

Agency Strategic Plan

Department of Rehabilitative Services (262)

3/11/2014 9:48 am

Biennium: 2010-12 ▼

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

- Customer focus
Customer, partner, and employee input to continually improve processes, services, and results.
- Fairness, respect and responsiveness
Fairness, respect, and responsiveness in our actions and communications.
- High quality and fiscally responsible services
Providing the highest quality services, while maintaining fiscal responsibility.
- Employee, customer and partner integrity
Honesty, integrity, and ethical behavior.

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 2008, DRS met three of the six indicators and it is anticipated that this trend will continue for Federal Fiscal Year 2009 due to the downturn in the economy affecting employment opportunities and the need for the VR program to remain in an order of selection. A key measure 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 2008, DRS achieved a rate of 57.35% on this measure, which surpassed the 55.8% federally required target. For State Fiscal Year 2009, DRS had a 55.3% rate on this measure, which just missed the State year target by .7%. In Federal Fiscal Year 2008, DRS surpassed its \$9.02 target for the hourly average wage of VR consumers employed at the time of case closure and had a 81% VR consumer satisfaction rate.

The Disability Determination Services (DDS) federal performance indicators measure the effectiveness and efficiency of the program and are established by the Social Security Administration (SSA). These measures include the mean processing time for claims from receipt to closure and the accuracy of final decisions (which also is a State measure). In Federal Fiscal Year 2008, the total mean processing time for all disability claims was 78 days. There was an increase to 89 days for Federal Fiscal Year 2009 to date due to the very significant increase in the number of pending claims caused by the poor economy and the aging baby boomers entering their disability prone years. The processing time remains within the goals set for the DDS by SSA. The accuracy rate in Federal Fiscal Year 2008 was 97%. For Fiscal Year 2009, the accuracy rate is currently 97.7% for three quarters and should be at or above the baseline measure of 97.3% for the entire year. It will be a considerable challenge to maintain this level of accuracy in view of the significant hiring that will occur in Federal Fiscal Year 2010 culminating in approximately 58% of adjudicatory staff being in trainee status.

Programs in the Community Rehabilitation Program either provide direct services to consumers with significant disabilities or manage grants and contracts to other entities in the Commonwealth that provide direct services. Direct consumer services are provided by the Community Rehabilitation Case Management and Personal Assistance Services programs. In State Fiscal Year 2009, 809 consumers received direct services through these two programs. The Community Rehabilitation program also administered numerous grants and contracts through the Brain Injury, Commonwealth Neurotrauma Initiative and the Independent Living Programs. In 2007, the Disability Commission

directed DRS to conduct a consumer satisfaction survey of Virginia's 16 Centers for Independent Living. The results of the survey were exceptionally good with 84% of the respondents stating that they were very or somewhat satisfied with their experience at the CIL. Of the 159 consumers who indicated that they were at risk of being placed in a nursing home or institution, 64% said that the CIL helped them to remain in a community-based living arrangement.

DRS' administrative support services are judged by the Administrative Measures posted on VaPerforms. There are 13 measures in five areas: emergency preparedness, financial management, government procurement, human resources and information technology. Each measure has three scores: Meets Expectations, Progress Towards Expectations, and Below Expectations. In State Fiscal Year 2009, DRS achieved a score of "Meets Expectations" for ten of the measures and a "Progress Toward Expectations" rating on three.

- *Summary of current productivity*

During Federal Fiscal Year 2008, the VR program served 24,762 consumers; it is projected that this number will increase to over 25,000. 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 remained strong in Federal Fiscal Year 2008, with 4,012 consumers achieving employment and 92.47% of those competitively employed. For Federal Fiscal Year 2009, the number of successful employment closures will decline because of the impact of order of selection and the high unemployment rate, but the competitive employment rate should stay strong. DRS added a new measure of productivity in State Fiscal Year 2008 that captures the average case service cost of successful closures of VR consumers who are employed with earnings at or substantial gainful employment (SGA). The average cost in State Fiscal Year 2009 was \$3,415.

In 2009, 3,208 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 2008, DDS adjudicated 87,981 disability claims for Virginians with disabilities seeking disability benefits through the federal SSA programs or through Medicaid. For Federal Fiscal Year 2009, the number adjudicated should be 86,751. 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 2008, 145 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.

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 8,585 consumers with \$4.7 million in state general funds and \$600,000 in Program Income funds.

The Personal Assistance Services Program started in 1990 as a Developmental Disabilities Grant. This was the first personal assistance program in Virginia. The program received ongoing state funding in 1992. The Personal Assistance Services Program has served over 660 consumers since its inception and served 132 consumers in the Consumer Directed and Brain Injury programs in 2009.

Beginning in 1991 with a \$250,000 funding appropriation, the Community Rehabilitation Case Management Services (CRCMS) 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 677 consumers through their active and technical assistance efforts. The CRCMS also provides coordination for individuals residing in nursing facilities across the Commonwealth. CRCMS staff provide both coordination of specialized services and transition supports to nursing home residents when needed. The program successfully assisted 3 individuals to transition from a nursing home to the community in 2009. The program has continued to experience a steady referral rate despite its budgetary reductions. The loss of 2 CRCMS positions have hindered the expansion of case management services particularly in the Northern and Central Virginia regions. The growing service needs has resulted in a waiting list of about 100 individuals who desire case management services.

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 Fund serves as a crucial source of funds for the purchase of specialized consumer services/goods, as well as other discretionary uses such as State match for the Federal Traumatic Brain Injury Act

grant. The BIDS Fund has repaired wheelchairs, provided accessible windows for emergency egress in a bedroom, provided the behavioral expertise of a consultant to a nursing facility ready to discharge a person with a brain injury and challenging behaviors, and numerous neuropsychological and brain injury related assessment, testing, and counseling services that are otherwise not available.

The amount of state funding designated for brain injury services totaled \$3,421,000 in SFY 2007 and \$3,621,000 in SFY 2008 (SFY 2009 funding was \$3,821,000; SFY 2010 funding is \$3,621,000). The SFY 2008 funding provided 4,608 people with direct services including consultation and education/public awareness (not including information/referral or newsletter/website outreach), which was a reduction of 540 individuals served as compared to the previous year. The reduction is the result of turnover in Regional Resource Coordination staff who conduct the majority of "large" education/public awareness events. DRS also received another Federal Traumatic Brain Injury (TBI) Act "systems change" grant that was active during SFY 2007-2010; this provided advocacy and outreach efforts to approximately 4500 people per year. It is anticipated that there will be a reduction in number of consumers served as the result during SFY 2009 and SFY 2010 due to a "one time" allocation of \$200,000 which will not be included in total budget for SFY 2010. In addition, the BIS Programs are facing contract reductions as the result of the state's economic situation.

The Commonwealth Neurotrauma Initiative (CNI) Trust Fund, a non-reverting state fund that receives fees paid by specific traffic offenders to have their driver's licenses reinstated following revocation, was established in 1997 and received an initial private donation of \$25.00 in 1998 (no funding mechanism was included in the initial legislation, but was established a year later). Total income since inception of Fund has been approximately \$14 million (including interest); amount of funding, which is mandated by Code to be divided equally between "research" and "community" grants, has totaled \$17 million. The Fund receives monthly revenue of about \$100,000. For July, 2007-June, 2010, CNI awarded \$2,364,562 to 6 CNI "Research on the Mechanisms and Treatment of Neurotrauma" grantees, and recently awarded \$2,810,607 to 7 CNI "Community-Based Rehabilitative Programs/Services" grantees for the period July, 2009-June, 2012.

in 1994, Virginia saw the development of the Disability Services Boards (DSB), which were a 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. In 1996, the Rehabilitation Services Incentive Fund (RSIF) was begun with \$500,000. This fund provided 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 2009, Governor Kaine's budget reallocated \$519,362 used to support the administrative functions of the DSBs to DRS' VR. This action eliminated all funds provided to the DSBs used for administrative functions. Appropriations Act language also was included to override the mandate for localities to establish and maintain DSBs. As of July 1, 2009, all of the RSIF grants were completed and there are no State General Funds to support any grants in the future.

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 have never completely recovered from budget reductions, 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*

Continuing as a partner with the Department of Medical Assistance Services, other state agencies, advocacy groups and stakeholders, to advocate to secure enhancements to the Medicaid Works program in Virginia.

Establishing regional assistive technology device recycling programs and regional equipment demonstration/loaner programs in the Commonwealth.

Continuing to participate with other State agencies and stakeholders in the implementation of the other initiatives of Virginia's Olmstead Plan. A major accomplishment for this year has been the development of proposed amendments to the Nurse and Medical Practices Act and the Drug Control Act which will result in expanded options for individuals who direct their own services by enabling them to direct their personal assistants, respite workers and companion aides to

perform health care tasks that, but for their disability, they could perform themselves.

Implementation of order of selection in the VR program has disadvantaged many consumers needing VR services to become gainfully employed. DRS will utilize Federal Recovery Funds to again serve the most significantly disabled and hopes to use more of these funds to serve the significantly disabled in the program. This funding, however, will be exhausted in 2010.

DRS will continue to enhance its quality assurance activities for the VR program to help ensure high quality and timely service provision for VR consumers. DRS has dedicated staff resources to conduct case audit reviews of closed cases and some open cases and will be enhancing its outreach efforts to current VR consumers to assess the quality and impact of their VR experience.

Working with economists and labor experts at the University of Richmond and the University of Virginia, DRS is developing a robust model to determine the return on investment (ROI) for the VR program. This analysis includes the development and testing of conceptual ROI models with the creation of a longitudinal data repository to track the employment services and outcomes of our VR consumers. All of the data is de-identified and the research is being conducted under the purview of the Institutional Review Board.

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 continuing to develop a teamwork approach to service provision that includes the involvement of the student, family members, school personnel and VR staff.

DRS will continue to expand opportunities for "mobile workers" and the co-location of VR staff with other WIA partners. Currently, 76.7% of the employees at DRS are involved in some form of telework and DRS has entered into an office co-location with Virginia Workforce Investment Partners in two locations.

DRS is partnering with the Virginia Commonwealth University Rehabilitation and Research and Training Center in a research project, funded through a NIDRR grant, regarding individuals with Autism Spectrum Disorders.

- *Summary of Virginia's Ranking*

In Federal Fiscal Year 2008, 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 (98.41%) ranking higher than 65% of the states.

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, with approximately 14 consumers served per year.

*Having more clubhouses for individuals with brain injury than any other state and taking a major leadership role in the establishment of the International Brain Injury Clubhouse Association (IBICA), with the approval of the International Center for Clubhouse Development (ICFCD). There is State funding for six specialized clubhouse programs as well as an additional clubhouse that was established and is currently operating through a CNI Trust Fund grant.

*The only state to offer a Community Support Services Training Program (e.g. life skills training) through its VR program for individuals with brain injury who need these services to determine eligibility for employment or to gain or maintain employment. Community Support Services are also available through the Brain Injury Discretionary Services (BIDS) Fund.

*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 Trust Fund that provides funding through a competitive process to support neurotrauma research, and the only Trust Fund in the country that funds the development of innovative, model rehabilitative programs serving people with brain injury and spinal cord injury.

During Federal Fiscal Year 2007, SSA requested all DDSs to take immediate action to reduce medical expenses. These expenses are incurred when the DDS obtains medical evidence from sources and sends claimants to consultative examinations. The Virginia DDS received a SSA Commissioner's Citation for having the lowest medical costs in 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 Behavioral Health and Developmental 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. The Appropriations Act in 2009 removed the mandate for local DSBs.

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	809	809
General and Support Services Consumers	1,706	1,706
Social Security Determination Consumers	87,981	106,904
Vocational Rehabilitation Program Consumers	35,470	35,891

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:

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. With the arrival of the first installment of Federal Recovery funds, DRS again began providing services to individuals with the most significant disabilities on May 1, 2009. By Fall 2009, DRS hopes to use part of the remaining Federal Recovery funds to open at least one other order of selection category to again serve individuals with significant disabilities. In spite of order of selection, the number of consumers continues to grow. In Federal Fiscal Year 2008, 24,762 consumers were served. It is projected that the number served will grow to 25,183. Currently, there are over 1,700 individuals on the waiting list for services.

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 2008, 36.9% of the VR consumers who received services were students in transition. During that same fiscal year, 36.7% 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.

From SFY 2005 to SFY 2008, the VR program saw about a 50% increase in the number of clients with an Autism Spectrum Disorder (ASD). While the number of ASD VR clients is small (794 in SFY 2008), the number is expected to increase.

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 customers in need of interpreting services and counselors use other resources, including assistive technology, to communicate with customers with special needs. In 2007, an estimated 385,610 persons in Virginia

spoke English “less than very well” as determined by the American Community Survey. In addition, the ACS national estimates for persons 16-64 years of age showed that the prevalence of disabilities was 9.8% for Hispanics and 6.1% for Asians. DRS will be enhancing its outreach to individuals with disabilities with Limited English Proficiency and its efforts to provide appropriate services to these individuals.

Social Security Disability Determination Consumers:

Military Casualties:

The Military Casualties initiative is a commitment by SSA to provide expedited disability claims services to wounded service members and their families. In an effort to facilitate payment to disabled service members, DDS and SSA are working with the Department of Veterans Affairs and the Department of Defense to streamline the disability process. This will continue to increase the number of disability claims processed by the DDS.

Pre-release Prisoner Population:

Outreach programs have been implemented within the prison system to assist prisoners who have disabling medical conditions and are pending release from prison to apply for Medicaid and SSI benefits. The memorandum of understanding between DDS, SSA and the Virginia Department of Corrections to expedite delivery of these services has been revised. This initiative is expected to increase the volume of incoming Medicaid and Title XVI claims.

Homeless Population:

Outreach programs are underway to assist in making the Social Security Disability application process more readily available to homeless individuals and for third party advocacy groups to help assist them in their application process. The SSI/SSDI Outreach and Recovery (SOAR) initiative is being expanded to all four Virginia DDS regions. It is a pilot project of the Department of Behavioral Health and Developmental Services to develop a process to assist the homeless in obtaining SSA disability benefits – specifically targeting the homeless who suffer from mental illnesses. 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.

Rare Diseases and Terminal Illnesses:

Social Security has an obligation to provide benefits quickly to applicants whose medical conditions are so serious that their conditions obviously meet disability standards. SSA is working to develop ways to identify these cases and expedite them through the adjudicatory process. The Compassionate Allowance (CAL) and Quick Disability Determinations (QDD) initiatives are designed to quickly identify diseases and other medical conditions that almost invariably qualify under the Listings of Impairments based on minimal objective medical information. CAL and QDD allow SSA and DDS to quickly target the most obviously disabled individuals for allowances based on objective medical information that can be quickly obtained. SSA is conducting public outreach hearings to identify these conditions. This initiative is expected to help DDS quickly identify and adjudicate claims for those with the most serious medical conditions.

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 may be temporarily stopped in Federal Fiscal Year 2010 due to the large pending workloads in DDS. If reinstated, this will increase the volume of disability claims processed by the DDS.

Continuing Disability Reviews:

SSA is not current in conducting continuing disability reviews of persons receiving disability benefits who may no longer be disabled. Congress often appropriates funding for these cases specifically. SSA will significantly increase the number of these claims that the DDSs will have to process when this is deemed feasible in view of the large pending workloads in the DDS.

Community Rehabilitation Program Consumers:

The number of customers who receive direct services is dependent on the State funding level for these programs. Therefore, there should be no changes to the customer base unless additional funds are received to support these programs or additional reductions occur.

Administrative Services:

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

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 groups and attorneys which advocate for Social Security claimants.</p>
Boards and Councils	<p>The agency 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 Virginia Brain Injury Council and the Commonwealth Neurotrauma Initiative Trust Advisory Board.</p>
Centers for Independent Living	<p>Provide direct services, information and advocacy to Virginians with disabilities and sometimes 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>Collaborates with DRS to expand interpreting services statewide.</p>
Department of Behavioral Health and Developmental Services	<p>Along with Community Services Boards, provide support for VR program services to persons with substance abuse and mental illness disabilities. 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, provides funding and positions to DRS to meet the specific OBRA requirements.</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>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</p>

	<p>Determination Services to provide determinations on Medicaid eligibility claims in the disability category. DMAS also partners with DRS on administering grants for Medicaid Works.</p> <p>Through grant funding, supports VR services to TANF 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.</p>
Department of Social Services	
Department of Veterans Services	<p>Has a Memorandum of Understanding with DRS to work together to mutually enhance services to wounded warriors.</p>
Employment Services Organizations	<p>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.</p>
Federal Agencies	<p>Federal Rehabilitation Services Administration and Social Security Administration provide funding, oversight and guidance to programs.</p>
Medical and psychological professionals	<p>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.</p>
VATS Regional Sites	<p>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.</p>
Virginia Workforce Council, Virginia Community College System, Virginia Employment Commission & Local Workforce Investment Boards	<p>These entities and other mandated partners are collaborative bodies in the administration and implementation of the Workforce Investment Act.</p>
Woodrow Wilson Rehabilitation Center	<p>Partner in working collaboratively with DRS' VR program to provide rehabilitation and training services to VR consumers referred to the Center for assistance.</p>

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:*

Vocational Rehabilitation:

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. With the receipt of Federal Recovery Funds for VR, DRS has been able to address some of its consumer waiting list and provide services to consumers with significant disabilities who otherwise would not have been served. When this funding is exhausted, however, VR consumers may again be impacted by insufficient funding.

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, especially in Southwest Virginia, because of the federal requirement that counselors possess a Masters degree in rehabilitation counseling or a closely related field.

Even prior to the implementation of order of selection, the VR program had a very high rate of consumers who were 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.

The LTESS program, which is 100% State funded, has been one of the DRS programs most severely affected by budget reductions. In State Fiscal Year 2009, DRS purchased services from Employment Services Programs under the LTESS program for 2,665 people with \$5.2 million. It would take close to \$1 million to simply make up for the reductions to the program over the last two years that impacted approximately 900 people. With this increase there would continue to be a large unmet need in the area of 1000 people in 2010. It would take an additional appropriation of \$3.3 million in order to fully serve all consumers in need of LTESS funding.

DRS' program to provide VR services to TANF recipients will be impacted by changes at the Department of Social Services (DSS). DSS has announced a 35% reduction in funding over the current year and to help negate the impact on the projects, grants will end three months early, on June 30, 2010, instead of September 30, 2010. A new Request for Proposals (RFP) will be released early 2010 for a new grant period to begin July 1, 2010. DRS' annual grant of \$399,000 will be reduced to \$257,000, which is a 14% reduction for the nine-month grant period. This amount will cover the cost of three counselors and a coordinator, plus some administrative expenses, but will have an impact on the amount of dollars available for the purchase of case services for the nine-month grant period beginning October 1, 2009. DSS has also informed grantees to expect a continuing reduction in funds for the next round of RFP grant funding, which is likely to be very competitive.

The eligibility criteria for Medicaid Works affects the ability of VR consumers receiving Social Security Disability Insurance benefits to participate in the Medicaid Works program, thus limiting their choice of employment options.

DRS continues to actively pursue 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 partnering in the Workforce Investment System and development of One-Stop Career Centers in Virginia, DRS will be working to establish a new model for partner cost allocation for the One-Stop operations to ensure that DRS pays only its "fair share" of the cost.

The federal Department of Labor has reduced funding for the Disability Program Navigator initiative creating a need for collaborative funding of this program across WIA partners.

Disability Determination:

Disability claims have increased throughout the Commonwealth due to higher unemployment rates caused by the recession and economic downturn.. Additionally, there is an increase in applications due to the baby boomer population entering its disability prone years and the increase in the retirement age. Improved outreach efforts through special initiatives have also contributed to an increase in applications. This has caused a need for additional DDS staff nationwide to handle the increasing pending workloads.

Expansion of Electronic Records Express (ERE) will continue to improve the efficiency of obtaining medical evidence used to make disability decisions. This plays a significant role in the government's desire for expansion of Health Information Technology (HIT). Ongoing initiatives by the Professional Relations staff continue to support this initiative and 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. The use of recently purchase Video Teleconferencing equipment will definitely reduce travel and can increase the number of training attendees. Creating this new and improved training program will take considerable time and effort from a multitude of staff members.

SSA has actively encouraged applicants to file their applications and appeals electronically. The electronic claim that is forwarded to DDS from the Social Security field offices has not had the level of review and completeness of applications filed in person. It requires more time of DDS staff to gather missing information or correct inaccuracies.

Quick Disability Determinations (QDD) use a predictive model that analyzes specific elements of data within the electronic claims file to identify claims where there is a high potential that the claimant is disabled and where evidence of the person's allegations can be quickly and easily obtained. This claim is identified upon transfer from the field office and is immediately assigned to an analyst. These claims are adjudicated in less than seven days.

Compassionate Allowances (CAL) allow SSA and DDS to quickly target the most obviously disabled individuals for allowances based on objective medical information that can be quickly obtained. SSA is conducting public outreach hearings to identify these conditions. This initiative is expected to help DDS quickly identify and adjudicate claims for those with the most serious medical conditions. As with QDD claims, CAL claims are immediately assigned upon receipt and they are also expedited.

EDCS (Electronic Disability Claims Processing System) has continued to roll out and be upgraded. EDCS has allowed us to process the majority of Title II and Title XVI claims totally electronically. This process has required our staff to transition from paper claims to electronic claims. This has been difficult for some staff to adjust to and had initially had a negative impact on the adjudication process. Now staff have fully adjusted to the change. The rollout required increased staff training and continues to require training as upgrades are implemented.

The Electronic Claims Analysis Tool (eCAT) is a policy compliant web-based application designed to assist the analyst throughout the sequential evaluation process. The eCAT policy tool aids in documenting, analyzing, and adjudicating the disability claim in accordance with SSA regulations. The eCAT policy application produces the "Disability Determination Explanation" (DDE) which is a detailed record of the pertinent documentation and analysis necessary to support the determination. Virginia piloted this tool for SSA and participated in making major improvements in the tool prior to the national rollout. Claims processed using this tool have been found to have better documented determinations that lead to more accurate decisions.

The Request for Program Consultation (RPC) process was developed to resolve differences of opinions between analysts and quality reviewers concerning disability determinations. It is a collaborative effort between SSA, DDSs and Regional Quality staff. The process shifts the focus from "errors" to identifying policy issues that are misunderstood, unclear or difficult to follow. The RPC process has provided policy guidance which helps analysts make better documented and more accurate decisions.

Community Rehabilitation Services:

The Centers for Disease Control (CDC) estimates that more than 20,000 individuals in Virginia will be treated for a brain injury annually (incidence). Other population-based estimates are that nearly 1 million Virginians currently live with a brain injury related disability (prevalence). It is difficult to accurately estimate the demand for services to Virginians with acquired brain injuries, although the need continues to outweigh available resources. The network of state-funded Brain Injury Services Programs continues to grow and strengthen through General Assembly appropriations. As of Fiscal Year 2009, \$3,821,000 in State funding has been dedicated to services for people with brain injury statewide (this includes a "one time" allocation of \$200,000, meaning that – in addition to anticipated budget reductions - the FY 2010 base funding was reduced to \$3,621,000). While many areas of the state remain unserved and underserved, two new programs were established in 2007 and existing programs were able to expand their capacity to provide services. Nearly 5,148 Virginians (adult and pediatric) or family members received services in FY 2007 and 4,608 received services in FY 2008. These services were provided by 9 Brain Injury Services organizations statewide. Numbers served

include education, public awareness events, and consultation, but do not include information/referral or newsletter/website outreach.

There are sixteen Centers for Independent Living (CILs) and four Satellite Centers in the Commonwealth of Virginia. The national recommended minimum funding level for a CIL is \$250,000 per year. Three of the existing CILs (Danville, Fredericksburg 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.

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.

Administrative 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.

Federal grant funding for employee training and development has decreased, providing an opportunity to leverage technology to enhance professional development opportunities for staff. The use of the COV Knowledge Center has improved staff access.

Collaboration and consolidation of work effort across DRS and WWRC will increase given the difficult economic circumstances likely over the next biennium and increased accountability.

Emphasis on electronic document management beyond case management applications will affect supply chain management and personnel record keeping.

VEAP discovery of requirements for automated, enterprise accounts payable will demand the attention of fiscal staff in the next biennium.

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. Technology services have been delayed or fail to comply with statewide standards. Lack of infrastructure change management and poorly defined business processes has resulted in interruption of direct client services. Poor communication both within VITA and with the DSA has resulted in gaps in services, particularly when technology is a critical component of direct client services. Efforts by agency staff to resolve these issues will be significant.

VITA has refreshed or replaced much of the DSA's in-scope computer equipment and network equipment. The refresh effort has forced duplication of infrastructure for out-of-scope portions of the computer network, that portion most important for direct service programs.

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 and social networking for both direct services and administrative functions. This presents challenges to the DSA in adapting older technology standards to higher and more demanding new technology.

Telework and more efficient use of technology has allowed staff to serve clients in larger geographic regions, reducing office space requirements.

A comprehensive, Integrated Case Management (ICM) computer system went live in 2008 for DRS, DBVI and their respective rehabilitation centers. ICM provides a single management tool which impacts most of WWRC's service programs, and provides more accurate, integrated and precise management information. It increases opportunities for

significant collaboration and consolidation of case management activity between DRS, DBVI and their respective rehabilitation centers.

A web based facilities management system provides enhanced case management services and automated billing to DRS Employment Support Organizations (ESOs). This system went live in early 2009. It improves billing efficiency for ESOs and more accurate and timely management information.

A comprehensive Financial Management System is scheduled to go live in fiscal 2010. Supporting six agencies, it will have interfaces to multiple agency case management systems and eventually, the Virginia Enterprise Application Program (VEAP). As with ICM, in the next biennium, the system will present opportunities to promote common business practices, encourage collaboration and consolidation of job functions and reduce our reliance on antiquated and obsolete computer hardware.

New initiatives of central state agencies have increased performance reporting requirements which will add at least transitional expense and effort in documenting agency operations.

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. The effort has resulted in several Employment One Stop Centers coming on line this biennium and we expect progress to continue into the next biennium.

- *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 between the 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 continues to examine 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 services. 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 continues to expand 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 proficient and comfortable with the use of technology and working independently. DRS currently is co-located with other WIA partners in two One-Stop Career Centers and is currently working on seven additional one-stops with the WIA partners.

DRS awarded \$500,000 in federal Recovery funds to 12 Employment Services Organizations (ESOs) for projects designed to increase employment for Virginians with disabilities. The projects range from expanding a laundry service operation, to purchasing a multi-passenger van for transporting workers, to creating local community enclaves (small mobile crew of workers with disabilities).

DRS is partnering with the Virginia Commonwealth University Rehabilitation and Research and Training Center in a research project, funded through a NIDRR grant, regarding individuals with Autism Spectrum Disorders. The primary target population for this research is individuals with ASD, with an emphasis on youth and young adults. Our project is working collaboratively with four local school districts in the Richmond area and the Faison School for Autism who will

enroll youth with ASD into the project. The project is also working with colleges and universities throughout the Commonwealth of Virginia. In this project we are examining:

- a longitudinal analysis of VR service delivery and employment outcomes among DRS clients with ASD;
- the impact of intensive community-based work experiences on the employment outcomes of youth with ASD;
- the postsecondary school participation and ultimate employment of college students with ASD; and
- the impact of personal digital assistants (PDAs) on the employment outcomes of individuals with ASD.

DRS' Deaf and Hard of Hearing Unit has been collaborating with the Department for the Deaf and Hard of Hearing to expand interpreting services statewide via remote video conferencing equipment and videophone technology to enhance communication accessibility. DRS is also part of a Statewide Interagency Team with the Department for the Deaf and Hard of Hearing, Department for the Blind and Vision Impaired, and Valley Community Services in producing a statewide needs assessment for individuals who are deaf, hard of hearing, late deafened or deafblind. Staff from the Virginia Commonwealth University's Rehabilitation Counseling Program have been working with the team to develop a comprehensive report from public comments that have been collected over a two-year period from various town hall meetings and public consumer group functions.

DRS receives grant funding from the Department of Social Services to provide VR services to TANF recipients through counselors trained specifically to serve this population. Continuation of this grant funding will allow DRS to help TANF clients become successfully employed.

DRS receives case service money and positions from the Department of Behavioral Health and Developmental Services to provide services to individuals with substance abuse disability through specially trained counselors. Continuation of this funding will allow DRS to help these individuals become successfully employed.

DRS will use Federal Recovery Funds for an innovative collaboration with some of the local Disability Services Boards to increase employment opportunities for VR consumers within local government.

DRS is partnering with the Virginia Community College System- Workforce Services Division to implement the Disability Program Navigator initiative with local Workforce Investment Boards. A new collaborative funding model will be required due to the reduction in federal funding. 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.

DRS will be working with the Virginia Workforce Council to address the staff training for frontline workers in One-Stop Centers to exempt DRS vocational rehabilitation counselors who are CRC accredited from the workforce credentialing process.

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.

DRS received a grant from the federal Rehabilitation Services Administration in 2006 to develop an assistive technology recycling network within Virginia to enhance the VATS service options. The grant, which has been highly successful, ends in September 2009. Over the last two years, this durable medical equipment reuse program has served 4,569 Virginians with disabilities, with 5,466 devices valued at over \$2 million. VATS has blended three different funding sources in order to continue to provide this needed service following the termination of the federal funding. Additionally, VATS applied for and received a grant from the Commonwealth Neurotrauma Initiative to further expand durable medical equipment and assistive technology reuse services in Virginia, particularly to people with spinal cord injuries, traumatic brain injuries and veterans with disabilities.

DRS will be completing automation of a Ticket-to-Work tracking system and Partnership Plus implementation. In cooperation with the Department of Education and local education agencies, DRS is participating in the implementation of five Project Search programs across Virginia. These programs provide youth, including VR consumers, with internship experiences in the real work world.

DRS will implement the federal regulatory changes that allow both DRS and a local Employment Network to be paid for services under Ticket-to-Work.

Disability Determination Services:

The disability workload nationally has increased far beyond any projections of the SSA. Although DDSs are basically processing the workloads they were budgeted for, the huge increase in applications has resulted in a large bulge of pending claims. The Virginia DDS budgeted workload for FFY 2009 was 74,803. The proposed budgeted workload for FFY2010 is 94,581 – a 26% increase.

SSA is giving Virginia the opportunity to expand both its facilities and staff during the next federal fiscal year (FFY2010). Three regional offices are working to acquire additional space for staff expansion. Due to the availability of Roanoke's recently vacated leased space, there are plans to create a DDS production Center that will be able to assist with the increased claims and pending workloads throughout the Commonwealth and to assist other states in the future. This increase in space combined with attrition losses will require a significant effort to hire and train a projected 155 new staff throughout the Commonwealth. This is an unprecedented level of hiring and will present many new and unique challenges to the DDS to maintain accuracy, timeliness, productivity, cost effectiveness, and customer service while having possibly 58% of its adjudicatory staff in trainee status.

SSA is in the process of developing a single source Disability Case Processing System (DCPS) for all DDSs and other Social Security components. Currently, there is one high level model which documents the business processes of all components that process disability determinations. This will require all DDSs to change their case processing software and it will require extensive training. The initial rollout to Virginia will have a definite impact on production until all staff becomes proficient with the new process. Extensive training will be needed for all staff to learn the new system.

The Medical Evidence Gathering and Analysis through Health Information Technology (MEGAHIT) application is being piloted in the Richmond DDS. The MEGAHit prototype is a "point to point" systems transaction to request and receive medical evidence of record (MER) through a standards-based electronic exchange of data with MED VA through the Nationwide Health Information Network (NIHN). A standardized medical request transaction will automatically be sent to the identified providers upon transfer of a case from the field office to the DDS. When the provider returns the industry standard response, it will be analyzed, formatted and stored in the electronic folder. The system will be able to generate an alert/message that HIT information indicates the case should be considered under one or more medical listings. Information transfer can take minutes and leads to the possibility of a very quick disability determination.

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:

A Workforce Planning initiative and full implementation of the COV Knowledge Center will promote the retention of institutional knowledge of agency staff and improve the operation of critical agency functions as follows:

- Increased presence of CommonHealth promotion activities,
- Improved web site information on retention of retirees through mentorship or training positions,
- Promotion of "green" technologies,
- Promotion of telework, alternate work sites and alternate work schedules,
- Promotion of emergency response continuity of operations plans,
- Increased awareness of cyber security,
- Increased professional development opportunities for critical functions of the agency,
- Improved succession planning,

The agency will manage the provision of VITA/NG partnership services to transform its infrastructure and development activities to comply with Commonwealth standards. We anticipate completion of many of these activities by the end of FY 2010, but fine tuning of business processes and better cooperation and consolidation of infrastructure between in-scope and out-of-scope components of the DSA Technology program will continue into the next biennium. Implementation of Investment Portfolio Management (ITIM) processes will extend into maintenance and operations activities of the DSA IS Division. The result may be better value across statewide programs, but standards compliance will likely increase cost.

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

A comprehensive Financial Management System, supporting between four and six agencies and in production in over 20 agencies, will present opportunities to promote common business practices, modernize our technology infrastructure

and provide economies of scale for software maintenance. Proactive involvement in discovery activities associated with VEAP will present opportunities for improved business processes.

Improvements in data systems will add accountability and 'evidence based' strategies for direct service program improvement.

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 2011		FY 2012	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	\$27,370,776	\$119,312,318	\$27,370,776	\$119,312,218
Change To Base	\$0	\$0	\$0	\$0
 Agency Total	 \$27,370,776	 \$119,312,318	 \$27,370,776	 \$119,312,218

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

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 five regions. There are four regional directors (one covers two regions) 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 Technology and Employment Support Services (TESS) Unit. This unit manages the following programs: supported employment, follow along support services, VATS, deaf and hard of hearing, TANF, workers' compensation, substance abuse, serious mental illness, and self-employment enterprises.

The Grants and Special Programs unit includes 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, the Virginia Community College System and other WIA partners on the implementation of the Workforce Investment Act program in Virginia.

Some VR counselors who work exclusively with TANF recipients are funded through a grant from the Department of Social Services.

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 heris 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 Disability Determination Services to manage the Medicaid Disability determination-making process. Medicaid determinations are made by DDS staff following the same criteria used in adjudicating SSI disability claims. This unit is 50% federally funded and 50% state funded.

● *Human Resource Levels*

Effective Date	9/1/2009
Total Authorized Position level	704
Vacant Positions	-104
Current Employment Level	600.0
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	670.0

breakout of Current Employment Level

= Current Employment Level + Wage and Contract Employees

● *Factors Impacting HR*

A significant number of employees are expected to retire or leave the agency for other jobs in the coming years.

The personnel standard that DRS must use 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 in the Southwest Region, and to recruit counselors who are proficient in sign language and foreign languages. 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 primary issue affecting human resources is the availability of federal funds from the SSA to enable Social Security Disability Determination to hire sufficient staff on an as-needed basis. 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.

The need to continuously hire new staff has also increased the need for ongoing basic skills training classes in DDS. This takes a lot of staff time and effort and shifts limited resources from production to training.

There are plans to create a Production Center in the office space that the Roanoke DDS vacated in July 2009. This space will be used to hire an additional 80 analysts by the end of FFY2010 who will be needed to work the increasing pending disability claims workload. This will entail a significant recruitment, hiring and training effort.

There are plans to acquire additional space in the office buildings where the Fairfax DDS and the Richmond DDS currently reside. This additional space will allow the Fairfax DDS to add 20 additional staff and the Richmond Office to add 15 additional staff by the end of FFY 2010 that are needed to address the increasing pending disability claims workload. The addition of all these new analyst trainees will increase the percentage of trainees to approximately 58% of our total adjudicatory staff. Trainees generally do not become fully productive until 2 years from hire date. The continuing need to train and develop this staff will require significant resources which will negatively impact the production of experienced staff.

Staff in Community Rehabilitation Programs do not have the same training funds available to them that VR staff have. The loss of 2 CRCMS positions have hindered the expansion of case management services particularly in the Northern and Central Virginia regions.

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.

- *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 cover vacant caseloads, 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.

A Workforce Planning initiative and full implementation of the COV Knowledge Center will promote the retention of institutional knowledge of agency staff and improve the operation of critical agency functions as follows:

- Increased presence of CommonHealth promotion activities,
- Improved web site information on retention of retirees through mentorship or training positions,
- Promotion of "green" technologies,
- Promotion of telework, alternate work sites and alternate work schedules,
- Promotion of emergency response continuity of operations plans,
- Increased awareness of cyber security,
- Increased professional development opportunities for critical functions of the agency,

-Improved succession planning,

Information Technology

- *Current Operational IT Investments:*

The business environment for the Department of Rehabilitative Services is divided into 5 major business subdivisions –

1. Vocational Rehabilitation Services (VR)
2. Community Based Services (CBS)
3. Disability Determination Services (DDS)
4. Rehabilitation Facility Services (based @ the Woodrow Wilson Rehabilitation Center-WWRC)
5. 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 25 data tracking / management (legacy) systems – including shared HR and Fiscal management systems and VCPS (DRS DDS).
- IT production 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
- 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 and installation of an integrated Fiscal Management System to be used by the DSA
- support of a more mobile workforce with expanding the use of laptops, cell phones, pda's, blackberries, wireless and air card technology.
- expansion of remote conferencing technology including tools such as "Go To Meeting", computer based training, and video teleconferencing.
- development of an IT Security training program for DSA staff.

The Administration Services Service Area is using a legacy Fiscal System that resides on the HP3000/987 platform. The manufacturer of this platform, Hewlett Packard (HP), announced the retirement of this specific platform, the 987, and its operating system software in 2002. All HP3000 minicomputer platforms will no longer be supported through HP after 2006. Because of the retirement of this specific platform and all members of the series, HP is no longer producing replacement parts. At some point, DRS will not be able to obtain a critical hardware component. Prior to that, demand for dwindling available components may drive up costs. Likewise, available vendors to replace hardware components and who have the desirable support knowledge and skills will become increasing scarce and costly, as market share of existing HP3000 systems decreases and incentives to obtain skills and knowledge in this area are not cost justified. Because of the retirement of the platform, and the potential for decreasing availability of hardware components, knowledge and skills along with potential increasing costs, the ability of DRS and its DSA partners to make payments in accordance with Commonwealth of Virginia and Federal regulatory agencies, is at increasing risk.

The Brain Injury Case Management Software System currently in use is separated into nine (9) different applications. There are nine interfaces and nine databases. Following accessibility testing by the DRS, on behalf of the brain injury contractors, the interfaces were deemed not accessible according to minimum federal and state standards. The databases contain all of the same type of data and should be consolidated.

A case management software system serves two purposes: it allows the state-funded organizations to operate their programs and deliver and report on services in a consistent manner, and also helps DRS provide management and monitoring of the network of services. The software system currently in use by five of the nine programs is nearly 15 years old and does not meet federal accessibility guidelines. In addition, each program has its own database, separate from the others. This is not an efficient or effective approach to using a web-based system designed to facilitate direct services to people with brain injury and collect data for reporting to the oversight agency. An updated and improved system is needed to further enhance the network of service delivery in Virginia.

To meet federally mandated regulations the Virginia Department for the Deaf and Hard of Hearing uses Virginia Relay Service to provide access to telecommunication services and assistive technology for Virginia citizens who are deaf, hard of hearing, deafblind or speech impaired. This investment supports the service area 751 VDDHH 45004 Technology Services for Deaf and Hard of Hearing. The current contract will expire January 31, 2011, which will cause VDDHH to be in Non compliance with Federal Regulations and State law. Therefore, a new technology investment will need to be made to continue the Virginia Relay Service.

Internal Maintenance Projects

- A comprehensive, Integrated Case Management (ICM) computer system (AWARE) provides a single management tool which is efficient, effective and has increased opportunities for significant collaboration between DRS, DBVI and their residential rehabilitation centers. Enhancements to this system will include – local aware usage to support the mobile workforce initiative and all other changes to support federal state regulatory changes as they are released.
- The Long Term Employment Services Support/Extended Employment Services System (LTISS/ESS) is a re-engineered Facilities system that provides case management and automated billing to DRS' Employment Service Organizations. The system provides more accurate case management information and better financial management. Maintenance and enhancements will be performed on this system as needed.
- Macola Enterprise Resource Planning and Business Process Management System – Financial accounting, workflow management, manufacturing – used by the Virginia Industry for the Blind, a unit of DBVI – maintenance. This system will be interfaced with the Accounts Receivable Module of FMS, which is referenced above.
- Accounts Receivable (AR) System – Financial Accounting – maintenance – After IFM/FMS is implemented – a new project within IFM will be to implement an accounts receivable module in FMS to replace the current AR System migrating data from the current AR System. Customization and Implementation of the FMS/AR Module is described above.
- Upgrade to version 3.5 .NET Framework – already purchased
- Upgrade active reports for .NET 3.0 – already purchased
- Migrating in house application data to SQL Server 2005 to be compatible with ICM/AWARE and FMS.
- PAS (Personal Assistance Services) – making enhancements and modifications to substitute the new payroll contract company.
- PAS, E-Requisitions (Ereq), DSA Chart of Accounts Systems are being modified to accommodate the new FMS System
- DSA Voucher Inquiry System and DSA Vendor Search System – are coming from the HP 3000 System – will need to be modified so that the data is coming from the new FMS System.
- Application Ticketing System (ATS) – a web based system currently being used by the ICM/AWARE System to track issues. It will be modified to support the IFM/FMS System when it is implemented.
- Multiagency Financial System – current financial system on the HP3000 being maintained until the IFM/FMS System is implemented in 2010.
- Interpreter Services Program (ISP) - currently using Microsoft Access – converting over to a web based system
- Human Resource Survey System – enhancements to produce reports and automate the process of exit and entry surveys with the Resource Directory (RD) data.
- Create a new system that documents all job streams – replacing the nightly job stream system migrating from HP3000

to a Microsoft server system.

- PAW – enhancement – automation of the combined PAW/PARF forms to be completed by managers in the field to be routed to HR, Payroll, and Budget
- Phone Billing System – modifications so system is multi agency rather than single agency (DRS)
- DSA Contracts System – An application for Logistical Support to maintain DSA contracts - change reports from Active reports to Crystal reports (report writing).
- OIT DocFinity EDMS – Electronic Document Management for WWRC and VIB – Increase usage – develop interface of our ICM/AWARE and financial systems with our existing document management system.
- Community Rehabilitation Case Management System (CRCMS) and PeerPlace Software – staff involved in migrating data from CRCMS to PeerPlace
- Vehicle Tracking System is being upgraded.
- Brain Injury Outcomes and Brain Injury Scorecard – Internet and Intranet applications – maintenance
- Video Conference (VTC) System – tracks cost saving of using video conference equipment purchased – maintenance
- VATS IR – Intranet application tracks the phone calls by category type and inquiry type – maintenance
- VATS Recycling – in maintenance
- Resource Directory (RD) – Tracks staff for DSA’s security, org unit agency and offices – an internal system for the Human Resource Office – in maintenance
- DSA Intranet – stores internal information and applications for use within the DSA network. Applications are numerous and include work from all developers within Systems Development – web site maintenance – an ongoing effort that involves business users completing Intranet Agency Requests (IAR) forms for changes to the web site and site upgrade efforts.
- Internet Action Request (IAR) – Allows owners of agency Internet/Intranet web pages to request and/or submit updates to the agency webmaster in an electronic format - maintenance
- Internet/Intranet Web Site Template Upgrades – maintenance
- VADSA Portal – Enhancement to inform and direct citizens to required services by agency and functional unit.
- Social Media Management – Social Media – DSA foray into Social Networking – Twitter, YouTube, Facebook
- ESO Interactive Directory (ESOID) – The Employment Services Directory lists details about every ESO that ESSP works with – maintenance
- Medical Charge Capture – system keeps track of services performed for clients, and for billing 3rd party insurance companies – maintenance
- Work Order Request – allows users to submit work orders to Physical Plant Services (PPS), allow PPS staff to manage their work orders – maintenance
- Charge Collection and Processing (CCP) – Multi-application system for charge collection and formatting for billing – maintenance
- Technology Assistance Program (TAP) – allows clients to have two pieces of equipment every four years – system is for the Department for the Deaf and Hard of Hearing (VDDHH) – producing reports
- Outreach – tracks all contracted Outreach Specialists for VDDHH – producing reports
- Interpreter Services (ISP) – includes a directory of qualified interpreters and interpreter services coordination. The directory includes contact information for interpreters in Virginia who meet the code definition of a qualified interpreter - maintenance.

- Virginia Quality Assurance Screening (QAS) and QAS Online Test (QAS Test) – The QAS Online Test is an application that provides VDDHH the ability to give the test to interpreters outside of Richmond - maintenance
- Virginia Board for People with Disabilities (VBPD) Mailing – A system to retain data to be used for mailing information to constituents based on defined criterion – maintenance
- Reader Enrollment and Delivery System (READS) – designed to assist small and medium sized NLS Libraries and affiliated support agencies in distributing and tracking talking books, recorded circulating magazines, and playback equipment provided to the blind and physically handicapped – maintenance
- Keystone Library Automated System (KLAS) – Braille, large print and audio books, and playback equipment are tracked, loaned and returned for recirculation – maintenance
- Counterpoint – Virginia Industry for the Blind Office Supply Store Point of Sales System Software - maintenance
- Leave Activity Report (LAR) – Allows employees to submit Leave Activity Requests in electronic format and allows time keepers to process them - maintenance
- Social Security and Ticket to Work Tracking System for DRS and DBVI – the Morrow Tracker System tracks SSA reimbursements - maintenance
- Vocational Rehabilitation Policy and Procedure Manual – website maintenance
- Project Tracking System – Tracks projects, tools used, technology used, staff involved, testing information, documentation and time spent on the project - maintenance
- Human Resource Services – Personnel Database on the HP3000 – Needs to be retired with the HP3000 equipment.

- *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 the 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. This decision has had a major impact on our staff resources by removing several FTE from our area. Also, due to the increased number of meetings and projects we must provide staffing assistance to VITA & NG to ensure the DSA services can continue after transformation.

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; and
- Integrate agency fiscal, human resources, supply change information and processes in the Virginia Enterprise Architecture Process (VEAP).

The current hardware HP3000/987 platform and operating system were retired by the vendor, Hewlett Packard, and is no longer supported. Therefore, in the Administration Services Service Area estimation the current legacy fiscal system that supports the fiscal processes will not be able to accommodate the business financial process, and will have to be replaced in the immediate future.

In order to meet the objectives of being able to share data easily across boundaries of government, create a knowledge sharing culture, and to promote IT solutions that support common business processes the HP3000 legacy systems must be replaced.

DRS is working with the Brain Injury Contractors to assure that all applications pass the federal Americans with Disabilities (ADA) 508 Standards for Accessibility, at a minimum. This is a necessary part of the state accessibility guidelines. Following accessibility testing by the DRS, on behalf of the BI Contractors, the Brain Injury Case Management Software System currently in use and the interfaces were deemed not accessible according to minimum federal and state standards.

- *Proposed IT Solutions:*

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

In the Management of Government Resources Category, the agency will continue to transform its infrastructure and development activities to Commonwealth standards. The agency intends to transform 4 functions in the information and technology management line of business. The 4 functions are:

- Information Management
- IT Infrastructure Services
- Information Systems Security
- Telecommunications/Network Management

Specific activities to be addressed for these functions include:

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

VITA has discontinued 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 is being implemented.

Also in the Management of Government Resources Category, the agency will continue to transform its organizational and location structure and establish efficiencies in meetings and training opportunities. This impacts the Human Resource Management line of business through the organization and position management function.

Activities included are:

-Video Teleconference Network: 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.

Telecommuting and Office consolidation: 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.

Also in the support of Management Government Resources category, the DSA is engaged in a Financial Management line of business. The agency intends to transform multiple functions within this line of business. They are:

- Accounting - entails accounting for assets, liabilities, fund balances, revenues and expenses associated with the maintenance of funds and expenditure of state appropriations (Salaries and Expenses, Operation and Maintenance, Procurement, Working Capital, Trust Funds, etc.), in accordance with applicable Commonwealth standards.
- Funds Control – which involves the management of the state budget process including the development of plans and programs, budgets, and performance outputs and outcomes as well as financing state programs and operations through appropriation and apportionment of direct and reimbursable spending authority, fund transfers, investments and other financing mechanisms. This includes addressing funds made available by our federal and other state agency partners.
- Collections and Receivables – which includes deposits, fund transfers, and receipts for sales or services.
- Payments – which includes disbursements of state funds, via a variety of mechanisms, to private individuals, state agencies, local governments, and the private sector, to effect payment for goods and services, or distribute entitlements, benefits, grants, subsidies, loans, or claims.
- Reporting and Information – which includes providing financial information, reporting and analysis of financial transactions and required federal and other state agency reporting.
- Cost Accounting/Performance Measurement – which includes the process of accumulating, measuring, analyzing, interpreting, and reporting cost information useful to both internal and external groups concerned with the way in which an organization uses, accounts for, safeguards, and controls its resources to meet its objectives. Cost accounting information is necessary in establishing strategic goals, measuring service efforts and accomplishments, and relating efforts to accomplishments. Also, cost accounting, financial accounting, and budgetary accounting all draw information from common data sources. This can be accomplished in part by utilizing statistics in the various ledgers to permit unit cost analysis. This is critically important to cost reports for Medicaid reimbursement and establishing indirect cost rates for federal and other state agency partners.

The DSA intends on deploying a Fiscal Management System (FMS) through the Integrated Financial Management Project (IFM) that will serve all agency service areas. The IFM Project is an effort to integrate all fiscal processes, fiscal data management systems and data exchange processes for four Commonwealth agencies and their subordinate units into a single seamless application computer system. The proposed system will interface with all appropriate Commonwealth enterprise fiscal and purchasing systems, as well as internal data management systems which exchange financial information. The proposed system will be customized for special input and processing of federal, state, local and grant funding sources as well as provide output files and reports required for specific compliance with our funding source authorities.

The IFM Project will implement a financial system that will be accessible from staff offices or to staff that are on the road. It will improve operational efficiencies that result from the merge of many fiscal management systems from multiple agencies into a single, modern platform, database and programming language. It will replace retired automated system platform, and increase availability of vendors who can provide support to infrastructure as well as software.

In the Mode of Delivery Category, the agency will continue to update the mechanisms to support its client based systems. The agency intends to transform 2 functions in the Direct services for Citizens line of business. The 2 functions are:

Agency Operations
Citizens Operations

Specific activities to be addressed for these functions include:

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.
- Campus Agreement for Microsoft Office products for consumers and teachers.
- 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.

In the Support Delivery of Services Category, the DSA is engaged in a Knowledge Creation and Management line of business. The DSA intends to transform the General Purpose Data and Statistics function within this line of business. This function includes activities performed in providing empirical, numerical, and related data and information pertaining to the current state in areas such as the economy, education, labor, weather, global trade, etc.

Activities under this line of business also include 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.

In the Services to Citizens Category, the agency plans advances in the Community and Social Services and Workforce Management lines of business. The functions impacted are:

Social Services

Training and Employment

Specific details of the activity under these functions include the use of a unified Brain Injury Case Management Software System that assures that service delivery and data collection are more consistent and accurate. All nine organizations (13 programs) will be required to use the new software system. The goal is to have a software system that is functionally useful for the state-funded programs, as well as accessible and available for the manager of the DRS Brain Injury Services Coordination Unit to collect, analyze, and report state-funded program activities and data. A new web-based case management software system will improve the agency's ability to track program activity and conduct quality assurance monitoring.

In coordination with other Commonwealth agencies, the DSA is open to participating with other Commonwealth agencies in the formation of an enterprise FMS, which would allow the enterprise to reduce the workload of individual agency Fiscal Departments as well as increase the efficiency of these departments by standardizing Fiscal processes. We have been collaborating with other agencies that utilize FMS, such as the Department of Veterans Services, Department of Emergency Management and others in this effort.

Also in coordination with other Commonwealth agencies, on behalf of the Commonwealth Neurotrauma Initiative (CNI) Trust Fund, the DSA intends to establish a grant funded contract for the development of a web-based case management software system to be used by brain injury (BI) Contractors, which are all non governmental organizations. The case management system will provide a universal application to store statewide brain injury case management data by organization and will provide a web interface to display and allow for data entry. The application must be built so it is secure, allow multiple organizations to utilize the system and display data specific to each group, allow access and reporting on all data, and must pass Virginia Standards for Accessibility.

● *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	\$42,130	\$0	\$46,343
Agency IT Staff	\$0	\$2,329,350	\$0	\$2,329,350
Non-agency IT Staff	\$0	\$0	\$0	\$0
Other Application Costs	\$0	\$357,500	\$0	\$381,150
Agency IT Current Services	\$74,144	\$6,830,171	\$75,256	\$6,919,552

Comments:

The Projected FY2010 VITA Service Fees were provided by VITA/DPB. We have adjusted the Projected FY2010 VITA Service Fees to reflect the fees provided by VITA/DPB. These figures are larger than our original computation that was based upon the current inventory. We feel that the figures provided by VITA/DPB may be somewhat inflated. We have accepted the dollars as noted above since we are not aware of the approach taken or the potential of rate adjustments. We did not include VITA transportation expense, miscellaneous operating costs or RFS expense that we incurred beyond infrastructure. As a result, the operating plan request for the next biennium for service area 49902 may not match the operating request described in the above table.

- *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	\$167,625	\$0	\$0
Non-major IT Projects	\$0	\$0	\$0	\$0
Agency-level IT Projects	\$0	\$0	\$0	\$0
Major Stand Alone IT Procurements	\$0	\$0	\$0	\$14,000,000
Non-major Stand Alone IT Procurements	\$0	\$50,000	\$0	\$50,000
Total Proposed IT Investments	\$0	\$217,625	\$0	\$14,050,000

- *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	\$6,830,171	\$75,256	\$6,919,552
Proposed IT Investments	\$0	\$217,625	\$0	\$14,050,000
Total	\$74,144	\$7,047,796	\$75,256	\$20,969,552

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

Capital

- *Current State of Capital Investments:*

DRS does not have any capital investments. Capital investments for the Woodrow Wilson Rehabilitation Center are discussed in their Strategic Plan.

- *Factors Impacting Capital Investments:*

[Nothing entered]

- *Capital Investments Alignment:*

[Nothing entered]

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, the Virginia Department of Emergency Management, and other Commonwealth Preparedness Working Group agencies.

Link to State Strategy

- nothing linked

Objective Measures

- Agency Preparedness Assessment Score

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

Measure Baseline Value: Date:

Measure Baseline Description: 2008 Agency Preparedness Assessment Results (73% out of 100)

Measure Target Value: Date:

Measure Target Description: 75% or more by FY 2012

Data Source and Calculation: The Agency Preparedness Assessment is an all-hazards assessment tool that measures agencies' compliance with requirements and best practices. The assessment has components including Physical Security, Continuity of Operations, Information Security, Vital Records, Fire Safety, Human Resources, Risk Management and Internal Controls, and the National Incident Management System (for Virginia Emergency Response Team-VERT-agencies only).

Service Area Strategic Plan

Department of Rehabilitative Services (262)

3/11/2014 9:48 am

Biennium: 2010-12 ▼

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	3,208	3,208
Vocational Rehabilitation Program Consumers	Vocational Rehabilitation Field Services Consumers	24,762	25,183

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. With the arrival of the first installment of Federal Recovery funds, DRS again began providing services to individuals with the most significant disabilities on May 1, 2009. By

Fall 2009, DRS hopes to use part of the remaining Federal Recovery funds to open at least one other order of selection category to again serve individuals with significant disabilities. In spite of order of selection, the number of consumers continues to grow. In Federal Fiscal Year 2008, 24,762 consumers were served. It is projected that the number served will grow to 25,183. Currently, there are over 1,700 individuals on the waiting list for services.

DRS continues to serve a large number of students (age 14 to 22) seeking VR services to enable them to transition from secondary school to work. In 2008, 36.9% of the VR consumers who received services were students in transition. During that same fiscal year, 36.7% 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.

From SFY 2005 to SFY 2008, the VR program saw about a 50% increase in the number of clients with an Autism Spectrum Disorder (ASD). While the number of ASD VR clients is small (794 in SFY 2008), the number is expected to increase.

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 customers in need of interpreting services and counselors use other resources, including assistive technology, to communicate with customers with special needs. In 2007, an estimated 385,610 persons in Virginia spoke English "less than very well" as determined by the American Community Survey. In addition, the ACS national estimates for persons 16-64 years of age showed that the prevalence of disabilities was 9.8% for Hispanics and 6.1% for Asians. DRS will be enhancing its outreach to individuals with disabilities with Limited English Proficiency and its efforts to provide appropriate services to these individuals.

Partners

Partner	Description
Department for the Deaf and Hard of Hearing	Partners with DRS on expanding interpreting services statewide, reviewing assistive technology, and serving consumers who are deaf and hard of hearing.
Department of Behavioral Health and Developmental Services	Through a cooperative agreement, support VR services to persons with substance abuse disability.
Department of Education and local public schools	Work collaboratively with DRS to serve youth with disabilities who are transitioning from secondary school to work.
Department of Medical Assistance Services	Partners with DRS on implementation of Medicaid Works.
Department of Social Services	Through 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	Through a Memorandum of Understanding work together to mutually enhance services to wounded warriors.
Disability Services Boards	DRS is partnering with some of the local Disability Services Boards to enhance employment options for vocational rehabilitation consumers in local government.
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	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	Provides federal funding, technical assistance, policy guidance, monitoring and oversight, and training and educational materials for the VR program.
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	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	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 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, Virginia Community College System, Virginia Employment Commissioner & Local Workforce Investment Boards	These entities 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. With the receipt of Federal Recovery Funds for VR, DRS has been able to address some of its consumer waiting list and provide services to consumers with significant disabilities who otherwise would not have been served. When this funding is exhausted, however, VR consumers may again be impacted by insufficient funding and services may cease to new VR applicants.

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, especially in Southwest Virginia, because of the federal requirement that counselors possess a Masters degree in rehabilitation counseling or a closely related field.

Even prior to the implementation of order of selection, the VR program had a very high rate of consumers who were 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.

The LTESS program, which is 100% State funded, has been one of the DRS programs most severely affected by budget reductions. In State Fiscal Year 2009, DRS purchased services from Employment Services Programs under the LTESS program for 2,665 people with \$5.2 million. It would take close to \$1 million to simply make up for the reductions to the program over the last two years that impacted approximately 900 people. With this increase there would continue to be a large unmet need in the area of 1000 people in 2010. It would take an additional appropriation of \$3.3 million in order to fully serve all consumers in need of LTESS funding.

DRS' program to provide VR services to TANF recipients will be impacted by the fiscal situation at the Department of Social Services (DSS). DSS has announced a 35% reduction in funding over the current year and to help negate the impact on the projects, grants will end three months early, on June 30, 2010, instead of September 30, 2010. A new Request for Proposals (RFP) will be released early 2010 for a new grant period to begin July 1, 2010. DRS' annual grant of \$399,000 will be reduced to \$257,000, which is a 14% reduction for the nine-month grant period. This amount will cover the cost of three counselors and a coordinator, plus some administrative expenses, but will have an impact on the amount of dollars available for the purchase of case services for the nine-month grant period beginning October 1, 2009. DSS has also informed grantees to expect a continuing reduction in funds for the next round of RFP grant funding, which is likely to be very competitive.

The eligibility criteria for Medicaid Works affects the ability of VR consumers receiving Social Security Disability Insurance benefits to participate in the Medicaid Works program, thus limiting their choice of employment options.

DRS continues to actively pursue 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 partnering in the Workforce Investment System and the development of One-Stop Career Centers in Virginia, DRS will be working to establish a new model for partner cost allocation for the One-Stop operations to ensure that DRS pays only its “fair share” of the cost.

The federal Department of Labor has reduced funding for the Disability Program Navigator initiative creating a need for collaborative funding of this program across WIA partners.

- *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 continues to examine 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 services. 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 continues to expand 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 proficient and comfortable with the use of technology and working independently. DRS currently is co-located with other WIA partners in two One-Stop Career Centers and is currently working on seven additional one-stops with the WIA partners.

DRS awarded \$500,000 in federal Recovery funds to 12 Employment Services Organizations (ESOs) for projects designed to increase employment for Virginians with disabilities. The projects range from expanding a laundry service operation, to purchasing a multi-passenger van for transporting workers, to creating local community enclaves (small mobile crew of workers with disabilities).

DRS is partnering with the Virginia Commonwealth University Rehabilitation and Research and Training Center in a research project, funded through a NIDRR grant, regarding individuals with Autism Spectrum Disorders. The project is working collaboratively with four local school districts in the Richmond area and the Faison School for Autism who will enroll youth with ASD into the project. The project is also working with colleges and universities throughout the Commonwealth of Virginia. In this project we are examining:

1. a longitudinal analysis of VR service delivery and employment outcomes among DRS clients with ASD;
2. the impact of intensive community-based work experiences on the employment outcomes of youth with ASD;
3. the postsecondary school participation and ultimate employment of college students with ASD; and
4. the impact of personal digital assistants (PDAs) on the employment outcomes of individuals with ASD.

DRS’ Deaf and Hard of Hearing Unit has been collaborating with the Department for the Deaf and Hard of Hearing to expand interpreting services statewide via remote video conferencing equipment and videophone technology to enhance communication accessibility. DRS is also part of a Statewide Interagency Team with the Department for the Deaf and Hard of Hearing, Department for the Blind and Vision Impaired, and Valley Community Services in producing a statewide needs assessment for individuals who are deaf, hard of hearing, late deafened or deafblind. Staff from the Virginia Commonwealth University’s Rehabilitation Counseling Program have been working with the team to develop a comprehensive report from public comments that have been collected over a two-year period from various town hall meetings and public consumer group functions.

DRS receives case service money from the Department of Behavioral Health and Developmental Services to provide services to individuals with substance abuse disability through specially trained counselors. Continuation of this funding will allow DRS to help these individuals become successfully employed.

DRS will use Federal Recovery Funds for an innovative collaboration with some of the local Disability Services Boards to increase employment opportunities for VR consumers within local government.

DRS is partnering with the Virginia Community College System- Workforce Services Division to implement the Disability Program Navigator initiative with local Workforce Investment Boards. A new collaborative funding model will be required due to the reduction in federal funding. 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.

DRS will be working with the Virginia Workforce Council to address the staff training for frontline workers in One-Stop Centers to exempt DRS vocational rehabilitation counselors who are CRC accredited from the workforce credentialing process.

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.

DRS received a grant from the federal Rehabilitation Services Administration in 2006 to develop an assistive technology recycling network within Virginia to enhance the VATS service options. The grant, which has been highly successful, ends in September 2009. Over the last two years, this durable medical equipment reuse program has served 4,569 Virginians with disabilities, with 5,466 devices valued at over \$2 million. VATS has blended three different funding sources in order to continue to provide this needed service following the termination of the federal funding. Additionally, VATS applied for and received a grant from the Commonwealth Neurotrauma Initiative to further expand durable medical equipment and assistive technology reuse services in Virginia, particularly to people with spinal cord injuries, traumatic brain injuries and veterans with disabilities.

DRS will be completing automation of a Ticket-to-Work tracking system and Partnership Plus implementation.

In cooperation with the Department of Education and local education agencies, DRS is participating in the implementation of five Project Search programs across Virginia. These programs provide youth, including VR consumers, with internship experiences in the real work world.

DRS will implement the federal regulatory changes that allow both DRS and a local Employment Network to be paid for services under Ticket-to-Work.

- *Listing of Products and/or Services*

- Partnering in Virginia's Workforce Investment System: Under the federal Workforce Investment Act (WIA), VR is a mandated partner and anchor 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 with the Virginia Community College-Workforce Services Division and in collaboration with Local Workforce Investment Boards, DRS is developing service models (Disability Program Navigators) to serve individuals with disabilities through the One-Stop Career Centers.
- 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. Through grant funding received from the Department of Social Services, DRS provides VR services to individuals enrolled in the TANF program. With funding and positions received from the Department of Behavioral Health and Developmental Services, DRS provides VR services to individuals with a substance abuse disability.

- Follow Along Support Services: As an extension of the VR program, DRS administers the state funded Extended Employment Services (EES) and Long Term Employment Support Services (LTESS) programs through its Technology and Employment Support Services Unit. (TESS). TESS 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.
- 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.
- 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 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 who are deaf and hard of hearing. 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, ten Rehabilitation Counselors for the Deaf. Additionally, there are six positions in the Special Populations Services Unit at the Woodrow Wilson Rehabilitation Center. There is also a Staff Audiologist at the Center, who functions as the Lead Audiology Consultant on cases related to hearing aid technology.
- 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 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund						
Base Budget	\$13,562,513	\$63,894,326	\$13,562,513	\$63,894,326						
Change To Base	\$0	\$0	\$0	\$0						
Service Area Total	\$13,562,513	\$63,894,326	\$13,562,513	\$63,894,326						
Base Budget	\$13,562,513	\$63,894,326	\$13,562,513	\$63,894,326						

Change To Base	\$0	\$0	\$0	\$0
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Service Area Total	\$13,562,513	\$63,894,326	\$13,562,513	\$63,894,326
Base Budget	\$13,562,513	\$63,894,326	\$13,562,513	\$63,894,326
Change To Base	\$0	\$0	\$0	\$0

Service Area Total	\$13,562,513	\$63,894,326	\$13,562,513	\$63,894,326
Base Budget	\$13,562,513	\$63,894,326	\$13,562,513	\$63,894,326
Change To Base	\$0	\$0	\$0	\$0

Service Area Total	\$13,562,513	\$63,894,326	\$13,562,513	\$63,894,326
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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 five regions. There are four regional directors (one regional director covers two regions) 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 Technology and Employment Support Services (TESS) Unit. This unit manages the following programs: supported employment, follow along support services, VATS, deaf and hard of hearing, TANF, workers’ compensation, substance abuse, serious mental illness, and self-employment enterprises.

The Grants and Special Programs unit includes 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, the Virginia Community College System and other WIA partners on the implementation of the Workforce Investment Act program in Virginia.

Some VR counselors who work exclusively with TANF recipients are funded through a grant from the Department of Social Services.

The chart below reflects the following position transfers: 16 positions transferred from DBVI, 14 from DBHDS for substance abuse counselors, and 1 unused position from WWRC.

• *Human Resource Levels*

Effective Date	7/1/2009
Total Authorized Position level	353.5
Vacant Positions	34
Current Employment Level	319.5
Non-Classified (Filled)	1

Full-Time Classified (Filled)	381	<i>breakout of Current Employment Level</i>
Part-Time Classified (Filled)	3.5	
Faculty (Filled)	0	
Wage	29	
Contract Employees	7	
Total Human Resource Level	355.5	= <i>Current Employment Level + Wage and Contract Employees</i>

- **Factors Impacting HR**

A significant number of VR employees are expected to retire or leave the agency for other jobs in the coming years.

The personnel standard that DRS must use 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 in the Southwest Region, and to recruit counselors who are proficient in sign language and foreign languages. 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.

Due to the current fiscal situation, there is a shortage of staff in the VR program as staff vacancies must be “frozen”.

- **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 cover vacant caseloads, 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

We will increase the employment of Virginians with disabilities who are consumers of the department's vocational rehabilitation program.

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 and increased employment outcomes.
- Collaborate with One-Stop Career Centers, schools, Department of Social Services.
- 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 LTESS 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.
- Continue to conduct comprehensive VR case audit reviews to ensure effective and timely provision of VR services.

Link to State Strategy

- nothing linked

Objective Measures

- VR Consumer Rehabilitation Rate

Measure Class: Measure Frequency: Preferred Trend:

Frequency Comment: State Fiscal Year for VA Performs

Measure Baseline Value: Date:

Measure Baseline Description: 55.3% in State Fiscal Year 2009

Measure Target Value: Date:

Measure Target Description: 56% or more by SFY 2012

Long-range Measure Target Value: Date:

Long-range Measure Target Description: 58% or more

Data Source and Calculation: The source of this measure is data recorded in the vocational rehabilitation administrative database (known as AWARE). 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.

- Vocational Rehabilitation Consumer Average Hourly Wage

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

Frequency Comment: Federal Fiscal Year October 1 through September 30

Measure Baseline Value: 9.09 Date: 6/30/2009

Measure Baseline Description: \$9.09 is the average hourly wage for the past three years.

Measure Target Value: 9.15 Date: 9/30/2012

Measure Target Description: \$9.15 or higher average hourly wage

Data Source and Calculation: The source of this measure is data recorded in the vocational rehabilitation database (known as AWARE). 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.

o Vocational Rehabilitation Consumer Satisfaction Rate

Measure Class: Other Measure Type: Outcome Measure Frequency: Quarterly Preferred Trend: Up

Frequency Comment: Federal Fiscal Year October 1 through September 30

Measure Baseline Value: 82 Date: 9/30/2005

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

Measure Target Value: 82 Date: 9/30/2012

Measure Target Description: 82% or better

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.

o Average case service cost of successful closures of vocational rehabilitation consumers who are employed with earnings at or substantial gainful employment (SGA).

Measure Class: Productivity Measure Frequency: Quarterly Preferred Trend: Maintain

Frequency Comment: State Fiscal Year

Measure Baseline Value: 2550 Date: 6/30/2008

Measure Baseline Description: Quarterly average for SFY 2003-2008

Measure Target Value: 3500 Date: 6/30/2012

Measure Target Description: \$3,500 or less

Data Source and Calculation: The source of the measure is data from the vocational rehabilitation case management system. For all vocational rehabilitation consumers whose cases are closed as successfully

employed within earnings at or above SGA, we will determine the total case service costs associated with those case closures and divide by the number of closures that meet this criterion.

- 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 Value: Date:

Measure Target Description: 3,028 or more consumers

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: State Fiscal 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 or more

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 9:48 am

Biennium: 2010-12 ▼

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).

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. Appropriations Act language was included during the 2009 General Assembly Session to override the Code mandate for localities to establish and maintain DSBs.

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	Community Rehabilitation Case Management Services	677	677
Community Rehabilitation Program Consumers	Personal Assistance Services	132	132

Anticipated Changes To Agency Customer Base

The number of customers who receive direct services is dependent on the State funding level for these programs. Therefore, there should be no changes to the customer base unless additional funds are received to support these programs or additional reductions occur.

Partners

Partner	Description
Brain Injury Association of Virginia and the Virginia Alliance of Brain Injury Service Providers	Advocacy groups that work closely with the DRS Brain Injury and Spinal Cord Injury Services program.
Centers for Independent Living	Provide direct services, information and advocacy to Virginians with disabilities and sometimes 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).
Department of Behavioral Health and Developmental 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, DBHDS provides funding and positions to DRS to meet the specific OBRA requirements.
Department of Health	Receives hospital reports and maintains a registry of names for the Central Registry for Brain Injury and Spinal Cord Injury.
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.
Statewide Independent Living Council	Federally mandated body 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	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:*

The Centers for Disease Control (CDC) estimates that more than 20,000 individuals in Virginia will be treated for a brain injury annually (incidence). Other population-based estimates are that nearly 1 million Virginians currently live with a brain injury related disability (prevalence). It is difficult to accurately estimate the demand for services to Virginians with acquired brain injuries, although the need continues to outweigh available resources. The network of state-funded Brain Injury Services Programs continues to grow and strengthen through General Assembly appropriations. As of Fiscal Year 2009, \$3,821,000 in State funding has been dedicated to services for people with brain injury statewide (this includes a "one time" allocation of \$200,000, meaning that – in addition to anticipated budget reductions - the FY 2010 base funding was reduced to \$3,621,000). While many areas of the state remain unserved and underserved, two new programs were established in 2007 and existing programs were able to expand their capacity to provide services. Nearly 5,148 Virginians (adult and pediatric) or family members received services in SFY 2007 and 4,608 received services in SFY 2008. These services were provided by 9 Brain Injury Services organizations statewide. Numbers served include education, public awareness events, and consultation, but do not include information/referral or newsletter/website outreach.

There are sixteen Centers for Independent Living (CILs) and four Satellite Centers in the Commonwealth of Virginia. The national recommended minimum funding level for a CIL is \$250,000 per year. Three of the existing CILs (Danville, Fredericksburg 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 2,000 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. There are 4 areas of the State considered to be significantly underserved including Planning Districts 4, 18, 19 and part of 8. These areas are currently served by a Satellite CIL, which are located in Christiansburg,

Petersburg, Loudoun and Middle Peninsula. Planning Districts 13, 14, 17, and part of 9 are at present unserved.

PAS serves 127 consumers with State funds, 5 consumers with state brain injury funds, and 37 consumers with federal Vocational Rehabilitation funds. The State brain injury funds are depleted before the end of the fiscal year, however, and other PAS state funds have to be used to supplement this service. Brain injury PAS has been level funded for 10 years. Of the individuals served in the PAS program, 11 are attending colleges or universities and 59 are employed. The average annual expenditure per consumer is \$16,985.76. PAS serves persons who are not eligible for Medicaid Waiver services or other comparable services. In addition, the low pay rate for Personal Assistants has a serious negative impact on the ability of PAS consumers 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.

CRCMS has been unable to fill the vacant case management positions in Northern and Central Regions, which have the largest wait list of consumers. The current waiting list is 100 which is geographically spread across the Commonwealth.

- *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 implementation of an "in house" web-based Brain Injury Services Programs SCORECARD reporting mechanism will assist in providing management and oversight of state contracts and services. In addition, a much needed update to the Brain Injury Services Case Management Software System (which is almost 15 years old) will provide a structure and format to assist all programs to become more consistent in the provision of services and will make data reporting and analysis of service statistics faster and more accurate, for both DRS and the programs. The BIS Programs have been integrally involved as stakeholders in the development of this software system, which has been in "development" for nearly three years.

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.

With \$2.6 million in Federal Recovery Funds dedicated for IL, CILs will receive additional funding for services for IL clients and the Statewide Independent Living Council will have additional funding to support initiatives under the Statewide Independent Living Plan.

- *Listing of Products and/or Services*

- The state-funded Brain Injury Services (BIS) Program contractors comprise a statewide network that provides one or more of three "core" services in brain injury: case management, clubhouse/day programs, and regional resource coordination. In SFY 2009, these programs provided direct services to 4,245 individuals, which includes people who attend support groups and educational events. It does not include information/referral and consultation services provided to individuals, family members, professionals, and general public. If these numbers were included, the total number served would increase dramatically to nearly 20,000. The Brain Injury Discretionary Services (BIDS) Fund provides specialized goods/services to individuals who have no other source of funding and who require and would benefit from the goods/services in their recovery and ability to live more independently. In 2009, 28 people received specialized goods or rehabilitation services through BIDS. The Fund is also used to provide "state cash match" for Virginia's Federal Traumatic Brain Injury (TBI) Act systems change grant (\$2 in federal funds for every \$1 in state funds). In 2009, the Federal grant amount totaled \$177,900 and served approximately 4,500 people directly. As a systems change grant, focus is not on direct services, so grant deliverables are not evaluated in terms of people served, but in activities conducted and products developed. Personal Assistance Services for People with Brain Injury (PAS/BI) is referenced below under PAS.

- Community Rehabilitation Case Management Services 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 Behavioral Health and Developmental Services.
- The Independent Living Program grants State General Funds and some Federal dollars, and provides technical assistance, program audits, oversight and compliance to Centers for Independent Living (CILs). CILs provide services and advocacy to promote the leadership, independence, and productivity of people with disabilities. CILs work with both individuals, as well as the local communities, to remove barriers to independence and ensure equality of persons with disabilities.
- The Personal Assistance Services (PAS) program serves individuals who have the most severe disabilities and who require assistance from another person to perform non-medical activities of daily living. These consumer-directed services might include transferring, bathing, eating, dressing, or other physical activities that the individual could perform if they did not have a physical disability. DRS manages three PAS programs: State-funded PAS, PAS for Individuals with Brain Injury, and vocational rehabilitation PAS (funded through Title I of the Rehabilitation Act) for individuals who are currently receiving or who may be eligible for vocational rehabilitation services provided through an Employment Plan.

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 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund				
Base Budget	\$12,796,206	\$3,719,296	\$12,796,206	\$3,719,296				
Change To Base	\$0	\$0	\$0	\$0				
Service Area Total	\$12,796,206	\$3,719,296	\$12,796,206	\$3,719,296				
Base Budget	\$12,796,206	\$3,719,296	\$12,796,206	\$3,719,296				
Change To Base	\$0	\$0	\$0	\$0				
Service Area Total	\$12,796,206	\$3,719,296	\$12,796,206	\$3,719,296				
Base Budget	\$12,796,206	\$3,719,296	\$12,796,206	\$3,719,296				
Change To Base	\$0	\$0	\$0	\$0				
Service Area Total	\$12,796,206	\$3,719,296	\$12,796,206	\$3,719,296				

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 Behavioral Health and Developmental Services to provide service coordination for its OBRA program.

● *Human Resource Levels*

Effective Date	7/1/2009
Total Authorized Position level	15.75
Vacant Positions	2
Current Employment Level	13.8
Non-Classified (Filled)	0
Full-Time Classified (Filled)	17
Part-Time Classified (Filled)	0
Faculty (Filled)	0
Wage	5
Contract Employees	0
Total Human Resource Level	18.8

breakout of Current Employment Level

= Current Employment Level + Wage and Contract Employees

● *Factors Impacting HR*

Staff in Community Rehabilitation Programs do not have the same training funds available to them that VR staff have.

The loss of 2 CRCMS positions have hindered the expansion of case management services particularly in the Northern and Central Virginia regions.

● *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. Two of these programs, Community Rehabilitation Case Management Services and Personal Assistance Services, provide direct services to 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: 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 in Personal Assistance Services and Community Rehabilitation Case Management

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

Frequency Comment: State Fiscal Year

Measure Baseline Value: Date:

Measure Baseline Description: 809 in State Fiscal Year 2009

Measure Target Value: Date:

Measure Target Description: 809

Data Source and Calculation: Reports of the total number of consumers served through the Community Rehabilitation Case Management Services and the Personal Assistance Services Consumer-Directed and Brain Injury Programs. Numbers calculated from internal agency databases.

Service Area Strategic Plan

Department of Rehabilitative Services (262)

3/11/2014 9:48 am

Biennium: 2010-12 ▼

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.

20 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.

20 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.

42 Code of Federal Regulations 435.541 for Title XIX Medicaid recipients in the disability category indicates that the states will make a determination of disability or blindness using the same criteria used to make SSI determinations. These rulings outline when a Social Security determination is binding and when an independent Medicaid determination is required.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
Social Security Determination Consumers	Concurrent Adult Disability Claims	23,473	28,374
Social Security Determination Consumers	Medicaid Claims	10,673	12,324
Social Security Determination Consumers	Title II Adult Disability Claims	27,914	33,103
Social Security Determination Consumers	Title XVI Adult and Childhood Disability Claims	25,921	33,103

Anticipated Changes To Agency Customer Base

Military Casualties: The Military Casualties initiative is a commitment by SSA to provide expedited disability claims services to wounded service members and their families. In an effort to facilitate payment to disabled service members, DDS and SSA are working with the Department of Veterans Affairs and the Department of Defense to streamline the disability process. This will continue to increase the number of disability claims processed by the DDS.

Pre-release Prisoner Population: Outreach programs have been implemented within the prison system to assist prisoners who have disabling medical conditions and are pending release from prison to apply for Medicaid and SSI benefits. The

memorandum of understanding between DDS, SSA and the Virginia Department of Corrections to expedite delivery of these services has been revised. This initiative is expected to increase the volume of incoming Medicaid and Title XVI claims.

Homeless Population: Outreach programs are underway to assist in making the Social Security Disability application process more readily available to homeless individuals and for third party advocacy groups to help assist them in their application process. The SSI/SSDI Outreach and Recovery (SOAR) initiative is being expanded to all four Virginia DDS regions. It is a pilot project of the Department of Behavioral Health and Developmental Services to develop a process to assist the homeless in obtaining SSA disability benefits – specifically targeting the homeless who suffer from mental illnesses. 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.

Rare Diseases and Terminal Illnesses: Social Security has an obligation to provide benefits quickly to applicants whose medical conditions are so serious that their conditions obviously meet disability standards. SSA is working to develop ways to identify these cases and expedite them through the adjudicatory process. The Compassionate Allowance (CAL) and Quick Disability Determinations (QDD) initiatives are designed to quickly identify diseases and other medical conditions that almost invariably qualify under the Listings of Impairments based on minimal objective medical information. CAL and QDD allow SSA and DDS to quickly target the most obviously disabled individuals for allowances based on objective medical information that can be quickly obtained. SSA is conducting public outreach hearings to identify these conditions. This initiative is expected to help DDS quickly identify and adjudicate claims for those with the most serious medical conditions.

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 may be temporarily stopped in Federal Fiscal Year 2010 due to the large pending workloads in DDS. If reinstated, this will increase the volume of disability claims processed by the DDS.

Continuing Disability Reviews: SSA is not current in conducting continuing disability reviews of persons receiving disability benefits who may no longer be disabled. Congress often appropriates funding for these cases specifically. SSA will significantly increase the number of these claims that the DDSs will have to process when this is deemed feasible in view of the large pending workloads in 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) 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. Applications are taken by and determinations of medical eligibility are returned to the Department of Social Services who issue the decisions to applicants. DDS is currently working on a MOU with the SSA that addresses DDS processing of Medicaid claims.
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, Department of Veterans Affairs, 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 Regional Office, SSA Central Office in Baltimore, Maryland.

Products and Services

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

Disability claims have increased throughout the Commonwealth due to a higher unemployment rate caused by the recession and economic downturn. In addition, there is an increase in applications due to the “baby boomer” population entering the disability prone years and the increase in the retirement age. Improved outreach efforts through special initiatives have also contributed to an increase in applications. This has caused a need for additional DDS staff nationwide to handle the increasing pending workloads.

Expansion of Electronic Records Express (ERE) will continue to improve the efficiency of obtaining medical evidence used to make disability decisions. This plays a significant role in the government’s desire for expansion of Health Information Technology (HIT). Ongoing initiatives by the Professional Relations staff continue to support this initiative and 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. The use of recently purchased Video Teleconferencing equipment will definitely reduce travel and can increase the number of training attendees. Creating this new and improved training program will take considerable time and effort from a multitude of staff members.

SSA has actively encouraged applicants to file their applications and appeals electronically. The electronic claim that is forwarded to DDS from the Social Security field offices has not had the level of review and completeness of applications filed in person. It requires more time of DDS staff to gather missing information or correct inaccuracies.

Quick Disability Determinations (QDD) use a predictive model that analyzes specific elements of data within the electronic claims file to identify claims where there is a high potential that the claimant is disabled and where evidence of the person's allegations can be quickly and easily obtained. This claim is identified upon transfer from the field office and is immediately assigned to an analyst. These claims are adjudicated in less than seven days.

Compassionate Allowances (CAL) allow SSA and DDS to quickly target the most obviously disabled individuals for allowances based on objective medical information that can be quickly obtained. SSA is conducting public outreach hearings to identify these conditions. This initiative is expected to help DDS quickly identify and adjudicate claims for those with the most serious medical conditions. As with QDD claims, CAL claims are immediately assigned upon receipt and they are also expedited.

The Electronic Disability Claims Processing System (EDCS) has continued to roll out and be upgraded. EDCS has allowed us to process the majority of Title II and Title XVI claims totally electronically. This process has required our staff to transition from paper claims to electronic claims. This has been difficult for some staff to adjust to and had initially had a negative impact on the adjudication process. Now staff have fully adjusted to the change. The rollout required increased staff training and continues to require training as upgrades are implemented.

The Electronic Claims Analysis Tool (eCAT) is a policy compliant web-based application designed to assist the analyst throughout the sequential evaluation process. The eCAT policy tool aids in documenting, analyzing, and adjudicating the disability claim in accordance with SSA regulations. The eCAT policy application produces the "Disability Determination Explanation" (DDE) which is a detailed record of the pertinent documentation and analysis necessary to support the determination. Virginia piloted this tool for SSA and participated in making major improvements in the tool prior to the national rollout. Claims processed using this tool have been found to have better documented determinations that lead to more accurate decisions.

The Request for Program Consultation (RPC) process was developed to resolve differences of opinions between analysts and quality reviewers concerning disability determinations. It is a collaborative effort between SSA, DDSs and Regional Quality staff. The process shifts the focus from "errors" to identifying policy issues that are misunderstood, unclear or difficult to follow. The RPC process has provided policy guidance which helps analysts make better documented and more accurate decisions.

The Memorandum of Understanding between DDS and the Department of Medical Assistance Services to manage the Medicaid Disability determination-making process will become an on-going future problem as demand for services increase each year and the SSA regulations make it difficult for joint case determination. DRS has not been successful in securing a budget amendment to address this issue, but an amendment should be positively considered for future years as funding allows.

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

The disability workload nationally has increased far beyond any projections of the SSA. Although DDSs are basically processing the workloads they were budgeted for, the huge increase in applications has resulted in a large bulge of pending claims. The Virginia DDS budgeted workload for FFY 2009 was 74,803. The proposed budgeted workload for FFY 2010 is 94,581 – a 26% increase.

SSA is giving Virginia the opportunity to expand both its facilities and staff during the next federal fiscal year (FFY 2010). Three regional offices are working to acquire additional space for staff expansion. Due to the availability of Roanoke's recently vacated leased space, there are plans to create a DDS production Center that will be able to assist with the increased claims and pending workloads throughout the Commonwealth and to assist other states in the future. This increase in space combined with attrition losses will require a significant effort to hire and train a projected 155 new staff throughout the Commonwealth. This is an unprecedented level of hiring and will present many new and unique challenges to the DDS to maintain accuracy, timeliness, productivity, cost effectiveness, and customer service while having possibly 58% of its adjudicatory staff in trainee status.

SSA is in the process of developing a single source Disability Case Processing System (DCPS) for all DDSs and other Social Security components. Currently, there is one high level model which documents the business processes of all

components that process disability determinations. This will require all DDSs to change their case processing software and it will require extensive training. The initial rollout to Virginia will have a definite impact on production until all staff becomes proficient with the new process. Extensive training will be needed for all staff to learn the new system.

The Medical Evidence Gathering and Analysis through Health Information Technology (MEGAHIT) application is being piloted in the Richmond DDS. The MEGAHit prototype is a “point to point” systems transaction to request and receive medical evidence of record (MER) through a standards-based electronic exchange of data with MED VA through the Nationwide Health Information Network (NIHN). A standardized medical request transaction will automatically be sent to the identified providers upon transfer of a case from the field office to the DDS. When the provider returns the industry standard response, it will be analyzed, formatted and stored in the electronic folder. The system will be able to generate an alert/message that HIT information indicates the case should be considered under one or more medical listings. Information transfer can take minutes and leads to the possibility of a very quick disability determination.

● *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 and timely disability determinations for Medicaid applicants in the Commonwealth of Virginia are also critical. 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/educational community about DDS informational needs. 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: Implementing ongoing and continuous 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. A single source Disability Case Processing System (DCPS) for all DDSs and other Social Security components is currently being developed. Rollout is planned for 2011.
- 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 2011		FY 2012		FY 2011	FY 2012
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund		
Base Budget	\$936,250	\$39,260,385	\$936,250	\$39,260,285		
Change To Base	\$0	\$0	\$0	\$0		
Service Area Total	\$936,250	\$39,260,385	\$936,250	\$39,260,285		
Base Budget	\$936,250	\$39,260,385	\$936,250	\$39,260,285		
Change To Base	\$0	\$0	\$0	\$0		
Service Area						

Total	\$936,250	\$39,260,385	\$936,250	\$39,260,285
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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 her 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 Disability Determination Services to manage the Medicaid Disability determination-making process. Medicaid determinations are made by DDS staff following the same criteria used in adjudicating SSI disability claims. This unit is 50% federally funded and 50% state funded.

The DDS total authorized position level is 277.75 classified staff. These 277.75 positions are a “placeholder” for the DDS Division, as they are exempt from maximum employment levels. Thus, the number of actual DDS classified employees, 317.5, replaces 277.75 authorized positions, increasing the “authorized” position level to 743.75 positions. In the next biennium, we expect a substantial increase in the number of direct service positions within the DDS.

- *Human Resource Levels*

Effective Date	7/1/2009

Total Authorized Position level	277.75	
Vacant Positions	65	
Current Employment Level	212.8	
Non-Classified (Filled)	0	<i>breakout of Current Employment Level</i>
Full-Time Classified (Filled)	317	
Part-Time Classified (Filled)	0.5	
Faculty (Filled)	0	
Wage	34	
Contract Employees	39	
Total Human Resource Level	285.8	= Current Employment Level + Wage and Contract Employees

● *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 on an as-needed basis. 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.

Continued employee retirements will also affect the availability of experienced staff.

The need to continuously hire new staff has also increased the need for ongoing basic skills training classes.

● *Anticipated HR Changes*

There are plans to create a Production Center in the office space that the Roanoke DDS vacated in July 2009. This space will be used to hire an additional 80 analysts by the end of FFY 2010 who will be needed to work the increasing pending disability claims workload. This will entail a significant recruitment, hiring and training effort.

There are plans to acquire additional space in the office buildings where the Fairfax DDS and the Richmond DDS currently reside. This additional space will allow the Fairfax DDS to add 20 additional staff and the Richmond Office to add 15 additional staff by the end of FFY 2010 that are needed to address the increasing pending disability claims workload.

The addition of all these new analyst trainees will increase the percentage of trainees to approximately 58% of our total adjudicatory staff. Trainees generally do not become fully productive until 2 years from hire date. The continuing need to train and develop this staff will require significant resources which will negatively impact the production of experienced staff.

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

- Accuracy of Disability Decisions

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 the percent of Analyst's cases reviewed with 0 errors. Typically, a minimum of 50 cases per Analyst are reviewed on an annual basis. The 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 9:48 am

Biennium: 2010-12 ▼

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, 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, 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	1,706	1,706

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.

Federal grant funding for employee training and development has decreased, providing an opportunity to leverage technology to enhance professional development opportunities for staff. The use of the Commonwealth of Virginia Knowledge Center has improved staff access.

Collaboration and consolidation of work effort across DRS and WWRC will increase given the difficult economic circumstances likely over the next biennium and increased accountability.

Emphasis on electronic document management beyond case management applications will affect supply chain management and personnel record keeping.

VEAP discovery of requirements for automated, enterprise accounts payable will demand the attention of fiscal staff in the next biennium.

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. Technology services have been delayed or fail to comply with statewide standards. Lack of infrastructure change management and poorly defined business processes has resulted in interruption of direct client services. Poor communication both within VITA and with the DSA has resulted in gaps in services, particularly when technology is a critical component of direct client services. Efforts by agency staff to resolve these issues will be significant.

VITA has refreshed or replaced much of the DSA's in-scope computer equipment and network equipment. The refresh effort has forced duplication of infrastructure for out-of-scope portions of the computer network, that portion most important for direct service programs.

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 and social networking for both direct services and administrative functions. This presents challenges to the DSA in adapting older technology standards to higher and more demanding new technology.

Telework and more efficient use of technology has allowed staff to serve clients in larger geographic regions, reducing office space requirements.

A comprehensive Integrated Case Management (ICM) computer system went live in 2008 for DRS, DBVI and their respective rehabilitation centers. ICM provides a single management tool which impacts most of WWRC's service programs, and provides more accurate, integrated and precise management information. It increases opportunities for significant collaboration and consolidation of case management activity between DRS, DBVI and their respective rehabilitation centers.

A web based facilities management system provides enhanced case management services and automated billing to DRS Employment Support Organizations (ESOs). This system went live in early 2009. It improves billing efficiency for ESOs and more accurate and timely management information.

A comprehensive Financial Management System is scheduled to go live in fiscal 2010. Supporting six agencies, it will have interfaces to multiple agency case management systems and eventually, the Virginia Enterprise Application Program (VEAP). As with ICM, in the next biennium, the system will present opportunities to promote common business practices, encourage collaboration and consolidation of job functions and reduce our reliance on antiquated and obsolete computer hardware.

New initiatives of central state agencies have increased performance reporting requirements which will add at least transitional expense and effort in documenting agency operations.

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. The effort has resulted in several One Stop Centers coming on line this biennium and we expect progress to continue into the next biennium.

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

A Workforce Planning initiative and full implementation of the Commonwealth of Virginia Knowledge Center will promote the retention of institutional knowledge of agency staff and improve the operation of critical agency functions as follows:

- Increased presence of CommonHealth promotion activities.
- Improved web site information on retention of retirees through mentorship or training positions.
- Promotion of “green” technologies.
- Promotion of telework, alternate work sites and alternate work schedules.
- Promotion of emergency response continuity of operations plans.
- Increased awareness of cyber security.
- Increased professional development opportunities for critical functions of the agency.
- Improved succession planning.

The agency will manage the provision of VITA/NG partnership services to transform its infrastructure and development activities to comply with Commonwealth standards. We anticipate completion of many of these activities by the end of FY 2010, but fine tuning of business processes and better cooperation and consolidation of infrastructure between in-scope and out-of-scope components of the DSA Technology program will continue into the next biennium. Implementation of Investment Portfolio Management (ITIM) processes will extend into maintenance and operations activities of the DSA IS Division. The result may be better value across statewide programs, but standards compliance will likely increase cost.

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

A comprehensive Financial Management System, supporting between four and six agencies, and in production in over 20 agencies, will present opportunities to promote common business practices, modernize our technology infrastructure and provide economies of scale for software maintenance. Proactive involvement in discovery activities associated with VEAP will present opportunities for improved business processes.

Improvements in data systems will add accountability and ‘evidence based’ strategies for direct service program improvement.

- *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. Using the AWARE case management system, they define data relationships between DRS programs to improve management information.
- Financial Management Services provides financial services including budget, grants management, general accounting, financial reports, cash management, asset and lease tracking/management, purchasing and contracts, mail distribution services, motor fleet and central supply management for the DSA.
- Human Resource Management Services interprets and communicates human resource policy, provides workforce development programs, employee relations, staff recruitment, payroll, compensation and classification, workers compensation and return to work, leave accounting and administers benefits programs for the DSA.
- Information Technology Services provides computer applications development and support, web services, and computer operations for the DSA. Both in partnership with Virginia Information Technologies Agency (VITA) and Northrop Grumman VITA/NG and independently for education, video teleconferencing and client related technology services, IS provides systems engineering services including voice and data communications networks, and hardware and computer support services for the DSA. IS also collaborates with other agencies where possible to maximize staff, computer and financial resources.
- Risk Management provides health and safety information to staff and consumers, tracks accidents, manages emergency response planning and continuity of operations planning (COOP) and assists HR with the Workman’s Compensation and Return to Work programs. WWRC staff coordinates emergency response planning and COOP statewide.

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 2011		FY 2012	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	\$75,807	\$12,438,311	\$75,807	\$12,438,311
Change To Base	\$0	\$0	\$0	\$0
Service Area Total	\$75,807	\$12,438,311	\$75,807	\$12,438,311

Human Resources

● *Human Resources Overview*

Administrative support is provided by 102 employees performing a variety of functions; 79 are full time classified staff. This Service Area has a MEL of 57 and 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, and eight transferred positions from WWRC. The transferred positions provide Fiscal, Information Technology and HR services to these agencies.

● *Human Resource Levels*

Effective Date	7/1/2009
Total Authorized Position level	57
Vacant Positions	3
Current Employment Level	54.0
Non-Classified (Filled)	1
Full-Time Classified (Filled)	79
Part-Time Classified (Filled)	0
Faculty (Filled)	0
Wage	17
Contract Employees	5
Total Human Resource Level	76.0

breakout of Current Employment Level

= Current Employment Level + Wage and Contract Employees

● *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, 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.

● *Anticipated HR Changes*

A Workforce Planning initiative and full implementation of the COV Knowledge Center will promote the retention of institutional knowledge of agency staff and improve the operation of critical agency functions as follows:

- Increased presence of CommonHealth promotion activities.
- Improved web site information on retention of retirees through mentorship or training positions.
- Promotion of "green" technologies.
- Promotion of telework, alternate work sites and alternate work schedules.
- Promotion of emergency response continuity of operations plans.
- Increased awareness of cyber security.
- Increased professional development opportunities for critical functions of the agency.
- Improved succession planning.

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

- DRS and the other Disability Services Agencies will improve business processes and participate in VEAP discovery to improve financial management.
- Promote business applications that would benefit from video-teleconferencing and social networking for both direct services and administrative functions.
- DRS will implement technology infrastructure not otherwise provided by VITA to maintain continuity of direct client services.
- DRS will comply with central agency reporting requirements.

Link to State Strategy

- nothing linked

Objective Measures

- Percent of administrative measures marked as “meets expectations” (green indicator) for the agency.

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

Frequency Comment: State Fiscal Year

Measure Baseline Value: Date:

Measure Baseline Description: 77% for State Fiscal Year 2009

Measure Target Value: Date:

Measure Target Description: 85% or more

Data Source and Calculation: There are currently 13 administrative measures organized into five categories. Each measure has a different data source. The calculation is the percent of the administrative measures that have a green indicator (meets expectations).