

Agency Strategic Plan

Department of Rehabilitative Services (262)

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Mission and Vision

Mission Statement

The Virginia Department of Rehabilitative Services (DRS), in partnership with people with disabilities and their families, collaborates with the public and private sectors to provide and advocate for the highest quality services that empower individuals with disabilities to maximize their employment, independence and full inclusion into society.

Vision Statement

We envision a Virginia where all people with disabilities may reach their goal of independence, employment and full inclusion in society. DRS is committed to dedicating all of its resources to realize this vision for Virginians with disabilities.

Agency Values

- Creativity, collaboration and teamwork
Creative problem solving, collaboration, and teamwork in recognizing and responding to customer needs.
- Accessibility and advocacy
Accessibility, awareness of the needs of people with disabilities, and advocacy for resources to meet those needs.
- Staff recognition
Recognizing and rewarding excellence and innovation, and the continuous development of all staff.
- Work environment
A secure work environment, employee health and wellness, and diversity in our workforce.

Executive Progress Report

Service Performance and Productivity

- *Summary of current service performance*

The vocational rehabilitation program (VR) has performance measures at both the Federal and State level. For the Federal level, the Rehabilitation Services Administration has established Standards and Indicators by which the program is evaluated; there are two standards with six indicators. In Federal Fiscal Year 2006, DRS met the requirements of the Standards and Indicators and it is anticipated that this trend will continue for Federal Fiscal Year 2007. A key measure at the Federal and State level is the percentage of VR consumers who achieve their employment goals and work satisfactorily for at least 90 days upon completion of their programs. In Federal Fiscal Year 2006, DRS achieved a rate of 56.7% on this measure, which surpassed the 55.8% federally required target; the projected rate for Federal Fiscal Year 2007 is 59.4%. For State Fiscal Year 2007, DRS had a 60.8% rate on this measure, which surpassed the State year target by 2.8%. In addition, in Federal Fiscal Year 2006, DRS surpassed its \$9.02 target for the hourly average wage of VR consumers employed at the time of case closure and its 82% VR consumer satisfaction rate target.

The DDS federal performance indicators measure the effectiveness and efficiency of the program and are established by the Social Security Administration. These measures include the mean processing time for claims from receipt to closure and the accuracy of final decisions. In Federal Fiscal Year 2006, the total mean processing time for all disability claims was about 80 days. There should be a slight decrease to 75.6 days for Federal Fiscal Year 2007. The accuracy rate in Federal Fiscal Year 2006 was 97.0%. For Fiscal Year 2007, the accuracy rate should rise to 97.4%.

Programs in the Community Rehabilitation Program either provide direct services to consumers with significant disabilities or manage grants to other entities in the Commonwealth that provide direct services. Direct consumer services are provided by Brain Injury and Spinal Cord Injury, Community Rehabilitation Case Management, Independent Living, and Personal Assistance Services and through the Consumer Service Fund and Rehabilitation Services Incentive Fund. In State Fiscal Year 2007, 38,692 consumers received direct services. The Community Rehabilitation Program also administered 49 grants through the Commonwealth Neurotrauma Initiative, the Rehabilitation Services Incentive Fund, and the Independent Living Program.

DRS' administrative support services are judged by the Governor's Management Scorecard. The scorecard has 18 objectives in five areas: human resources, financial management and budget reform, government procurement, technology and performance management. Each area has five scores: Meets Expectations, Progress Towards Expectations, and Below Expectations. By the fourth quarter of State Fiscal Year 2007, DRS achieved a score of

"Meets Expectations" for four of the areas and a "Progress Toward Expectations" rating on one (government procurement).

- *Summary of current productivity*

During Federal Fiscal Year 2006, the VR program served 23,716 consumers; it is projected that 24,000 consumers will be served in Federal Fiscal Year 2007. This increase is occurring even though DRS remains in an order of selection. Order of selection occurs when the agency does not have sufficient resources to serve all eligible individuals. In this event, the most significantly disabled consumers must be served first, while others are placed on a waiting list for services. In spite of order of selection, the DRS' VR program remains strong with 3,921 consumers achieving employment and 90.8% competitively employed, earning at or above Virginia's minimum wage in Federal Fiscal Year 2006. For Federal Fiscal Year 2007, it is projected that 4,129 consumers will achieve employment with 99% competitively employed. In addition, in 2007, 3091 consumers were served in the long term support programs that complement the VR program by providing services to help individuals maintain their employment after their vocational rehabilitation case has been closed. DRS also will provide assistance to about 7,500 Virginia employers by providing them with qualified job applicants, disability awareness training, and consultation on workplace accommodations for people with disabilities.

In Federal Fiscal Year 2006, the Social Security Disability Determination Program served 70,036 Virginians with disabilities seeking disability benefits through the federal Social Security Administration. For Federal Fiscal Year 2007, the number served should be 70,683. The projected number of applicants served during Federal Fiscal Year 2007 is approximately 72,000, which is an increase of 2.7% over the previous year. Because of the nature of the work performed by DDS, there is a high level of consumer interest in the status of their claims applications. DDS remains committed to responding to their concerns in an effective and efficient manner. In 2007, 72 constituent concerns were addressed and all were handled within a 24 hour timeframe.

The productivity of the array of programs and services in the Community Rehabilitation Program can best be exhibited through a historical perspective on the evolution of these programs and services. The expansion of Community Rehabilitation Programs began in the mid-1980s with the establishment of the Virginia Central Registry for Brain Injury and Spinal Cord Injuries and the Virginia Brain Injury Council. In addition, DRS added Brain Injury and Spinal Cord Injury Services (BI/SCIS) as a separate unit in 1992. In 2006, the registry served over 19,000 Virginians with recent brain and/or spinal cord injuries and the BI/SCIS unit managed nearly \$3.4 million in agency contracts to local entities.

In 1984, the Independent Living (IL) Program began receiving state general funds in the amount of \$150,000; previously the IL program had been totally federally funded. The IL Program now has 16 Centers for Independent Living and four Satellite Centers across the Commonwealth, serving approximately 8000 consumers with \$4.7 million in state general funds.

Beginning in 1991 with a \$250,000 funding appropriation, the Community Rehabilitation Case Management Services (CRCMS) Program (previously known as the Long Term Rehabilitation Case Management Program) provides intensive, specialized case management services for people with severe neurological and other disabilities. From 1992 to 2002, funding increased to \$504,500. However, there was a \$147,000 budget reduction in 2003 and 2004. The program currently serves 683 consumers.

In the mid-1990s, the Brain Injury Direct Services (BIDS) Fund was created as a pilot program with \$200,000 in State funds. Funding was reduced in 2003, but 75% of the reduction was restored, putting the fund at its current level of \$191,250. The BIDS serves as a funding source for specialized consumer services/goods, as well as other discretionary uses such as State match for the Federal TBI Act grant and partial funding of the Virginia Central Registry. Also during the mid-1990s, the Consumer Service Fund was established to assist people with disabilities to purchase vehicle or home modifications, assistive technology, prosthetic devices and other needed equipment or services. In State Fiscal Year 2007, the CSF provided support to 102 individuals with about \$154,000.

The Commonwealth Neurotrauma Initiative Trust Fund, a non-reverting state fund that receives fees paid by specific traffic offenders to have their drivers licenses reinstated following revocation, was established in 1997 and initially received a private donation of \$25.00 in 1998. In 2007, the fund provided 13 active community based and research grants totaling \$1.75 million.

Finally, in 1994, Virginia saw the development of the Disability Services Boards (DSB). The DSBs are a partnership of consumers, local government and businesses working to assess local needs, increase access, and develop consumer oriented, community based services for persons with physical and sensory disabilities. The DSB program began with \$100,000 and now stands at \$520,000 for 40 local DSBs. In 1996, the Rehabilitation Services Incentive Fund (RSIF) was begun with \$500,000. This fund provides grant funding to public or private organizations, profit and nonprofit, to address unmet needs and develop community programs for people with physical or sensory disabilities. From 1997 to 2003, funding increased to \$912,500. However, in 2004 funding was reduced by \$700,000. In 2007, \$180,866 in

funding provided 13 grant awards.

Even with the great strides that Virginia has made in expanding and improving community based programs for Virginians with sensory and physical disabilities, there are still unmet needs and underserved areas. The Community Rehabilitation Programs funding never completely recovered from the budget reductions of 2003-2004, while the need for services has continued to grow.

DRS' Administrative Operations continues to provide administrative support and technical assistance to the Disability Services Agencies. This unique and cost efficient arrangement allows DRS, through memoranda of understanding, to provide fiscal, information systems, logistical, human resources, and audit services to the Department for the Blind and Vision Impaired, the Virginia Rehabilitation Center for the Blind and Vision Impaired, the Department for the Deaf and Hard of Hearing, the Virginia Board for People with Disabilities, and the Woodrow Wilson Rehabilitation Center.

Initiatives, Rankings and Customer Trends

- *Summary of Major Initiatives and Related Progress*

For many Virginians with disabilities, their major impediments to employment and independence are: accessible and affordable transportation (particularly in rural areas); accessible and affordable housing; the possibility that their earnings may put them above the threshold for Medicaid benefits, resulting in the loss of health insurance; and access to affordable assistive technology. In the coming years, DRS will continue to try to help address these issues by:

- Continuing as a partner with the Department of Medical Assistance Services, other state agencies, advocacy groups and stakeholders to advocate for and secure a Medicaid Buy In program in Virginia.
- Establishing regional assistive technology device recycling programs and four regional equipment demonstration/loaner programs in the Commonwealth.
- Continuing to participate on the Virginia Interagency Transportation Council, an interagency workgroup composed of representatives of agencies that provide transportation to people who are aged, disadvantaged or have disabilities. The Council, convened by the Department of Rail and Public Transportation, will assist in the development of Virginia's Action Plan for Coordinating Human Service Transportation.
- Continuing to participate with other State agencies and stakeholders in the implementation of the other initiatives of Virginia's Olmstead Plan.

DRS will continue to foster and expand partnerships with other state agencies and stakeholders to enhance collaborative efforts to effectively serve Virginians with disabilities.

Implementation of order of selection in the VR program has disadvantaged many consumers needing VR services to become gainfully employed. This coming year, DRS will only have sufficient resources to serve the most significantly disabled and will not be able to address the waiting list of those needing services.

DRS will continue to position the VR program to respond to the growing number of students who will be seeking VR services to effectively transition from school to work. This will require developing a teamwork approach to service provision that includes the involvement of the student, family members, school personnel and VR staff.

In 2007-2008, DRS will implement a new integrated case management system. It will replace the current VR case management program, which is grossly outdated and inefficient. This new web based system is currently being utilized in many other states. This new system will bring enhanced efficiency to these programs. In addition, DRS is developing requirements for a new integrated financial system to replace the 20 year old legacy system. Social Security Disability Determination will continue to implement the Social Security Administration's electronic case processing system (eDIB) which will allow DDS to more quickly and efficiently adjudicate disability claims in an electronic environment.

DRS will continue to expand opportunities for "mobile workers" and the co-location of VR staff with other WIA agencies. Over the past few years, many VR counselors began spending much of their work time in the public schools, in One-Stop Career Centers, and other locations to effectively work with consumers. As more employees move to this "virtual office" arrangement, DRS will experience cost reductions in building leases and other overhead expenses related to office space.

DRS will closely examine the recommendations from the JLARC draft report on "Access to State-Funded Brain Injury Services in Virginia" and look for means to address these recommendations.

- *Summary of Virginia's Ranking*

In Federal Fiscal Year 2006, the number of employment outcomes for DRS' VR program was higher than 69% of the other comparable state programs. DRS also had one of the highest rates for the percentage of consumers who are significantly disabled.

While there is still much to be done to address the unmet needs of Virginians with disabilities, Virginia distinguishes itself by being:

- One of the few states in the nation that provide long term follow along funds to VR consumers to help them maintain their employment after their VR program has ended.
- The only state to provide funding specifically for personal assistance services for people with brain injury, funding for five clubhouse programs for people with brain injury, and a trust fund for the establishment of a new clubhouse program in 2006. With 15 brain injury clubhouses nationally, this makes Virginia the state with the highest number of clubhouses in the country.
- The only state to offer a Community Support Services Training Program (e.g. life skills training) for individuals and organizations interested in becoming providers of these services for people with brain injury.
- The only state that has a designated, discretionary fund for people with brain injury, which allows DRS to provide specialized goods and services to individuals who have significant rehabilitation needs and/or who have no other source of funding available to them.
- One of the few states that has a state-funded trust fund which supports neurotrauma research, and the only trust fund in the country that supports the development of innovative, model rehabilitative programs serving people with brain injury and spinal cord injury.

For many years the Social Security Administration ranked DDS' across the nation according to four criteria which included mean processing time, productivity, accuracy rate and cost per case. During the time that those rankings were used, the Virginia DDS was ranked in the Top 5 four times within the past ten years. The Virginia DDS was ranked first on two separate occasions. The Social Security Administration stopped providing the statewide rankings in 2002 and the Virginia DDS has no way of determining its national ranking at this time. The Virginia DDS continues to strive for high accuracy ratings as it did in 2001 when it received top honors for the nation.

- *Summary of Customer Trends and Coverage*

Not all Virginians with disabilities can potentially be served through DRS' programs as some of the programs are "eligibility based" (i.e. VR, PAS, CSF, IL) and all of the programs are limited in their ability to provide services to everyone who desires them due to existing resources, either fiscal or personnel. The trend will continue that there will be more Virginians with disabilities needing services than DRS can effectively provide without more funding.

While DRS does not provide any programs specifically designed to serve senior citizens, the DRS programs utilized by senior citizens (age 65 or older) include VR, Long Term Case Management, and Personal Assistance Services. VR, LTRCM and PAS each have a waiting list for services, but given the few number of senior citizens served by these programs, it is unlikely that the waiting lists contain few if any senior citizens.

Future Direction, Expectations, and Priorities

- *Summary of Future Direction and Expectations*

With an ever increasing demand for services, DRS will continue to be asked to provide more services than its resources allow. This will require DRS to expand partnerships with other state agencies and institutions of higher education to provide the programs and services needed by Virginians with disabilities and to continue to advocate for additional resources and seek out alternative funding sources.

In order to address the needs of people with disabilities who are ready and able to transition from nursing homes to community living, DRS will continue to participate in the implementation of Virginia's Olmstead Plan by partnering with other state agencies and community based organizations to provide leadership in the implementation of the Olmstead Workgroup recommendations. Opportunities to participate in grant development to enhance community service options will be used to improve community based service options and collaboration. Multiple state agencies have agreed to contribute to the cost of customization of WORKWORLD software making it a more effective decision making resource for Virginians on SSI and SSDI who want to work. In addition, DRS will be partnering with other agencies to develop a cadre of Social Security Administration work incentive experts who will work with consumers to develop Plans to Achieve Self Sufficiency, employment related work experiences and increase the use of 1619(b) incentives.

DRS will continue to work on implementation of its Employee Workforce Development Plan in order to ensure a qualified workforce to provide services to our consumers. Initiatives will include: expansion of the agency's program to attract student interns from colleges and universities; expansion of the Career Center development to promote career interest to students, applicants and current employees; processes to hire retirees as wage employees to provide training and mentorship to new employees and current employees performing new functions; expanded use of "mobile workers", alternate work schedules and flexible work hours; new compensation strategies including the development of career ladders; and training to develop enhanced supervisory skills and DRS' leaders of the future.

DRS will continue to seek out viable opportunities for DRS staff to share office space or co-locate with other WIA agencies as an efficiency measure and to provide services to consumers at one centralized location.

DRS will continue with its implementation of new database management systems. This implementation process will be costly in staff time and financial resources, but the payoff will be great in our ability to operate more efficiently and to better manage our data.

DRS will aggressively seek out and try to secure state, federal and private grant funds that will supplement existing state and federal funds to expand our service provision and meet programmatic needs that cannot be addressed with current funding levels.

DRS will continue to work as a partner in Virginia's Workforce Development System to ensure that the One-Stop service delivery system is physically and programmatically accessible to people with disabilities and to ensure a dedicated federal funding stream for VR services.

- *Summary of Potential Impediments to Achievement*

Like many other state agencies, DRS is facing the need to replace a significant proportion of its workforce in the next five years, mainly due to retirements. The change in the workforce will result in a significant loss of institutional knowledge that helps DRS provide exceptional services to Virginians with disabilities. Difficulty in recruiting qualified employees, particularly in rural areas, results in long periods of staff vacancies. These staff vacancies cause interruptions in the provision of services. DRS will use creative means to continue to hire qualified employees, but these means could lead to higher administrative costs in ensuring an adequate transition between retirees and the hiring of new replacements and the cost of higher salaries to attract new qualified workers.

Employment and independence for Virginians with disabilities is affected by the lack of accessible and affordable transportation services and housing, the need for affordable assistive technology devices, and work disincentives in the Social Security System. These are major issues that will require the collaboration and cooperation among many state agencies and advocacy groups to address.

The centralizing of state government activities for office space leases, information technology services and enterprise applications will effect DRS' administrative operations. DRS maintains low-cost and efficient systems that serve all of the Disability Services Agencies. While DRS may benefit financially in the long run from this centralization effort, the centralized systems programs will continue to cause temporary disruption and potential loss of efficiency to respond to the needs and requirements of the new centralized programs.

Service Area List

Service Number	Title
262 454 04	Vocational Rehabilitation Services
262 454 06	Community Rehabilitation Programs
262 461 02	Social Security Disability Determination
262 499 00	Administrative and Support Services

Agency Background Information

Statutory Authority

DRS' statutory authority is found at Title 51.5 of the Code of Virginia.

Chapter 2 contains pertinent definitions and establishes the State Rehabilitation Council with its delineated duties.

Chapter 3 provides for the establishment of the agency, designates the agency, along with the Department for the Blind and Vision Impaired, as the state agency responsible for carrying out the provisions and purposes of the federal Rehabilitation Act; designates the agency as the body to coordinate rehabilitative services to persons with functional and central nervous system disabilities; establishes the Long-Term Rehabilitative Case Management System and the eligibility criteria for this program; authorizes the agency to accept gifts and donations; allows the agency to retain title to nonexpendable equipment purchased for individuals with disabilities until the equipment is fully depreciated; establishes the spinal cord and brain injury registries; establishes the authority of the agency regarding the prevention or elimination of environmental barriers and requires the agency to establish and maintain the central registry for brain and spinal cord injuries.

Chapter 3.1 creates the Commonwealth Neurotrauma Initiative Trust Fund and Advisory Board and authorizes the agency to administer the fund.

Chapter 4 establishes the authority of the Commissioner, including the authority to operate and maintain the Woodrow Wilson Rehabilitation Center; establishes requirements for the agency to collaborate with the Department of Mental Health, Mental Retardation and Substance Abuse Services in activities related to licensing providers of services under the Individual

and Families Developmental Disabilities Support Waiver, and authorizes the Commissioner to promulgate regulations for human research that is conducted or authorized by the agency, any sheltered workshop, or independent living center, or the Woodrow Wilson Rehabilitation Center.

Chapter 5 establishes the requirements regarding the administration of the vocational rehabilitation program.

Chapter 6 authorizes the agency to make grants and enter into contracts for local independent living services, independent living centers, personal care assistance and to assist employers in hiring, training and providing other services to persons with severe disabilities and provides criteria for such grants and contracts. This chapter also creates the Statewide Independent Living Council.

Chapter 10 establishes the requirements for the Disability Services Boards, the Disability Services Council, and the Rehabilitation Services Incentives Grants and the responsibility of the agency in administering the funds for the Disability Services Boards, providing guidance and technical assistance to these boards, serving on the DSC, and distributing guidelines to the local boards for their local reports and distributing RSIF grant application guidelines.

There also is federal statutory authority regarding the programs and services of the agency.

Title IV of the Workforce Investment Act of 1998 (Public Law 105220) is the Rehabilitation Act of 1973, as amended. Title I of the Rehabilitation Act establishes the Vocational Rehabilitation program, Title VI Part B establishes the Supported Employment Services for Individuals with the Most Significant Disabilities, and Title VII establishes Independent Living Services and Centers for Independent Living.

The Ticket to Work and Work Incentives Improvement Act of 1999 (Public Law 106107) provides Social Security beneficiaries with disabilities expanded options for access to employment services, vocational rehabilitation services, or other support services. Providers of those services are paid for the services after the beneficiaries achieve certain levels of work.

The Assistive Technology Act of 1998, as amended (P.L. 108364) supports State efforts to improve the provision of assistive technology by providing states with financial assistance to implement programs designed to meet the assistive technology needs of individuals with disabilities.

For the purposes of Title II (42 U.S.C. 421) and Title XVI (42 U.S.C. 1382) claims, the Code of Federal Regulations enumerates the responsibilities of the Social Security Administration and the agency within state government which performs the disability determination function. Code of Federal Regulations 404.1503 and 404.1603 for Title II recipients indicates that the states will make a determination of disability or blindness for the Social Security Administration Commissioner for persons living in each individual state. These rulings outline how the state will conduct its reviews based on the disabling condition of each individual and their insured status from previous work experience. Code of Federal Regulations 416.903 for Title XVI recipients indicates that the states will make a determination of disability or blindness for the Social Security Administration Commissioner for person living in each individual state. These rulings outline how the state will conduct its reviews based on the adult or child's disabling condition.

Customers

Customer Group	Customers served annually	Potential customers annually
Community Rehabilitation Program Consumers	38,721	38,747
General and Support Services Consumers	1,678	1,678
Social Security Determination Consumers	82,117	83,702
Vocational Rehabilitation Program Consumers	34,591	34,825

Anticipated Changes To Agency Customer Base

Overall:

Returning veterans with disabilities may impose additional demand on DRS' programs. However, the number of returning veterans who may try to access these services is unknown at this time.

The "Money Follows the Person" demonstration program administered through the Virginia Department of Medical Assistance Services (DMAS) is a \$1.75 billion federal initiative designed to help states rebalance their long term care systems by shifting funding and services from institutions to the community, where it is usually less expensive to serve individuals. The impact of this effort on DRS' Community Rehabilitation and VR services could result in a greater demand for specialized services including: case management, personal assistance services, assistive technology, therapeutic services and vocational training. As individuals transition from once institutionalized settings to community living the need for on-

going, intense supports is inevitable.

Vocational Rehabilitation Consumers:

Due to a projected budget shortfall, on April 1, 2007, DRS began providing services only to individuals with the most significant disabilities and those other individuals who already were receiving services prior to April 1 under its order of selection. As of August 31, 2007, the waiting list for individuals seeking services was 462. In spite of order of selection, the number of consumers continues to grow. In Federal Fiscal Year 2006, 23,716 consumers were served. It is projected that the number served will be 24,000 for Federal Fiscal Year 2007 and beyond. While the 2007 General Assembly appropriated an additional \$500,000 for the VR program to address order of selection, this appropriation is still not sufficient to address the VR program's projected budget shortfall. Accordingly it is anticipated that DRS will remain in order of selection for the next biennium and most likely will only be able to serve consumers who are most significantly disabled.

DRS continues to serve a large number students (age 14 to 22) seeking VR services to enable them to transition from secondary school to work. In Fiscal Year 2006, 38% of the VR consumers who received services were students in transition. During that same fiscal year, 28% of all VR consumers who achieved an employment outcome were transition students. Based on the U.S. Census population projections, the civilian non-institutionalized population 5 to 20 years of age is expected to increase 9.4% between 2005 and 2015. In this time period, approximately 8.1% of 5 to 20 year olds will be students with disabilities. Therefore, the numbers of students needing transition services will continue to increase, requiring more dedicated resources to this population.

Due to a number of outreach activities and systems change initiatives, it is expected that the VR program will experience a significant increase in referrals for adults and youth exiting Virginia's correctional system.

With state funding, DRS is able to serve individuals with significant disabilities requiring follow along after they complete their VR program and are employed. These services are provided through the State's 87 Employment Services Organizations. In State Fiscal Year 2007, 3091 consumers received follow along services with an expenditure of \$8.6 million. With the increase of \$763,500 that was provided in the Governor's Budget for FY 2007-2008, it is projected that DRS will be able to serve 494 additional consumers. However, the follow along services appropriation is still not sufficient to address the need.

Virginia businesses need qualified workers. DRS serves these employers by providing qualified job candidates, helping businesses build workforce diversity programs, identifying reasonable accommodations for prospective or existing employees with disabilities or improve workplace accessibility, and conducting corporate disability awareness training that includes information on the various tax incentives for employers who hire and/or accommodate people with disabilities in their workplace.

DRS continues to address the communication needs of customers by having counselors who specialize in deaf caseloads and other employees who can communicate in sign language. In addition, sign language and foreign language interpreters are contracted as needed for employees and customers in need of interpreting services and counselors use other resources, including assistive technology, to communicate with customers with special needs. All VR forms used by the public have been translated into Spanish and posted on the Internet for public use. DRS is working to develop an effective outreach plan to inform and educate individuals and their family members with Limited English Proficiency about our vocational rehabilitation program.

Social Security Disability Determination Consumers:

Initiatives are underway to affect a collaborative effort with the Veteran's Administration Hospital to assure Iraqi War returnees receive all appropriate disability benefits. Methods of expedited delivery of services are currently being developed particularly with the Poly-Trauma Unit at the McGuire Veteran's Administration Hospital. This is expected to increase the number of disability claims processed by the DDS.

Outreach programs are underway within the prison system to urge prisoners who have disabling medical conditions and are pending release from prison to apply for Medicaid benefits. Efforts are currently underway to develop a revision of the memorandum of understanding between DDS, SSA and the Virginia Department of Corrections to expedite delivery of these services. These initiatives are expected to increase the volume of incoming Medicaid and Title XVI claims.

Outreach programs are underway to assist in making Social Security Disability paperwork more readily available to homeless individuals and for third party advocacy groups to help assist them in their application process. Early experience showed a rise in the number of Title XIX and XVI disability claims and this is expected to continue as the initiative is implemented throughout the Commonwealth.

According to the SSA Commissioner, the Commonwealth of Virginia should expect to receive 4,500 additional Continuing Disability Review (CDR) claims in the next fiscal year due to an increase in workload for the Philadelphia Region. CDRs are case reviews that are conducted on individuals that are currently receiving Social Security disability benefits. Social Security Disability Determination conducts a medical review to ensure that the individual still remains disabled according to Social Security Guidelines.

The SSA Office of Disability Adjudication and Review (ODAR) has a substantial backlog of hearing decisions pending. Those claims with a high probability of decision reversal on the record are being remanded to the DDS for adjudication. This initiative is one of SSA’s highest priorities and is expected to continue in the foreseeable future. This will increase the volume of disability claims processed by the DDS.

Community Rehabilitation Program Consumers:

In Fiscal Year 2005, the General Assembly appropriated \$825,000 to support a network of new and established brain injury services through Brain Injury Contracted Program Services; this amount increased to \$1,075,000 in Fiscal Year 2006. The increase of \$250,000 will provide services to an additional 547 customers. However, a \$200,000 Federal Traumatic Brain Injury Act Grant Program administered by DRS ended in March, 2005. The services provided to approximately 4500 through this grant will no longer be available, resulting in a reduction of 4500 people served during Fiscal Year 2006 through this grant program. The Governor allocated \$285,000 in the FY 2007-2008 budget to support brain injury services in Southwest Virginia, which is projected to support another 200 consumers.

The Long Term Rehabilitation Case Management (LTRCM) program has 213 individuals on the waiting list for services. With the receipt of \$150,000 in additional funding and restoration of two positions in Fiscal Year 2006, the waiting list for those needing services is being addressed, resulting in services to an additional 225 consumers. However, since receipt of the additional funding and positions, referrals to the program have increased, indicating a pent-up demand for services. There will be a possible increase in the customer base of the Omnibus Budget Reconciliation Act (OBRA) program by 50 consumers based on the potential for new referrals as a result of increased outreach activities in conjunction with the Department of Mental Health Mental Retardation and Substance Abuse Services. Nursing Home Outreach initiatives by other entities such as the Centers for Independent Living will also likely increase referrals.

In 2003, there was a \$700,000 reduction in funding for the Disability Services Boards (DSBs) and the Rehabilitative Services Incentive Grant Fund (RSIF). Currently, \$180,000 provides services to 360 consumers through local grants awarded. If funding were restored, the DSBs would be able to restore their service provision to full potential by funding local grants designed to address unmet or underserved needs identified in the DSB needs assessments and develop community programs for people with physical and/or sensory disabilities.

There are sixteen Centers for Independent Living (CILs) and two Satellite Centers in the Commonwealth of Virginia. The national recommended minimum funding level for a CIL is \$250,000 per year. Two of the existing CILS (Danville and the Eastern Shore) are currently funded below the recommended minimum national level. With increased funding, these Centers would be able to increase their catchment area and serve additional consumers. The four Satellite Centers are also funded below the national recommended standard that would be required to have them become a “free standing” CIL. New CILs serve an average of 150 individuals and provide up to 2000 hours of community outreach and education per year. Currently, the two oldest Satellite CILs (Petersburg and Christiansburg) are funded at approximately \$70,000. The two newest Satellite CILs (Loudon and the Middle Peninsula) are funded below \$10,000.

With a budget of approximately \$2.6 million, the Personal Assistance Services (PAS) program serves 186 consumers. Currently, fifty-four consumers are on the waiting list and it is anticipated that the number of consumers to be served will decrease to 140.

In 2007, the Consumer Service Fund awarded grants to 102 individuals. During Fiscal Year 2008, we anticipate awarding grants to 107 individuals based upon the dollar amount of the requests that we received during the first quarter of 2008.

Partners

Partner	Description
Administrative State Agencies	<p>Many additional state agencies which interpret the laws and regulations and develop the policies and procedures that the General and Support Services area operates under. These agencies also provide administrative oversight of the functions. The state agencies include, but are not limited to, the Departments of General Services, Planning and Budget, Accounts, Human Resource Management, and the Auditor of Public Accounts.</p>
Advocacy Groups	<p>There also are numerous advocacy groups, too many to mention in this plan, that work collaboratively with DRS to advocate for services for Virginians with disabilities and advise the agency on ways to improve its programs and services. There also are authorized claimant representatives which include patient advocacy</p>

	<p>groups and attorneys which advocate for Social Security claimants.</p>
Assistive Technology Loan Fund Authority	<p>The Assistive Technology Loan Fund Authority which, by memorandum of understanding, provides administrative support services for the administration of the Consumer Service Fund.</p>
Boards and Councils	<p>The agency also has numerous boards/councils and advocacy groups who perform their statutorily mandated functions and provide advice and guidance to the agency on its many programs. These groups include: the Statewide Independent Living Council, the State Rehabilitation Council, the Employment Services Organization Advisory Council, the Long-Term Employment Support Services Advisory Council, the Disability Services Council, the Virginia Brain Injury Council and the Commonwealth Neurotrauma Initiative Trust Advisory Board.</p>
Centers for Independent Living	<p>The Centers for Independent Living that provide direct services, information and advocacy to Virginians with disabilities and provide services for the Personal Assistance Services Program (assessments, annual reassessments, orientation training and maintenance of the PAS registry which identifies personal assistants for hire in the community).</p>
Department for the Deaf and Hard of Hearing	<p>The Department for the Deaf and Hard of Hearing, which collaborates with DRS to expand interpreting services statewide.</p>
Department of Education	<p>The Department of Education and public school personnel, particularly those involved in Special Education, work collaboratively with the VR program to serve youth with disabilities who are transitioning from secondary school to work.</p>
Department of Medical Assistance Services	<p>The Department of Medical Assistance Services that provides funding thru the Individual and Family Developmental Disabilities Support Waiver Program for program consumers who are eligible for the waiver and receive support coordination through the Long Term Rehabilitation Case Management Program, and through a memorandum of understanding, requires Disability Determination Services to provide determinations on Medicaid eligibility claims in the disability category. DMAS also partners with DRS on administering grants to develop the infrastructure for a Medicaid Buy-In Program in Virginia.</p>
Department of Mental Health, Mental Retardation and Substance Abuse Services	<p>The Department of Mental Health, Mental Retardation and Substance Services and the Community Service Boards, provide support for VR program services to persons with substance abuse and mental illness disabilities. DMHMRSAS also, through contract with DRS, collaborates on screening, evaluating, identifying and coordinating services for OBRA-eligible individuals with significant physical and sensory disabilities residing in nursing homes. In addition, DMHMRSAS provides funding and positions to DRS to meet the specific OBRA requirements.</p>
	<p>The Department of Social Services which, through grant funding, supports VR services to TANF</p>

Department of Social Services	recipients who are at risk of losing benefits if they do not enter employment and, through a memorandum of understanding, requires Disability Determination Services to provide determinations on Medicaid eligibility claims in the disability category.
Disability Services Boards	Virginia's forty Disability Services Boards who conduct needs assessments of individuals with disabilities in their areas and that provide matching funds for Rehabilitative Services Incentive Funds grants to improve services to individuals with disabilities in their localities.
Employment Services Organizations	Eighty-seven Employment Service Organizations serve as vendors to the VR program to provide work adjustment training and supported employment services to consumers with the most significant disabilities. These organizations also provide long term employment supports to consumers who have successfully left the VR program and need additional supports to remain employed.
Local government	Local government, private entities or sub-grantees that provide the matching funds required to receive the Rehabilitation Services Incentive Fund grants.
Medical and psychological professionals	All medical and psychological sources which provide pertinent data to Social Security Disability Determination which allows for the adjudication of disability claims. This includes local school systems, the healthcare community, Department of Corrections, and other sources which allow us to better service our customers needs.
Social Security Administration and Rehabilitation Services Administration	DRS' federal partners, the Social Security Administration and the Rehabilitation Services Administration, that provide oversight, policy directives, and guidance on the implementation of the DDS and VR programs.
VATS Regional Sites	The Virginia Assistive Technology System (VATS) Regional Sites at Old Dominion University, Virginia Tech and George Mason University, receive state and federal funds through DRS to provide assistive technology training, device reutilization programs, device loan programs and device demonstrations.
Virginia Workforce Council, Virginia Employment Commission & Local Workforce Investment Boards	The Virginia Workforce Council, the Virginia Employment Commission and the Local Workforce Investment Boards and other mandated partners are collaborative bodies in the administration and implementation of the Workforce Investment Act.
Woodrow Wilson Rehabilitation Center	The Woodrow Wilson Rehabilitation Center (WWRC) is a comprehensive residential rehabilitation Center in Fishersville, Virginia. While the DRS Commissioner has the statutory responsibility of operating WWRC, WWRC is completing a strategic plan separate from DRS. Therefore, for the purposes of this plan, WWRC is a partner in working collaboratively with DRS' VR program to provide rehabilitation and training services to VR consumers referred to the Center for assistance.

Products and Services

- *Description of the Agency's Products and/or Services:*

Vocational Rehabilitation: Provides direct delivery of services to eligible persons with disabilities to help them remove barriers to employment and reach an employment goal. Long-term services needed by consumers for successful job placement include supported employment and extended employment services.

Social Security Disability Determination: Provides accurate, timely, efficient and cost-effective evaluations of medical evidence related to claims filed by citizens of Virginia for benefits under the Social Security Act; and to process claims filed for Medicaid based on disability in a timely and accurate manner.

Community Rehabilitation Program: Improves the employability and independence of the most severely disabled citizens in Virginia through independent living, personal assistance services, long term case management, brain and spinal cord injury programs, and local assessment and systems change.

Management and Administrative Support: Ensures compliance with all state and federal laws and guidelines related to fund usage, accounting, expenditures, procurement of goods and services. Efforts to enhance the development of employees to provide effective and efficient services through human resources administration, employee development, and information technology systems.

- *Factors Impacting Agency Products and/or Services:*

A significant number of VR employees are expected to retire or leave the agency for other jobs in the coming years and staff vacancies affect the timely delivery of services.

Funding for employee training and development may decrease, which would eventually impact service provision as staff are no longer working with "cutting edge" knowledge.

The VR program receives approximately 78% of its Title I funding from the Federal Rehabilitation Services Administration. The required state match for the federal funds is about 22%. For every dollar DRS spends for VR services, it receives \$3.69 in federal funding. From State Fiscal Year 1991 to State Fiscal Year 2007, the Federal Title I funding increased by 98% as opposed to the agency's available State fund match appropriations that increased by only 6%. While VR is DRS' largest program, only 26% of the agency's general fund appropriations remain available for VR program participation (match). In 1991, 50% of the agency's general fund appropriation was available for match. The lack of financial resources to serve all Virginians who need and are eligible for VR services will continue to be an issue.

For many individuals with disabilities, their major impediments to employment are: accessible and affordable transportation (particularly in rural areas); the possibility that their earnings may put them above the threshold for Medicaid benefits, resulting in the loss of health insurance; and access to affordable assistive technology.

DRS is actively pursuing grant funding to supplement the federal funding and state match funding for the VR program. However, anticipated budget cuts at the Federal level may reduce the amount of grant funding available and increase the competition for available funds.

Disability claims are expected to increase due to unemployment rates in areas of Southwest Virginia. Factors include the closing of coal mines and various industrial plants, increased population in the Commonwealth of Virginia, and various outreach initiatives to reach the disabled population. This will increase staffing and training needs.

Expansion of Electronic Records Express (ERE) will improve the efficiency of obtaining medical evidence used to make disability decisions. Ongoing initiatives by the Professional Relations staff are needed to support this initiative and will require a substantial amount of time for travel and outreach with medical and community resources.

Increasing demands from the SSA to implement eDIB will cause numerous revisions of the business workflow process in DDS. We can anticipate some system failures affecting production as a result of the rapid roll out of changes.

The demand for services to Virginians with acquired brain injuries and spinal cord injuries continue to outweigh available resources. The Virginia Central Registry receives an average of 12,000 brain injury reports and approximately 200 spinal cord injury reports each year. Of those numbers, approximately 2,000 people will require significant, long-term supports and services. In Fiscal Year 2006, an additional \$1.9 million was appropriated for the network of brain injury services throughout the Commonwealth. While this new funding will have lasting consequences in the upcoming year, additional Regional Brain Injury Resource Coordinators and vocational clubhouse programs for people with brain injuries would help address the critical need. Some areas of the Commonwealth remain un-served or underserved.

Previous reductions in staff positions and funding has resulted in the DSBs receiving less support and technical assistance from DRS. The DSBs could benefit from enhanced involvement by DRS in assisting them in preparing and administering their triennial needs assessments, preparing for and administering their RSIF grants, and assisting them in meeting their Code mandated requirement to provide information and resource referral to local governments

regarding the Americans with Disabilities Act. In addition, past reductions (\$700,000 in Fiscal Year 2003) in the RSIF has greatly limited the amount of funding available for local communities to utilize in improving services and programs for their residents with disabilities.

Two of the CILs are currently funded below the national recommended minimum level, which impacts their ability to provide services to those in need. Consumers needing services in the geographic areas of the two Satellite Centers would benefit by having the CIL Satellites fully funded. Planning District 9 is underserved and Planning Districts 13 and 14 have no independent living services.

The low pay rate for Personal Assistants has a negative impact on the ability of PAS consumers to attract, hire, and retain qualified Personal Assistants, particularly in Northern Virginia. The pay rate is driven by funding issues.

VITA provides information technology services to the DSA and is taking an active role and responsibility for creating standards, policies, and guidelines. Technology expense has dramatically increased and the scope of services has narrowed. Services, particularly procurement, have been delayed. Lack of infrastructure change management has resulted in interruption of direct client services. Poor communication both within VITA and with DSA entities has resulted in gaps in services, particularly when technology is a critical component of direct client services.

VITA intends to refresh or replace much of the DSA in-scope computer equipment and network equipment. Part of the refresh effort is discontinuation of support for the out-of-scope portions of the computer network, that portion most important for direct service programs. The refresh needs to be carefully planned to maintain continuity of services.

Technology advances continue to develop at a more rapid pace than agency information technology resources can implement effectively. There is growing demand for use and diverse applications of video-teleconferencing for both direct services and administrative functions. This presents unique challenges to the DSA's current IT infrastructure.

The agency runs an HP3000 mini-computer, a hardware platform which has been retired by the manufacturer. We hope to eliminate HP3000 based applications during the next biennium. Costs of application systems migration will continue to use a significant portion of the agency's information technology resources.

A comprehensive Integrated Case Management (ICM) computer system will go live in 2008. ICM will provide a single management tool which impacts elements of DRS and DBVI service programs, allowing them to become more efficient and effective. It increases opportunities for significant collaboration between DRS, DBVI and its residential rehabilitation centers.

A comprehensive Financial Management System is scheduled to go live in 2009. Supporting between four and six agencies, it will have interfaces to multiple agency case management systems and eventually, the Virginia Enterprise Application Program (VEAP). As with ICM, the system will present opportunities to promote common business practices and reduce our reliance on antiquated and obsolete computer hardware.

VITA now provides systems engineering and network services to DRS and is taking an active role and responsibility for creating standards, policies, and guidelines. These activities may delay, negatively impact, or complicate DRS' ability to communicate with its external customers and/or partners.

Antiquated, multiple State wide computer systems continue to cause duplication of efforts in many areas.

A web based facilities management system will provide enhanced case management services and automated billing to DRS Employment Support Organizations. This system is scheduled to go live in 2008.

New initiatives of central state agencies, including ARMICS, SWAM quotas, E-Virginia, planning and implementation of the VEAP, VA Performs Scorecards, Strategic Planning and Performance Measures and VITA Project Dashboards add at least transitional expense and effort in documenting agency operations. While these initiatives all possess long term benefits, processing standards for some agency programs, redesign of systems and episodes of non-compliance with standards and regulations will likely result.

New initiatives to improve grants management, better manage staff development and training, better utilize program evaluation will increase special fund revenue, reduce staff training costs and add accountability and 'evidence based' strategies for direct service program improvement.

The Division of Real Estate Services of the Department of General Services is working with DRS and DBVI to renew leases and co-locate state government offices. They are working with local government as well as private sector entities involved in the provision of employment services. These relocations, along with the telecommuting initiative for state employees will result in reduced costs for remote offices and better services to clients.

- *Anticipated Changes in Products or Services:*

Vocational Rehabilitation:

In 2006, the VR program adopted a new management philosophy towards enhancing VR services for Virginians with disabilities. Entitled “Roadmap to Success”, the philosophy sets in motion case management techniques that are carefully constructed, focused on employment and cost efficient. VR counselors have been challenged to put extra energy into the analysis of their clients’ goals and the step by step strategies that make it possible for them to go to work. These strategies include increasing communication with clients and vendors who provide services to clients; negotiating with them to achieve the best result; and developing with each client a detailed plan describing each step towards success. The goal is to have shared responsibility for the employment outcome—counselor and other DRS staff, the client, the vendor, parents and community partners.

The VR program is sometimes perceived as being overly bureaucratic, process oriented, and slow which negatively impacts on consumer-focus and expedited means to assist consumers in becoming employed. Accordingly, DRS is examining strategies to provide more expeditious services to VR clients needing to become employed. These strategies could be most helpful for clients who are TANF recipients and are operating under an employment timeline.

The VR program will need to position itself to respond to the growing number of students who will be seeking transition changes. This will require enhancing outreach activities to school personnel and students and their families to educate them on the availability and purpose of DRS transition services, adjusting counselor caseloads to respond to the growth, and working collaboratively with the Department of Education and local secondary schools to develop a teamwork approach to transition services.

As a cost efficiency measure, DRS is actively expanding opportunities for “mobile workers”. Over the past few years, many VR counselors began spending much of their work time in the public schools, in One-Stop Career Centers, and other locations to effectively work with consumers. The expansion of this “mobile work” environment requires staff to be more proficient and comfortable with the use of technology and working independently. DRS is also working to co-locate offices with WIA partners as means of enhancing one-stop delivery for Virginians with disabilities. DRS is currently working on three model one-stops with the support of the Governor’s Workforce Development Office.

DRS’ Deaf and Hard of Hearing Unit will be collaborating with the Department for the Deaf and Hard of Hearing in producing a statewide needs assessment/census for individuals who are deaf, hard of hearing, or deaf blind, and expanding interpreting services statewide via remote video conferencing equipment to enhance communication accessibility

DRS has applied for new grant funding from the Department of Social Services to provide VR services to TANF recipients through counselors trained specifically to provide VR services to this population. If this grant funding is received, DRS will be able to provide services to 427 of TANF recipients, resulting in the employment of 277 of these individuals.

DRS is partnering with the Governor’s Office on Workforce Development to implement the Disability Program Navigator initiative with all local Workforce Investment Boards.

If Federal funding opportunities are reduced, the focus of grants development may shift to include more proposals to private funding sources, including private foundations, charitable organizations, and corporate giving programs.

New State certification requirements for One-Stop Career Centers may necessitate an increase in accessibility surveys conducted by DRS and other partners to ensure physical and programmatic access to the Centers for people with disabilities. The Virginia Workforce Council is recommending that frontline workers in One-Stop Centers participate in staff training and the certification process. The training takes approximately 75 hours per participant. DRS is seeking to obtain reciprocity for VR staff with the CRC credential so that they will not have to participate in this training.

With the passage of House Bill 2636, DRS will be working with the Department of General Services to identify ESOs and their products and services for agencies and institutions in Virginia to access in purchasing needed goods and supplies.

The reauthorized Assistive Technology Act shifts the focus from systems change to service delivery. The legislation requires that States spend 60 percent of the federal funds received by each state Assistive Technology program go to the following new required activities (referred to as “state level activities”): device reutilization programs, device loan programs and device demonstrations. DRS has received a grant from the Rehabilitation Services Administration to develop an assistive technology recycling network within Virginia to enhance the VATS service options.

The implementation of the new VR database system, AWARE, which will help the VR program staff be more efficient and effective in their jobs and will provide more sophisticated information for program management.

Disability Determination Services:

The disability workload is expected to increase as Virginia's population ages and increases. Hiring and training of new staff that is needed to address the increasing workload will be ongoing and labor intensive.

Increasing demands from the Social Security Administration to implement new computer system changes will cause numerous revisions of the business workflow process in DDS.

DDS anticipates losing more employees to retirement and resignation as the job market continues to be more and more competitive. Losing a strong knowledge base due to retirements is hard to replace in a short amount of time.

Community Rehabilitation Services:

The demand for community rehabilitation programs and community living options will continue to grow as people with significant disabilities move from institutional settings, such as nursing facilities, into local communities. The Supreme Court's Olmstead decision interpreted the Americans with Disabilities Act to require States to administer their services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals. The Governor's Executive Orders 61 and 84 continue the Commonwealth's commitment to, and compliance with, the Olmstead decision through the Olmstead Implementation Team and the Olmstead Advisory Committee. Several initiatives within these Executive Orders require cooperation, facilitation, and implementation by DRS.

General and Support Services:

Technology will be leveraged through the use of Commonwealth of Virginia Knowledge Center (CoVKC) web portal to enhance professional development opportunities for staff.

A Workforce Planning initiative will address the loss of institutional knowledge from employee retirements and reduce the impact on the operation of critical agency functions as follows:

- Increased presence of CommonHealth promotion activities,
- Development of brochures and web site information on retention of retirees through mentorship or training positions,
- Identify and cross train critical functions of the agency,
- Succession planning,
- A student internship program with various colleges and universities, and
- Expanded use of telecommuting, alternate work schedules, and flexible work hours to attract and retain staff.

The agency will continue to cooperate with the VITA/NG partnership to transform its infrastructure and development activities to comply with Commonwealth standards. This includes desktop and server refresh; a new MPLS network protocol; adoption of a new Help Desk support tool and migration to VCCC services; regionalization organization of support services; new e-mail services; participation in consolidated data recovery services; implementation of enhanced security standards; implementation of ITIL, change management protocols; and implementation of Investment Portfolio Management (ITIM) processes and appropriate utilization of the ProSight tool, full compliance with Web Template Standard and full compliance with IT Accessibility Standard.

While VITA technology expense will increase, we hope to control and plan the increases by careful planning of VITA activity.

VITA will discontinue support for the out-of-scope portions of the technology infrastructure, that portion most important for direct service programs. Implementation of technology infrastructure for this equipment and software will be implemented.

The growing demand video-teleconferencing for both direct services and administrative functions will be addressed by a partnership between the DSA, our Workforce investment partners and other interested state agencies.

A comprehensive ICM computer system will provide a single management tool which will be more efficient, effective and increase opportunities for significant collaboration between DRS, DBVI and their residential rehabilitation centers.

A comprehensive Financial Management System, supporting between four and six agencies, will present opportunities to promote common business practices, modernize our technology infrastructure and provide economies of scale for software maintenance.

A re-engineered Facilities system will provide case management and automated billing to DRS' Employment Service Organizations. The result will be more accurate case management information and better financial management.

A re-engineered Brain Injury Information System will provide better case management services to local partnerships.

Continued purchases of software licenses, maintenance contracts, and in-house maintenance support as appropriate for adjustments for Federal, State and Local mandates to production systems. Such purchases may included but are not limited to -

- WorkWorld: This application contains the most up to date technical and substantive information on benefits for VR consumers.
- Citrix/OASYS, Career Scope - Job Matching, support software for VR consumers.
- CAD and other programs used by Rehab Engineers
- Replacement of Athena Library Services tool
- Development of the Virginia Assistive Technology System (VATS) Equipment Recycling Tracking System.
- Procurement of a Grant/Donation Software like RaiserEdge

ARMICS, SWAM quotas, E-Virginia, Strategic Planning objectives, planning and implementation of the VEAP, VA Performs Scorecards and Performance Measures and VITA Project Dashboards will address improved management practices for agency programs and promote compliance with policies, standards and guidelines.

Improvements in grants management, management and training of staff, and utilization of program evaluation will increase special fund revenue, reduce staff training costs and add accountability and 'evidence based' strategies for direct service program improvement.

A greater number of state employees that work as telecommuters along with a larger number of remote offices co-located with other state agencies, local government agencies and one stop employment service centers will reduce costs and improve access to services by clients.

Finance

● *Financial Overview:*

The Department of Rehabilitative Services' funding comes from federal funds (70%), general funds (21%) and indirect cost funds recovered from federal grants (7%). In addition, there are dedicated special revenue funds for the Commonwealth Neurotrauma Initiative Trust Fund (2%).

● *Financial Breakdown:*

	FY 2009		FY 2010	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	\$30,497,693	\$105,922,275	\$30,497,683	\$105,922,275
Change To Base	-\$38,085	\$5,606,956	-\$38,085	\$5,606,956
 Agency Total	 \$30,459,608	 \$111,529,231	 \$30,459,598	 \$111,529,231

This financial summary is computed from information entered in the service area plans.

Human Resources

● *Overview*

As of July 1, 2007, DRS has an authorized Maximum Employment Level (MEL) of 704. Because Disability Determination Services is exempt from the MEL, this number increases. DRS' Central Office for administrative functions, the Central Regional Office for DDS and Eastern Regional Office for the Field Rehabilitative Services (including several field offices) are located in Richmond. The highest concentration of employees is in Richmond with approximately 36% of the workforce represented. The Tidewater area has approximately 15.5% of the workforce, the Roanoke area approximately 13.5%, the Northern Virginia area approximately 15% and other locations throughout the State account for the remainder, approximately 20%. The VR program field staff are located in 37 sites across Virginia. The Social Security Disability Determination has staff located in the Central Office, four regional offices and the Medicaid Unit in Richmond. DRS uses 38 role codes with the largest employee population in Counselor II and Program Administration Specialist I. DRS will face human resource issues as the current workforce retires or leaves DRS for higher paying jobs or jobs with better benefits in other employment sectors

● *Human Resource Levels*

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Effective Date	7/1/2007
Total Authorized Position level	704
Vacant Positions	-107
Current Employment Level	597.0
Non-Classified (Filled)	3
Full-Time Classified (Filled)	790
Part-Time Classified (Filled)	4.4
Faculty (Filled)	0
Wage	30
Contract Employees	40
Total Human Resource Level	667.0

breakout of Current Employment Level

= Current Employment Level + Wage and Contract Employees

● *Factors Impacting HR*

Dealing with the affects of a workforce eligible to retire: Twenty-seven percent of DRS' classified workforce is eligible to retire, with unreduced benefits, within the next five years. This possible loss of personnel represents a significant loss of knowledge, skills and abilities.

The primary issue affecting human resources is the availability of federal funds from the SSA to enable Social Security Disability Determination to hire sufficient staff. Due to federal budget constraints over the past three years, the unit has operated under federal hiring freezes for most of each fiscal year. This causes problems with recruiting, training, and retaining staff because large numbers of staff are hired at the same time. In addition, short time frames required to complete the hiring process make it difficult to recruit and hire quality candidates in accordance with the Department of Human Resource Management policies.

Retention of current employees: Particularly in the VR and Social Security Disability Determination programs, DRS is losing qualified employees to other employers (school systems, federal government, private VR providers) who can offer higher salaries and better benefits.

Recruitment of qualified employees: As the competition for qualified employees has become more intense, DRS is feeling the challenge of being able to recruit qualified employees to fill vacant positions. This is especially true for VR counselors where they must meet the minimum standard of a masters degree in VR or a closely related field to become employed at DRS. The higher education programs across the country that produce professionals for the VR program are not providing sufficient numbers of master level graduates wanting to work in the public VR program to fill this void and there is competition from other states who are in a like situation for those that are available. DRS will have to offer non-financially based incentives to attract qualified employees.

Employee Training: DRS has always provided an extensive and comprehensive employee training program. Much of this training has been provided through federal grant funds. If there is a reduction in these federal grant funds, DRS will have to develop creative measures to continue to provide training to enhance the skills of our employees. In addition, many DRS will be expending a large amount of their time in the implementation of the ICM.

Cross Training and Staff Vacancy Coverage: With the expectation that large numbers of DRS employees will soon retire, DRS must make provisions to crosstrain staff in the essential functions of the employees that will be leaving and provide creative means to cover the duties of those leaving until qualified replacements can be found.

Benefits Plans: Increased use of benefits under the new Virginia Sickness and Disability Plan have resulted in diminished productivity for various divisions. With the necessity of more direct handling by supervisors of employee absences, more time is being spent between supervisors and employees with Human Resources about benefits management and staffing needs due to prolonged absences.

● *Anticipated HR Changes*

DRS will need to implement new recruitment and retention plans to address the anticipated vacancies in critical positions. These plans will include: an expanded student internship program with college and universities to attract masters level students to DRS for the VR program; hiring former employees (retirees) in wage positions to train and mentor new employees and current employees who are changing job functions; and developing a trainee VR counselor position to attract candidates who do not meet the federal requirements for a VR counselor, but agree to acquire these

credentials within an agreed upon period of time. In addition, more resources will be expended on severance costs, recruitment and in responding to salary competition.

DRS will need to maintain its commitment to staff development activities to ensure that employees are provide effective and efficient services to their consumers. This commitment will include expanding the use of video conferencing and online training as a means of reducing training costs and time spent out of the office traveling to and from training sites. In addition, DRS will need to stay committed to succession planning to enable current staff to move into future leadership positions.

DRS will continue to expand opportunities for "mobile workers" and co-location of VR staff with other appropriate agencies.

Information Technology

- *Current Operational IT Investments:*

The business environment for the Department of Rehabilitative Services is divided into 4 major business subdivisions – Vocational Rehabilitation Services (VR)
Community Based Services (CBS)
Disability Determination Services (DDS)
Rehabilitation Facility Services (based at the Woodrow Wilson Rehabilitation Center-WWRC)
Administration Services

Each of these business environment functions and related service areas are detailed in the Agency Strategic Plan. For purposes of the IT Strategic Summary, it is noteworthy that the IT services are provided through the Administration Services Service Area, and those services along with other Administration Services (Fiscal Management, Human Resources, Internal Audit) are shared and provided by and to 3 other agencies and their subdivisions including the Department for the Blind and Vision Impaired (DBVI), the Virginia Board for People with Disabilities (VBPD), and the Virginia Department for the Deaf and Hard of Hearing (VDDHH). This relationship of the 4 agencies is formalized through renewable Agreements signed by each of the Agency Heads in exchange for services, staff, and monetary compensation. The entity collectively is known as the Disability Services Agencies (DSA).

Since 1995, the IT Division offered support of the business environments of the agencies for infrastructure, applications, analysis, production, maintenance, support and data recovery services as needed and determined necessary by the management staff of each of the agencies. Collectively, agency business management and / or their proxies meet with IT management on a periodic basis and determine allocation of computer resources and priorities.

Decisions included but were not limited to:

- translation of federal, state and local requirements and grants into IT solutions
- development and support of more than 30 data tracking / management (legacy) systems – including shared HR and Fiscal management systems, VRIS (DRS VR), VCPS (DRS DDS), StarBase (DBVI VR), COMET (WWRC)
- IT production services
- integration of LAN, WAN data networks and telecom, servers and support
- continued updating and integration of voice, data, video network services including transition of voice service from ISDN to VoIP and unified messaging
- management of network services
- development and support of web presence and informational content
- development of standards
- information and building security
- information backup and recovery services and business continuity planning
- IT quality assurance and training
- messaging services
- IT purchasing of infrastructure and application systems
- retirement of HP3000 platform and associated production applications
- consolidate systems with a common look, feel and process
- purchase of an integrated case management system to be used by DRS, DBVI, WWRC
- purchase of an integrated Fiscal Management System to be used by the DSA
- support of a more mobile workforce with introduction of laptops, cell phones, pda's, blackberries, wireless and air card technology
- development of remote conferencing technology including tools such as "Go To Meeting", computer based training, and video teleconferencing

- *Factors Impacting the Current IT:*

Two fairly recent events have impacted the direction of IT decisions by the internal management teams:

In 2000, a decision was made by the Social Security Administration (SSA) the primary funding source for the DDS division to provide all IT infrastructure services nationwide for DDS, including network, messaging, servers, software, and support staff.

In 2003 the Commonwealth of Virginia (COVA) made a decision to integrate IT infrastructure, telecom, server, and related support staff across all executive branch agencies. The infrastructure components and services for the DSA as well as all other COVA agencies were transferred to VITA and subsequently to the VITA/NG Partnership. The other IT services remained within the DSA.

In addition to continue the support of IT decisions outlined above in current state, these events have created new challenges for the DSA IT, including but not limited to:

- determination of IT infrastructure, software, application components as in-scope or out of scope (OOS) as relates to agency or partnership responsibility and control
- development of transition planning for the transfer of IT components, services, responsibility, control and staff to in-scope or OOS
- working with the Partnership to transform current state to target state as determined by the Partnership including network architecture and protocol, asset refresh, server consolidation, transfer of hosting services to centralized facility, messaging services, regionalization of support staff, help desk services, security configuration standards and services, supply chain management, asset management, etc.
- determination, monitoring and funding of appropriate charges for services provided by the Partnership
- integrating new COVA standards governing change management, asset portfolio management, accessibility such as Information Technology Infrastructure Library (ITIL) process, Information Technology Investment Management (ITIM), Web Template Standard, IT Accessibility standard as it relates to the Federal Section 508 compliance to accessibility.

In addition to IT relationships already established through the back office consolidation for the DSA, continued and new business relationships with agency federal, state, local government, as well as charitable and private organization partnerships as outlined in other sections of the plan have added impacts on IT resources, including but not limited to:

- consolidation of more than one agency in a single office location necessitating common IT infrastructure requirements
- sharing of data, information, video teleconference capability, applications, resources among all agency business partners at federal, state, local government as well as charitable and private organizations.
- HIPAA compliance
- mobilization of staff resources for more accessible contact to consumers
- executive orders relating to telecommuting and reduction of work space placing increased emphasis for technology supporting "hoteling"
- increased security concerns complicated through mobilization and selective sharing with partners.
- integrate agency fiscal, human resources, supply change information and processes in the Virginia Enterprise Architecture Process (VEAP)

- **Proposed IT Solutions:**

While VITA technology expense will increase, we hope to control and plan the increases by careful planning of VITA activity.

The agency will continue to transform its infrastructure and development activities to Commonwealth standards. This includes:

- desktop and server refresh
- the MPLS network protocol
- integration of data, voice and video services
- transition of voice services to VoIP and integration with unified messaging services
- adoption of Peregrin support tool, and migration to VCCC services
- regionalization organization of support services
- migration to the Chester facility when it makes sense to do so
- new consolidated messaging services
- participation in data recovery services
- implementation, full compliance with security standard
- implementation, full compliance with ITIL, Change management services
- implementation, full compliance with Investment Portfolio Management (ITIM) processes and appropriate utilization of the ProSight tool
- full compliance with Web Template Standard
- full compliance with IT Accessibility Standard

VITA will discontinue support for the out-of-scope portions of the technology infrastructure, that portion most important

for direct service programs. Implementation of technology infrastructure for this equipment and software will be implemented.

The growing demand video-teleconferencing for both direct services and administrative functions will be addressed by a partnership between the Disability Services Agencies, our Workforce investment partners and other interested state agencies.

A comprehensive, Integrated Case Management (ICM) computer system will provide a single management tool which will be more efficient, effective and increase opportunities for significant collaboration between DRS, DBVI and their residential rehabilitation centers.

A comprehensive, Financial Management System, supporting between four and six agencies, will present opportunities to promote common business practices, modernize our technology infrastructure and provide economies of scale for software maintenance.

A re-engineered Facilities system will provide case management and automated billing to DRS' Employment Service Organizations. The result will be more accurate case management information and better financial management.

A re-engineered Brain Injury Information System will provide better case management services to local partnerships.

Continued purchases of software licenses, maintenance contracts, and in-house maintenance support as appropriate for adjustments for Federal, State and Local mandates to production systems. Such purchases may included but are not limited to:

- WorkWorld: This application contains the most up to date technical and substantive information on benefits for VR consumers
- Citrix/OASYS, Career Scope: job matching, support software for VR consumers
- Office suite products, Mavis Beacon for OOS PC's to be used in training facilities and consumer workstations in ERC's
- CAD and other programs used by Rehab Engineers
- Replacement of Athena Library Services tool
- Development of the Virginia Assistive Technology System (VATS) Equipment Recycling Tracking System.
- Procurement of a Grant/Donation Software like RaiserEdge
- Procurement of SQL database management tools

ARMICS, SWAM quotas, E-Virginia, planning and implementation of the VEAP, VA Performs Scorecards and Performance Measures and VITA Project Dashboards will address improved management practices for agency programs and promote compliance with policies, standards and guidelines.

Improved grants management, better managed and trained staff, better utilized program evaluation will increase special fund revenue, reduce staff training costs and add accountability and 'evidence based' strategies for direct service program improvement.

A greater number of state employees that work as telecommuters along with a larger number of remote offices co-located with other state agencies, local government agencies and one stop employment service centers will reduce costs and improve access to services by clients.

● *Current IT Services:*

Estimated Ongoing Operations and Maintenance Costs for Existing IT Investments

	Cost - Year 1		Cost - Year 2	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Projected Service Fees	\$74,144	\$4,101,191	\$75,256	\$4,162,709
Changes (+/-) to VITA Infrastructure	\$0	\$0	\$0	\$0
Estimated VITA Infrastructure	\$74,144	\$4,101,191	\$75,256	\$4,162,709
Specialized Infrastructure	\$0	\$259,250	\$0	\$267,027
Agency IT Staff	\$0	\$0	\$0	\$0

Non-agency IT Staff	\$0	\$0	\$0	\$0
Other Application Costs	\$0	\$3,290,506	\$0	\$3,389,221
Agency IT Current Services	\$74,144	\$7,650,947	\$75,256	\$7,818,957

Comments:

[Nothing entered]

● *Proposed IT Investments*

Estimated Costs for Projects and New IT Investments

	Cost - Year 1		Cost - Year 2	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Major IT Projects	\$0	\$156,875	\$0	\$0
Non-major IT Projects	\$0	\$0	\$0	\$0
Agency-level IT Projects	\$0	\$0	\$0	\$0
Major Stand Alone IT Procurements	\$0	\$50,000	\$0	\$50,000
Non-major Stand Alone IT Procurements	\$0	\$0	\$0	\$0
Total Proposed IT Investments	\$0	\$206,875	\$0	\$50,000

● *Projected Total IT Budget*

	Cost - Year 1		Cost - Year 2	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Current IT Services	\$74,144	\$7,650,947	\$75,256	\$7,818,957
Proposed IT Investments	\$0	\$206,875	\$0	\$50,000
Total	\$74,144	\$7,857,822	\$75,256	\$7,868,957

[Appendix A](#) - Agency's information technology investment detail maintained in VITA's ProSight system.

Capital

- *Current State of Capital Investments:*
None
- *Factors Impacting Capital Investments:*
None
- *Capital Investments Alignment:*
None

Agency Goals

Goal 1

Provide consumer focused and cost effective services that prepare and enable Virginians with disabilities to be gainfully employed.

Goal Summary and Alignment

Virginia benefits from VR services because they enable individuals with significant disabilities to become employed or remain employed. Their employment helps businesses secure qualified workers, increases the tax base and helps reduce

dependency on public benefits. Virginians with disabilities also benefit from VR services by receiving educational and vocational training, and other services, to enhance their employment capabilities and to secure sufficient wages to provide for themselves and their families.

Goal Alignment to Statewide Goals

- Elevate the levels of educational preparedness and attainment of our citizens.
- Be a national leader in the preservation and enhancement of our economy.
- Inspire and support Virginians toward healthy lives and strong and resilient families.

Goal 2

Maximize the independence and self-sufficiency of Virginians with disabilities.

Goal Summary and Alignment

Due to their age, the severe nature of their disability or the recent onset of their disability, some Virginians with disabilities may not be able to enter or return to the workforce. They, however, may need individualized services to live independently in their homes, become as self-sufficient as possible, and allow their family members and other caregivers to maintain their employment.

Goal Alignment to Statewide Goals

- Engage and inform citizens to ensure we serve their interests.
- Inspire and support Virginians toward healthy lives and strong and resilient families.

Goal 3

Enhance customer service delivery through effective and efficient management of fiscal processes, human resources, use of technology and current administrative processes.

Goal Summary and Alignment

DRS' services are provided by knowledgeable, well-trained, creative and committed employees who support the agency's mission, vision and values. By maximizing their effectiveness and efficiency in partnering with Virginians with disabilities to meet their personal goals, Virginia benefits.

Goal Alignment to Statewide Goals

- Engage and inform citizens to ensure we serve their interests.
- Be recognized as the best-managed state in the nation.

Goal 4

We will strengthen the culture of preparedness across state agencies, their employees and customers.

Goal Summary and Alignment

This goal ensures compliance with federal and state regulations, policies and procedures for Commonwealth preparedness, as well as guidelines promulgated by the Assistant to the Governor for Commonwealth Preparedness, in collaboration with the Governor's Cabinet, the Commonwealth Preparedness Working Group, the Department of Planning and Budget and the Council on Virginia's Future. The goal supports achievement of the Commonwealth's statewide goal of protecting the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kind.

Goal Alignment to Statewide Goals

- Protect the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds.

Goal Objectives

- We will be prepared to act in the interest of the citizens of the Commonwealth and its infrastructure during emergency situations by actively planning and training both as an agency and as individuals.

Objective Strategies

- The Emergency Coordination Officer will stay in continuous communication with the Office of Commonwealth Preparedness and the Virginia Department of Emergency Management.

- The agency will follow its COOP test plan and improve the COOP plan based on testing results.
- The agency will address each of the 24 COOP requirements attained on the COOP Assessment Review for non-compliant items and implement a plan of remediation.

Link to State Strategy

- nothing linked

Objective Measures

- Agency Continuity of Operations Plan (COOP) Assessment Score

Measure Class: Measure Type: Measure Frequency: Preferred Trend:

Measure Baseline Value: Date:

Measure Baseline Description: 2007 COOP Assessment Results (75% out of 100)

Measure Target Value: Date:

Measure Target Description: 80%

Data Source and Calculation: The COOP Assessment Review is a 24 component assessment tool that helps measure the viability of a COOP Plan.

Service Area Strategic Plan

Department of Rehabilitative Services (262)

3/11/2014 9:49 am

Biennium: 2008-10 ▼

Service Area 1 of 4

Vocational Rehabilitation Services (262 454 04)

Description

This service area provides comprehensive services to eligible individuals with disabilities necessary for them to prepare for or retain employment.

Background Information

Mission Alignment and Authority

- Describe how this service supports the agency mission

This service area directly aligns with DRS' mission of empowering individuals with disabilities to maximize their independence and full inclusion into society.

- Describe the Statutory Authority of this Service

Title 51.5 of the Code of Virginia:

Chapter 3 designates the agency, along with the Department for the Blind and Vision Impaired, as the state agency responsible for carrying out the provisions and purposes of the federal Rehabilitation Act.

Chapter 5 establishes the requirements regarding the administration of the vocational rehabilitation program.

Chapter 6 authorizes the agency to make grants and enter into contracts to assist employers in hiring, training and providing other services to persons with severe disabilities and provides criteria for such grants and contracts.

There also is federal statutory authority regarding the programs and services of the agency, as follows:

Title IV of the Workforce Investment Act of 1998 (Public Law 105-220) is the Rehabilitation Act of 1973, as amended. Title I of the Rehabilitation Act establishes the Vocational Rehabilitation program and Title VI Part B establishes the Supported Employment Services for Individuals with the Most Significant Disabilities.

The Ticket to Work and Work Incentives Improvement Act of 1999 (Public Law 106-107) provides Social Security beneficiaries with disabilities expanded options for access to employment services, vocational rehabilitation services, or other support services. Providers of those services are paid for the services after the beneficiaries achieve certain levels of work.

The Assistive Technology Act of 1998, as amended (P.L. 108-364), supports State efforts to improve the provision of assistive technology by providing states with financial assistance to implement programs designed to meet the assistive technology needs of individuals with disabilities.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
Vocational Rehabilitation Program Consumers	Employers	7,500	7,500
Vocational Rehabilitation Program Consumers	Follow Along Support Services Consumers	3,091	3,325
Vocational Rehabilitation Program Consumers	Vocational Rehabilitation Field Services Consumers	24,000	24,000

Anticipated Changes To Agency Customer Base

When the vocational rehabilitation (VR) program has insufficient funds to serve all eligible consumers, federal law requires that services be prioritized. This is what is called an order of selection. DRS entered into order of selection on July 1, 2004, and has not been able to serve all eligible individuals since that date. On April 1, 2007, DRS began providing services only to individuals with the most significant disabilities and those other individuals who already were receiving services prior to

April 1. As of August 31, 2007, the waiting list for individuals seeking services was 462. In spite of order of selection, the number of consumers continues to grow. In Federal Fiscal Year 2006, 23,716 consumers were served. It is projected that the number served will be 24,000 for Federal Fiscal Year 2007 and beyond. While the 2007 General Assembly appropriated an additional \$500,000 for the VR program to address order of selection, this appropriation is still not sufficient to address the VR program's projected budget shortfall. Accordingly it is anticipated that DRS will remain in order of selection for the next biennium and most likely will only be able to serve consumers who are most significantly disabled.

Returning veterans with disabilities may impose additional demand on the VR program. However, the number of returning veterans who may try to access these services is unknown at this time.

The "Money Follows the Person" demonstration program administered through the Virginia Department of Medical Assistance Services (DMAS) is a \$1.75 billion federal initiative designed to help states rebalance their long term care systems by shifting funding and services from institutions to the community, where it is usually less expensive to serve individuals. The impact of this effort on VR services could result in a greater demand for specialized services including: personal assistance services, assistive technology, therapeutic services and vocational training. As individuals transition from once institutionalized settings to community living the need for on-going, intense supports is inevitable.

DRS continues to serve a large number students (age 14 to 22) seeking VR services to enable them to transition from secondary school to work. In Fiscal Year 2006, 38% of the VR consumers who received services were students in transition. During that same fiscal year, 28% of all VR consumers who achieved an employment outcome were transition students. Based on the U.S. Census population projections, the civilian non-institutionalized population 5 to 20 years of age is expected to increase 9.4% between 2005 and 2015. In this time period, approximately 8.1% of 5 to 20 year olds will be students with disabilities. Therefore, the numbers of students needing transition services will continue to increase, requiring more dedicated resources to this population.

Due to a number of outreach activities and systems change initiatives, it is expected that the VR program will experience a significant increase in referrals for adults and youth exiting Virginia's correctional system.

With state funding, DRS is able to serve individuals with significant disabilities requiring follow along after they complete their VR program and are employed. These services are provided through the State's 87 Employment Services Organizations. In State Fiscal Year 2007, 3091 consumers received follow along services with an expenditure of \$8.6 million. With the increase of \$763,500 that was provided in the Governor's Budget for FY 2007-2008, it is projected that DRS will be able to serve 494 additional consumers. However, the follow along services appropriation is still not sufficient to address the need.

Virginia businesses need qualified workers. DRS serves these employers by providing qualified job candidates, helping businesses build workforce diversity programs, identifying reasonable accommodations for prospective or existing employees with disabilities or improve workplace accessibility, and conducting corporate disability awareness training that includes information on the various tax incentives for employers who hire and/or accommodate people with disabilities in their workplace.

DRS continues to address the communication needs of customers by having counselors who specialize in deaf caseloads and other employees who can communicate in sign language. In addition, sign language and foreign language interpreters are contracted as needed for employees and customers in need of interpreting services and counselors use other resources, including assistive technology, to communicate with customers with special needs. All VR forms used by the public have been translated into Spanish and posted on the Internet for public use. DRS is working to develop an effective outreach plan to inform and educate individuals and their family members with Limited English Proficiency about our vocational rehabilitation program.

Partners

Partner	Description
Department for the Deaf and Hard of Hearing	The Department for the Deaf and Hard of Hearing partners with DRS on expanding interpreting services statewide.
Department of Education and local public schools	The Department of Education and local public schools, particularly those involved in Special Education, work collaboratively with DRS to serve youth with disabilities who are transitioning from secondary school to work.
Department of Medical Assistance Services	The Department of Medical Assistance Services partners with DRS on administering grants to develop the infrastructure for a Medicaid Buy-In Program in Virginia and on implementation of Medicaid Works.
Department of Mental Health, Mental Retardation and Substance Abuse Services & Community Services Boards	The Department of Mental Health, Mental Retardation and Substance Abuse Services and the Community Services Boards, through a cooperative agreement, support VR services to persons with substance abuse and serious mental illness disabilities.

Department of Social Services	The Department of Social Services, through a cooperative agreement and grant funding to DRS, supports the provision of VR services to Temporary Assistance to Needy Families (TANF) recipients who are at risk of losing benefits if they do not enter employment.
Department of Veterans Services	The Department of Veterans Services and DRS have a Memorandum of Understanding to work together to mutually enhance services to Virginians with disabilities.
Employment Services Organizations	Employment Services Organizations certified as vendors to the VR program provide work adjustment training and supported employment services to consumers with the most significant disabilities. These organizations also provide follow along supports to these consumers who have successfully left the VR program and need additional supports to remain employed.
LTESS Steering Committee and ESO Advisory Committee	The Long Term Employment Support Services Steering (LTESS) Committee recommends to the DRS Commissioner a mechanism to allocate the LTESS funds to Employment Services Organizations (ESO). The ESO Advisory Committee advises the Commissioner on ESO activities.
Rehabilitation Services Administration	The Federal Rehabilitation Services Administration provides federal funding, technical assistance, policy guidance, monitoring and oversight, and training and educational materials for the VR program.
Social Security Administration	The Social Security Administration, through Maximus (the contractor for the administration of the Ticket-to-Work program), provides assistance to DRS in receiving reimbursements for Ticket-to-Work consumers.
State Rehabilitation Council	The State Rehabilitation Council serves as an advisory council to DRS regarding its VR and supported employment programs and other agency programs and services that support Virginians with disabilities.
The Woodrow Wilson Rehabilitation Center	The Woodrow Wilson Rehabilitation Center (WWRC) is a comprehensive residential rehabilitation center in Fishersville, VA. While the DRS Commissioner has the statutory responsibility of operating WWRC, WWRC is completing a strategic plan separate from DRS. Therefore, for purposes of this plan, WWRC is a partner in working collaboratively with DRS' VR program to provide rehabilitation and training services to VR consumers referred to the Center for assistance.
VATS Regional Sites	The VATS Regional Sites at Old Dominion University, Virginia Tech and George Mason University receive state and federal funds through DRS to support the AT recycling, demonstration and loaner programs. They also provide device specific training and technical assistance, public awareness, and coordination and collaboration with entities responsible for policies, procedures, or funding for AT devices and services.
Virginia Workforce Council, VEC & Local Workforce Investment Boards	The Virginia Workforce Council, the Virginia Employment Commission and the Local Workforce Investment Boards and other mandated partners are collaborative bodies in the administration and implementation of the Workforce Investment Act.

Products and Services

- *Factors Impacting the Products and/or Services:*

The VR program receives approximately 78% of its Title I funding from the Federal Rehabilitation Services Administration. The required state match for the federal funds is about 22%. For every dollar DRS spends for VR services, it receives \$3.69 in federal funding. From State Fiscal Year 1991 to State Fiscal Year 2007, the Federal Title I funding increased by 98% as opposed to the agency's available State fund match appropriations that increased by only 6%. While VR is DRS' largest program, only 26% of the agency's general fund appropriations remain available for VR program participation (match). In 1991, 50% of the agency's general fund appropriation was available for match. The lack of financial resources to serve all Virginians who need and are eligible for VR services will continue to be an issue.

A significant number of VR employees are expected to retire or leave the agency for other jobs in the coming years. Staff vacancies affect the timely delivery of services to VR consumers. In addition, VR counselor positions are difficult to recruit because of the federal requirement that counselors possess a Masters degree in rehabilitation counseling or a closely related field. The higher education institutions are not producing sufficient numbers of graduates with these

qualifications who want to work in public VR program to meet the demand, particularly in the rural areas.

Even prior to the implementation of order of selection, the VR program had a very high rate of consumers who are significantly disabled. This rate has risen thru the years from 82.2% in Federal Fiscal Year 1998 to 88% in Federal Fiscal Year 2007. Successful employment of VR consumers, particularly those with significant disabilities, is dependent on their receipt of individualized and appropriate services to address their ever increasing complex needs. The lack of financial resources to serve all Virginians who need and are eligible for VR services will continue to be an issue.

For many individuals with disabilities, their major impediments to employment are: accessible and affordable transportation (particularly in rural areas); the possibility that their earnings may put them above the threshold for Medicaid benefits, resulting in the loss of health insurance; and access to affordable assistive technology.

DRS is actively pursuing grant funding to supplement the federal funding and state match funding for the VR program. However, anticipated budget cuts at the Federal level may reduce the amount of grant funding available and increase the competition for available funds.

In October, 2006, the status of VATS changed from a demonstration to a formula grant. This will ensure that VATS will continue to receive annual funding from the Rehabilitation Services Administration.

The VR client database, the Virginia Rehabilitation Information System (VRIS), is outdated and inefficient. DRS has acquired a new web-based data system, AWARE, which will replace VRIS.

- *Anticipated Changes to the Products and/or Services*

In 2006, the VR program adopted a new management philosophy towards enhancing VR services for Virginians with disabilities. Entitled "Roadmap to Success", the philosophy sets in motion case management techniques that are carefully constructed, focused on employment, and cost efficient. VR counselors have been challenged to put extra energy into the analysis of their clients' goals and the step by step strategies that make it possible for them to go to work. These strategies include increasing communication with clients and vendors who provide services to clients; negotiating with them to achieve the best result; and developing with each client a detailed plan describing each step towards success. The goal is to have shared responsibility for the employment outcome—counselor and other DRS staff, the client, the vendor, parents and community partners.

The VR program is sometimes perceived as being overly bureaucratic, process oriented, and slow, which negatively impacts on consumer-focus and expedited means to assist consumers in becoming employed. Accordingly, DRS is examining strategies to provide more expeditious services to VR clients needing to become employed. These strategies could be most helpful for clients who are TANF recipients and are operating under an employment timeline.

The VR program will need to position itself to respond to the growing number of students who will be seeking transition changes. This will require enhancing outreach activities to school personnel and students and their families to educate them on the availability and purpose of DRS transition services, adjusting counselor caseloads to respond to the growth, and working collaboratively with the Department of Education and local secondary schools to develop a teamwork approach to transition services.

As a cost efficiency measure, DRS is actively expanding opportunities for "mobile workers". Over the past few years, many VR counselors began spending much of their work time in the public schools, in One-Stop Career Centers, and other locations to effectively work with consumers. The expansion of this "mobile work" environment requires staff to be more proficient and comfortable with the use of technology and working independently. DRS is also working to co-locate offices with WIA partners as means of enhancing one-stop delivery for Virginians with disabilities. DRS is currently working on three model one-stops with the support of the Governor's Workforce Development Office.

DRS' Deaf and Hard of Hearing Unit will be collaborating with the Department for the Deaf and Hard of Hearing in producing a statewide needs assessment/census for individuals who are deaf, hard of hearing, or deaf blind, and expanding interpreting services statewide via remote video conferencing equipment to enhance communication accessibility

DRS has applied for new grant funding from the Department of Social Services to provide VR services to TANF recipients through counselors trained specifically to provide VR services to this population. If this grant funding is received, DRS will be able to provide services to 426 of TANF recipients, resulting in the employment of 277 of these individuals.

DRS is partnering with the Governor's Office on Workforce Development to implement the Disability Program Navigator initiative with all local Workforce Investment Boards.

If Federal funding opportunities are reduced, the focus of grants development may shift to include more proposals to private funding sources, including private foundations, charitable organizations, and corporate giving programs.

New State certification requirements for One-Stop Career Centers may necessitate an increase in accessibility surveys conducted by DRS and other partners to ensure physical and programmatic access to the Centers for people with disabilities. The Virginia Workforce Council is recommending that frontline workers in One-Stop Centers participate in staff training and the certification process. The training takes approximately 75 hours per participant. DRS is seeking to obtain reciprocity for VR staff with the CRC credential so that they will not have to participate in this training.

With the passage of House Bill 2636, DRS will be working with the Department of General Services to identify ESOs and their products and services for agencies and institutions in Virginia to access in purchasing needed goods and supplies.

The reauthorized Assistive Technology Act shifts the focus from systems change to service delivery. The legislation requires that States spend 60 percent of the federal funds received by each state Assistive Technology program go to the following new required activities (referred to as "state level activities"): device reutilization programs, device loan programs and device demonstrations. DRS has received a grant from the Rehabilitation Services Administration to develop an assistive technology recycling network within Virginia to enhance the VATS service options.

The implementation of the new VR database system, AWARE, will help the VR program staff be more efficient and effective in their jobs and will provide more sophisticated information for program management.

- *Listing of Products and/or Services*

- Coordination of Virginia's Workforce Investment System: Under the federal Workforce Investment Act (WIA), VR is a mandated partner in the State's Workforce Investment System. As such, there are designated VR staff who serve on the Local Workforce Investment Boards and the Youth Councils to assist in the design of the workforce development programs in the localities. DRS has a memorandum of understanding with each Board that describes the services and expectations of the various WIA partners. In some instances, VR staff are co-located in the One-Stop Career Centers, or visit the Centers on a routine basis, to provide services to individuals with disabilities looking for employment assistance. DRS also has partnered with other state agencies to assess the programmatic and physical accessibility of the One-Stop Career Centers so that they can better serve individuals with disabilities. Through a Department of Labor cooperative agreement and in collaboration with Local Workforce Investment Boards, DRS is developing service models (Disability Program Navigators and transition specialists) to serve individuals with disabilities through the One-Stop Career Centers.
- Grants Development and Implementation: Development of competitive external funding proposals (primarily grants and cooperative agreements) and the development, implementation, and management of externally funded systems development and systems change projects.
- Virginia Assistive Technology System (VATS): The mission of VATS is to ensure that Virginians of all ages and abilities can acquire the appropriate, affordable assistive and information technologies and services they need to participate in society as active citizens. This is accomplished through an array of activities to include assistive technology (AT) device recycling, demonstration and loaner programs. In addition, VATS through its network of AT Regional Sites provides device specific training, technical assistance, public awareness, and coordination and collaboration with entities responsible for policies, procedures, or funding of AT devices and services.
- Vocational Rehabilitation (VR): The VR Program provides services to individuals with disabilities in order that they may prepare for or retain employment. Services are individualized and are designed to assist an individual to reach an employment goal that is consistent with the individual's strengths, resources, abilities, interests and informed choice. Services that are provided to eligible consumers include: vocational evaluation, career exploration and vocational counseling, job development and placement, support for vocational training, support for physical and mental restorative services, rehabilitation engineering, and miscellaneous services required for participation in a rehabilitation program and business development services to employers. Supported employment services are provided to consumers with the most significant disabilities by ESOs. The goal of supported employment is to maximize employment opportunities for these consumers who require support in order to work in integrated, competitive employment.
- Follow Along Support Services: As an extension of the VR program of the Field Rehabilitative Services Division, DRS administers the state funded Extended Employment Services (EES) and Long Term Employment Support Services (LTESS) programs through its Office of Employment Services & Special Programs (OESSP). OESSP is the functional unit within DRS that is the link between the time-limited services of the basic VR program and the on-going activities necessary to support individuals in employment after they leave the VR program. Funding for EES provides services to persons with significant disabilities who are employed by ESOs. Thru EES, the ESOs provide extraordinary supervision, training, advocacy, and other supports necessary for these individuals to learn employment skills and maintain employment.

- Deaf and Hard of Hearing Services: The Deaf and Hard of Hearing (DHH) program provides comprehensive community-based VR services through specialized VR counselors who are fluent and certified in sign language. The program promotes DHH advocacy and awareness within the rehabilitation community, provides technical assistance and consultation to field staff, and develops and monitors interagency cooperative efforts on behalf of people with hearing impairments. Program staff provide community education and technical assistance to entities involved with job training, job placement, and employment of persons who are deaf and hard of hearing. The DHH program currently includes one Program Coordinator, nine Rehabilitation Counselors for the Deaf. Additionally, there are six positions at the Deaf Services Unit (DSU) at the Woodrow Wilson Rehabilitation Center.
- Ticket-to-Work Administration: In 1999, Congress passed the Ticket to Work and Work Incentives Improvement Act. Under the Ticket Program, the Social Security Administration provides disability beneficiaries with a ticket they may use to obtain the services they need from Employment Networks (ENs) to become employed. DRS can receive reimbursements from the Social Security Administration for the costs of services provided to either Social Security Disability Income (SSDI) or Supplemental Security Income (SSI) recipients who place their ticket with DRS and receive VR services leading to employment.

Finance

- *Financial Overview*

The Vocational Rehabilitation Services' funding comes from federal funds (78%), and general funds (22%).

- *Financial Breakdown*

	FY 2009		FY 2010		FY 2009	FY 2010	FY 2009	FY 2010	FY 2009	FY 2010
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund						
Base Budget	\$17,138,138	\$58,978,894	\$17,138,138	\$58,978,894						
Change To Base	\$542,184	\$4,308,877	\$542,184	\$4,308,877						
Service Area Total	\$17,680,322	\$63,287,771	\$17,680,322	\$63,287,771						
Base Budget	\$17,138,138	\$58,978,894	\$17,138,138	\$58,978,894						
Change To Base	\$542,184	\$4,308,877	\$542,184	\$4,308,877						
Service Area Total	\$17,680,322	\$63,287,771	\$17,680,322	\$63,287,771						
Base Budget	\$17,138,138	\$58,978,894	\$17,138,138	\$58,978,894						
Change To Base	\$542,184	\$4,308,877	\$542,184	\$4,308,877						
Service Area Total	\$17,680,322	\$63,287,771	\$17,680,322	\$63,287,771						
Base Budget	\$17,138,138	\$58,978,894	\$17,138,138	\$58,978,894						
Change To Base	\$542,184	\$4,308,877	\$542,184	\$4,308,877						
Service Area Total	\$17,680,322	\$63,287,771	\$17,680,322	\$63,287,771						

Human Resources

- *Human Resources Overview*

The VR program is primarily composed of employees in the Field Rehabilitative Services Program, who provide direct services to VR consumers to help them become employed or maintain employment. Field Rehabilitative Services staff are based in 37 offices throughout the state, comprising four regions. There are four regional directors and 18 managers. In addition to supervising field offices, managers often provide direct VR services to consumers, serve on agency taskforces, conduct formal training classes, and perform a host of responsibilities to sustain collaborative relationships with vendors, and other service providers. Approximately 94% of the employees are VR counselors, VR evaluators, program support staff, rehabilitation engineers, and business development staff. The Field Services Director and other program support staff (Education Services) are located in the agency’s Central Office. VR also includes the OESSP Unit. This unit manages the following programs: supported employment, follow along support services, deaf and hard of hearing, TANF, workers’ compensation, substance abuse, and serious mental illness.

The Grants and Special Programs unit includes the staff for the Virginia Assistive Technology System and those who are responsible for the administration of the Ticket-to-Work and the Social Security Administration’s cost reimbursement programs. This unit also is responsible for grants development and collaborates with the Governor’s Office for Workforce Development and the Virginia Employment Commission on the implementation of the Workforce Investment Act program in Virginia.

The VR program receives numerous position transfers under agreements with other state agencies to provide VR services to the consumers of these agencies: the Department of Mental Health, Mental Retardation and Substance Abuse Services for substance abuse and serious mental illness consumers and the Department of Social Services for TANF recipients.

The Service Area Work Force Breakdown for Full-Time Classified (Filled) positions includes positions that are transferred on an annual basis from other state agencies to support VR services to specific groups of individuals with disabilities.

- *Human Resource Levels*

Effective Date	7/1/2007
Total Authorized Position level	353.5
Vacant Positions	22
Current Employment Level	331.5
Non-Classified (Filled)	0
Full-Time Classified (Filled)	387
Part-Time Classified (Filled)	3.4
Faculty (Filled)	0
Wage	14
Contract Employees	3
Total Human Resource Level	348.5

breakout of Current Employment Level

= Current Employment Level + Wage and Contract Employees

- *Factors Impacting HR*

A significant number of VR employees are expected to retire or leave the agency for other jobs in the coming years. Particularly in the Northern Virginia area, VR employees are leaving the agency for higher paying jobs or jobs with better benefits in the school systems, the federal government and private employers.

The personnel standard that DRS uses to comply with the qualified personnel requirement of the Rehabilitation Act is the educational requirements of the national Certified Rehabilitation Counselor (CRC) Guide (Masters Degree in Rehabilitation Counseling or a closely related field) or the actual CRC or Certified Vocational Evaluator (CVE). This requirement makes it difficult to recruit VR counselors, especially counselors who are proficient in sign language and foreign languages, and vocational evaluators because they must meet this standard in order to be considered for a position. The higher education institutions are not producing sufficient numbers of graduates with these qualifications who want to work in the public VR program to meet the demand, particularly in the rural areas. Accordingly, it is not unusual for positions to be in the recruitment phase for many months searching for qualified candidates.

The VR program receives grant funding from the Federal Rehabilitation Services Administration (RSA) to provide training for VR staff. This is a major source of funding for DRS to ensure that VR staff continue to have the knowledge and skills that they need to continue to provide effective services to their consumers. If a reduction in the grant funding occurs, the number of training programs and individuals who will receive training could be impacted.

The VR staff will need to dedicate a large amount of time to the implementation of the new VR client database system, AWARE. Approximately 30 staff are involved in the transition planning phases and all staff will need to become proficient on the new system in 2008.

- **Anticipated HR Changes**

The VR program needs to continue to implement effective recruitment and retention plans to address the anticipated vacancies in critical positions. These plans include: an expanded student internship program with college and universities to attract masters level students; hiring former employees (retirees) in wage positions to train and mentor new employees and current employees who are changing job functions; and utilizing a trainee counselor position to attract candidates who do not meet the federal requirements for a VR counselor, but agree to acquire these credentials within an agreed upon period of time. In addition, more resources will be expended on severance costs, recruitment and in responding to salary competition.

DRS will need to maintain its commitment to providing training to VR staff to keep them proficient in serving VR consumers. This commitment will include expanding the use of video conferencing and on-line training as a means of reducing training costs and time spent out of the office traveling to and from training sites. In addition, DRS will need to stay committed to succession planning to enable current staff to move into future leadership positions.

DRS will continue to expand opportunities for “mobile workers” and co-location of VR staff with WIA partner agencies.

DRS is transitioning to a new partnership for implementation of the Department of Labor Disability Program Navigator initiative. DRS obtained FTE from the Virginia Employment Commission to create 10 DPN positions. DRS also entered into agreements with 2 Employment Services Organizations to complete the complement of DPNs.

Service Area Objectives

- We will assist eligible individuals with disabilities to become employed and maintain employment that is consistent with individual interests, abilities and informed choice.

Objective Description

The VR program is an employment program. It is appropriate that the primary objective of this program be the placement and maintenance of employment by individuals who are determined eligible, who receive services and who exit the VR program in stable employment.

Alignment to Agency Goals

- Agency Goal: Provide consumer focused and cost effective services that prepare and enable Virginians with disabilities to be gainfully employed.

Comment: The VR program serves individuals with disabilities who have impediments to employment and who require assistance to achieve an employment outcome. Achievement of employment is central to the agency mission and mandate that promotes employment and independence of individuals with disabilities.

Objective Strategies

- Continue to collaborate with the Woodrow Rehabilitation Center (WWRC) to ensure that WWRC's programs and services complement VR services, also resulting in increased referrals to WWRC.
- Collaborate with One-Stop Career Centers, schools, Department of Social Services.
- Fully implement the new Integrated Case Management system to help VR staff be more efficient and effective in their work and produce more reliable data for program management.
- Develop a model of employment focused collaboration among VR staff and consumers to achieve effective communication, shared responsibility and accountability for employment outcomes.
- In compliance with federal legislation, enhance education and outreach to school and community partners to foster a collaborative transition approach to service provision that includes involvement of transition stakeholders, including the student, family, school personnel and VR staff, leading to integration of the student's IEP and IPE and execution of services leading to employment.
- Provide VR staff with the technology and other resources they need to work more effectively in mobile work environments.

- Collaborate with the Virginia Assistive Technology System to enhance the availability of assistive technology for VR consumers and to educate VR counselors on identifies technology needs and accommodation solutions.
- Continue to advocate for increases in EES and LTES funding to provide needed follow-along services to consumers who need long term supports to remain in employment.
- Develop recruitment and retention plans to address the anticipated vacancies in critical positions, including paid student internships, hiring retired employees in hourly positions and developing a trainee counselor position to attract candidates who are not yet fully qualified, but can expect to acquire the required VR counselor credentials within brief period of time.
- Support training programs to enhance the knowledge and skills of VR staff and to prepare employees to successfully move into leadership roles within the agency.

Link to State Strategy

- nothing linked

Objective Measures

- Percentage of vocational rehabilitation consumers who achieve their employment goals and work satisfactorily for at least 90 days upon completion of their programs.

Measure Class: Measure Type: Measure Frequency: Preferred Trend:

Frequency Comment: State Fiscal Year for VA Performs

Measure Baseline Value: Date:

Measure Baseline Description: 60.8% for State Fiscal Year 2007

Measure Target Value: Date:

Measure Target Description: 58%

Data Source and Calculation: The source of this measure is data recorded in the Virginia Rehabilitation Information System (the VR administrative database). The calculation is: of all the vocational rehabilitation consumers whose cases were closed after receiving services under an Individualized Plan for Employment, the percentage who achieved an employment outcome.

- Average hourly wage of vocational rehabilitation consumers employed at the time of their case closure.

Measure Class: Measure Type: Measure Frequency: Preferred Trend:

Frequency Comment: Federal Fiscal Year October 1 through September 30

Measure Baseline Value: Date:

Measure Baseline Description: \$9.02 is the average hourly wage for the past three years.

Measure Target Value: Date:

Measure Target Description: \$9.02 average hourly wage

Data Source and Calculation: The source of this measure is data recorded in the Virginia Rehabilitation Information System (the VR administrative database). For each individual with an employment outcome who exited the VR program during the federal fiscal year, divide earnings in the week before closure by the number of hours worked in the week before closure to obtain the hourly wage for each individual. Then, sum the hourly wages and divide the sum by the total number of individuals. Because this measure is reported on the Federal Fiscal Year, the periods listed on the table template below are not the correct months. For example, Q1 for the

Federal Fiscal Year covers October, November and December. Q2 for the Federal Fiscal Year covers January, February and March.

- Vocational rehabilitation consumer satisfaction survey overall satisfaction rate.

Measure Class: Measure Type: Measure Frequency: Preferred Trend:

Frequency Comment: Federal Fiscal Year October 1 through September 30

Measure Baseline Value: Date:

Measure Baseline Description: 82% average for the past three Federal Fiscal Years.

Measure Target Value: Date:

Measure Target Description: 82%

Data Source and Calculation: This measure is calculated using information from satisfaction survey responses from a random sample of VR consumers who exited the VR program during the Federal Fiscal Year. The sample includes both consumers whose cases were closed as successfully rehabilitated (employment outcome) and those whose cases are closed without a successful rehabilitation (no employment outcome). This measures the percent of vocational rehabilitation consumers satisfied or very satisfied with their overall vocational rehabilitation experience. Because this measure is reported on the Federal Fiscal Year, the periods listed on the table template below are not the correct months. For example, Q1 for the Federal Fiscal Year covers October, November and December. Q2 for the Federal Fiscal Year covers January, February and March.

- Provide ongoing supports to persons with significant disabilities who need these supports to maintain employment following their VR case closure.

Objective Description

On-going supports in the way of Extended Employment Services and Long Term Employment Support Services allow consumers who are most significantly disabled to maintain their employment following their VR case closure. Without these supports, consumers would be in jeopardy of losing their jobs.

Alignment to Agency Goals

- Agency Goal: Provide consumer focused and cost effective services that prepare and enable Virginians with disabilities to be gainfully employed.

Comment: Follow along supports enable VR consumers who have exited the VR program to receive the assistance that they need to maintain their employment.

Objective Strategies

- Project the utilization of funds and the reallocation of funds to ensure full utilization.
- Provide on-going technical support to the ESOs.

Link to State Strategy

- nothing linked

Objective Measures

- Number of workers with disabilities served through follow along services.

Measure Class: Measure Type: Measure Frequency: Preferred Trend:

Frequency Comment: June 1 through May 31

Measure Baseline Value: Date:

Measure Baseline Description: 3,091 consumers were served through long term supports in 2007

Measure Target Description: 3,325 consumers by 2010

Data Source and Calculation: The data source is an internal agency database used to capture vendor payment. The calculation is the sum of the number of consumers served during the fiscal year June 1 through May 31.

- Acquire external funds to expand vocational rehabilitation services for Virginians with disabilities.

Objective Description

By acquiring external grant funds, DRS will have more resources to provide needed services to VR consumers.

Alignment to Agency Goals

- Agency Goal: Provide consumer focused and cost effective services that prepare and enable Virginians with disabilities to be gainfully employed.

Comment: Through the acquisition of federal, state and private grant funding, DRS can expand services to assist Virginians with disabilities in becoming employed.

Objective Strategies

- Identify agency external funding priorities through review of strategic plans and input from stakeholders and agency staff.
- Perform research to identify appropriate grant opportunities.
- Utilize coalitions to develop grant proposals.

Link to State Strategy

- nothing linked

Objective Measures

- Amount of external grant funding acquired.

Measure Class: Measure Type: Measure Frequency: Preferred Trend:

Frequency Comment: Calendar year

Measure Baseline Value: Date:

Measure Baseline Description: External funding proposals resulted in the acquisition of \$2.45 million in additional resources to the Commonwealth in calendar year 2007

Measure Target Value: Date:

Measure Target Description: \$1.65 million

Data Source and Calculation: GSP Division maintains a database of funding proposals for which the Division has served as lead or as a major partner. This database includes information on the dates and amounts of funding awards to Virginia. The total amount of new funding that results from these funding proposals each year will be used as the basis for the calculation.

Service Area Strategic Plan

Department of Rehabilitative Services (262)

3/11/2014 9:49 am

Biennium: 2008-10 ▾

Service Area 2 of 4

Community Rehabilitation Programs (262 454 06)

Description

This service area encompasses an array of community-based programs and services that complement the agency's vocational rehabilitation program. These programs address the longer-term needs of individuals with significant physical and sensory disabilities.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
This service area directly aligns with the Department of Rehabilitative Services' (DRS) mission to empower individuals with disabilities to maximize their independence and full inclusion into society.

- *Describe the Statutory Authority of this Service*

Title 51.5-9.1 of the Code of Virginia:

Chapter 3 designates the agency to coordinate rehabilitative services to persons with functional and central nervous system disabilities, establishes the Long-Term Rehabilitative Case Management System (now called the Community Rehabilitation Case Management Services Program), and requires the agency to establish and maintain a central registry of persons treated for brain and spinal cord injuries.

Chapter 3.1 creates the Commonwealth Neurotrauma Initiative Trust Fund and Advisory Board and authorizes the agency to administer the fund.

Chapter 6 authorizes the agency to make grants and enter into contracts for local independent living services, independent living centers, personal care assistance and to assist employers in hiring, training and providing other services to persons with severe disabilities and provides criteria for such grants and contracts. This chapter also creates the Statewide Independent Living Council.

Chapter 10 establishes the requirements for the Disability Services Boards (DSB), the Disability Services Council (DSC), the State Rehabilitative Services Incentives Fund (RSIF), and the responsibility of the agency in administering the funds for the DSBs, providing guidance and technical assistance to the boards, serving on the DSC, and distributing guidelines to the local boards for their local reports and distributing RSIF grant application guidelines.

There also is federal statutory authority regarding the programs and services of the agency.

Title IV of the Workforce Investment Act of 1998 (Public Law 105-220) is the Rehabilitation Act of 1973, as amended. Title VII establishes Independent Living Services and Centers for Independent Living.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
Community Rehabilitation Program Consumers	Brain Injury and Spinal Cord Injury Services	29,390	20,390
Community Rehabilitation Program Consumers	Community Rehabilitation Case Management	683	750
Community Rehabilitation Program Consumers	Consumer Service Fund	102	107
Community Rehabilitation Program Consumers	Disability Services Boards and Rehabilitation Services Incentive Fund	360	360
Community Rehabilitation Program Consumers	Independent Living Services	8,000	8,000

Community Rehabilitation Program Consumers	Personal Assistance Services	186	140
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Anticipated Changes To Agency Customer Base

Returning veterans with disabilities, particularly those with traumatic brain injury, may impose additional demands on the state-funded services provided by the Community Rehabilitation Program. However, the number of returning veterans who may try to access these services is unknown at this time.

The “Money Follows the Person” demonstration program is administered through the Department of Medical Assistance Services (DMAS) and is a \$1.75 billion federal initiative designed to help states rebalance their long term care systems by shifting funding and services from institutions to the community, where it is usually less expensive to serve individuals. The impact of this effort on the Community Rehabilitation Program could result in a greater demand for specialized services including, case management, personal assistance services, and therapeutic services. As individuals transition from once institutionalized settings to community living the need for on-going, intense supports is inevitable.

For 2006-2007, the General Assembly appropriated an additional \$725,000 each year for brain injury services to individuals in unserved or underserved regions of the Commonwealth, as well as \$150,000 each year to expand case management services. The General Assembly also appropriated \$200,000 for 2007-2008 to strengthen the infrastructure of existing brain injury service programs. These additional funds are allowing for an increase in the number of persons receiving services. In addition, a \$100,000 Federal Traumatic Brain Injury (TBI) Act Grant was awarded to DRS effective April, 2006 (this is a decrease of \$100,000 from a previous two-year federal grant that ended in March 2005, though DRS requested and was granted a no-cost extension through March 31, 2006). Therefore, the number of people receiving services through the federal grant program continued as result of the extension, but the number decreased only slightly as grant activity maintained at nearly the same level.

Overall, the Brain Injury and Spinal Cord Injury Services (BI/SCIS) Unit served 5,480 additional people with brain injury during Fiscal Year 2007. Much of the new funding provided support for the expansion of existing service providers such as Community Futures Foundation which operates two clubhouses in Richmond and Newport News; CFF began providing a new service, brain injury case management, in these two locations in 2007 to supplement the existing clubhouse services. Additionally, three new programs were established to provide brain injury case management services during in the Shenandoah Valley, Martinsville/Danville, and Richmond areas.

In 2006, the Community Rehabilitation Case Management Services (CRCMS) program received \$150,000 in funding to support the restoration of two case management positions. This allowed CRCMS to address its waiting list of individuals seeking services, resulting in services to approximately 225 additional consumers. The program, however, continues to operate with a waiting list of consumers seeking services; the waiting list currently stands at 150 people. There is a possible increase in the customer base of the Omnibus Budget Reconciliation Act (OBRA) program by 50 consumers based on the potential for new referrals as a result of increased outreach activities in conjunction with the Department of Mental Health Mental Retardation and Substance Abuse Services. Nursing Home Outreach initiatives by other entities such as the Centers for Independent Living will also likely increase referrals.

In 2003, there was a \$700,000 reduction in funding for the Disability Services Boards (DSBs) and the Rehabilitative Services Incentive Grant Fund (RSIF). Currently, \$180,000 provides services to an annual average of 360 consumers through local grants awarded. If funding were restored, the DSBs would be able to restore their service provision to full potential by funding local grants designed to address unmet or underserved needs identified in the DSB needs assessments and develop community programs for people with physical and/or sensory disabilities.

There are sixteen Centers for Independent Living (CILs) and four Satellite Centers in Virginia. The national recommended minimum funding level for a CIL is \$250,000 per year. Two of the existing CILs (Danville and the Eastern Shore) are currently funded below the recommended minimum national level. With increased funding, these Centers would be able to increase their catchment area and serve additional consumers. The four Satellite Centers are also funded below the national recommended standard that would be required to have them become a “free standing” CIL. New CILs serve an average of 150 individuals and provide up to 2000 hours of community outreach and education per year. Currently, the two oldest Satellite CILs (Petersburg and Christiansburg) are funded at approximately \$70,000. The two newest Satellite CILs (Loudon and the Middle Peninsula) are funded below \$10,000.

With a budget of \$2.6 million, the Personal Assistance Services (PAS) program served 186 consumers in 2007. Fifty-four consumers are on the waiting list and it is anticipated that the number of consumers to be served will decrease to 140.

In 2007, the Consumer Service Fund awarded grants to 102 individuals. During Fiscal Year 2008, we anticipate awarding grants to 107 individuals based upon the dollar amount of the requests that we received during the first quarter of 2008.

Partners

Partner	Description
Assistive Technology Loan	The Assistive Technology Loan Fund Authority, which by memorandum of understanding, provides administrative services for the Consumer

Fund Authority	Service Fund.
Brain Injury Association of Virginia and the Virginia Alliance of Brain Injury Service Providers	The Brain Injury Association of Virginia and the Virginia Alliance of Brain Injury Service Providers are advocacy groups that work closely with the DRS Brain Injury and Spinal Cord Injury Services program.
Centers for Independent Living	CILs provide direct services, training, information and advocacy to Virginians with disabilities and vend services for the Personal Assistance Services Program (assessments, annual reassessments, and orientation training).
Department of Health	The Virginia Department of Health receives hospital reports and maintains a registry of names for the Central Registry for Brain Injury and Spinal Cord Injury through a memorandum of understanding with DRS.
Department of Medical Assistance Services	The Department of Medical Assistance Services provides funding through the Individual and Family Developmental Disabilities Support Waiver Program for program consumers who are eligible for the waiver and receive support coordination through the Long Term Rehabilitation Case Management Program.
Department of Mental Health, Mental Retardation and Substance Abuse Services	The Department of Mental Health, Mental Retardation and Substance Abuse Services, through contract with DRS, collaborates on screening, evaluating, identifying and coordinating services for OBRA-eligible individuals with significant physical and sensory disabilities residing in nursing homes. In addition, DMHMRSAS provides funding and positions to DRS to meet the specific OBRA requirements.
Disability Services Boards	DSBs review and make recommendations on the local RSIF grant applications and forward these to the Disability Services Council for consideration. These boards are appointed by their local governing body.
Local government, private entities or sub-grantees	Local governments, private entities or sub-grantees provide the matching funds required to receive the RSIF grants.
Statewide Independent Living Council	The Statewide Independent Living Council, which is federally mandated and whose members are appointed by the Governor, provides advice and direction to Virginia's Independent Living Program and develops and is a co-signatory on the federally required Independent Living State Plan.
Virginia Brain Injury Council	The Virginia Brain Injury Council is a statewide advisory group charged with providing recommendations to the DRS Commissioner regarding disbursement of new funding for brain injury services. The Council also serves in an advisory capacity to Virginia's federal grant and provides guidance to DRS on the needs of Virginians with brain injury and to make recommendations to the Commissioner on the development and delivery of brain injury services in the State.

Products and Services

- *Factors Impacting the Products and/or Services:*

In September, 2007, the Joint Legislative Audit and Review Commission (JLARC) issued its draft report on "Access to State-Funded Brain Injury Services in Virginia". The report found that State funding for brain injury services has increased by more than \$2.5 million since FY 2001, which has resulted in an increase in the number of brain injury survivors receiving brain injury services. The report, however, also acknowledges that approximately 150,000 Virginians could have a long-term disability as a result of a traumatic brain injury and that despite the monetary increases, some parts of the State have no or very few services for individuals with brain injury and access to existing services remains limited.

The CSF, as a "fund of last resort," receives more requests than available funding. This shortfall of funding affects the ability of CSF to provide services and supports to consumers in need who apply for funds.

The DSBs have benefited from enhanced involvement by DRS in preparing for and administering their RSIF grants, and in assisting them to meet their Code mandate to include information, resource, and referral to local governments, particularly in regard to the Americans with Disabilities Act. Past funding reductions to the RSIF continue to limit the numbers of DSBs funded to implement new and innovative projects as well as expand existing services to meet needs

identified in their Tri-Annual Needs Assessment Reports. In addition, as a result of this funding decrease, fewer localities have invested in addressing reported needs through local match money, in-kind support and community collaborations. Lastly, the result in the decrease in funding for services has led to fewer consumers with physical and sensory disabilities receiving access to critical services. .

Two of the CILs are currently funded below the national recommended minimum level, which impacts their ability to provide services to those in need. Consumers needing services in the geographic areas of the four Satellite Centers would benefit by having the CIL Satellites fully funded. Planning District 9 is underserved and Planning Districts 13 and 14 have no independent living services.

The low pay rate for Personal Assistants has a serious negative impact on the ability of consumers of the DRS Personal Assistance Services (PAS) Program to attract, hire, and retain qualified personal assistants, especially in Northern Virginia. The pay rate is driven by funding issues. While the Department of Medical Assistance Services receives annual budget increases which enable pay rate increases for personal assistants funded under their waiver programs, the DRS PAS Program is state-funded and has not received a budget increase in five years. The PAS Program must have incremental budget increases yearly if it is to assure that all consumers requiring these services may access them.

- *Anticipated Changes to the Products and/or Services*

The demand for community rehabilitation programs and community living options will continue to grow as people with significant disabilities move from institutional settings, such as nursing facilities, into local communities. The Supreme Court's Olmstead decision interpreted the Americans with Disabilities Act to require States to administer their services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals. The Governor's Executive Orders 61 and 84 continue the Commonwealth's commitment to, and compliance with, the Olmstead decision through the Olmstead Implementation Team and the Olmstead Advisory Committee. Several initiatives within these Executive Orders require cooperation, facilitation, and implementation by DRS.

The JLARC Draft Report on "Access to State-Funded Brain Injury Services in Virginia" notes that Virginia's brain injury registry is not operating effectively and recommends the establishment of a workgroup to address this issue. In response to this recommendation, DRS will be considering whether to continue with the existing registry, with improvements, or require hospitals to report brain injury information to the Virginia State-wide Trauma Registry.

The Brain Injury and Spinal Cord Injury Services may be implementing a new case management system to which all State-contracted case managers will need to report. The system will create uniform reporting requirements, making it possible for DRS staff to review additional cases and evaluate the case managers. DRS will be considering whether it can afford to add more staff to the unit to perform the program evaluation function.

In November, 2007, DRS will be presenting to the Disability Commission the results of the consumer satisfaction survey administered to consumers of the Centers for Independent Living.

- *Listing of Products and/or Services*

- Brain and Spinal Cord Injury Services (BI/SCIS) manage specialized programs, services, grants and contracts totaling over \$6 million annually, including the Brain Injury Direct Services (BIDS) Fund and the Commonwealth Neurotrauma Initiative (CNI) Trust Fund. The BIDS Fund provides short-term specialized treatment, rehabilitation, and other assistance (goods/services) to people with brain injury. The CNI Trust Fund is a non-reverting fund which receives fees (\$25 if an alcohol related offense or \$30 otherwise) paid by certain traffic law offenders to have their license reinstated. The CNI Trust Fund Advisory Board reviews and funds research on the mechanisms and treatment of Neurotrauma and community-based rehabilitation grants. Grant funding is awarded through a Request for Proposal basis. Grants are funded for one to three year periods, at a maximum of \$150,000 per year. Since 1984, BI/SCIS has maintained the Virginia Central Registry for Brain Injury and Spinal Cord Injury. BI/SCIS also provides training, technical assistance, guidance and support to DRS staff and community partners on brain and spinal cord injuries.
- Community Rehabilitation Case Management Services is comprised of Long Term Rehabilitation Case Management (LTRCM) and OBRA programs. LTRCM provides case management services to individuals with significant physical and sensory disabilities and their families. Rehabilitation Specialists assist individuals and their families in developing strategies to match their rehabilitative needs with appropriate public and private service agencies, organizations, and individuals. OBRA provides specialized services to individuals with significant physical disabilities who reside in skilled nursing facilities. OBRA staff coordinate the provision of specialized goods and services that assist consumers to maximize self-determination and independence. Typically, services include community living skills training, assistive technology, specialized durable medical equipment, other needed supports and services. DRS provides these coordination services through an agreement with the Department of Mental Health, Mental Retardation and Substance Abuse Services.

- The Consumer Service Fund (CSF) is a state fund of “last resort” which enables individuals with a physical or sensory disability to obtain a service or device that cannot be funded through other existing programs. The CSF is used to help consumers achieve specific planned goals (e.g., obtain employment, live more independently at home, or avoid placement in a nursing home). Examples include special equipment, assistive technology, and home or vehicle modifications.
- The 40 DSBs in the Commonwealth are a partnership of consumers, local government and businesses working to increase access and develop consumer-oriented, community-based services for persons with physical and sensory disabilities. DRS provides guidance and oversight to the Boards. The RSIF Grants are available to public, for-profit, and non-profit organizations through the DSBs for the purpose of addressing unmet needs and developing community programs for people with physical and/or sensory disabilities. The RSIF grants are awarded by the DSC.
- The Independent Living Program provides services and advocacy through Virginia’s sixteen CILs and four Satellite Centers. CILs are non-residential places of action and coalition, where persons with disabilities learn independent living skills, empowerment, and the skills necessary to direct their own lives. They provide an array of life-changing services including Peer Counseling, Independent Living Skills Training, Advocacy and Information and Referral. The Independent Living Program has a collaborative relationship with the Statewide Independent Living Council. This is a federally mandated council, with members appointed by the Governor that provides statewide planning for Virginia’s Network of CILs and independent living services. DRS provides technical assistance, fiscal support, and administrative oversight for the state’s independent living program.
- Personal Assistance Services (PAS) are in-home, consumer-directed, non-medical services provided by one or more persons, to assist an individual with a significant disability with activities of daily living, such as feeding, bathing, and dressing. With this basic help, the individual is able to live independently, work, and be active participant in the community. There are three PAS programs: Consumer-directed PAS; PAS for People with Brain Injury; and Vocational Rehabilitation PAS. The Consumer-Directed PAS and PAS for People with Brain Injury programs are state-funded; the Vocational Rehabilitation PAS program is funded by federal Vocational Rehabilitation Title I grant funds and serves only vocational rehabilitation consumers.

Finance

● *Financial Overview*

The Community Rehabilitation Program funding comes from federal funds (9%), general funds (76%), and dedicated special revenue funds for the CNI Trust Fund from fees paid by citizens to regain suspended driver's licenses (15%).

● *Financial Breakdown*

	FY 2009		FY 2010		FY 2009	FY 2010	FY 2009	FY 2010
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund				
Base Budget	\$12,217,406	\$3,281,462	\$12,217,406	\$3,281,462				
Change To Base	-\$753,533	\$871,301	-\$753,533	\$871,301				
Service Area Total	\$11,463,873	\$4,152,763	\$11,463,873	\$4,152,763				
Base Budget	\$12,217,406	\$3,281,462	\$12,217,406	\$3,281,462				
Change To Base	-\$753,533	\$871,301	-\$753,533	\$871,301				
Service Area Total	\$11,463,873	\$4,152,763	\$11,463,873	\$4,152,763				
Base Budget	\$12,217,406	\$3,281,462	\$12,217,406	\$3,281,462				
Change To Base	-\$753,533	\$871,301	-\$753,533	\$871,301				
Service Area Total	\$11,463,873	\$4,152,763	\$11,463,873	\$4,152,763				

Human Resources

● *Human Resources Overview*

With the exception of the nine case managers who work in local DRS offices across the Commonwealth, the services of the Community Rehabilitation Programs are delivered from DRS' Central Office. Some Community Rehabilitation Program positions are transferred under agreements with other agencies to provide specific services for those agencies. For example, the Community Rehabilitation Case Management Services Program receives positions from the Department of Mental Health, Mental Retardation and Substance Abuse Services to provide service coordination for its OBRA program.

● *Human Resource Levels*

Effective Date	7/1/2007
Total Authorized Position level	15.75
Vacant Positions	3
Current Employment Level	12.8
Non-Classified (Filled)	0
Full-Time Classified (Filled)	21
Part-Time Classified (Filled)	0
Faculty (Filled)	0
Wage	2
Contract Employees	0
Total Human Resource Level	14.8

breakout of Current Employment Level

= Current Employment Level + Wage and Contract Employees

● *Factors Impacting HR*

Staff in this Service Area Plan do not have the same training funds available to them that VR staff have.

● *Anticipated HR Changes*

There are several staff in Community Rehabilitation Programs who will be eligible to retire in the next few years. These are long term employees who carry with them a great deal of institutional knowledge. As position vacancies occur, DRS will continue to evaluate the staffing needs of this service area and utilize staff as effectively as possible to ensure the least interruption of services.

Service Area Objectives

- To provide an array of specialized, community based programs and services that support independent living, employment, and rehabilitation needs of Virginians with significant disabilities who may need long-term services.

Objective Description

The Community Rehabilitation Program service area has specialized programs that provide services and supports that assist Virginians with varying and significant disabilities to live independently in the least restrictive community setting. These programs either provide direct services to consumers or administer grants and contracts to other entities that provide direct services.

Alignment to Agency Goals

- Agency Goal: Provide consumer focused and cost effective services that prepare and enable Virginians with disabilities to be gainfully employed.

Comment: The Community Rehabilitation Program provides consumer-focused and cost-effective services that address the specific needs of many Virginians with disabilities so that they can become gainfully employed and/or maximize their independence and self-sufficiency.

- Agency Goal: Maximize the independence and self-sufficiency of Virginians with disabilities.

Comment: The Community Rehabilitation Program provides consumer-focused and cost-effective services that address the specific needs of many of the population of Virginians with disabilities so that they can become gainfully employed and/or maximize their independence and self-sufficiency.

Objective Strategies

- Work collaboratively with community partners and advocacy groups to assure adequate funding to meet the needs of Virginians with significant physical and sensory disabilities.
- Support training programs and provide technology to enhance the knowledge, skills, and ability of Community Rehabilitation Program staff to effectively administer and manage programs and services.
- Provide training and technical assistance to internal and external customers regarding the specialized needs of, and resources for, people with significant physical and sensory disabilities.
- Provide monitoring and oversight of programs and services to assure that funds are expended fully and appropriately in accordance with federal and state laws, regulations, and guidelines.
- Support an environment that promotes shared communication, responsibility, and accountability for consumer outcomes for participants served through Community Rehabilitation Programs.
- Participate in recruitment and retention plans to address anticipated vacancies in critical positions, including paid student internships, field placements, and mentoring as well as hiring experienced retiring staff in hourly positions.

Link to State Strategy

- nothing linked

Objective Measures

- Number of consumers served

Measure Class: Measure Type: Measure Frequency: Preferred Trend:

Frequency Comment: State Fiscal Year

Measure Baseline Value: Date:

Measure Baseline Description: In 2007, 38,721 consumers were served in Brain Injury/Spinal Cord Injury Services, Community Rehabilitation Case Management, Independent Living, Personal Assistance, Consumer Services Fund and Rehabilitation Services Incentive Fund

Measure Target Value: Date:

Measure Target Description: 38,700

Data Source and Calculation: Reports of the total number of consumers served through the various Community Rehabilitation Programs. Various databases include the Community Rehabilitation Case Management Services System; the Brain Injury Services Programs SCORECARD; and the Virginia Central Registry for Brain Injury and Spinal Cord Injury.

Service Area Strategic Plan

Department of Rehabilitative Services (262)

3/11/2014 9:49 am

Biennium: 2008-10 ▼

Service Area 3 of 4

Social Security Disability Determination (262 461 02)

Description

This service area, in partnership with the Social Security Administration (SSA), processes claims filed by citizens of the Commonwealth of Virginia who have applied for disability benefits under Title II (Disability Insurance), Title XVI (Supplemental Security Income), and Title XIX (Medicaid disability) of the Social Security Act. These evaluations result in the adjudication or "determination" of claims at the initial claims stage, at the continuing disability review stage, and at other appellate points in the disability adjudicative process.

Background Information

Mission Alignment and Authority

- Describe how this service supports the agency mission
This service area aligns with DRS' mission of providing services to individuals with disabilities to help them live independently by ensuring accurate, timely, and efficient determinations of eligibility for disability benefits.
- Describe the Statutory Authority of this Service
For the purposes of Title II (42 U.S.C. 421) and Title XVI (42 U.S.C. 1382) claims, the Code of Federal Regulations enumerates the responsibilities of the Social Security Administration and the agency within state government which performs the disability function.

Code of Federal Regulations 404.1503 and 404.1603 for Title II recipients indicates that the states will make a determination of disability or blindness for the SSA Commissioner for persons living in each individual state. These rulings outline how the state will conduct its reviews based on the disabling condition of each individual and their insured status from previous work experience.

Code of Federal Regulations 416.903 for Title XVI recipients indicates that the states will make a determination of disability or blindness for the SSA Commissioner for persons living in each individual state. These rulings outline how the state will conduct its reviews based on the adult or child's disabling condition.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
Social Security Determination Consumers	Concurrent Adult Disability Claims	21,312	22,075
Social Security Determination Consumers	Medicaid-only Claims	10,057	10,057
Social Security Determination Consumers	Title II Adult Disability Claims	26,341	26,454
Social Security Determination Consumers	Title XVI Adult and Childhood Disability Claims	24,467	25,116

Anticipated Changes To Agency Customer Base
Iraqi War Military Casualties:

Initiatives are underway to affect a collaborative effort with the Veteran's Administration Hospital to assure Iraqi War returnees receive all appropriate disability benefits. Methods of expedited delivery of services are currently being developed particularly with the Poly-Trauma Unit at the McGuire Veteran's Administration Hospital. This is expected to increase the number of disability claims processed by the DDS.

Pre-release Prisoner Population:

Outreach programs are underway within the prison system to urge prisoners who have disabling medical conditions and are pending release from prison to apply for Medicaid benefits. Efforts are currently underway to develop a revision of the

memorandum of understanding between DDS, SSA and the Virginia Department of Corrections to expedite delivery of these services. These initiatives are expected to increase the volume of incoming Medicaid and Title XVI claims.

Homeless Population:

Outreach programs are underway to assist in making Social Security Disability paperwork more readily available to homeless individuals and for third party advocacy groups to help assist them in their application process. Early experience showed a rise in the number of Title XIX and XVI disability claims and this is expected to continue as the initiative is implemented throughout the Commonwealth.

Continuing Disability Review (CDR) Claims:

According to the SSA Commissioner, the Commonwealth of Virginia should expect to receive 4,500 additional CDR claims in the next fiscal year due to an increase in workload for the Philadelphia Region. CDRs are case reviews that are conducted on individuals that are currently receiving Social Security disability benefits. Social Security Disability Determination conducts a medical review to ensure that the individual still remains disabled according to Social Security Guidelines.

Informal Remand Claims:

The SSA Office of Disability Adjudication and Review (ODAR) has a substantial backlog of hearing decisions pending. Those claims with a high probability of decision reversal on the record are being remanded to the DDS for adjudication. This initiative is one of SSA's highest priorities and is expected to continue in the foreseeable future. This will increase the volume of disability claims processed by the DDS.

Partners

Partner	Description
Claimant representatives	Authorized claimant representatives which include patient advocacy groups and attorneys.
Departments of Medical Assistance Services and Social Services	Department of Medical Assistance Services (DMAS), Department of Social Services (DSS) and Department of Rehabilitative Services (DRS) have a Memorandum of Understanding (MOU) which requires that Disability Determination Services provide determinations on Medicaid eligibility claims in the disability category.
Medical and psychological sources	All medical and psychological sources which provide pertinent data which allows for the adjudication of disability claims. This includes local school systems, the healthcare community, Department of Corrections, and other sources which allow us to better service our customers needs.
Social Security Administration	Numerous components of the SSA to include: 33 Field Offices, ODAR, Philadelphia Central Regional Office, SSA in Baltimore, Maryland.

Products and Services

- *Factors Impacting the Products and/or Services:*

Disability claims are expected to increase due to unemployment rates in areas of Southwest Virginia. Factors include the closing of coal mines and various industrial plants, increased population in the Commonwealth of Virginia, and various outreach initiatives to reach the disabled population. This will increase staffing and training needs.

Expansion of Electronic Records Express (ERE) will improve the efficiency of obtaining medical evidence used to make disability decisions. Ongoing initiatives by the Professional Relations staff are needed to support this initiative and will require a substantial amount of time for travel and outreach with medical and community resources.

Expansion of technology used in the training programs will allow DDS to reach more individuals in less time and require less traveling to accomplish this goal. Creating this new and improved training program will take considerable time and effort from a multitude of staff members.

- *Anticipated Changes to the Products and/or Services*

Replacement of a significant number of DDS' workforce due to retirements and resignations has impacted the division greatly in the last several years. DDS will be faced with increasing difficulty finding and hiring individuals with strong analytical skills at state salary rates. The ability to hire new staff is crucial.

The disability workload is expected to increase as Virginia's population ages and increases.

Hiring and training of new staff that is needed to address the increasing workload will be ongoing and labor intensive.

Increasing demands from the SSA to implement eDIB will cause numerous revisions of the business workflow process in DDS. We can anticipate some system failures affecting production as a result of the rapid roll out of changes.

DDS anticipates losing more employees to retirement and resignation as the job market continues to be more and more competitive. Losing a strong knowledge base due to retirements is hard to replace in a short amount of time.

● *Listing of Products and/or Services*

- TITLE II AND TITLE XVI DISABILITY DETERMINATIONS: The primary mission of the DDS is to provide residents of the Commonwealth of Virginia with accurate and timely disability determinations. Citizens of the Commonwealth applying for Title II and Title XVI disability benefits under the Social Security Act have a right to expect an accurate decision on their claim.
- TITLE XIX MEDICAID DISABILITY DETERMINATIONS: Accurate disability decisions for Medicaid applicants in the Commonwealth of Virginia. Citizens of the Commonwealth applying for Title XIX disability benefits under Medicaid have a right to expect an accurate decision on their claim.
- TRAINING DEVELOPMENT: Outreach efforts throughout the local communities to educate citizens and advocates about the disability program. Incorporate new training technology into the training program to use with staff and external customers. A major segment of this initiative includes outreach and training within the medical/psychological community. These efforts provide sources in the community with the tools necessary to correspond and submit information to the DDS electronically. A more efficient process facilitates increased accuracy and timeliness, to better serve citizens of the Commonwealth of Virginia.
- COMPUTER SYSTEM UPGRADES: Implement enhancements to the SSA’s electronic case processing system to allow the DDS to more quickly and efficiently adjudicate disability claims in an electronic environment. SSA is currently in the process of developing innovative ways to meet the challenge of increasing workloads. By replacing the current paper claims folder with an electronic record that can be accessed by all case processing components, this is a major step to improve the overall efficiency of the disability process. The Electronic Disability Project (eDib) is the transition from paper to electronic processing for disability claims. eDib consists of a series of interrelated projects designed to move all partners in disability claims adjudication/review to a paperless business process through the use of an electronic disability folder. The goals of eDib are to expand the use of the Internet for completing disability-related forms, to automate the disability claims intake process, to provide electronic access to disability-related information and ultimately to produce a paperless disability process. Through the implementation of the eDib projects, the official claims folder will evolve from paper to partially electronic to fully electronic.
- CONSTITUENT CONCERNS: Provide information and direction to individuals seeking assistance as it relates to the Social Security Disability Program. Act as a liaison for constituents with various governmental agencies to assist them in getting answers to their inquiries. Conduct outreach programs to inform and aid residents of Virginia of their rights as they relate to the Social Security Disability Program.

Finance

● *Financial Overview*

Social Security Disability Determination’s funding comes from federal funds (98%) and general funds (2%). The general funds are allocated to Medicaid eligibility determinations and comprise 50% of Medicaid’s funding.

● *Financial Breakdown*

	FY 2009		FY 2010		FY 2009	FY 2010
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund		
Base Budget	\$936,250	\$35,060,385	\$936,250	\$35,060,385		
Change To Base	\$0	\$0	\$0	\$0		
Service Area Total	\$936,250	\$35,060,385	\$936,250	\$35,060,385		
Base Budget	\$936,250	\$35,060,385	\$936,250	\$35,060,385		
Change To Base	\$0	\$0	\$0	\$0		
Service Area						

Total	\$936,250	\$35,060,385	\$936,250	\$35,060,385
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Human Resources

- *Human Resources Overview*

In July, 2003, the General Assembly exempted any position in Social Security Disability Determination from the Maximum Employment Level requirements because it is a 100% federally funded program and its staffing needs are driven by the number of claims filed.

The Social Security Disability Determination operation is decentralized, with an administrative office in Richmond where the Director and his staff oversee and coordinate the disability program statewide. The Administrative Office staff consists of program, system and administrative staff. The Director reports directly to the DRS Commissioner. There are four Regional Offices each headed by a Regional Director, who report directly to the Director.

The four Social Security Disability Determination Regional Directors have the responsibility for managing the daily operations within their respective offices as well as hiring staff. Each Regional Director is assisted by an Office Manager whose responsibilities include security, procurement, supervision of the fiscal and case control functions and administrative duties.

Each Regional Office also includes the following types of personnel:

Professional Relations Officer, who has several responsibilities including working with the medical community to educate them about the Social Security Disability Program. In addition, the Professional Relations Officer recruits physicians and psychologists to work as in-house medical consultants in Social Security Disability Determination.

Quality Assurance (QA) personnel review a sample of claims after a decision has been made and before the claim is returned to the Social Security Administration. The QA unit consists of a Special Program Supervisor and QA Specialists.

Line Unit Supervisors have the responsibility of direct supervision of the analysts assigned to their units. Among other supervisory and case related duties, the Line Unit Supervisors review casework to collect data for performance evaluations.

Case Consultants assist the Line Unit Supervisors as well as maintaining a caseload of their own and serving as lead workers.

Analysts (Disability Examiners) perform the majority of casework duties and decision-making on disability claims.

Medical Consultants provide analysts with medical advice in the development of medical evidence and in the decision-making process.

Support Staff perform a variety of duties in the DDS. Those duties include but are not limited to: greeting and routing customers to appropriate staff in person and via the telephone, receipting disability claims into our case processing system, scheduling special medical examinations, paying bills for medical evidence provided by medical sources, and reconciling claimant data between our case processing system and SSA systems.

Systems staff is responsible for maintenance of all system equipment. These individuals report directly to systems managers in the Administrative Office.

The Department of Medical Assistance Services has a Memorandum of Understanding with DRS for Social Security Disability Determination to manage the Medicaid Disability decision-making process. The Medicaid Disability Unit (MDU) consists of disability analyst and medical staff who make up the review team. This unit is 50% federally funded and 50% state funded. MDU uses the same disability criteria as the Social Security Administration to determine disability for Medicaid benefits.

- *Human Resource Levels*

Effective Date	7/1/2007
Total Authorized Position level	277.75
Vacant Positions	73
Current Employment Level	204.8

Non-Classified (Filled)	0	<i>breakout of Current Employment Level</i>
Full-Time Classified (Filled)	311	
Part-Time Classified (Filled)	1	
Faculty (Filled)	0	
Wage	13	
Contract Employees	33	
Total Human Resource Level	250.8	= <i>Current Employment Level + Wage and Contract Employees</i>

● **Factors Impacting HR**

The primary issue affecting human resources is the availability of federal funds from the SSA to enable Social Security Disability Determination to hire sufficient staff. Due to federal budget constraints over the past three years, the unit has operated under federal hiring freezes for most of each fiscal year. This causes problems with recruiting, training, and retaining staff because large numbers of staff are hired at the same time. In addition, short time frames required to complete the hiring process make it difficult to recruit and hire quality candidates in accordance with the Department of Human Resource Management policies.

Impending employee retirements will also affect the availability of trained staff, particularly when this issue is combined with the issue of the federal hiring freezes.

● **Anticipated HR Changes**

There are no anticipated initiatives at the federal or state level to address any of the factors listed above.

Service Area Objectives

- Provide accurate disability decisions for Title II, Title XVI and Title XIX disability claims.

Objective Description

Ensuring a high accuracy rate of disability decisions is paramount, in order to provide an effective level of customer services to Virginians with disabilities. These customers apply for disability benefits under Title II (Disability Insurance), Title XVI (Supplemental Security Income), and Title XIX (Medicaid disability) of the Social Security Act.

Alignment to Agency Goals

- Agency Goal: Maximize the independence and self-sufficiency of Virginians with disabilities.

Comment: By completing accurate determinations on Social Security claims, DDS can effectively assist Virginians with disabilities in receiving the benefits for which they are entitled.

Objective Strategies

- The American public depends on SSA and the DDS to make certain their benefits are accurate. The partnership also has the responsibility to protect the trust funds and general revenues against unwarranted payments. Consequently, quality checkpoints are needed to guarantee that the work performed meets or exceeds these expectations. In addition, SSA and the DDS need quality information to operate as efficiently and effectively as possible. End-of-line Quality Feedback - Reviewing work-related actions--whether before or after the actions are effectuated; Analyzing the end-of-line review data against all five dimensions of quality. In-Line Quality Improvement - Provide quality check points and quality feedback to employees during the process to reduce errors; Help make managers and technicians aware of decisions critical to the overall quality of the work performed; Capture specific quality data at key points during normal operations to generate reports that help managers make more informed decisions; Leverage technology to support the quality process; and Incorporate a quality focus at the component level.
- Continuous Improvement (CI) is a standard methodology that uses data to identify areas where changes to policy or processes will provide the most benefit to SSA, the DDS, and the public we serve. Once a problem has been identified, CI seeks to identify the root cause(s), determine the best solution(s), make the necessary changes, and measure the impact.
- New Continuous Improvement (CI) initiatives supports ongoing efforts of improving overall quality of the DDS product.
- Also referred to as "Q5" (5 dimensions of quality): maintaining high levels of accuracy, timeliness, productivity, and service while also providing cost savings to the public; SSA and DDS strives to continually improve on their goal of

affording its customers the highest quality product possible.

- All SSA regions supporting the DDS will have access to the same proven practices to ensure the right disability decision is made at the earliest possible time. The resulting increase in staff productivity and decrease in processing time will save program dollars while enhancing customer service.
- Implementation of the Review Policy Component (RPC) in SSA to review quality review issues to identify issues that require program consultation, training or retraining and improve the accuracy and consistency of decision making by providing guidance to adjudicators at all levels of the process.

Link to State Strategy

- nothing linked

Objective Measures

- Maintain accurate disability decisions for Virginians with disabilities who apply for disability benefits.

Measure Class: Measure Type: Measure Frequency: Preferred Trend:

Frequency Comment: Quarterly based on Federal Fiscal Year

Measure Baseline Value: Date:

Measure Baseline Description: 97.3% average accuracy for the last three Federal Fiscal Years.

Measure Target Value: Date:

Measure Target Description: 97.3% average accuracy.

Data Source and Calculation: This measure is calculated using information from DDS' Quality Assurance Branch and is calculated on the Federal Fiscal Year. Because this measure is reported on the Federal Fiscal Year, the periods listed on the table template below are not the correct months. For example, Q1 for the Federal Fiscal Year covers October, November and December. Q2 for the Federal Fiscal Year covers January, February and March.

Service Area Strategic Plan

Department of Rehabilitative Services (262)

3/11/2014 9:49 am

Biennium: 2008-10 ▼

Service Area 4 of 4

Administrative and Support Services (262 499 00)

Description

This service area provides management, administrative support and technical assistance to functional programs of the Department of Rehabilitative Services (DRS). In addition, via memoranda of agreement, much of this service area provides administrative support and technical assistance to the Disability Services Agencies (DSA), which include the Woodrow Wilson Rehabilitation Center (WWRC), Department for the Blind and Vision Impaired (DBVI), the Virginia Rehabilitation Center for the Blind and Vision Impaired, the Department for the Deaf and Hard of Hearing, and the Virginia Board for People with Disabilities.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*

This service area directly aligns with DRS' mission by providing management, administrative support and technical assistance for policy, personnel, technology, financial management, program evaluation and research to the program areas that provide and advocate for the highest quality services that empower individuals with disabilities to maximize their employment, independence and full inclusion into society.

- *Describe the Statutory Authority of this Service*

Chapter 4 of Title 51.5 of the Code of Virginia establishes that the supervision of the agency shall be the responsibility of the Commissioner and establishes the Commissioner's powers and duties. This Chapter also authorizes the Commissioner to promulgate regulations for human research that is conducted or authorized by the agency, any sheltered workshop, or independent living center, or the Woodrow Wilson Rehabilitation Center.

Chapter 5 of Title 51.5 of the Code of Virginia requires the Commissioner to establish a fair and impartial consumer appeals process for VR consumers and educate clients and staff about this procedure.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
General and Support Services Consumers	Classified, wage and contract staff of the Disability Services Agencies	1,678	1,678

Anticipated Changes To Agency Customer Base

DRS does not anticipate any significant changes to the customer base. Staffing levels are expected to be reasonably stable.

Partners

Partner	Description
Other State Agencies and the Rehabilitation Services Administration	The partners for this service area include the many state agencies and the federal Rehabilitation Services Administration, which interpret the laws and regulations and develop the policies and procedures that this service area operates under. These agencies also provide administrative oversight of the functions. The state agencies include, but are not limited to, the Departments of General Services, Planning and Budget, Accounts, Human Resource Management, and the Auditor of Public Accounts.

Products and Services

- *Factors Impacting the Products and/or Services:*

Long term employees, many of whom are reaching retirement age, will result in increased use of employee benefits, family and medical leave, increased use of disability benefits, requests for reasonable accommodation of a disability, and workers' compensation claims. These actions will challenge the available staff and financial resources of the

Human Resources Division.

Limited pools of qualified applicants for agency positions will result in extended recruitment efforts in this service area for information technology, finance and accounting and human resource professionals. In addition these professions require frequent training to remain current with regulatory changes and technology.

Federal grant funding for employee training and development has decreased, providing an opportunity to leverage technology to enhance professional development opportunities for staff.

VITA provides information technology services to the DSA and is taking an active role and responsibility for creating standards, policies, and guidelines. Technology expense has dramatically increased and the scope of services has narrowed. Services, particularly procurement, have been delayed. Lack of infrastructure change management has resulted in interruption of direct client services. Poor communication both within VITA and with DSA entities has resulted in gaps in services, particularly when technology is a critical component of direct client services.

VITA intends to refresh or replace much of the DSA in-scope computer equipment and network equipment. Part of the refresh effort is discontinuation of support for the out-of-scope portions of the computer network, that portion most important for direct service programs. The refresh needs to be carefully planned to maintain continuity of services.

Technology advances continue to develop at a more rapid pace than agency information technology resources can implement effectively. There is growing demand for use and diverse applications of video-teleconferencing for both direct services and administrative functions. This presents unique challenges to the DSA's current IT infrastructure.

The agency runs an HP3000 mini-computer, a hardware platform which has been retired by the manufacturer. We hope to eliminate HP3000 based applications during the next biennium. Costs of application systems migration will continue to use a significant portion of the agency's information technology resources.

A comprehensive Integrated Case Management (ICM) computer system will go live in 2008. ICM will provide a single management tool which impacts elements of DRS and DBVI service programs, allowing them to become more efficient and effective. It increases opportunities for significant collaboration between DRS, DBVI and its residential rehabilitation centers.

A comprehensive Financial Management System is scheduled to go live in 2009. Supporting between four and six agencies, it will have interfaces to multiple agency case management systems and eventually, the Virginia Enterprise Application Program (VEAP). As with ICM, the system will present opportunities to promote common business practices and reduce our reliance on antiquated and obsolete computer hardware.

VITA now provides systems engineering and network services to DRS and is taking an active role and responsibility for creating standards, policies, and guidelines. These activities may delay, negatively impact, or complicate DRS' ability to communicate with its external customers and/or partners.

Antiquated, multiple State wide computer systems continue to cause duplication of efforts in many areas.

A web based facilities management system will provide enhanced case management services and automated billing to DRS Employment Support Organizations. This system is scheduled to go live in 2008.

New initiatives of central state agencies, including ARMICS, SWAM quotas, E-Virginia, planning and implementation of the VEAP, VA Performs Scorecards, Strategic Planning and Performance Measures and VITA Project Dashboards add at least transitional expense and effort in documenting agency operations. While these initiatives all possess long term benefits, processing standards for some agency programs, redesign of systems and episodes of non-compliance with standards and regulations will likely result.

New initiatives to improve grants management, better manage staff development and training, better utilize program evaluation will increase special fund revenue, reduce staff training costs and add accountability and 'evidence based' strategies for direct service program improvement.

The Division of Real Estate Services of the Department of General Services is working with DRS and DBVI to renew leases and co-locate state government offices. They are working with local government as well as private sector entities involved in the provision of employment services. These relocations, along with the telecommuting initiative for state employees will result in reduced costs for remote offices and better services to clients.

- *Anticipated Changes to the Products and/or Services*

Technology will be leveraged through the use of Commonwealth of Virginia Knowledge Center (CoVKC) web portal to

enhance professional development opportunities for staff.

A Workforce Planning initiative will address the loss of institutional knowledge from employee retirements and reduce the impact on the operation of critical agency functions as follows:

Increased presence of CommonHealth promotion activities;

Development of brochures and web site information on retention of retirees through mentorship or training positions;

Identify and cross train critical functions of the agency;

Succession planning;

A student internship program with various colleges and universities; and

Expanded use of telecommuting, alternate work schedules, and flexible work hours to attract and retain staff.

The agency will continue to cooperate with the VITA/NG partnership to transform its infrastructure and development activities to comply with Commonwealth standards. This includes desktop and server refresh; a new MPLS network protocol; adoption of a new Help Desk support tool and migration to VCCC services; regionalization organization of support services; new e-mail services; participation in consolidated data recovery services; implementation of enhanced security standards; implementation of ITIL, change management protocols; and implementation of Investment Portfolio Management (ITIM) processes and appropriate utilization of the ProSight tool, full compliance with Web Template Standard and full compliance with IT Accessibility Standard.

While VITA technology expense will increase, we hope to control and plan the increases by careful planning of VITA activity.

VITA will discontinue support for the out-of-scope portions of the technology infrastructure, that portion most important for direct service programs. Implementation of technology infrastructure for this equipment and software will be implemented.

The growing demand video-teleconferencing for both direct services and administrative functions will be addressed by a partnership between the DSA, our Workforce investment partners and other interested state agencies.

A comprehensive ICM computer system will provide a single management tool which will be more efficient, effective and increase opportunities for significant collaboration between DRS, DBVI and their residential rehabilitation centers.

A comprehensive Financial Management System, supporting between four and six agencies, will present opportunities to promote common business practices, modernize our technology infrastructure and provide economies of scale for software maintenance.

A re-engineered Facilities system will provide case management and automated billing to DRS' Employment Service Organizations. The result will be more accurate case management information and better financial management.

A re-engineered Brain Injury Information System will provide better case management services to local partnerships.

Continued purchases of software licenses, maintenance contracts, and in-house maintenance support as appropriate for adjustments for Federal, State and Local mandates to production systems. Such purchases may included but are not limited to:

WorkWorld: This application contains the most up to date technical and substantive information on benefits for VR consumers.

Citrix/OASYS, Career Scope - Job Matching, support software for VR consumers.

CAD and other programs used by Rehab Engineers

Replacement of Athena Library Services tool

Development of the Virginia Assistive Technology System (VATS) Equipment Recycling Tracking System

Procurement of a Grant/Donation Software like RaiserEdge

ARMICS, SWAM quotas, E-Virginia, Strategic Planning objectives, planning and implementation of the VEAP, VA Performs Scorecards and Performance Measures and VITA Project Dashboards will address improved management practices for agency programs and promote compliance with policies, standards and guidelines.

Improvements in grants management, management and training of staff, and utilization of program evaluation will increase special fund revenue, reduce staff training costs and add accountability and 'evidence based' strategies for direct service program improvement.

A greater number of state employees that work as telecommuters along with a larger number of remote offices co-located with other state agencies, local government agencies and one stop employment service centers will reduce costs and improve access to services by clients.

● *Listing of Products and/or Services*

- Administrative Support Services coordinates and provides oversight for the integration of activities and initiatives across all divisions and service areas as well as other state and local partners. Other functions include internal audit, risk management, and constituent affairs.
- Policy, Planning, Research and Evaluation Services develops and interprets state regulations and policies and procedures and provides associated guidance and training on these, conducts program evaluation studies, coordinates the agency's legislative program, administers the human subjects research process, coordinates the vocational rehabilitation consumer appeals and consumer satisfaction processes, and oversees implementation of agency planning responsibilities.
- Financial Management Services provides budget administration, grants management, general accounting, financial reporting, purchasing and contracts, asset and lease tracking/management, mail services, motor fleet and central supply management.
- Human Resource Management Services interprets and communicates human resource policy, provides workforce development programs, employee relations, staff recruitment, payroll, compensation and classification, workers compensation, return to work (by WWRC HR staff) and administers benefits programs.
- Information Technology Services (IS) provides computer applications development and support, web services, computer operations and mini-computer support. Additionally, in partnership with Virginia Information Technologies Agency (VITA) and Northrop Grumman VITA/NG, IS provides systems engineering services including voice and data communications networks, hardware and computer support services for the DSA , including 60 facilities located throughout the Commonwealth. IS also collaborates with other agencies where possible to maximize staff, computer and financial resources.

Finance

● *Financial Overview*

The Administrative and Support Services' funding comes from federal funds (38%), general funds (2%), and indirect cost funds recovered from federal grants (60%.)

● *Financial Breakdown*

	FY 2009		FY 2010	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	\$205,899	\$8,601,534	\$205,889	\$8,601,534
Change To Base	\$173,264	\$426,778	\$173,264	\$426,778
Service Area Total	\$379,163	\$9,028,312	\$379,153	\$9,028,312

Human Resources

● *Human Resources Overview*

Administrative support is provided by 79 Full Time Equivalent employees performing a variety of functions; 71 are full time classified staff. This Service Area has a MEL of 57 and in addition, uses 18 transferred positions from the Department for the Blind and Vision Impaired, one transferred position from the Department for the Deaf and Hard of Hearing, one transferred position from the Department of Veterans Services and five transferred positions from WWRC. The transferred positions provide Fiscal, Information Technology and HR services to these agencies and bring the MEL to 82 employees.

● *Human Resource Levels*

Effective Date	7/1/2007
Total Authorized Position level	57
Vacant Positions	9

Current Employment Level	48.0	
Non-Classified (Filled)	3	<i>breakout of Current Employment Level</i>
Full-Time Classified (Filled)	71	
Part-Time Classified (Filled)	0	
Faculty (Filled)	0	
Wage	1	
Contract Employees	4	
Total Human Resource Level	53.0	= <i>Current Employment Level + Wage and Contract Employees</i>

● **Factors Impacting HR**

Long term employees, many of whom are reaching retirement age, will result in increased use of employee benefits, family and medical leave, requests for reasonable accommodation of a disability, and workers' compensation claims. These actions will challenge the available staff and financial resources of the Human Resources Division.

Limited pools of qualified applicants for agency positions will result in extended recruitment efforts in this service area for information technology, finance and accounting and human resource professionals. In addition these professions require frequent training to remain current with regulatory changes and technology.

● **Anticipated HR Changes**

A Workforce Planning initiative addresses the loss of institutional knowledge from retirements and reduces the risk of loss of critical agency functions. Of particular importance to staff in this service area are cross training for critical functions of the agency, succession planning, and aggressive use of an internship program with various colleges and universities.

Service Area Objectives

- To ensure that resources are used efficiently and programs are managed effectively, and in a manner consistent with applicable state and federal requirements.

Objective Description

DRS provides administrative and support services to the Disability Services Agencies (DSA). It is imperative that these services be provided in an effective and efficient manner and in compliance with State laws, regulations and policies.

Alignment to Agency Goals

- Agency Goal: Enhance customer service delivery through effective and efficient management of fiscal processes, human resources, use of technology and current administrative processes.

Objective Strategies

- To develop and implement a single integrated financial management system to replace the application currently residing at DRS on the antiquated HP3000 mini-computer.
- The growing demand for video-teleconferencing for both direct services and administrative functions will be addressed by a partnership between the Disability Services Agencies, our Workforce investment partners and other interested state agencies.
- DRS will implement technology infrastructure for the DSA not otherwise provided by VITA to maintain continuity of direct client services.
- DRS will comply with ARMICS, SWAM quotas, E-Virginia, planning and implementation of the VEAP, VA Performs Scorecards and Performance Measures and VITA Project Dashboards.
- DRS will implement improvements in grants management, management and training of staff, and utilization of program evaluation which will increase special fund revenue, reduce staff training costs and add accountability and 'evidence based' strategies for direct service program improvement.

Link to State Strategy

- nothing linked

Objective Measures

- Percent of scorecard categories marked as “meets expectations” for the agency.

Measure Class: Measure Type: Measure Frequency: Preferred Trend:

Frequency Comment: State Fiscal Year

Measure Baseline Value: Date:

Measure Baseline Description: 83% for State Fiscal Year 2007.

Measure Target Value: Date:

Measure Target Description: 83%

Data Source and Calculation: The Management Scorecard grades agencies on six criteria. The calculation is the number of criteria where the agency scored “Meets Expectations”, divided by six.

- We will be prepared to act in the interest of citizens of the Commonwealth and its infrastructure during emergency situations by actively planning and training both as an agency and as individuals.

Objective Description

We will be prepared to act in the interest of the citizens of the Commonwealth and its infrastructure during emergency situations by actively planning and training both as an agency and as individuals.

Alignment to Agency Goals

- Agency Goal: We will strengthen the culture of preparedness across state agencies, their employees and customers.

Objective Strategies

- The agency Emergency Coordination Officer will stay in continuous communication with the Office of Commonwealth Preparedness and the Virginia Department of Emergency Management.
- The agency will follow its COOP test plan and improve the COOP plan based on testing results.
- The agency will address each of the 24 COOP requirements attained on the COOP Assessment Review for non-compliant items and implement a plan of remediation.

Link to State Strategy

- nothing linked

Objective Measures

- Agency Continuity of Operations Plan (COOP) Assessment Score

Measure Class: Measure Type: Measure Frequency: Preferred Trend:

Measure Baseline Value: Date:

Measure Baseline Description: 2007 COOP Assessment Results (75% out of 100)

Measure Target Value: Date:

Measure Target Description: 80%

Data Source and Calculation: The COOP Assessment Review is a 24-component assessment tool that helps measure the viability of a COOP Plan.