingent upon funding availability and achievement of outcome and reporting objectives. In state fiscal year 2011-12, a total of \$314,900 of NAGI funds was provided under this contract to GLITC for staffing, equipment, travel, supplies and services, and other support services. Under this MOU, DVR provides technical consultation to the GLITC vocational rehabilitation program. The Division also provides consultation and case management training to newly hired staff. DVR works closely with GLITC in providing technical assistance related to rehabilitation technology, Rehabilitation Act training, ongoing support, job coaching, benefits counseling, and other needed support and specialized training.

The program, allows GLITC to add staff to the Section 121 grant program and expand Native American VR services in the urban areas of Wisconsin that cannot be served through the Section 121 grant program. The Section 121 grant requires that individuals live on or near a reservation. This cooperative relationship assists both

GLITC and DVR to reach an underserved population of individuals with disabilities and increase their employment rate.

In addition to the GLITC Section 121 program, three other Wisconsin Tribes operate Section 121 American Indian Vocational Rehabilitation Programs. These include the Oneida Nation, Lac Courte Oreilles Band of Lake Superior Chippewa Indians of Wisconsin, and Menominee Indian Tribe of Wisconsin through the College of Menominee Nation. DVR maintains cooperative agreements with each of the tribes operating Section 121 programs with a focus on cooperation and collaboration in the delivery of services to Native Americans with disabilities in Wisconsin.

Supported Employment (SE). Federal law defines SE as competitive work in integrated work settings, or employment in integrated work settings in which individuals are working toward competitive work, consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. SE is for individuals with the most significant disabilities for whom competitive employment has not traditionally occurred or has been interrupted or intermittent as a result of the significant disability, and who, because of the nature and severity of their disability, need intensive SE services (described on page 8 under "Supported Employment Services") in order to perform such work.

Employers are provided services at no cost, including identification of job tasks, recruitment of employees, matching skills to job requirements, and training the new employee. SE specialists also provide ongoing assistance with supervision, performance evaluations, and additional training or other support as needed.

DVR annually receives a federal appropriation for supported employment (Title VI, Part B of the Rehabilitation Act). These funds are to be used only for individuals with the most signifi-

cant disabilities.

SE jobs include data entry operator, utility worker, clerical worker, food service or preparation, messenger, day care center aide, assembly worker, maintenance or custodial worker, lawn care, animal caretaker, or mail clerk. These jobs are provided across a broad spectrum of industries, including hotels and motels, utility firms, hospitals and health care institutions, restaurants and fast-food outlets, insurance companies, manufacturers, electronic firms, medical supply manufacturers, banks and credit unions, horticulture and garden maintenance, and retail stores. In federal fiscal year 2011, 725 individuals participated in supported employment in Wisconsin, of which 142 individuals gained competitive, integrated employment.

Telework Loan Program. The telework loan program is a federally-funded statewide alternative loan program that allows Wisconsin residents with disabilities to purchase computers and other equipment needed to work from home or from other sites away from the office. DVR contracts with IndependenceFirst to service the loans.

Loan amounts range from \$500 to \$50,000. The actual loan amount depends on the item purchased and the applicant's ability to repay. Criteria in considering loan approval are more flexible than most commercial loans. Therefore, a poor credit record does not disqualify an applicant. Instead, the focus is on the ability to make monthly payments to repay the loan. Since the first loan was closed in 2005 through federal fiscal year 2012, 30 loans have been made for nearly \$295,000, according to IndependenceFirst. Individual loans have been granted for between \$700 and \$42,000.

In considering approval for the loan, the application will be viewed more favorably if the equipment purchased with the loan assists the applicant in doing at least one of the following:

(a) begin telework for an employer when previously unemployed; (b) increase income in an existing job through telework; (c) remain employed at the applicant's current level and prevent job loss or a reduction in earnings through telework; (d) begin working at home to accommodate the disability; or (e) initiate or expand home-based self-employment with an approved business plan.

Loan proceeds may be used for the purchase of equipment, training to use equipment, extended warranties, and the cost of maintenance and repairs. Examples of items that may be purchased include computers, printers, software, scanners, fax and office machines, tools and equipment, telecommunication devices, office furniture, home modifications to create an accessible home office, and assistive technology that enables an individual with a disability to work at home.

Ticket to Work and Work Incentives Act. An individual who receives SSI or SSDI receives a ticket to work (TTW) from the Social Security Administration (SSA). If the individual wants to go to work, the ticket may be used to get employment services from DVR or another SSA-approved employment network. If the individual is receiving services from DVR, the ticket is considered in use and may not be assigned to another employment network. If the individual is not receiving services from DVR or if their case has been closed by DVR, the ticket or the remaining value of the ticket may be used to get employment services from an approved employment network.

The goal of the Ticket to Work program is to help the individual go to work at a level of earnings that reduces the reliance on SSI or SSDI cash benefits to the point where the cash benefit is no longer needed. If this goal is reached, the SSA provides social security reimbursement payments to DVR or the employment network for the successful vocational rehabilitation of the SSI or SSDI recipients. Social security reimbursement fund payments made to DVR are discussed

in further detail on page 22 under the section "Social Security Reimbursements."

According to SSA guidelines, individuals between 18 and 64 years of age who receive disability cash benefits are eligible for a ticket. Participation in the program is voluntary. Tickets are valid for five years as long as the individual is receiving cash benefits from the SSA, has decided to use the ticket, and is making timely progress to achieve self-sufficiency through employment earnings.

The SSA has contracted with Maximus, Inc. to manage the Ticket to Work program. A ticket holder may use the ticket with DVR or at an employment network that is approved by Maximus, Inc.

SSI or SSDI recipients may not assign their ticket to an employment network while they have an open casefile with DVR. When an individual is notified of their OOS wait list status, and at the time of their case closure, DVR provides SSI or SSDI recipients with a list of local employment networks. These networks may be of assistance to the individual in obtaining or maintaining employment.

Transition Services. Transition services are defined as a coordinated set of activities provided to students to promote movement from high school to post-school activities, including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation.

DVR collaborates with the Department of Public Instruction (DPI) and the Department of Health Services (DHS) to assist students through the transition process and toward achieving their employment goal. DVR, DPI, and DHS signed an Interagency Agreement in July, 2007. The purpose of the agreement is to clarify and develop a

common understanding regarding the agencies' roles, policies, and procedures related to providing transition services and supports for students with disabilities entering employment. A toolkit resource has been developed among DVR, DPI, and DHS to provide a guidance framework and effective practices for improved coordination and communication between all stakeholders in the transition process.

For high school students who are eligible, the plan for employment will be completed prior to departure from high school. The IPE developed with DVR is based on the individual student's needs, taking into account the student's preferences and interests, and includes instruction, community experiences, the development of employment and other post-school adult living objectives, and, when appropriate, acquisition of daily living skills and a functional vocational evaluation. An updated agreement was signed in November, 2010, and extended transition services to family care eligible adults in addition to family care eligible youths transitioning from high school.

Wisconsin Rehabilitation Council

The Rehabilitation Act of 1973, as amended, requires the creation, by each state, of a State Rehabilitation Council. The Wisconsin Rehabilitation Council (WRC) fulfills this mandate.

WRC functions include:

a. Reviewing, analyzing, and advising DVR concerning: (1) the performance of DVR responsibilities, in particular related to eligibility; (2) the extent and effectiveness of its services; and (3) agency functions that affect individuals with disabilities and their rehabilitation goals.

b. Advising and assisting DVR in preparing

the state plan for vocational rehabilitation services and the plan's amendments, applications, reports, needs, assessments, and evaluations.

c. Reviewing and analyzing the experiences, outcomes, and satisfaction of individuals who receive DVR services.

d. Coordinating WRC activities with those of other disability-related councils.

e. Establishing a working relationship between DVR, the State Independent Living Council, and the centers for independent living in Wisconsin.

The WRC consists of one administrator and 18 advisory members, 16 of whom are appointed to staggered three-year terms by the Governor and two of which are automatic liaisons from other boards. Under federal law, members must include: (a) at least one representative of the statewide Independent Living Council; (b) at least one representative of a parent training and information center; (c) at least one representative of the client assistance program; (d) at least one qualified vocational rehabilitation counselor; (e) at least one representative of community rehabilitation program service providers; (f) four representatives of business, industry, and labor; (g) representatives of disability advocacy groups representing a cross-section of individuals with physical, cognitive, sensory, and mental disabilities and of these individuals' representatives; (h) current or former applicants for, or recipients of, vocational rehabilitation services; (i) at least one representative of the directors of projects involving Indian tribes, if the state has any such projects; (j) at least one representative of the educational agency responsible for the public education of students with disabilities who are eligible to receive services; and (k) at least one representative of the state workforce investment board.

Program Participation

This section provides information regarding the population receiving DVR services in the state. During FFY 2011, there were 40,630 individuals who applied to and/or who received services from DVR, including individuals continuing services from prior years and those placed on the OOS waiting list. New applicants totaled 16,508, and 2,973 individuals achieved an employment outcome.

Tables 2 through 6 show the population of DVR individuals by the OOS category, disability type, age group, type of job, and employment outcome in FFY 2011.

Table 2 shows that 60.6% of DVR individuals in FFY 2011 were identified as a person with a significant disability and placed in OOS Category 2. Individuals in Category 1 have the most significant disabilities and receive priority. In FY 2011, 21.9% of individuals eligible for services were placed in Category 1.

Table 2: Caseload by Order of Selection Categories -- FFY 2011

OOS Category	Number of Individuals	Percent of Total
Category 1	8,908	21.9%
Category 2	24,607	60.6
Category 3	2,421	6.0
Not Classified	<u>4,694</u>	<u>11.5</u>
Total	40,630	100.0%

Table 3 indicates that nearly half of all individuals that received DVR services in FFY 2011 were identified as having either a mental illness or a cognitive disability.

Table 3: Caseload by Disability Type -- FFY 2011

Disability*	Number of Individuals	Percent of Total
Alcohol/Drug	704	1.7%
Blind/Visual	920	2.3
Brain Injuries	704	1.7
Cognitive	9,744	24.0
Deaf/Hard of Hearing	1,519	3.7
Learning Disabilities	4,069	10.0
Mental Illness	10,238	25.2
Orthopedic	7,106	17.5
Other Physical	1,372	3.4
Autism	1,178	2.9
Eligibility Undetermined*	<u>3,076</u>	<u>7.6</u>
Total	40,630	100.0%

*Cases closed prior to eligibility determination.

Table 4 shows that nearly 42% of the DVR individuals in FFY 2011 were between the ages of 35 and 54. Twenty-eight individuals were below the age of 14 and fewer than 3% were over the age of 60.

Table 4: Caseload by Age Group -- FFY 2011

Age Group	Number of Individuals*	Percent of Total
14 and Under	28	0.1%
15 to 19 years	9,032	22.2
20 to 24 years	4,229	10.4
25 to 34 years	6,766	16.7
35 to 44 years	7,598	18.7
45 to 54 years	9,324	22.9
55 to 59 years	2,512	6.2
60 to 64 years	829	2.0
65 and Older	<u>312</u>	<u>0.8</u>
Total:	40,630	100.0%

Table 5 indicates that, of the individuals who achieved an employment outcome, almost 53% were employed in jobs related to factory production and labor, food preparation and hotel services, or sales.

Table 5: Caseload by Type of Job -- FFY 2011

Type of Job	Number of Individuals	Percent of Total
Production/Factory/Labor	840	28.3%
Food Preparation, Hotel, and Serving Related	410	13.8
Sales and Related	320	10.8
Personal Care and Service	232	7.8
Healthcare Practitioners and Technical	189	6.4
Office and Administrative Support	185	6.2
Transportation and Material Moving	156	5.2
Other Professional	101	3.4
Education, Training, and Library	95	3.2
Construction and Extraction	86	2.9
Farming, Fishing, and Forestry	83	2.8
Management	77	2.6
Computer and Mathematical	63	2.1
Motor Vehicle Industry	44	1.5
Business and Financial Operations	30	1.0
Installation, Maintenance, and Repair	25	0.8
Human Resources	15	0.5
Architecture and Engineering	14	0.5
Legal	7	0.2
Homemaker	<u>1</u>	<u><0.1</u>
Total	2,973	100.0%

Table 6 shows that, of the individuals who achieved an employment outcome, 87% achieved an independent employment outcome without the need for on-going employment supports (wage and salary worker).

Table 6: Caseload by Employment Outcome -- FFY 2011

Employment Outcome	Number of Individuals	Percent of Total
Business Enterprise Program	2	0.1%
Homemaker	1	<0.1
Self-Employment	55	1.8
Supported Employment	317	10.7
Unsupported Employment	<u>2,598</u>	<u>87.4</u>
Total	2,973	100.0%

As noted in the introduction, 8.9% of working age individuals in Wisconsin reported a disability in FFY 2010 and 40.0% of these individuals were employed. Attachments 4 and 5 show how these percentages compare with other states. Attachment 4 shows the prevalence of disabled individ-

uals of working age for all states and the District of Columbia. Attachment 5 indicates the employment rate of disabled individuals of working age for all states and the District of Columbia.

At 8.9%, Wisconsin had the 15th lowest percentage of working-age population with disabilities. New Jersey had the lowest percentage at 7.3%, while West Virginia had the highest percentage at 17.7. The national average was 10.3%.

At 40.0%, Wisconsin had the 15th highest employment rate of working-age people with disabilities. North Dakota ranked first at 52.3%, while Kentucky had the lowest employment rate for working-age people with disabilities at 25.8%. The national average was 33.9%.

Program Funding

Vocational Rehabilitation Revenue. The primary source of funding for the vocational rehabilitation program is a federal grant provided under the Rehabilitation Act of 1973, as amended. Additional funding is provided in the form of state matching funds at the rate of 21.3% of state funds to 78.7% of federal funds. The state match of 21.3% is the same for all states and is required to receive the federal grant funds.

Allocation of federal funds is based on a formula under the Rehabilitation Act of 1973, as amended. The formula is, in part, based on population and per-capita income. Table 7 shows the allocation for Wisconsin from FFY 2007 through FFY 2012. Attachment 6 compares the allocation for Wisconsin with the allocation for other states in FFY 2012.

The federal grant is authorized an annual increase in funding. This increase in funding is based on the percentage change in the consumer price index. As the federal grant increases,

Table 7: Wisconsin Vocational Rehabilitation Grant -- FFY 2007 through FFY 2012

Federal Fiscal Year	Grant Amount
2007	\$54,832,000
2008	55,648,200
2009	57,088,800
2010	60,807,000
2011	60,586,500
2012	61,532,700

the corresponding state matching funds need to be increased to capture the full grant amount.

State matching funds have been provided through general purpose revenue (GPR) and program revenue (PR) funds in DVR, BEP vendor proceed collections, and tribal gaming compact monies, which are allocated specifically for vocational rehabilitation services for Native Americans through FFY 2010. As noted earlier, NAGI funds were no longer a permitted source of state matching funds beginning in FFY 2011. Program revenue funds include gifts and grants in the form of small donations from private citizens. Table 8 shows state matching funds provided for FFY 2007 through 2012. The federal allotment amount shown in Table 8 is less than the grant amount shown in Table 7 because Wisconsin did not provide sufficient matching funds to utilize the entire federal grant amount.

Social Security Reimbursements. Additional funding for DVR is received through reimbursements from the SSA for the successful vocational

Table 8: Federal Vocational Rehabilitation Allotment and State Matching Funds -- FFY 2007 through FFY 2012

Fiscal Year	Federal Allotment	Total Match Provided	State GPR and PR Matching Funds	Native American Gaming Revenue
2007	\$54,832,000	\$14,840,200	\$14,490,200	\$350,000
2008	55,648,200	15,061,100	14,711,100	350,000
2009	57,088,800	15,451,000	15,086,300	364,700
2010	55,648,200	15,061,100	14,758,400	302,700
2011	57,088,900	15,451,000	15,451,000	0
2012	55,648,200	15,061,100	15,061,100	0

rehabilitation of each individual who receives either SSI or SSDI such that the individual earns wages and no longer receives cash benefits from the SSA. Social security reimbursement funds can be used to purchase services for disabled individuals, but cannot be used as a match for other federal funds. These reimbursements are authorized under either the Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA) or under Title II of the Social Security Act.

The TWWIIA authorizes payment to employment networks for outcomes and long-term results through an outcome payment system or an outcome-milestone payment system. The outcome payment system provides payment to employment networks of up to 40% of the average monthly disability benefit for each month benefits are not paid to the beneficiary due to work, not to exceed 60 months. The outcome-milestone payment system is similar, except it provides for early payments based on the achievement of one or more milestones directed towards the goal of permanent employment.

On July 21, 2008, DVR began a one-year pilot to participate in Phase 1, Milestone 1 and 2 outcome payment methods. DVR had anticipated increasing SSA payments through use of the early milestone payment system. Under this program, four cases achieved milestone payment benchmarks for FFY 2009, seven in FFY 2010, and four in FFY 2011. DVR terminated the milestone payment approach at the beginning of FFY 2012.

Under Title II of the Social Security Act, the SSA reimburses state vocational rehabilitation agencies for the reasonable and necessary costs of services that resulted in SSI or SSDI recipients being successfully rehabilitated. Each recipient must achieve the SSA benchmark for substantial gainful earnings activity for nine months. For FFY 2011, 72 individuals achieved substantial gainful activity for nine out of twelve months. Substantial gainful activity means earning over

\$1,010 per month for non-blind individuals and over \$1,690 per month for blind individuals after deducting allowable work expenses.

DVR has the option of receiving its social security reimbursement funds from the SSA under the TWWIIA or under Title II of the Social Security Act. DVR has chosen to accept its reimbursements under Title II of the Social Security Act to receive its full costs of successful rehabilitation of individuals who received SSI or SSDI and to collect the first two milestone payments under the TWWIIA for qualified individuals who do not later achieve and sustain the substantial gainful activity benchmark that would trigger the reimbursement payment.

From the social security reimbursement funds it receives, DVR is required to transfer \$600,000 annually to DHS to provide funding for grants to independent living centers (ILCs), which provide nonresidential services to individuals of any age with any disability. Additional funding for ILCs provided under the American Recovery and Reinvestment Act is described on page 24. DVR has used the remaining funds to support the delivery of vocational rehabilitation services.

Table 9 shows social security reimbursements earned by DVR for FFY 2007 through FFY 2012.

Table 9: Social Security Reimbursement Payments -- FFY 2007 through FFY 2012

Fiscal Year	Amount
2007	\$1,408,800
2008	1,332,500
2009	3,080,300
2010	2,378,100
2011	1,133,700
2012	3,068,600

Vocational Rehabilitation Expenditures.

Funding for the vocational rehabilitation program is expended on administration of the program and on services for the individuals served by the program. Table 10 shows the allocations for admin-

istration and for case services by federal funds and state match for FFY 2011 and FFY 2012.

Table 10: DVR Administration and Case Services Allocations FFY 2011 and FFY 2012

Fiscal Year	Fund Source	Administration	Case Services	Total
2011	Federal	\$20,202,900	\$36,886,000	\$57,088,900
	State Match	<u>5,467,900</u>	<u>9,983,100</u>	<u>15,451,000</u>
	Total	\$25,670,800	\$46,869,100	\$72,539,900
2012	Federal	\$20,832,400	\$34,815,800	\$55,648,200
	State Match	<u>5,638,200</u>	<u>9,422,900</u>	<u>15,061,100</u>
	Total	\$26,470,600	\$44,238,700	\$70,709,300

Federal regulations allow states to obligate the funds within one year and to spend the funds within two years. As a result, expenditures for a federal award are not confined to a 12-month period. Therefore, expenditures for any given federal fiscal year may not equal the amount of the federal allotment and state match for that year.

Table 11 shows that in FFY 2011, DVR spent \$46.9 million on case services. It also includes expenditures by OOS category, as well as each category's percentage of overall expenditures. Category 1 consists of individuals with the most significant disabilities and must be served first. Category 2 consists of individuals with significant disabilities, but not the most significant. Category 3 consists of individuals with non-significant disabilities. Over 61% of the expenditures on services were for Category 2 individuals.

Table 11: Expenditures by Order of Selection -- FFY 2011

Category	Amount	Percent of Total
Category 1	\$17,688,775	37.7%
Category 2	28,811,974	61.5
Category 3	329,419	0.7
Not Classified/Other	<u>38,916</u>	<u>0.1</u>
Total	\$46,869,084	100.0%

Tables 12 and 13 show expenditures by disability impairment or cause and by service type.

Table 12 shows expenditures by disability for FFY 2011, and each disability's percentage of overall expenditures.

Table 12: Case Services Expenditures by Disability Impairment or Cause-- FY 2011

Disability	Amount	Percent of Total
Accident/Injury	\$6,621,092	14.1%
Unknown Cause	4,999,596	10.7
Depressive and Other Mood Disorders	4,081,472	8.7
Specific Learning Disabilities	3,978,420	8.5
Cognitive Disability	3,732,891	8.0
Congenital Condition or Birth Injury	3,602,113	7.7
Other Physical Disorders/Conditions	2,627,552	5.6
Autism	1,637,568	3.5
Arthritis and Rheumatism	1,595,358	3.4
Attention-Deficit Hyperactivity Disorder	1,407,523	3.0
Traumatic Brain Injury	1,272,044	2.7
Schizophrenia and Other Psychotic Disorders	1,220,245	2.6
Mental Illness	1,216,060	2.6
Spinal Cord Injury	1,079,018	2.3
Cerebral Palsy	1,070,813	2.3
Anxiety Disorders	737,276	1.6
Stroke	644,717	1.4
Diabetes Mellitus	573,764	1.2
Muscular Dystrophy	526,618	1.1
Alcohol Abuse or Dependence	471,267	1.0
Amputations	454,674	1.0
Personality Disorders	449,683	1.0
Multiple Sclerosis	434,978	0.9
Cardiac and Other Circulatory Conditions	312,160	0.7
Epilepsy	308,943	0.7
Parkinsons Disease and Other Neurological Disorders	307,652	0.7
Cancer	297,774	0.6
Immune Deficiencies	263,872	0.6
Drug Abuse or Dependence	232,812	0.5
Polio	135,440	0.3
Other Respiratory Disorders	109,338	0.2
End-State Renal Disease/Other GU System Disorders	99,177	0.2
Asthma and Other Allergies	83,136	0.2
Blood Disorders	72,037	0.2
Cystic Fibrosis	66,658	0.1
HIV and AIDS	56,788	0.1
Digestive	34,291	<0.1
Eating Disorders	29,358	<0.1
Eligibility Undetermined*	<u>24,906</u>	<u><0.1</u>
Total	\$46,869,084	100.0%

*Cases closed prior to eligibility determination.

Half of case service expenditures were for in-

dividuals whose disability impairment or cause was from an accident or injury (14.1%), from an unknown cause (10.7%), for a depressive or other mood disorder (8.7%), for a specific learning disability (8.5%), or for a cognitive disability (8.0%). The unknown cause category generally describes an individual who has not identified a cause for the disability type, such as for an unknown cause of a mental health issue.

Table 13 shows expenditures by service provided for FFY 2011, and each service category's percentage of overall expenditures. The largest expenditure categories were training services, job development, and rehabilitative technology. Together, these three categories accounted for almost 48% of total expenditures in FFY 2011.

Table 13: Case Services Expenditures by Service -- FFY 2011

	Amount	Percent of Total
Training	\$9,443,130	20.2%
Job Development	7,199,052	15.4
Rehabilitation Technology	5,617,072	12.0
Temporary Work	4,661,369	9.9
Assessment	3,975,872	8.5
Transportation	3,192,926	6.8
On-the-Job Supports	3,070,334	6.5
Supported Employment	2,939,007	6.3
Restoration	1,332,826	2.8
Work-related Materials/Tools	1,287,715	2.7
Small Business Enterprrie	912,927	2.0
State LTE Internship Program	657,613	1.4
Interpreter/Notes - Deaf	414,245	0.9
All Other Services	<u>2,164,996</u>	<u>4.6</u>
Total	\$46,869,084	100.0%

Supplementary ARRA Funding. The American Recovery and Reinvestment Act of 2009

(ARRA) was signed into law February 17, 2009. The Act provided \$10,916,959 in additional federal stimulus funding for DVR-related programs, including \$248,731 for ILCs, \$667,231 for the Office of Blind and Visually Impaired in the Department of Health Services (DHS), and \$10,000,997 for vocational rehabilitation services. Table 14 shows a breakdown of ARRA expenditures by year. All funds provided under the ARRA were used by the end of FFY 2011.

Stimulus funding for ILCs and the Office of Blind and Visually Impaired (O/B) was approved by the Joint Committee on Finance (JFC) on August 4, 2009. All ARRA funding provided for ILCs and the O/B requires a 10% match. As approved by JFC, the \$248,731 of stimulus funds for ILCs provides: (a) \$144,455 for ILCs to the Independent Living Counsel of Wisconsin to expand and support existing IL services within the state; and (b) \$104,276 distributed directly to each ILC, with priority given to centers experiencing the greatest fiscal impacts from reduced state GPR funds. ARRA funding of \$667,231 was transferred to the O/B at DHS.

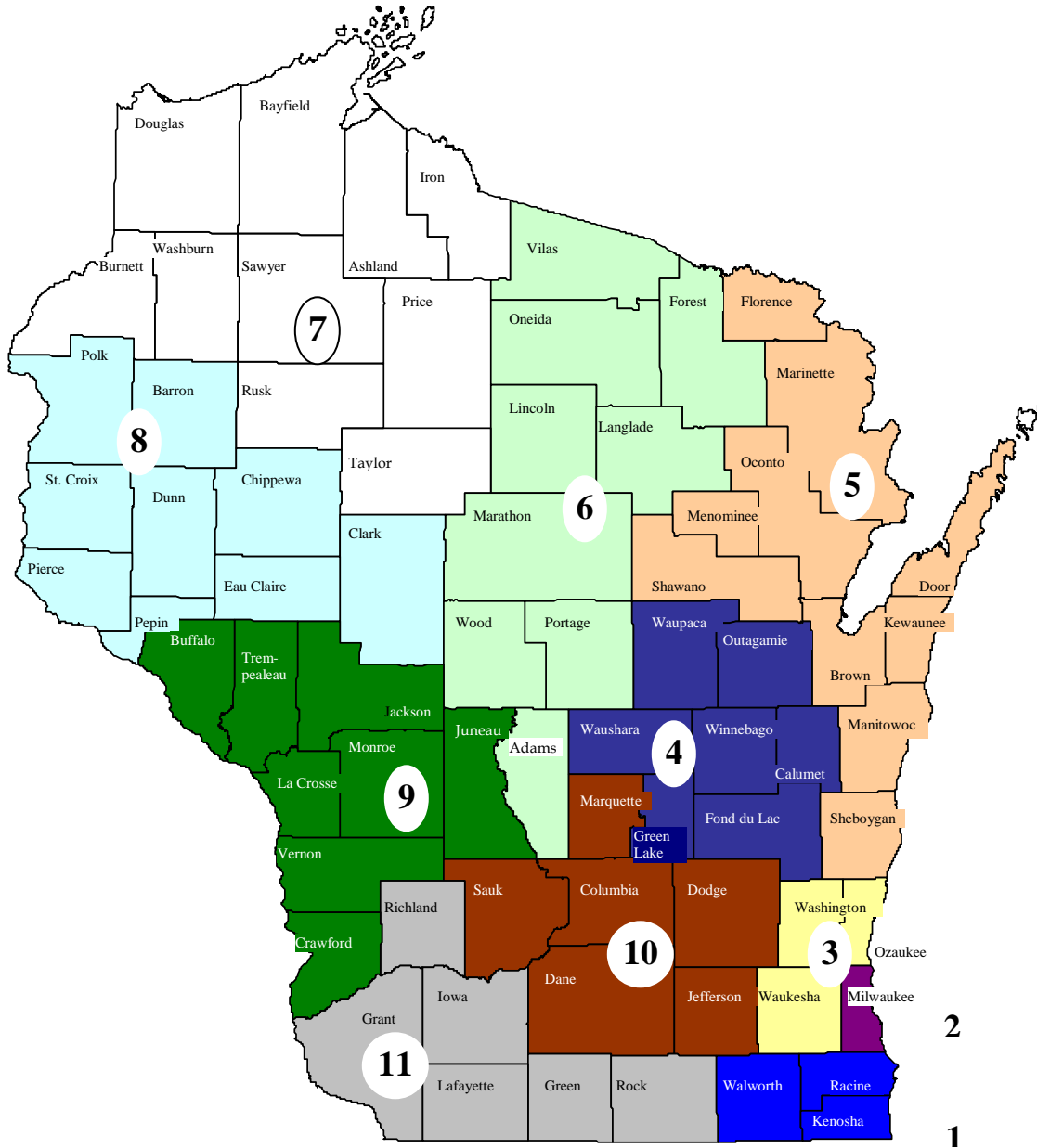
Stimulus funds for vocational rehabilitation services were provided in three parts. 2009 Act 28 (the 2009-11 biennial budget) provided \$4,611,500 for supplementary funds to DVR. An additional \$5,000,000 in federal stimulus Title 1-B funds for vocational rehabilitation case service aids were approved by JFC on April 13, 2009. In addition, JFC approved \$389,497 for case service aids on October 13, 2009. The full \$10,000,997 in funding provided under the ARRA for DVR case services does not require a state match.

Table 14: FFY 2009 Through 2011 ARRA Expenditures

	Year in Which Funds Were Spent			Total Allotment
	2008-09	2009-10	2010-11	
Vocational Rehabilitation	\$2,561,370	\$6,834,064	\$605,563	\$10,000,997
Independent Living Centers	6,084	167,082	75,565	248,731
Office of Blind and Visually Impaired	<u>2,250</u>	<u>351,087</u>	<u>313,894</u>	<u>667,231</u>
Total	\$2,569,704	\$7,352,233	\$995,022	\$10,916,959

ATTACHMENT 1

Vocational Rehabilitation Workforce Development Areas



ATTACHMENT 2

Statutory Requirements of the Vocational Rehabilitation Program

Under Chapter 47 of the Wisconsin Statutes, DVR is required to:

a. make vocational rehabilitation services available in every county to all persons with disabilities who are present in the state, regardless of residency;

b. provide that persons with severe disabilities will receive priority for services;

c. advise and assist any person with a disability who applies to DVR concerning his or her rehabilitation;

d. provide full and prompt consultation with, and diagnostic study for, each person who applies to DVR to determine if a vocational rehabilitation plan is feasible;

e. acquaint each person for whom a vocational rehabilitation program is feasible with DVR services, counsel the person concerning selection of a suitable vocation, assist the person in identifying vocational needs, and provide services necessary for vocational rehabilitation;

f. register and keep records for each person who uses DVR services;

g. provide medical or other evaluations at no cost to the applicant to determine the applicant's eligibility for DVR services;

h. provide assessment and evaluation services appropriate to each individual, develop an individualized written rehabilitation program with each person with a disability, and develop and supervise services that are part of the voca-

tional rehabilitation program of any person with a disability;

i. assure that eligibility for DVR services is determined without regard to the sex, race, age, creed, color, or national origin of the individual applying for services, that no class of individuals is found ineligible solely on the basis of type of disability, and that no age limitations for eligibility exist which, by themselves, would result in ineligibility for DVR services;

j. aid persons with disabilities in securing the services needed to make them more employable, place persons with disabilities in suitable occupations, and provide post-employment services necessary to maintain employment;

k. consider the views of persons who receive DVR services or their parents, guardians, or legal custodians and of vocational rehabilitation professionals and providers of DVR services concerning general policy administration of the DVR program;

l. provide DVR services to blind and visually impaired persons, appropriate to each individual;

m. maintain current records and statistics on all blind and visually impaired persons in the state concerning vocational rehabilitation, rehabilitation teaching, and other services provided and the results achieved in order to plan its services to blind and visually impaired persons;

n. maintain a cooperative relationship with counties to assist in administering and providing uniform services to blind and visually impaired

persons throughout the state, to prevent duplication of effort, and to ensure that blind and visually impaired persons receive adequate services;

o. promote the establishment of local resources for the vocational rehabilitation of persons with disabilities;

p. except as provided under (q), determine the financial need of persons with disabilities based upon a uniform fee schedule for the provision or purchase of DVR services specified in the

rehabilitation program developed for the person with a disability;

q. assure that no financial needs test is applied as a condition for the provision of counseling, guidance, referral and job placement services--those services are provided at no cost to persons eligible for DVR services; and

r. report to the U.S. Department of Education as required under the Rehabilitation Act of 1973, as amended.

ATTACHMENT 3

Examples of Disabilities That Could Require DVR Services

AIDS/HIV
Alcohol or Other Drug Disorder
Amputation
Arthritis
Attention Deficit Disorder

Autism
Back Injury
Blindness or Visual Impairment
Brain Injury
Cancer

Carpal Tunnel (Repetitive Use Syndrome)
Cerebral Palsy
Cognitive Disability
Cystic Fibrosis
Deaf or Hard of Hearing

Deaf-Blind
Depression
Diabetes
Epilepsy
Fibromyalgia

Heart Disease
Hemophilia
Hip/Knee/Other Joint Dysfunction
Kidney Failure
Mental Illness

Missing or Deformed Limb
Multiple Sclerosis
Muscular Dystrophy
Myofascial Disorder
Paraplegia or Quadriplegic

Post-Traumatic Stress Disorder
Respiratory/Pulmonary/Allergies
Severe Arthritis
Specific Learning Disability
Spinal Cord Injury

Stroke

ATTACHMENT 4

Prevalence of Working-Age People With Disabilities Across States FFY 2010

State	Percentage of Working-Age People With Disabilities	Rank	State	Percentage of Working-Age People With Disabilities	Rank
New Jersey	7.3%	1	Texas	10.4%	26
Hawaii	7.8	2	Georgia	10.6	27
North Dakota	7.8	2	Kansas	10.8	28
Utah	7.9	4	Wyoming	10.9	29
California	8.0	5	Pennsylvania	11.0	30
Illinois	8.2	6	Idaho	11.1	31
South Dakota	8.2	6	Indiana	11.4	32
Maryland	8.3	8	Ohio	11.7	33
Minnesota	8.3	8	Vermont	11.7	33
Connecticut	8.4	10	Delaware	11.8	35
New York	8.5	11	Michigan	11.9	36
District of Columbia	8.7	12	New Mexico	11.9	36
Colorado	8.8	13	Rhode Island	11.9	36
Massachusetts	8.8	13	North Carolina	12.0	39
Wisconsin	8.9	15	Oregon	12.1	40
New Hampshire	9.1	16	Missouri	12.4	41
Virginia	9.1	16	Maine	12.8	42
Nevada	9.5	18	South Carolina	13.0	43
Iowa	9.7	19	Tennessee	13.7	44
Arizona	9.8	20	Louisiana	14.1	45
Florida	10.1	21	Oklahoma	14.8	46
Washington	10.1	21	Alabama	15.2	47
Montana	10.2	23	Arkansas	15.5	48
Nebraska	10.2	23	Mississippi	15.7	49
Alaska	10.3	25	Kentucky	16.5	50
			West Virginia	17.7	51

Source: Rehabilitation Research and Training Center on Disability Demographics and Statistics, 2010 Disability Status Reports.

ATTACHMENT 5

Employment Rates of People With Disabilities FFY 2010

State	Percentage of Working-Age People With Disabilities Who are Employed	Rank	State	Percentage of Working-Age People With Disabilities Who are Employed	Rank
North Dakota	52.3%	1	Virginia	35.4%	26
Wyoming	51.2	2	New Mexico	34.6	27
Alaska	47.5	3	Louisiana	33.8	28
Minnesota	44.4	4	Oregon	33.6	29
Montana	44.1	5	Missouri	33.5	30
Iowa	43.6	6	Pennsylvania	33.3	31
Kansas	43.3	7	Massachusetts	33.2	32
Nebraska	43.1	8	Ohio	33.2	32
South Dakota	42.8	9	Arizona	32.8	34
Colorado	42.3	10	Indiana	32.6	35
Hawaii	42.2	11	California	32.3	36
Utah	41.8	12	North Carolina	32.3	36
Maryland	40.8	13	Rhode Island	32.2	38
Vermont	40.7	14	New York	31.4	39
Wisconsin	40.0	15	Florida	31.3	40
New Hampshire	38.5	16	District of Columbia	31.0	41
Oklahoma	38.5	16	Georgia	30.9	42
Connecticut	38.2	18	Arkansas	30.2	43
Texas	38.2	18	Maine	29.6	44
Washington	37.8	20	Michigan	28.8	45
Nevada	37.7	21	Tennessee	28.8	45
Delaware	37.5	22	Mississippi	28.6	47
Idaho	37.4	23	Alabama	27.8	48
New Jersey	37.4	23	South Carolina	27.3	49
Illinois	35.5	25	West Virginia	26.8	50
			Kentucky	25.8	51

Source: Rehabilitation Research and Training Center on Disability Demographics and Statistics, 2010 Disability Status Reports

ATTACHMENT 6

Vocational Rehabilitation State Grants FFY 2012

State or Other Area	Grant Amount	Percent of Total	State or Other Area	Grant Amount	Percent of Total
Alabama	\$61,608,554	2.0%	New Jersey	\$58,075,889	1.9%
Alaska	10,279,380	0.3	New Mexico	24,728,227	0.8
Arizona	62,823,314	2.0	New York	146,983,943	4.7
Arkansas	37,895,956	1.2	North Carolina	106,173,470	3.4
California	294,857,633	9.5	North Dakota	10,279,380	0.3
Colorado	40,548,289	1.3	Ohio	133,070,320	4.3
Connecticut	21,324,852	0.7	Oklahoma	43,148,411	1.4
Delaware	10,279,380	0.3	Oregon	39,356,101	1.3
District of Columbia	13,500,446	0.4	Pennsylvania	131,560,791	4.2
Florida	169,057,755	5.4	Rhode Island	10,494,092	0.3
Georgia	103,507,198	3.3	South Carolina	57,214,439	1.8
Hawaii	11,754,686	0.4	South Dakota	10,279,380	0.3
Idaho	18,007,320	0.6	Tennessee	74,531,041	2.4
Illinois	111,621,896	3.6	Texas	241,601,718	7.7
Indiana	76,337,127	2.5	Utah	30,873,493	1.0
Iowa	33,200,448	1.1	Vermont	10,279,380	0.3
Kansas	28,478,239	0.9	Virginia	66,791,469	2.1
Kentucky	56,947,209	1.8	Washington	54,273,985	1.7
Louisiana	54,576,549	1.8	West Virginia	26,767,579	0.9
Maine	15,978,909	0.5	Wisconsin	61,532,672	2.0
Maryland	41,298,011	1.3	Wyoming	10,279,380	0.3
Massachusetts	47,794,197	1.5	American Samoa	958,889	0.0
Michigan	112,917,591	3.6	Guam	2,900,220	0.1
Minnesota	48,148,978	1.5	Northern Mariana Islands	861,540	<0.1
Mississippi	43,016,178	1.4	Puerto Rico	72,425,264	2.3
Missouri	66,680,812	2.1	Virgin Islands	2,058,771	<0.1
Montana	11,551,605	0.4	Indian Set-Aside	<u>37,898,000</u>	<u>1.2</u>
Nebraska	18,555,535	0.6			
Nevada	22,206,585	0.7	Total	\$3,121,712,000	100.0%
New Hampshire	11,559,524	0.4			