



Vocational Rehabilitation

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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, maintain and improve employment opportunities. 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 vocational rehabilitation services for individuals with disabilities, consistent with their strengths, resources, priorities, concerns, and abilities to prepare participants for 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. Appendix I 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, case managers and business service consultant(s) located at several service sites within the WDA.

For individuals who have a potential need for vocational rehabilitation services, a referral for services may be made. The referred individual will meet with a DVR staff person to discuss roles and responsibilities under the program to assist the individual in making an informed choice when applying for services. If an individual is interested in applying for services, he/she may then complete an application. If the individual is found eligible for services, a team consisting of counselors and vocational rehabilitation specialists provides guidance and counseling, helps create a plan for employment, and provides services tailored to meet

the specific vocational rehabilitation needs of each individual. Services may be provided directly by DVR staff or by a third-party service provider.

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 and 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, 1998, and 2014 to:

- (a) establish independent living centers with a focus on community integration and peer supports;
- (b) establish supported employment as a program;
- (c) enhance support for rehabilitation engineering;
- (d) support special projects and demonstrations;
- (e) guarantee individual choice in career opportunities; and
- (f) to integrate state workforce development and vocational rehabilitation planning and service delivery.

According to the 2017 Annual Disability Statistics Compendium of the Rehabilitation Research and Training Center on Disability Statistics and Demographics, in the United States 10.6% of working-age individuals (ages 18 through 64) reported a disability, 35.9% of these disabled workers were employed, and 26.7% of these individuals lived in poverty. In Wisconsin, 9.8% of working age individuals reported a disability, 41.8% of these disabled workers were employed, and 25.7% of these individuals lived in poverty.

The federal Workforce Innovation and Opportunity Act (WIOA), enacted July 22, 2014, made several major changes to the Rehabilitation Act of 1973, as amended. WIOA places significant emphasis on transitioning students and youth with disabilities from school to postsecondary education and employment. In addition, WIOA expands the population of students who may qualify for those services. Specifically, WIOA requires state vocational rehabilitation agencies to reserve 15% of federal matching funds to provide pre-employment transition services to assist students with disabilities transitioning from secondary school to postsecondary education programs and employment in competitive integrated settings.

WIOA mandates the alignment of state vocational rehabilitation programs with other components of a state's workforce development system by imposing unified planning requirements, common performance accountability measures, and requiring a one-stop delivery system. As a result of these changes, DVR will more actively participate in state workforce development planning efforts and submit its annual state plan as part of the state's WIOA combined state plan.

In addition, Section 511 of the Rehabilitation Act, as amended by WIOA, requires that individuals who are seeking or continuing subminimum wage employment access vocational rehabilitation services. These vocational rehabilitation services include career counseling and information referral services that must be provided at specific intervals

established under the final regulations.

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. 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 vocational rehabilitation services state plan as part of the state's WIOA combined state plan to describe how the state will conduct its vocational rehabilitation program in compliance with federal law. The plan also designates the state agency to administer the program. DWD's Division of Vocational Rehabilitation administers the program in Wisconsin and is the state's primary provider of employment services to people with disabilities. Appendix II lists the statutory requirements of the vocational rehabilitation program.

Program Eligibility

Under federal law, to be eligible for vocational rehabilitation services, an individual must have a physical or mental impairment that results in a substantial impediment to employment and requires 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. Appendix III 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.

Referral Process. DVR has staff in 42 locations throughout the state, in addition to the central administrative office in Madison. For individuals with a potential need for and interest in VR services, a referral for services may be made by phone, mail, online, or electronic format. DVR will respond to referrals within five business days. In order to assist the individual in making an informed choice when applying for services, a referred individual will meet with a DVR staff person to discuss roles and responsibilities under the DVR program. A referred individual will be scheduled for an individual interview or orientation meeting within 30 days of the date of referral,

unless the individual requests otherwise. If after this meeting they are interested in applying for DVR services, a DVR application will be completed.

Application Process. 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.

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 in a later section under "Appeal and Other Rights."

Once determined eligible, the DVR counselor recommends 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). Individuals with the most significant disabilities have priority for services.

Order of Selection

Under federal law, if vocational rehabilitation

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 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 other 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. In October 2012, DVR updated the three categories and these 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 and date of application; individuals with the most significant disabilities are served first.

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.

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 rehabilitation outcome.

Placement into an OOS category is determined without regard to length of residency, income level, type of disability, age, sex, race, creed, 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. Table 2 shows the OOS

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 allowing 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 allowing 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.

waiting list from 2013 through 2018. The significant decline in the wait list from 2013 to 2015 coincided with DVR receiving a full state match (see Table 8), which resulted in additional funding and staffing levels to deliver DVR services. As of September 30, 2018, eligible applicants with the most significant disabilities (Category 1) and significant disabilities (Category 2) did not experience a waiting period. As of September 30, 105 non-significantly disabled eligible applicants (Category 3) were on the waiting list. Persons with significant disabilities could expect immediate activation upon determining eligibility, with an individualized plan of service developed within 30 days of eligibility, 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.

DVR is required to consult with the Wisconsin Rehabilitation Council (WRC) 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. The Council advises DVR and is described further in a later section.

Table 2: OOS Waiting List as of Sept 30 by Category - FFY 2013 through FFY 2018

FFY	Category 1	Category 2	Category 3	Total
2013		3,441	968	4,409
2014		1,136	362	1,498
2015			237	237
2016			156	156
2017			125	125
2018			105	105

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) the availability of assistance from a counselor, to the extent determined to be appropriate by the individual, to develop 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, and review of the consumer responsibilities agreement; (e) a description of the rights and remedies available to the individual, including recourse to due process and mediation; (f) a description of the client assistance program and information about how to contact CAP; and (g) review and completion of the consumer fiscal responsibilities agreement.

The IPE itself contains a description of the specific employment outcome chosen by the individual that is consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, career interests, and informed choice. 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. Terms typically include: (a) DVR responsibilities; (b) individual responsibilities in relation to the employment outcome; (c) expectations and outcomes needed to measure satisfactory progress; (d) the individual's participation in paying for the costs of services; (e) the individual's responsibilities in applying for and securing comparable benefits; and (f) 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 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

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, abilities, and informed choice of the individual. In addition to the assessments discussed above, other types of services are described below.

Career 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 informed choice.

Information and Referral Services. 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 Search and Placement Assistance. 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, find job openings, research employers, and interview.

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 is for up to \$5,000 per academic year for a full-time student or \$208 per credit for a part-time student. The actual amount of a training grant awarded depends on how much financial aid is received and the unmet need based on other sources of financial aid, which the student must apply for and accept, if eligible, to be considered for a training grant. The grant is paid directly to the school, divided in 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 completion 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 licensed personnel; 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 individual. 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 and needed by an individual to achieve an employment outcome can be provided by DVR. Transportation services also include adequate training in the use of public transportation vehicles and systems.

On-The-Job Supports. On-the-job or other related personal assistance services may be provided while a consumer is receiving other DVR services.

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 licensed personnel.

Services for Blind Individuals. 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.

Assistance in Small-Business Plan Development 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. DVR must assess the individual's readiness and appropriateness for self-employment including: knowledge, ability, skills, experience, motivation, and personal commitment to establish, operate, and maintain a business that generates a competitive, self-sustaining wage. DVR also assesses the feasibility of the proposed business idea. The plan must address all aspects of start-up costs, such as identifying funding sources, demonstrating sufficient resources to leverage start-up capital, determining ongoing operation costs, and predicting the likelihood of profitability within a reasonable timeframe.

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-to-Work 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 more detail in a later section entitled, "Specialized Programs."

Supported Employment Services. Supported employment 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.

Supported employment services are provided based on a determination of the needs of the individual and specified in an IPE. Support Employment services are provided for up to a maximum of 24 months for adults and 48 months for youth (24 or younger) 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. Services after the initial intensive services are called extended services. Supported employment is discussed in additional detail in the "Specialized Programs"

section.

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

Program Providers

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 individuals with disabilities. Services are to be provided in an integrated setting, must meet the competitive employment standard, and follow procedures and/or technical specifications outlined for those services.

DVR also partners with state agencies, educational institutions, state and national organizations, tribal governments, 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 federal, state, or local public agencies, by health insurance, or by employee benefits and whether those benefits or services are available to the consumer at the time needed. 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 comparable 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 during the OOS process because the individual is too severely disabled to benefit from services, due to the presumption that all applicants can benefit from vocational rehabilitation services. 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 to achieve 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 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 if reapplication for services is appropriate.

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 multiple attempts using multiple methods, including the individual's preferred mode of contact, 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 individual achieved their employment outcome, 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. Multiple attempts and multiple methods, including the individual's preferred

mode of contact, must be used to contact the individual.

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 the most integrated setting possible and is consistent with the individual's strengths, resources, priorities, concerns, abilities and informed choice; (d) 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; (e) employment has been maintained for at least 90 days; (f) the individual and counselor consider the employment to be satisfactory and agree the individual is performing well on the job; and (g) 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 considered an employment outcome. 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.

Review if Working Under a Subminimum Wage Certificate. If an individual's case is closed because the individual has been working under a subminimum wage certificate, career counseling and referral services must be carried out every six months for the first two years and annually thereafter for as long as the individual is employed at subminimum wage.

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 conference 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 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 Department or the individual initiates a review of the IHO's decision.

If the Department 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 DWD not later than 30 days following the date of the intent to review notice, and the Department may also collect new evidence from other sources during that period.

Authority for modifying the decision of an IHO is reserved to the DWD Secretary or the secretary's authorized designee and may not be otherwise delegated. The DWD Secretary or designee cannot modify a decision of an IHO that 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 DWD Secretary or designee 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, tribal 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 providing 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.

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

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, reduced, or suspended, 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 2016-17, 91% 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 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 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 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 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 tribal gaming program revenue (PR) 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 tribal gaming funds are not an allowable source of match dollars for the DVR program. DVR's state plan instead passes tribal gaming funds to 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. Since 2011-12, GLITC has been provided \$314,900 annually in tribal gaming PR 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, 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 programs: the Oneida Tribe of Wisconsin, Lac Courte Oreilles Band of Lake Superior Chippewa, and Menominee 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, priorities, abilities, 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, as described earlier, 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 allocation for supported employment (Title VI, Part B of the Rehabilitation Act, as amended). These funds are to be used only for individuals with the most significant disabilities. Because supported employment funds are meant to be used to support and maintain an individual with a most significant disability in employment, the SE services may not be provided prior to an individual being placed into an

employment position requiring SE services. All federal expenditures for an individual that occur prior to the individual being placed into a supported employment position must be provided with regular vocational rehabilitation funds. States must reserve and expend half of their supported employment allocation to provide supported employment services to eligible youth. The state is required to provide a match of at least 10% in non-federal expenditures for the total expenditures incurred with the set-aside for SE services to youth.

In federal fiscal year 2018, 4,082 individuals participated in supported employment in Wisconsin (Category 1 and 2), of which 782 gained competitive integrated employment. Of these persons, 3,048 were individuals with the most significant disabilities (Category 1), of which 565 gained competitive integrated employment.

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 (EN). If the individual is receiving services from DVR, the ticket is considered in use and may not be assigned to another EN. 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 EN. Through special arrangements called Partnership Plus, DVR works in partnership with ENs to improve an individual's employment retention and independence. Ideally, an agreement between DVR and an EN will provide for a smooth transition for the individual from DVR services to post-employment retention services provided by an EN. DVR allows for consumer choice when choosing an EN.

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 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.

Pre-Employment Transition Services (Pre-ETS). 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, competitive integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation.

New federal requirements obligate DVR, in

collaboration with local educational agencies, to offer high school students with disabilities (ages 14 to 21) Pre-ETS services using 15% of DVR's federal allocation on an annual basis. Pre-ETS services include job exploration counseling, work-based learning experiences, counseling on opportunities for enrollment in postsecondary educational programs, workplace readiness training, and instruction in self-advocacy.

DVR collaborates with the Wisconsin Departments of Public Instruction (DPI) and Health Services (DHS) to assist students through the transition process and toward achieving their employment goal. DVR, DPI, and DHS signed an Inter-agency 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 for an IPE, 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 update to the 2007 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, independent living centers, and the Independent Living Council of Wisconsin.

The WRC consists of 24 members: one non-voting DVR administrator, one non-voting DVR counselor and 22 citizen voting members. WRC members are appointed to staggered three-year terms by the Governor. 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 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 Native American 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 2017, there were 31,757 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 12,747, and 4,133 individuals achieved an employment outcome.

Tables 3 through 7 show the population of DVR individuals by the order of selection (OOS) category, disability type, age group, type of job, and employment outcome in FFY 2017.

Table 3 shows that 58.3% of DVR individuals in FFY 2017 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 2017, 35.0% of individuals eligible for services were placed in Category 1.

Table 3: Caseload by Order of Selection Categories -- FFY2017

OOS Category	Number of Individuals	Percent of Total
1	11,126	35.0%
2	18,518	58.3
3	209	0.7
Not Classified/Other	<u>1,904</u>	<u>6.0</u>
Total	31,757	100.0%

Table 4 indicates that mental illness and orthopedic disabilities were the two most common disability types for individuals that received DVR services in FFY 2017.

Table 4: Caseload by Disability Type -- FFY 2017

Disability	Number of Individuals	Percent Total
Mental Illness	6,232	19.6%
Orthopedic	4,265	13.4
Cognitive	3,555	11.2
Other Physical	2,860	9.0
Learning Disabilities	2,745	8.6
Autism	2,588	8.1
Other	2,585	8.1
Eligibility Undetermined*	1,837	5.8
Attention-Deficit/Hyperactivity Disorder	1,715	5.4
Deaf/Hard of Hearing	1,114	3.5
Blind/Visual	669	2.1
Congenital Condition or Birth Injury	635	2.0
Brain Injuries	597	1.9
Alcohol/Drug	<u>360</u>	<u>1.1</u>
Total	31,757	100.0%

*Cases closed prior to eligibility determination.

Table 5 shows that 36.8% of the DVR individuals in FFY 2017 were under the age of 25. Fewer than 7% were over the age of 60.

Table 5: Caseload by Age Group -- FFY 2017

Age Group	Number of Individuals	Percent of Total
14 and Under	8	0.0%
15-19	6,460	20.3
20-24	5,252	16.5
25-34	5,192	16.3
35-44	4,566	14.4
45-54	5,472	17.2
55-59	2,682	8.4
60-64	1,457	4.6
65 +	<u>668</u>	<u>2.1</u>
Total	31,757	100.0%

Table 6 indicates that, of the individuals who achieved an employment outcome, 59% were employed in jobs related to office and administrative support, food preparation and service, building and grounds cleaning and maintenance, and production.

Table 6: Caseload by Type of Job -- FFY 2017

Type of Job	Number of Individuals	Percent of Total
Office and Administrative Support	862	20.9%
Food Preparation and Service	630	15.2
Building and Grounds Cleaning and Maintenance	507	12.3
Production	440	10.6
Sales and Related	312	7.5
Transportation and Material Moving	300	7.3
Personal Care and Service	237	5.7
Healthcare Support	120	2.9
Community and Social Service	101	2.4
Education, Training, and Library	88	2.1
Healthcare Practitioners and Technical	87	2.1
Installation, Maintenance, and Repair Management	74	1.8
Computer and Mathematical	65	1.6
Arts, Design, Entertainment, Sports, and Media	47	1.1
Business and Financial Operations	42	1.0
Protective Service	42	1.0
Construction and Extraction	36	0.9
Architecture and Engineering	33	0.8
Farming, Fishing, and Forestry	29	0.7
Life, Physical, and Social Science	12	0.3
Legal	<u>9</u>	<u>0.2</u>
Total	4,133	100.0%

Table 7 shows that, of the individuals who achieved an employment outcome, 86.1% achieved an employment outcome without the need for ongoing employment supports.

Table 7: Caseload by Employment Outcome -- FFY 2017

Employment Outcome	Number of Individuals	Percent of Total
Competitive Integrated Employment Supported Employment in	3,557	86.1%
Competitive Integrated Employment	549	13.3
Self-Employment (Except BEP)	25	0.6
Business Enterprise Program (BEP)	<u>2</u>	<u><0.1</u>
Total	4,133	100.0%

As noted in the introduction, 9.8% of working age individuals in Wisconsin reported a disability in FFY 2016 and 41.8% of these individuals were employed. At 9.8%, Wisconsin had the 17th-lowest percentage of working-age population with disabilities. The national average was 10.6%. At 41.8%, Wisconsin had the 14th-highest employment rate of working-age people with disabilities. The national average was 35.9%. Appendices IV and V show how these percentages compare with other states.

Program Funding

Vocational Rehabilitation Revenue. The primary source of funding for the vocational rehabilitation program is a 78.7% federal share provided under the Rehabilitation Act of 1973, as amended. Additional funding is provided from a state match of 21.3% of program 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 8: Federal Vocational Rehabilitation Grants and State Matching Funds -- FFY 2013 through FFY 2018

Federal Fiscal Year	Federal Grant Allocation	State Match Required to Capture Funds	State Matching Funds	State Match Gap	Unmatched Federal Funds	Actual Federal Grant Award
2013	\$60,275,000	\$16,313,300	\$15,451,000	\$862,300	\$3,186,200	\$57,088,800
2014	63,440,200	17,170,000	17,170,000	0	0	63,440,200
2015	64,836,100	17,547,800	17,547,800	0	0	64,836,100
2016	65,053,300	17,606,600	17,606,600	0	0	65,053,300
2017	62,801,200	16,997,000	17,547,800	0	0	62,801,200
2018	65,053,300	17,606,600	17,606,600	0	0	65,053,300

Table 8 shows the amount of federal grants allocated to Wisconsin and the amount of state matching funds provided from FFY 2013 through FFY 2018. In FFY 2013, the actual federal grant awarded to Wisconsin was less than the original federal allocation because Wisconsin did not provide sufficient matching funds to utilize the entire allocation. In each year since 2013, Wisconsin has fully matched the available federal allocation. Appendix VI compares the actual awards received for all states and territories in FFY 2018.

The Rehabilitation Act of 1973, as amended, requires state vocational rehabilitation agencies to maintain a level of non-federal expenditures in the previous fiscal year that is at least equal to non-federal expenditures from two years prior. In FFY 2017, Wisconsin did not receive the full projected federal allotment and therefore had to "overmatch" in order to meet the state's maintenance of effort requirement of two years prior (\$17,547,800).

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, 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, and BEP

vendor proceed collections. Generally, program revenue funds include gifts and grants from small donations from private citizens.

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

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 2018, 562 individuals achieved substantial gainful activity for at least nine continuous months. For 2018, substantial gainful activity means earning over \$1,180 per month for non-blind individuals and over \$1,970 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 TWWIA 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 TWWIA 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 allocates a portion of these monies to support business services consultant positions. 20.0 federally funded business service consultant project positions were created in 2013 to function as employment specialists to conduct business needs assessments, develop job matches, and place DVR consumers in jobs. The 20 project positions ended, and were replaced in October 2016 with 9.0 permanent positions whose primary functions relate to business engagement requirements under federal WIOA legislation. The nine business service consultants serve the 11 workforce development (geographic) areas of the state for the DVR program.

Table 9 shows social security reimbursements earned by DVR for the last six federal fiscal years.

Table 9: Social Security Reimbursement Payments -- FFY 2013 through FFY 2018

Federal Fiscal Year	Amount
2013	\$5,955,900
2014	4,699,900
2015	6,851,500
2016	6,847,100
2017	4,440,800
2018	7,009,800

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 administration and for case services by federal funds and state match for the last two years.

Table 10: DVR Administration and Case Services Allocations FFY 2017 and FFY 2018

Fund Source	Administration	Case Services	Total
Federal Fiscal Year 2017			
Federal	\$25,025,000	\$40,847,000	\$65,872,000
State Match	<u>6,773,000</u>	<u>11,055,200</u>	<u>17,828,200</u>
Total	\$31,798,000	\$51,902,200	\$83,700,200
Federal Fiscal Year 2018			
Federal	\$24,369,900	\$40,239,800	\$64,609,700
State Match	<u>6,595,700</u>	<u>10,890,800</u>	<u>17,486,500</u>
Total	\$30,965,600	\$51,130,600	\$82,096,200

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 (Table 11) may not equal the amount of the federal allotment and state match for that year (Table 10).

Table 11 shows that in FFY 2017, DVR spent \$55.7 million on case services. It also includes expenditures by OOS category, as well as each cate-

gory's percentage of overall expenditures. Category 1 consists of individuals with the most significant disabilities who 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 56% of the expenditures on services were for Category 2 individuals.

Table 11: Expenditures by Order of Selection -- FFY 2017

Category	Amount	Percent of Total
1	\$24,300,707	43.7%
2	31,271,905	56.2
3	32,329	<0.1
Not Classified/other	<u>57,575</u>	<u>0.1</u>
Total	\$55,662,516	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 2017, and each disability's percentage of overall expenditures.

Just under half of all case service expenditures were for individuals whose disability impairment or cause was from the first five listed categories as follows: for a cognitive disability, for autism, for a specific learning disability, from an unknown cause, or for a depressive or other mood disorder. The unknown cause category generally describes an individual who has not identified a cause for the disability type, which could include an unknown cause of a physical or mental health issue.

Table 13 shows expenditures by service provided for FFY 2017, and each service category's percentage of overall expenditures. The largest expenditure categories were training services, job search assistance, and supported employment. Together, these three categories accounted for 53.5% of total expenditures in FFY 2017.

Table 12: Case Services Expenditures by Disability Impairment or Cause -- FFY 2017

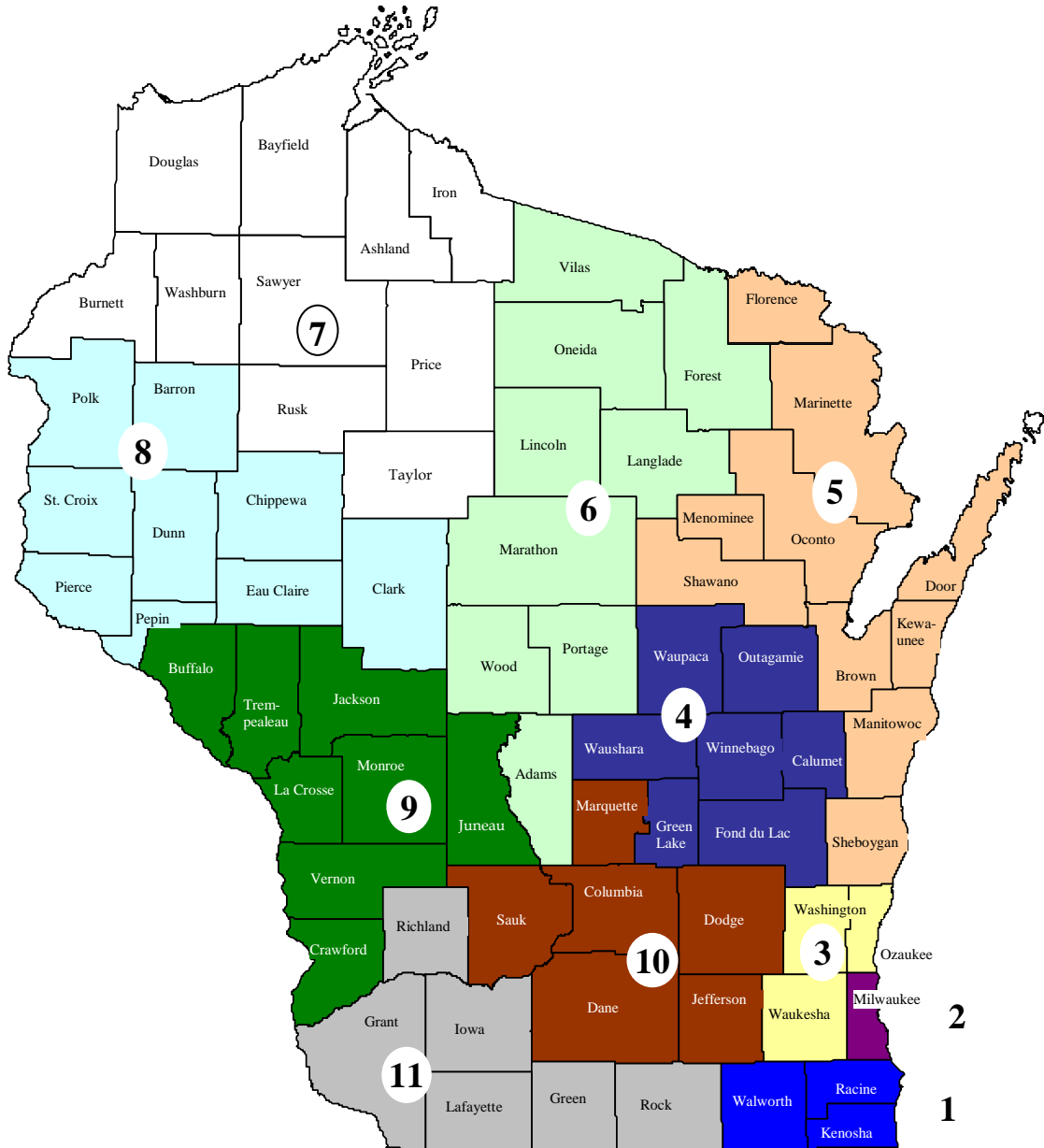
Disability	Amount	Percent of Total
Cognitive Disability	\$9,497,751	17.1%
Autism	6,941,183	12.5
Specific Learning Disabilities	4,746,212	8.5
Cause Unknown	4,441,533	8.0
Depressive and Other Mood Disorders	4,045,590	7.3
Congenital Condition or Birth Injury	3,850,267	6.9
Accident/Injury (other than TBI or SCI)	3,736,871	6.7
Attention-Deficit/Hyperactivity Disorder	2,751,766	4.9
Physical Disorders/Conditions (not listed elsewhere)	2,449,669	4.4
Anxiety Disorders	1,541,914	2.8
Cerebral Palsy	1,498,499	2.7
Arthritis And Rheumatism	1,360,453	2.4
Mental Illness (not listed elsewhere)	1,333,970	2.4
Schizophrenia and Other Psychotic Disorders	1,274,561	2.3
Traumatic Brain Injury (TBI)	1,128,744	2.0
Spinal Cord Injury (SCI)	873,817	1.6
Stroke	423,492	0.8
Muscular Dystrophy	402,731	0.7
Epilepsy	395,068	0.7
Cancer	350,128	0.6
Cardiac and Other Conditions Of The Circulatory System	309,810	0.6
Alcohol Abuse or Dependence	305,541	0.5
Diabetes Mellitus	287,730	0.5
Multiple Sclerosis	258,557	0.5
Parkinson's Disease and Other Neurological Disorders	251,440	0.5
Personality Disorders	250,284	0.4
Amputations	201,128	0.4
Respiratory Disorders Other Than Cystic Fibrosis or Asthma	146,872	0.3
End-Stage Renal Disease/Other Genitourinary System Disorders	121,767	0.2
Asthma and Other Allergies	102,825	0.2
Drug Abuse or Dependence (other than Alcohol)	91,291	0.2
Immune Deficiencies Excluding HIV/AIDS	59,216	0.1
Digestive	54,533	0.1
Other - Not Defined	40,994	<0.1
Cystic Fibrosis	38,769	<0.1
Blood Disorders	32,957	<0.1
HIV and AIDS	30,522	<0.1
Polio	24,358	<0.1
Eating Disorders (Anorexia, Bulimia, Compulsive Overeating)	<u>9,702</u>	<u><0.1</u>
Total	\$55,662,516	100.0%

Table 13: Case Services Expenditures by Service -- FFY2017

	Amount	Percent of Total
Training	\$12,374,659	22.2%
Job Search Assistance	10,305,568	18.5
Supported Employment	7,122,613	12.8
Assessment	5,318,145	9.6
On-The-Job Supports	5,167,428	9.3
Pre-Employment Transition Services	4,825,458	8.7
Rehabilitation Technology	3,793,550	6.8
Transportation	1,967,852	3.5
Eligibility/OOS Assessment Services	1,936,990	3.5
Other and Unspecified Services	988,157	1.8
Promise Grant Expenses	763,523	1.4
Technical Assistant Services	319,313	0.6
Interpreter Services	276,524	0.5
Diagnosis and Treatment	213,360	0.4
Individual Placement and Support	199,186	0.4
Project Search	73,475	0.1
Customized Employment	6,700	<0.1
Extended Services	5,600	<0.1
Self Advocacy	3,787	<0.1
Customized Training	550	<0.1
Information and Referral	<u>78</u>	<u><0.1</u>
Total	\$55,662,516	100%

APPENDIX I

Vocational Rehabilitation Workforce Development Areas



APPENDIX II

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 vocational 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.

APPENDIX III

Examples of Disabilities That Could Require DVR Services

AIDS/HIV
Alcohol or Other Drug Disorder
Amputation
Arthritis
Attention-Deficit/Hyperactivity 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
Specific Learning Disability
Spinal Cord Injury
Stroke

APPENDIX IV

Prevalence of Working-Age People With Disabilities Across States 2016 (by Rank)

State	Percentage of Working-Age People With Disabilities	Rank	State	Percentage of Working-Age People With Disabilities	Rank
Hawaii	7.9%	1	Washington	11.0%	26
New Jersey	7.9	2	Georgia	11.1	27
California	8.3	3	Nevada	11.1	28
Connecticut	8.6	4	Wyoming	11.2	29
Illinois	8.6	5	Rhode Island	11.5	30
Colorado	8.9	6	Pennsylvania	11.7	31
New York	8.9	7	North Carolina	11.8	32
Utah	8.9	8	Idaho	11.9	33
Maryland	9.0	9	Indiana	12.1	34
Massachusetts	9.0	10	Ohio	12.1	35
Minnesota	9.0	11	Oregon	12.1	36
North Dakota	9.3	12	Montana	12.3	37
Iowa	9.4	13	Michigan	12.6	38
District of Columbia	9.5	14	New Mexico	12.6	39
Virginia	9.7	15	Vermont	12.7	40
Texas	9.8	16	Missouri	12.8	41
WISCONSIN	9.8	17	South Carolina	13.2	42
Delaware	9.9	18	Maine	13.5	43
Nebraska	9.9	19	Louisiana	13.7	44
South Dakota	10.1	20	Tennessee	13.9	45
Florida	10.3	21	Alabama	14.4	46
New Hampshire	10.5	22	Oklahoma	14.4	47
Arizona	10.7	23	Mississippi	14.7	48
Alaska	11.0	24	Arkansas	15.3	49
Kansas	11.0	25	Kentucky	16.4	50
			West Virginia	17.8	51

Source: Cornell University Employment and Disability Institute, 2017 Annual Disability Statistics Compendium

APPENDIX V

Employment Rates of People With Disabilities 2016 (by Rank)

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	54.0%	1	New Jersey	36.7%	26
South Dakota	51.6	2	Indiana	36.1	27
Minnesota	48.0	3	Delaware	35.9	28
Alaska	47.9	4	Ohio	35.8	29
Nebraska	47.4	5	Illinois	35.7	30
Wyoming	47.2	6	Pennsylvania	35.5	31
Utah	47.0	7	Missouri	35.1	32
Iowa	45.9	8	Arizona	34.8	33
Kansas	44.7	9	California	34.7	34
Montana	43.9	10	North Carolina	34.5	35
Idaho	43.3	11	District of Columbia	34.0	36
Colorado	42.7	12	Georgia	33.9	37
Nevada	42.0	13	South Carolina	33.4	38
WISCONSIN	41.8	14	Michigan	33.3	39
New Hampshire	41.7	15	Maine	33.2	40
Vermont	41.5	16	New York	33.1	41
Maryland	41.1	17	Florida	32.2	42
Hawaii	39.9	18	New Mexico	31.9	43
Oregon	39.2	19	Arkansas	31.7	44
Washington	39.2	20	Louisiana	31.3	45
Connecticut	39.0	21	Tennessee	31.2	46
Texas	39.0	22	Kentucky	30.5	47
Virginia	39.0	23	Rhode Island	30.0	48
Massachusetts	38.6	24	Mississippi	29.4	49
Oklahoma	37.0	25	Alabama	27.5	50
			West Virginia	27.4	51

Source: Cornell University Employment and Disability Institute, 2017 Annual Disability Statistics Compendium

APPENDIX VI

Vocational Rehabilitation State Grants FFY 2018

State or Other Area	Grant Amount	Percent of Total	State or Other Area	Grant Amount	Percent of Total
Alabama	\$68,298,049	2.1%	New Jersey	\$62,807,053	2.0%
Alaska	11,286,568	0.4	New Mexico	25,653,191	0.8
Arizona	80,625,001	2.5	New York	162,071,217	5.1
Arkansas	42,832,171	1.3	North Carolina	114,573,745	3.6
California	303,129,769	9.5	North Dakota	10,616,162	0.3
Colorado	44,504,499	1.4	Ohio	100,359,708	3.2
Connecticut	23,876,776	0.7	Oklahoma	41,388,332	1.3
Delaware	11,609,781	0.4	Oregon	47,267,784	1.5
District of Columbia	16,143,909	0.5	Pennsylvania	142,807,356	4.5
Florida	194,898,618	6.1	Rhode Island	11,766,319	0.4
Georgia	100,000,000	3.1	South Carolina	67,921,751	2.1
Hawaii	13,379,760	0.4	South Dakota	10,716,162	0.3
Idaho	19,259,427	0.6	Tennessee	59,511,955	1.9
Illinois	113,035,191	3.5	Texas	247,136,995	7.8
Indiana	67,931,357	2.1	Utah	33,942,669	1.1
Iowa	32,865,021	1.0	Vermont	11,333,648	0.4
Kansas	27,949,538	0.9	Virginia	77,850,740	2.4
Kentucky	52,864,730	1.7	Washington	63,320,786	2.0
Louisiana	36,550,000	1.1	West Virginia	29,401,711	0.9
Maine	16,593,549	0.5	WISCONSIN	65,053,321	2.0
Maryland	44,234,054	1.4	Wyoming	10,616,162	0.3
Massachusetts	53,173,169	1.7	American Samoa	898,281	0.0
Michigan	112,640,907	3.5	Guam	1,901,606	0.1
Minnesota	51,098,004	1.6	Northern Marianas	853,608	0.0
Mississippi	43,540,850	1.4	Puerto Rico	68,027,392	2.1
Missouri	69,554,882	2.2	Virgin Islands	<u>2,007,417</u>	<u>0.1</u>
Montana	11,793,410	0.4			
Nebraska	20,168,160	0.6	Grand Total	\$3,184,848,744	100%
Nevada	19,777,525	0.6			
New Hampshire	11,428,998	0.4			

Source: U.S. Department of Education: Rehabilitation Services Administration (rsa.ed.gov)