



Vocational Rehabilitation

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Vocational Rehabilitation

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Vocational Rehabilitation

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

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

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

For individuals who have a potential need for and interest in vocational rehabilitation services, a referral for services may be made by phone, mail, online, or electronic format. The referred individual will meet with a DVR staff person to discuss roles and responsibilities under the program in order to assist the individual in making an informed choice when applying for services. If an individual is interested in applying for services, he/she may then complete an application.

If the individual is found eligible for services, a team consisting of counselors and case coordinators provides guidance and counseling, helps create a plan for employment, and provides services tailored to meet the specific vocational rehabilitation needs of each individual. Services may be provided directly by DVR staff or by a third-party service provider.

Background

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

Over the years, additional federal legislation expanded services and the definition of disability such as the inclusion of mental illness and developmental disability. The Rehabilitation Act of 1973 replaced prior legislation and prioritized service for persons with severe disabilities, established affirmative action programs, and created the individual written rehabilitation program to ensure individual involvement in a rehabilitation plan of action. The Rehabilitation Act of 1973 was amended in 1978, 1986, 1992, 1998, and 2014 to establish independent living centers with a focus on community integration and peer supports, establish supported employment as a program, enhance support for rehabilitation engi-

neering, support special projects and demonstrations, guarantee individual choice in career opportunities, and to integrate state workforce development and vocational rehabilitation planning and service delivery.

According to the Rehabilitation Research and Training Center on Disability Statistics and Demographics, 2015 Annual Disability Statistics Compendium, in the United States 10.5% of working age individuals (ages 18 through 64) reported a disability, 34.4% of these disabled workers were employed, and 28.2% of these individuals lived in poverty. In Wisconsin, 10.0% of working age individuals reported a disability, 39.8% of these disabled workers were employed, and 27.0% of these individuals lived in poverty.

The federal Workforce Innovation and Opportunity Act (WIOA), enacted July 22, 2014, made several major changes to the Rehabilitation Act of 1973, as amended. Following the release of the federal rules for WIOA in August, 2016, DVR has engaged in a process of aligning its services and internal policies with the federal law. This informational paper was written prior to the release of DVR's revised program policy manual which gives guidance to providers as to what is expected when delivering vocational rehabilitation services based on federal requirements. In the absence of an updated DVR policy manual, this paper summarizes the effect that a few of the major federal law changes will have on Wisconsin's vocational rehabilitation program.

WIOA places significant emphasis on transitioning students and youth with disabilities from school to postsecondary education and employment. In addition, WIOA expands the population of students who may qualify for those services. Specifically, WIOA requires state vocational rehabilitation agencies to reserve 15 percent of Federal matching funds to provide pre-employment transition services to assist students with disabilities transitioning from secondary

school to postsecondary education programs and employment in competitive integrated settings. According to DVR, pre-employment transition services will have a tremendous impact on DVR services and management of the waitlist. DVR has identified 35,000 potentially eligible students in high schools. This figure is nearly as many as the 35,892 individuals that applied for and/or received DVR services in 2015.

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

In addition, WIOA added section 511 to the Rehabilitation Act of 1973, as amended. Section 511 requires that individuals who are seeking subminimum wage employment or continuing subminimum wage employment access vocational rehabilitation services. These vocational rehabilitation services include career counseling and information referral services that must be provided at specific intervals established under the final regulations.

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

To be eligible to receive funding from the RSA, each state must file a vocational rehabilita-

tion services state plan as part of the state's WIOA combined state plan that describes how the state will conduct its vocational rehabilitation program in compliance with federal law and designates the state agency which administers the program.

As noted, DWD's Division of Vocational Rehabilitation administers the program in Wisconsin. DVR assists individuals with disabilities to obtain, maintain, or improve employment and is the state's primary provider of employment services to people with disabilities. Appendix 2 lists the statutory requirements of the vocational rehabilitation program.

Program Eligibility

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

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

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

sufficient evidence that the individual intends to achieve an employment outcome.

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

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

Application Process. DVR considers an individual to have applied for services when the individual: (a) has completed a DVR application or otherwise requested services; (b) has provided the information necessary to initiate an assessment to determine eligibility and priority for ser-

VICES; and (c) is available to complete the assessment process.

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

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

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

Order of Selection

Under federal law, if DVR services cannot be provided to all eligible individuals with disabilities in the state who apply for the services, the state plan must: (a) show the order to be followed in selecting eligible individuals to be provided vocational rehabilitation services; (b) provide the justification for the order of selection; (c) include an assurance that, in accordance with criteria established by the state for the order of selection, individuals with the most significant

disabilities will be selected first for the provision of vocational rehabilitation services; and (d) provide that eligible individuals who do not meet the order of selection criteria must have access to services provided through an information and referral system.

DVR first implemented an OOS in 1994, which consisted of seven categories. In August 2000, DVR updated the OOS categories, reducing the categories from seven to three. In October 2012, DVR updated the three categories and these are used today. When an individual is found eligible for vocational rehabilitation services, an order of selection determination is completed. The individual's order of selection priority category is determined jointly by the counselor and individual by evaluating the individual's functional limitations, anticipated required services, and the duration of those services. DVR establishes a wait list of individuals who are eligible, but cannot be served due to lack of resources. When DVR determines it has adequate resources to serve more individuals on the waiting list, activations are made based on the category (individuals with the most significant disabilities are served first) and date of application.

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

Category 1 includes persons with a most significant disability. An individual has a most significant disability if a serious mental or physical impairment exists that seriously limits four or more functional capacities in terms of an employment outcome and whose vocational rehabilitation requires multiple services over an extended period of time. Category 2 includes persons with significant disabilities. An individual

Table 1: Factors in Determining DVR Placements*

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

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

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

Placement into an OOS category is determined without regard to length of residency, income level, type of disability, age, sex, race, creed, color, national origin, source of referral, expected employment outcome, type of service needs, or costs of services. All individuals receive official notification of their specific order

of selection determination and their right to appeal their category placement. An individual may also request a review of his or her category within the OOS whenever new evidence is available. Those who are not immediately activated from the wait list to develop an employment plan are offered referral services and the option of remaining on the waiting list until the individual can be activated for employment plan development.

Since the implementation of the three-category order of selection, there have been waiting lists for one or more categories. Table 2 shows the OOS waiting list from 2011 through 2016. The significant decline in the wait list from 2013 to 2014 coincided with DVR receiving a full state match (see Table 8) which resulted in additional funding and staffing levels to deliver DVR services. As of September 30, 2016, eligible applicants with the most significant disabilities (Category 1) did not experience a waiting period. Comparatively, one eligible applicant with significant disabilities (Category 2) and 156 non-significantly disabled eligible applicants (Category 3) were on the waiting list. As of September 30, 2016, persons with significant disabilities could expect no wait and were being imme-

Table 2: OOS Waiting List as of Sept 30 by Category - FFY 2011 through FFY 2016

FFY	Category 1	Category 2	Category 3	Total
2011	1	2,838	1,434	4,273
2012	5	3,029	1,530	4,564
2013		3,441	968	4,409
2014		1,136	362	1,498
2015			237	237
2016		1	156	157

diately invited to develop a plan of service, whereas eligible applicants with non-significant disabilities were not expected to be invited off of the wait list and experienced an indefinite wait period.

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

DVR is required to consult with the Wisconsin Rehabilitation Council (WRC) regarding the need to have and implement an order of selection (The Council advises DVR and is described in a later section). DVR provides quarterly updates to the WRC regarding the order of selection and waiting list status.

Individualized Plans for Employment

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

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

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

The IPE itself contains a description of the specific employment outcome chosen by the individual that is consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, career interests, and informed choice. The IPE also includes a description of the entity chosen by the individual, or the individual's representative, to provide the services and the methods chosen by the individual to procure the services.

The IPE also describes criteria to evaluate the progress toward achievement of the employment outcome and the terms and conditions of the IPE, including DVR responsibilities, individual responsibilities in relation to the employment outcome, expectations and outcomes needed to

measure satisfactory progress, the individual's participation in paying for the costs of services, the individual's responsibilities in applying for and securing comparable benefits, and the responsibilities of other entities as the result of arrangements made pursuant to comparable services or benefits.

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

An IPE must be a written document prepared on DVR forms. The IPE must be developed and implemented in a manner that affords the individual the opportunity to exercise informed choice in selecting an employment outcome. For high school students eligible for an IPE, the IPE must be completed before the student leaves high school. The IPE must be agreed to and signed by the individual, or the individual's representative, and approved and signed by a DVR counselor. A copy of the IPE must be provided to the individual, or the individual's representative, in writing and, if appropriate, in the native language or mode of communication of the individual, or the individual's representative.

The IPE must be reviewed, at a minimum, annually by a DVR counselor and the individual, or the individual's representative. The review must be signed by the counselor and the individual, or the individual's representative. The IPE is amended as necessary by the individual, or individual's representative, in collaboration with DVR staff. An amendment is necessary if there are substantive changes in the employment outcome, services to be provided, or the providers of

the services. Amendments do not take effect until agreed to and signed by the individual, or individual's representative, and the DVR counselor.

Program Services

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

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

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

Job Search and Placement Assistance. The goal of DVR is for an individual to find and keep a job. These services include job-seeking skills, job search and placement assistance, job-retention services, follow-up services, and fol-

low-along services. The individual learns to create a resumé and cover letter, to interview, to network, to find job openings, and to research employers.

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

The training grant amount, which was last increased on July 1, 2014, is for up to \$5,000 per academic year for a full-time student or \$160 per credit for a part-time student. The actual amount of a training grant awarded to an individual depends on how much financial aid is received and the unmet need based on other sources of financial aid. The student must apply for and accept, if eligible, other financial aid in order to be considered for a training grant. The grant is paid directly to the school, divided in payments by academic year, semester, or quarters. DVR must receive a grade report or transcript at the end of each semester or quarter to verify adequate completion before the next installment of the grant can be issued. The grant may be used to fund tuition and fees, books and supplies, transportation, room and board, dependent care, student loan fees, and other personal expenses.

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

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

Maintenance for Additional Costs. Additional costs incurred while participating in a DVR assessment or while receiving services under an IPE may be covered. Maintenance is provided when relocation is necessitated by the IPE, is feasible, and results in increased costs to the individual. If commuting and relocation are both feasible, then the individual may choose between the two. However, DVR costs will be limited to the less costly of the two alternatives.

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

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

Interpreter Services. Interpreter services

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

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

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

Assistance in Small-Business Plan Development For individuals who complete a thorough and well-researched business plan on self-employment or the operation of a small business, services may be provided to achieve self-employment or small business goals. DVR must assess the individual's readiness and appropriateness for self-employment including: knowledge, ability, skills, experience, motivation, and personal commitment to establish, operate, and maintain a business that generates a competitive, self-sustaining wage. DVR also assesses the feasibility of the proposed business idea and has the individual complete a thorough and well-researched business plan for approval. The plan must address all aspects of start-up costs, for example, identifying funding sources, demonstrating sufficient resources to leverage start-up capital, determining ongoing operation costs, and predicting the likelihood of profitability within a reasonable timeframe.

Rehabilitation Technology. Individuals may receive technological aids and devices that can make it easier to do a job or to continue with the training needed. Rehabilitation technology in-

cludes telecommunications, sensory, vehicular modifications, and other technological aids and devices. Replacement of equipment must be disability-related and linked directly to an IPE.

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

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

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

DVR annually receives a federal appropriation for supported employment under Title VI-B of the Rehabilitation Act, as amended. These funds are to be used only for individuals with the most significant disabilities. WIOA requires DVR to reserve and expend 50 percent of their

federal supported employment allotment for the provision of supported employment services to youth with the most significant disabilities to assist them to achieve an employment outcome in supported employment.

Supported employment (SE) services are provided based on a determination of the needs of the individual and specified in an IPE. SE services are provided for up to a maximum of 24 months unless, under special circumstances, the individual and the counselor agree to extend the time in order to achieve the rehabilitation objectives identified in the IPE. Supported employment is discussed in additional detail in the "Specialized Programs" section.

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

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

Planned Temporary Work. Planned temporary work is provided in a realistic, integrated

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

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

Program Providers

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

All purchased services are authorized prior to the provision of services. Most services are provided on a fee-for-service basis. Once services are completed for the individual, the provider

submits an invoice to DVR for the authorized service. Direct payments may be made to individuals for situations such as the provision of bus tokens if direct purchase or reimbursement is not feasible. A receipt or other appropriate documentation that the funds were used as intended is required for direct payments. DVR provides training grants to individuals attending post-secondary education programs to cover approved education costs in the IPE. In addition, DVR may contract with county agencies for job development services and supported employment assessment services.

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

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

Comparable Benefits or Services. Prior to providing any vocational rehabilitation services to an individual, except services exempted, DVR staff must determine if comparable benefits or services exist under any other federal, state, or local public agencies, by health insurance, or by employee benefits and whether those benefits or services are available to the consumer at the time needed. If available, the comparable benefits and

services must be used in whole or in part to cover the cost of services, unless the use of these benefits and services would interrupt or delay: (a) the progress of the individual toward achieving the employment outcome identified in the IPE; (b) an immediate job placement; or (c) the provision of such service to any individual at extreme medical risk.

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

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

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

Case Closure

Cases may be closed for a variety of reasons at any point during the DVR process. The follow-

ing paragraphs describe the reasons cases may be closed.

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

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

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

using multiple methods, including the individual's preferred mode of contact, to contact the individual or, as appropriate, the individual's representative to encourage participation.

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

After Eligibility Determination. An eligible individual's case will be closed when it has not been possible to develop an IPE, the individual achieved their employment outcome, services are no longer necessary or appropriate, the individual fails to cooperate, the individual does not achieve satisfactory progress in an IPE, or the individual is no longer eligible. The individual or the individual's representative must be provided an opportunity to discuss the closure decision before the case is closed. Multiple attempts and multiple methods, including the individual's preferred mode of contact, must be used to contact the individual.

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

An individual has achieved an employment outcome only if the following requirements are met and documented: (a) services provided under an IPE have contributed to the achievement of the employment outcome; (b) the individual has achieved the employment outcome described in the IPE; (c) the employment outcome is consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice; (d) the employment outcome is in the most integrated setting possible consistent with the individual's informed choice; (e) the individual is compensated at or above the minimum wage and receives at least the customary wage and benefit level paid to other individu-

als performing similar work for the same employer; (f) employment has been maintained for at least 90 days; (g) the individual and counselor consider the employment to be satisfactory and agree the individual is performing well on the job; and (h) the employment is stable and the individual no longer requires vocational rehabilitation services to maintain the employment. Paid work experience cannot be considered a "closure after rehabilitation" until 90 days of employment have been completed after the end of the work experience period.

Work in a nonintegrated or sheltered setting or work for which there is no payment is not considered an employment outcome. Nonintegrated or sheltered employment means the individual is normally paid on a piece rate basis, is not doing the same type of job and is not generally afforded a benefits package offered other employees of the organization, and is supported by other resources, such as county funding. Individuals employed by the program earning wages and benefits normally afforded a person engaged in an employment relationship are considered competitively employed in an integrated setting and, thus, a successful rehabilitation outcome.

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

After Rehabilitation in Supported Employment. An individual's case will be closed when the individual is working in supported employment only when the employment represents competitive employment or employment in integrated work settings in which the individual is working toward competitive employment. The employment must be in an integrated work setting where most employees do not have disabilities and the individual regularly interacts with

these employees while performing job duties, or when the individual regularly interacts with individuals who do not have disabilities, including the general public, while performing job duties as part of a work group of employees with disabilities. There must be confirmation of extended support services after case closure by another party identified in the IPE. Closure occurs no sooner than 90 days after transition to extended support services. Individuals must be compensated in accordance with the federal Fair Labor Standards Act.

Notification of Closure. Individuals whose cases are closed for any reason except death or no known address must be notified, in writing, of the case closure, the type of closure, the reasons for the closure, the right to appeal the closure decision, and the process for appealing, including the availability of the client assistance program to assist with an appeal. Individuals must be provided an opportunity for full consultation prior to case closure. Notification to the individual or individual's representative must be supplemented as necessary by other appropriate modes of communication consistent with the informed choice of the individual.

Review if Working Under a Sub-Minimum Wage Certificate. In accordance with WIOA guidelines, for individuals with disabilities hired at subminimum wage on or after July 22, 2016, career counseling and referral services must be carried out every six months for the first year and annually thereafter for as long as the individual is employed at subminimum wage. For individuals employed at subminimum wage prior to July 22, 2016, these services must be carried out once before July 22, 2017, and annually thereafter.

Appeal and Other Rights

Appeal Procedures. Any person aggrieved by a determination of eligibility or ineligibility

for vocational rehabilitation services or by the furnishing or denial of services, including a decision relating to an OOS category assignment, may appeal. The individual may request a review informally, with a DVR supervisor, with mediation through a neutral third party to reach a compromise or agreement with DVR, and/or through a formal hearing where an impartial hearing officer (IHO) will hear the facts of the case and make a decision. An IHO must be a person who knows about DVR and the DVR process, but does not work for DVR, is not a member of the WRC, has not been involved in previous decisions regarding the individual, and does not have any personal or financial interest that may conflict with the IHO's obligation to be objective.

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

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

If the individual does not choose mediation or mediation is unsuccessful, then the hearing coordinator sends a letter to the individual identifying IHOs and asking the individual to select a hear-

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

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

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

The IHO must issue a written decision within 10 days of any written motion that was filed and within 30 days of a hearing. The IHO provides a report of the hearing, including the findings and the grounds for the decision. The decision is final unless the Department or the individual initiates a review of the IHO's decision.

If the Department decides to perform a formal review of the IHO's decision, written notice of this decision must be filed with the parties by certified mail within 20 days of the date that the decision of the hearing officer was mailed. Additional evidence and information relevant to the

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

Authority for modifying the decision of an IHO is reserved to the DWD Secretary or the secretary's authorized designee and may not be otherwise delegated. The DWD Secretary or designee cannot modify a decision of an IHO which supports the position of the individual unless, based on clear and convincing evidence, the decision is clearly contrary to law or federal policy issuances. The DWD Secretary or designee may consult with the IHO regarding the decision, and must notify the parties in writing by certified mail of the outcome of the review within 30 calendar days after the date of the intent-to-review notice. The notice must state the findings, the grounds for the final decision, that it is the final decision unless modified by a court, and how to file a request for Circuit Court review.

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

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

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

CAP services include the provision of infor-

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

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

Exceptions to this requirement include disclosing information: (a) in the administration of the DVR program; (b) to DWD's Unemployment Insurance division to confirm the individual's participation in a DVR training program; (c) to the individual for access to his or her own records; (d) as needed to protect the individual from physical harm to self or others; (e) in response to criminal investigations; (f) in response to a judicial order; (g) when required by federal law for an approved audit, research, or evaluation purpose; (h) in suspected cases of abuse, neglect, exploitation, or endangerment, unless expressly prohibited by state or federal laws; or (i) to the Child Support Program to aid in child support investigations.

Other safeguards to protect confidential information include notification of confidentiality rights and responsibilities to those that have access to the case record, requiring requests by parties other than the individual to be in writing and to specify the information wanted and the purpose for which it will be used, assurances from a third party that receives confidential information

that it will only be used for the purpose requested, and notice to a third party not to re-release the confidential information.

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

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

Specialized Programs

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

Business Enterprise Program. The business enterprise program (BEP) began in 1936 with the Randolph-Sheppard Act. This federal law gives priority and preference to legally blind individuals in the operation of any vending or cafeteria service in a federally owned, funded, or leased facility. The Wisconsin DVR exercised a voluntary option to apply to the Department of Educa-

tion for a state licensing agency (SLA) designation for the "Vending Facility Program For The Blind on Federal and Other Property." The federal license allows DVR to exercise priority preferences for legally blind individuals to operate vending or cafeteria service on federal properties in Wisconsin.

Wisconsin later enacted companion legislation to ensure that state government gives similar priority to blind individuals whenever establishing or contracting food service or vending operations on state owned or leased properties. DVR establishes and maintains BEP businesses in state buildings and on federal properties when the business is feasible and profitable. The ultimate objective of the program is to enable blind persons to operate their own businesses. Typical BEP businesses include vending machine operations, snack bars, coffee shops, or full-service cafeterias. In state fiscal year 2014-15, 83% of BEP gross sales were from state owned facilities.

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

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

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

The purpose of the agreement is to help GLITC to expand and support Section 121 vocational rehabilitation programs throughout Wisconsin. [The tribal programs are authorized under Section 121 of the federal Rehabilitation Services Act.] DVR provides technical assistance to GLITC to help support its efforts to serve eligible individuals on or near the reservations, including services to Native Americans living in urban areas of the state; such as Milwaukee, Madison, and Black River Falls.

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

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

going support, job coaching, benefits counseling, and other needed support and specialized training.

The program allows GLITC to add staff to the Section 121 grant program and expand Native American VR services in the urban areas of Wisconsin that cannot be served through the Section 121 grant program. The Section 121 grant requires that individuals live on or near a reservation. This cooperative relationship assists both GLITC and DVR to reach an underserved population of individuals with disabilities and increase their employment rate.

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

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

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

DVR annually receives a federal allocation for supported employment (Title VI, Part B of the Rehabilitation Act, as amended). These funds are to be used only for individuals with the most significant disabilities. Because supported employment funds are meant to be used to support and maintain an individual with a most significant disability in employment, the SE services may not be provided prior to an individual being placed into an employment position requiring SE services. All federal expenditures for an individual that occur prior to the individual being placed into a supported employment position, must be provided with regular vocational rehabilitation funds.

In federal fiscal year 2016, 3,923 individuals participated in supported employment in Wisconsin (Category 1 and 2), of which 788 gained competitive integrated employment. Of these total individuals who received supported employment services, 2,794 were individuals with the most significant disabilities (Category 1) of which 556 gained competitive integrated employment.

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

Loan amounts range from \$300 to \$50,000. The actual loan amount depends on the item purchased and the applicant's ability to repay. Crite-

ria in considering loan approval are more flexible than most commercial loans. Therefore, a poor credit record does not disqualify an applicant. Instead, the focus is on the ability to make monthly payments to repay the loan. Since the first loan was closed in 2005 through federal fiscal year 2016, 45 loans have been made for nearly \$405,000, according to *IndependenceFirst*. Individual loans have been granted for between \$350 and \$42,000.

In considering approval for the loan, the application will be viewed more favorably if the equipment purchased with the loan assists the applicant in doing at least one of the following: (a) begin telework for an employer when previously unemployed; (b) increase income in an existing job through telework; (c) remain employed at the applicant's current level and prevent job loss or a reduction in earnings through telework; (d) begin working at home to accommodate the disability; or (e) initiate or expand home-based self-employment with an approved business plan.

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

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

by DVR, the ticket or the remaining value of the ticket may be used to get employment services from an approved EN. Through special arrangements called Partnership Plus, DVR works in partnership with ENs to improve an individual's employment retention and independence. Ideally, an agreement between DVR and an EN will provide for a smooth transition for the individual from DVR services to post employment retention services provided by an EN. DVR allows for consumer choice when choosing an EN.

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

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

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

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

SSDI recipients with a list of local employment networks. These networks may be of assistance to the individual in obtaining or maintaining employment.

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

New federal requirements specify that DVR, in collaboration with local educational agencies, to offer high school students with disabilities (ages 14 to 21) Pre-ETS services using 15% of DVR's federal allocation on an annual basis. Pre-ETS services include: job exploration counseling, work-based learning experiences, (after school work opportunities outside the traditional school setting including internships that are provided in an integrated environment), enrollment in post-secondary educational programs, workplace readiness training to develop social skills, and independent living instruction.

DVR collaborates with the Department of Public Instruction (DPI) and the Department of Health Services (DHS) to assist students through the transition process and toward achieving their employment goal. DVR, DPI, and DHS signed an Interagency Agreement in July, 2007. The purpose of the agreement is to clarify and develop a common understanding regarding the agencies' roles, policies, and procedures related to providing transition services and supports for students with disabilities entering employment. A toolkit resource has been developed among DVR, DPI, and DHS to provide a guidance framework and effective practices for improved coordination and communication between all stakeholders in the transition process.

For high school students who are eligible for an IPE, the plan for employment will be completed prior to departure from high school. The IPE developed with DVR is based on the individual student's needs, taking into account the student's preferences and interests, and includes instruction, community experiences, the development of employment and other post-school adult living objectives, and, when appropriate, acquisition of daily living skills and a functional vocational evaluation. An update to the 2007 agreement was signed in November, 2010, and extended transition services to family care eligible adults in addition to family care eligible youths transitioning from high school.

Wisconsin Rehabilitation Council

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

WRC functions include:

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

b. Advising and assisting DVR in preparing the state plan for vocational rehabilitation services and the plan's amendments, applications, reports, needs, assessments, and evaluations.

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

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

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

The WRC consists of 18 members: one non-voting DVR administrator and 17 citizen voting members. WRC members are appointed to staggered three-year terms by the Governor. Under federal law, members must include: (a) at least one representative of the statewide Independent Living Council; (b) at least one representative of a parent training and information center; (c) at least one representative of the client assistance program; (d) at least one qualified vocational rehabilitation counselor; (e) at least one representative of community rehabilitation program service providers; (f) four representatives of business, industry, and labor; (g) representatives of disability advocacy groups representing a cross-section of individuals with physical, cognitive, sensory, and mental disabilities and of these individuals' representatives; (h) current or former applicants for, or recipients of, vocational rehabilitation services; (i) at least one representative of the directors of projects involving Indian tribes, if the state has any such projects; (j) at least one representative of the educational agency responsible for the public education of students with disabilities who are eligible to receive services; and (k) at least one representative of the state workforce investment board.

Program Participation

This section provides information regarding the population receiving DVR services in the state. During FFY 2015, there were 35,892 individuals who applied to and/or who received services from DVR, including individuals continuing services from prior years and those placed on the OOS waiting list. New applicants totaled 13,927, and 4,875 individuals achieved an employment outcome.

Tables 3 through 7 show the population of DVR individuals by the order of selection (OOS) category, disability type, age group, type of job, and employment outcome in FFY 2015.

Table 3 shows that 63.5% of DVR individuals in FFY 2015 were identified as a person with a significant disability and placed in OOS Category 2. Individuals in Category 1 have the most significant disabilities and receive priority. In FY 2015, 29.1% of individuals eligible for services were placed in Category 1.

Table 3: Caseload by Order of Selection Categories -- FFY2015

OOS Category	Number of Individuals	Percent of Total
1	10,457	29.1%
2	22,801	63.5
3	424	1.2
Not Classified/ Other	<u>2,210</u>	<u>6.2</u>
Total	35,892	100.0%

Table 4 indicates that mental illness and orthopedic disabilities were the two most common disability types for individuals that received DVR services in FFY 2015.

Table 4: Caseload by Disability Type -- FFY 2015

Disability	Number of Individuals	Percent Total
Mental Illness	8,042	22.4%
Orthopedic	5,464	15.2
Other Physical	3,763	10.5
Cognitive	3,157	8.8
Other	3,147	8.8
Learning Disabilities	2,812	7.8
Autism	2,035	5.7
Eligibility Undetermined*	1,923	5.4
Attention-deficit/hyperactivity disorder	1,515	4.2
Deaf/Hard of Hearing	1,375	3.8
Blind/Visual	779	2.2
Brain Injuries	741	2.1
Congenital Condition or Birth Injury	589	1.6
Alcohol/Drug	<u>550</u>	<u>1.5</u>
Total	35,892	100.0%

*Cases closed prior to eligibility determination.

Table 5 shows that 38.1% of the DVR individuals in FFY 2015 were between the ages of 35 and 54. 116 individuals were below the age of 14 and fewer than 7% were over the age of 60.

Table 5: Caseload by Age Group -- FFY 2015

Age Group	Number of Individuals	Percent of Total
14 and Under	116	0.3%
15-19	4,325	12.1
20-24	5,844	16.3
25-34	6,407	17.9
35-44	6,055	16.9
45-54	7,605	21.2
55-59	3,247	9.0
60-64	1,625	4.5
65+	<u>668</u>	<u>1.9</u>
Total	35,892	100.0%

Table 6: Caseload by Type of Job -- FFY 2015

Type of Job	Number of Individuals	Percent of Total
Office and Administrative Support	896	18.4%
Food Preparation and Serving Related	652	13.4
Building and Grounds Cleaning and Maintenance	637	13.1
Production	511	10.5
Sales and Related	387	7.9
Transportation and Material Moving	366	7.5
Personal Care and Service	297	6.1
Management	198	4.1
Healthcare Support	133	2.7
Community and Social Service	110	2.3
Installation, Maintenance, and Repair	105	2.2
Education, Training, and Library	90	1.8
Healthcare Practitioners and Technical	88	1.8
Construction and Extraction	76	1.6
Business and Financial Operations	60	1.2
Computer and Mathematical	56	1.1
Farming, Fishing, and Forestry	55	1.1
Protective Service	52	1.1
Arts, Design, Entertainment, Sports, and Media	43	0.9
Architecture and Engineering	39	0.8
Life, Physical, and Social Science	19	0.4
Legal	4	0.1
Military	<u>1</u>	<u><0.1</u>
Total	4,875	100.0%

Table 6 indicates that, of the individuals who achieved an employment outcome, just over 55%

were employed in jobs related to office and administrative support, food preparation and serving, building and grounds cleaning and maintenance, and production.

Table 7 shows that, of the individuals who achieved an employment outcome, 90% achieved an employment outcome without the need for ongoing employment supports (wage and salary worker).

Table 7: Caseload by Employment Outcome -- FFY 2015

Employment Outcome	Number of Individuals	Percent of Total
Employment without supports	4,386	90.0%
Employment with supports	432	8.9
Self-employment	56	1.1
Business Enterprise Program	<u>1</u>	<u><0.1</u>
Total	4,875	100.0%

As noted in the introduction, 10% of working age individuals in Wisconsin reported a disability in FFY 2014 and 39.8% of these individuals were employed. Appendices 4 and 5 show how these percentages compare with other states.

At 10%, Wisconsin had the 21st lowest percentage of working-age population with disabilities. New Jersey had the lowest percentage at 7.8%, while West Virginia had the highest percentage at 17.9. The national average was 10.5%.

At 39.8%, Wisconsin had the 16th highest employment rate of working-age people with disabilities. South Dakota ranked first at 50.1%, while West Virginia had the lowest employment rate for working-age people with disabilities at 25.6%. The national average was 34.4%.

Program Funding

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

Allocation of federal funds is based on a formula under the Rehabilitation Act of 1973, as amended. The formula is, in part, based on population and per-capita income. Table 8 shows the amount of federal grants allocated to Wisconsin and the amount of state matching funds provided from FFY 2011 through FFY 2016. From FFY 2011 through FFY 2013, the actual federal grant awarded to Wisconsin was less than the original federal allocation because Wisconsin did not provide sufficient matching funds to utilize the

Table 8: Federal Vocational Rehabilitation Grants and State Matching Funds -- FFY 2011 through FFY 2016

Federal Fiscal Year	Federal Grant Allocation	State Match Required to Capture Funds	State Matching Funds	State Match Gap	Unmatched Federal Funds	Actual Federal Grant Award
2011	\$60,586,500	\$16,397,600	\$15,451,000	\$946,600	\$3,497,700	\$57,088,800
2012	61,532,700	16,653,700	15,061,100	1,592,600	5,884,500	55,648,200
2013	60,275,000	16,313,300	15,451,000	862,300	3,186,200	57,088,800
2014	63,440,200	17,170,000	17,170,000	0	0	63,440,200
2015	64,836,100	17,547,800	17,547,800	0	0	64,836,100
2016	65,053,300	17,606,600	17,606,600	0	0	65,053,300

entire allocation. Appendix 6 compares the actual awards received for all states and territories in FFY 2016.

The federal grant is authorized an annual increase in funding. This increase in funding is based on the percentage change in the consumer price index. As the federal grant increases, the corresponding state matching funds need to be increased to capture the full grant amount.

State matching funds have been provided through general purpose revenue (GPR) and program revenue (PR) funds in DVR, and BEP vendor proceed collections. Generally, program revenue funds include gifts and grants in the form of small donations from private citizens.

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

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

Under Title II of the Social Security Act, the SSA reimburses state vocational rehabilitation agencies for the reasonable and necessary costs of services that resulted in SSI or SSDI recipients being successfully rehabilitated. Each recipient must achieve the SSA benchmark for substantial gainful earnings activity for nine months. For FFY 2016, 465 individuals achieved substantial gainful activity for nine out of twelve months. For 2016, substantial gainful activity means earning over \$1,090 per month for non-blind individuals and over \$1,820 per month for blind individuals after deducting allowable work expenses.

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

From the social security reimbursement funds it receives, DVR allocates a portion of these monies to support business services consultant positions. 20.0 federally funded business service consultant project positions were created in 2013 to function as employment specialists to conduct business needs assessments, develop job matches, and place DVR consumers in jobs. The 20 project positions ended, and were replaced in October 2016 with nine permanent positions whose primary functions relate to business engagement requirements under federal WIOA legislation. The nine business service consultants serve the eleven workforce development (geographic) areas of the state for the DVR program.

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

Table 9: Social Security Reimbursement Payments -- FFY 2011 through FFY 2016

Federal Fiscal Year	Amount
2011	\$1,133,700
2012	3,068,600
2013	5,955,900
2014	4,699,900
2015	6,851,500
2016	6,847,100

Vocational Rehabilitation Expenditures.

Funding for the vocational rehabilitation program is expended on administration of the program and on services for the individuals served by the program. Table 10 shows the allocations for administration and for case services by federal funds and state match for the last two years.

Table 10: DVR Administration and Case Services Allocations FFY 2015 and FFY 2016

Fund Source	Case Administration	Services	Total
Federal Fiscal Year 2015			
Federal	\$26,707,903	\$43,336,779	\$70,044,682
State Match	<u>7,228,441</u>	<u>11,729,014</u>	<u>18,957,455</u>
Total	\$33,936,344	\$55,065,793	\$89,002,137
Federal Fiscal Year 2016			
Federal	\$23,621,271	\$38,564,527	\$62,185,798
State Match	<u>6,393,050</u>	<u>10,437,413</u>	<u>16,830,463</u>
Total	\$30,014,321	\$49,001,940	\$79,016,261

Federal regulations allow states to obligate the funds within one year and to spend the funds within two years. As a result, expenditures for a federal award are not confined to a 12-month period. Therefore, expenditures for any given federal fiscal year (Table 11) may not equal the amount of the federal allotment and state match for that year (Table 10).

Table 11 shows that in FFY 2015, DVR spent \$62.9 million on case services. It also includes expenditures by OOS category, as well as each category's percentage of overall expenditures.

Category 1 consists of individuals with the most significant disabilities and must be served first. Category 2 consists of individuals with significant disabilities, but not the most significant. Category 3 consists of individuals with non-significant disabilities. Nearly 65% of the expenditures on services were for Category 2 individuals.

Table 11: Expenditures by Order of Selection -- FFY 2015

Category	Amount	Percent of Total
1	\$21,976,155	34.9%
2	\$40,837,319	64.9
3	84,948	0.1
Not Classified/other	<u>42,320</u>	<u>0.1</u>
Total	\$62,940,742	100.0%

Tables 12 and 13 show expenditures by disability impairment or cause and by service type. Table 12 shows expenditures by disability for FFY 2015, and each disability's percentage of overall expenditures.

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

Table 13 shows expenditures by service provided for FFY 2015, and each service category's percentage of overall expenditures. The largest expenditure categories were training services, job search assistance, and rehabilitative technology. Together, these three categories accounted for 58% of total expenditures in FFY 2015.

Table 12: Case Services Expenditures by Disability Impairment or Cause -- FFY 2015

Disability	Amount	Percent of Total
Accident/injury (other than TBI or SCI)	\$7,662,380	12.2%
Cognitive Disability	6,931,995	11.0
Cause Unknown	6,259,832	9.9
Depressive and Other Mood Disorders	5,792,080	9.2
Specific Learning Disabilities	4,636,470	7.4
Autism	4,271,846	6.8
Congenital Condition or Birth Injury	3,415,468	5.4
Physical Disorders/conditions (not listed elsewhere)	3,309,389	5.3
Arthritis and Rheumatism	2,697,708	4.3
Attention-deficit Hyperactivity Disorder	2,262,763	3.6
Mental Illness (not Listed Elsewhere)	1,730,232	2.7
Anxiety Disorders	1,558,287	2.5
Traumatic Brain Injury (TBI)	1,545,963	2.5
Schizophrenia and Other Psychotic Disorders	1,467,892	2.3
Cerebral Palsy	1,390,744	2.2
Spinal Cord Injury (SCI)	1,316,477	2.1
Cardiac and Other Conditions Of The Circulatory System	750,613	1.2
Diabetes Mellitus	603,660	1.0
Stroke	586,964	0.9
Amputations	561,147	0.9
Alcohol Abuse or Dependence	539,851	0.9
Personality Disorders	518,908	0.8
Cancer	490,359	0.8
Epilepsy	472,337	0.8
Multiple Sclerosis	455,904	0.7
Muscular Dystrophy	305,253	0.5
Parkinson's Disease and Other Neurological Disorders	275,424	0.4
Asthma and Other Allergies	256,100	0.4
Drug Abuse or Dependence (other than alcohol)	198,892	0.3
End-stage Renal Disease/other Genitourinary System Disorders	154,221	0.2
HIV/AIDS	117,587	0.2
Respiratory Disorders Other Than Cystic Fibrosis or Asthma	95,868	0.2
Blood Disorders	78,043	0.1
Polio	72,160	0.1
Immune Deficiencies Excluding HIV/AIDS	53,769	0.1
Digestive	44,427	0.1
Other - Not Defined	23,271	0.0
Cystic Fibrosis	20,579	<0.1
Eating Disorders (anorexia, bulimia, compulsive overeating)	15,877	<0.1
Total	\$62,940,742	100.0%

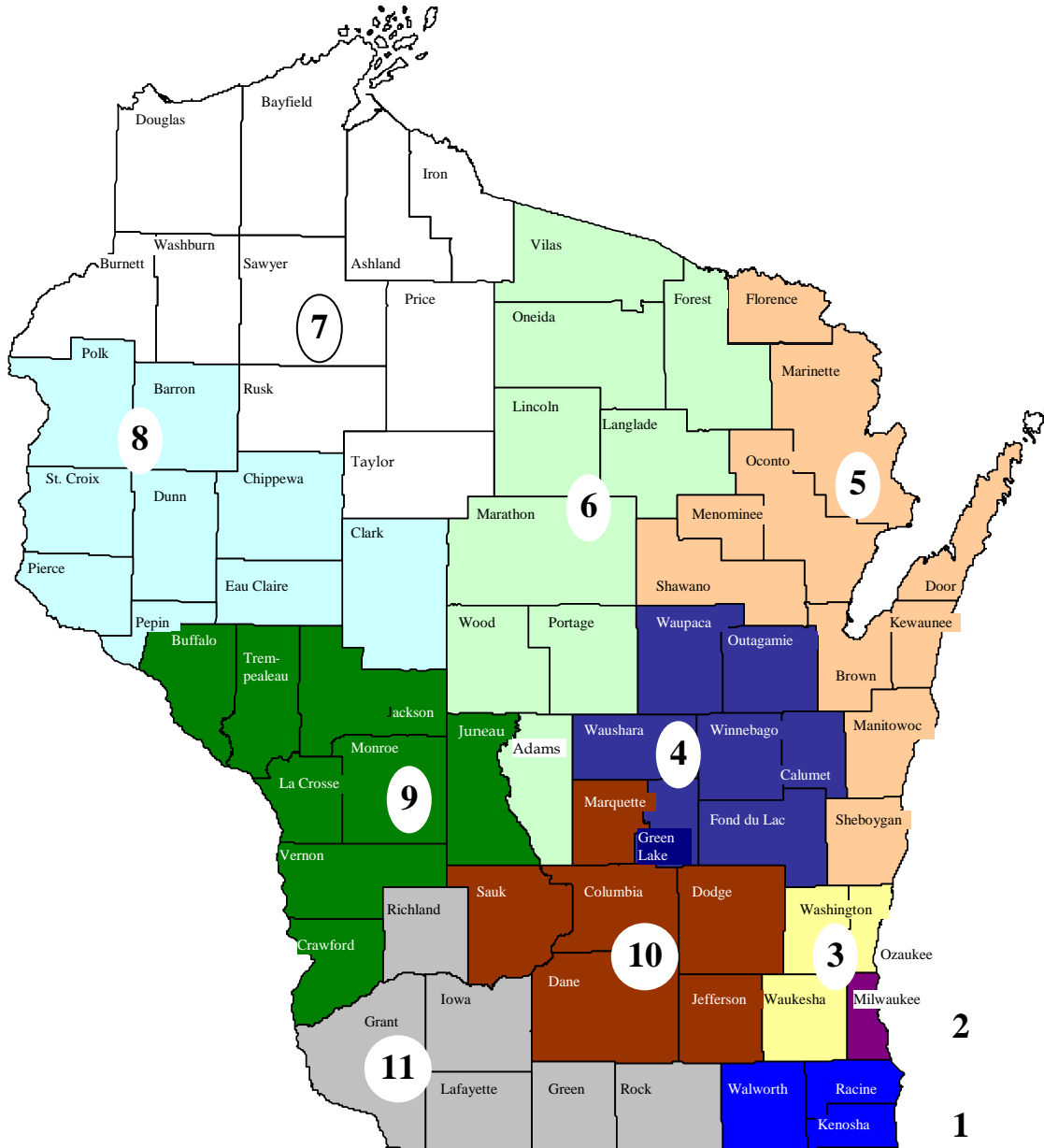
*Cases closed prior to eligibility determination.

Table 13: Case Services Expenditures by Service -- FFY2015

	Amount	Percent of Total
Training	15,294,111	24.3
Job Search Assistance	11,557,739	18.4
Rehabilitation Technology	9,861,713	15.7
Supported Employment	7,160,835	11.4
Assessment	6,743,062	10.7
On The Job Supports	4,394,897	7.0
Transportation	4,123,450	6.6
Other and Unspecified Services	1,893,442	3.0
Diagnosis and Treatment	547,508	0.9
Technical Assistant Services	501,885	0.8
Promise Grant Expenses	492,882	0.8
Interpreter Services	369,217	0.6
Total	\$62,940,742	100.0%

APPENDIX 1

Vocational Rehabilitation Workforce Development Areas



APPENDIX 2

Statutory Requirements of the Vocational Rehabilitation Program

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

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

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

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

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

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

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

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

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

disability;

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

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

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

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

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

n. maintain a cooperative relationship with counties to assist in administering and providing uniform services to blind and visually impaired persons throughout the state, to prevent duplication of effort, and to ensure that blind and visual-

ly impaired persons receive adequate services;

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

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

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

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

APPENDIX 3

Examples of Disabilities That Could Require DVR Services

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

Autism
Back Injury
Blindness or Visual Impairment
Brain Injury
Cancer

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

Deaf-Blind
Depression
Diabetes
Epilepsy
Fibromyalgia

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

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

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

Stroke

APPENDIX 4

Prevalence of Working-Age People With Disabilities Across States (by Rank) 2014

State	Percentage of Working-Age People With Disabilities	Rank	State	Percentage of Working-Age People With Disabilities	Rank
New Jersey	7.8%	1	Wyoming	10.8%	26
California	8.3	2	Georgia	10.9	27
North Dakota	8.3	3	Kansas	11.1	28
Hawaii	8.4	4	Montana	11.1	29
Illinois	8.4	5	Washington	11.1	30
Maryland	8.4	6	Pennsylvania	11.2	31
Connecticut	8.6	7	Nevada	11.5	32
Minnesota	8.6	8	North Carolina	11.8	33
Utah	8.6	9	Rhode Island	11.8	34
Colorado	8.9	10	Ohio	11.9	35
New York	8.9	11	Indiana	12.0	36
Nebraska	9.1	12	Vermont	12.3	37
Massachusetts	9.3	13	Michigan	12.6	38
Iowa	9.4	14	New Mexico	12.8	39
Virginia	9.4	15	Oregon	12.9	40
District of Columbia	9.7	16	South Carolina	12.9	41
New Hampshire	9.7	17	Louisiana	13.0	42
Arkansas	9.8	18	Missouri	13.1	43
Delaware	9.8	19	Maine	14.1	44
Texas	9.9	20	Tennessee	14.1	45
WISCONSIN	10.0	21	Alabama	14.4	46
Florida	10.1	22	Oklahoma	14.4	47
South Dakota	10.3	23	Alaska	15.0	48
Arizona	10.4	24	Mississippi	15.0	49
Idaho	10.5	25	Kentucky	16.1	50
			West Virginia	17.9	51

Source: Cornell University Employment and Disability Institute, 2015 Annual Disability Statistics Compendium

APPENDIX 5

Employment Rates of People With Disabilities (by Rank) 2014

State	Percentage of Working-Age People With Disabilities Who are Employed	Rank	State	Percentage of Working-Age People With Disabilities Who are Employed	Rank
South Dakota	50.1%	1	Vermont	36.2%	26
North Dakota	49.9	2	Illinois	35.7	27
Iowa	46.5	3	Delaware	35.6	28
Nebraska	46.0	4	Massachusetts	35.5	29
Wyoming	45.2	5	Ohio	34.6	30
Minnesota	44.4	6	Pennsylvania	34.5	31
Utah	44.0	7	Rhode Island	33.9	32
Hawaii	42.4	8	New York	33.6	33
Colorado	41.6	9	California	33.3	34
Nevada	40.9	10	Arizona	32.8	35
Arkansas	40.8	11	Missouri	32.8	36
Montana	40.5	12	Maine	32.5	37
Connecticut	40.2	13	Louisiana	32.1	38
New Hampshire	40.0	14	North Carolina	31.3	39
Kansas	39.8	15	New Mexico	30.4	40
WISCONSIN	39.8	16	District of Columbia	30.3	41
New Jersey	39.2	17	Florida	30.1	42
Maryland	39.1	18	Tennessee	29.9	43
Idaho	38.8	19	Georgia	29.6	44
Texas	38.0	20	Michigan	29.6	45
Washington	37.7	21	Alaska	29.2	46
Virginia	37.6	22	South Carolina	29.0	47
Oklahoma	36.4	23	Mississippi	27.4	48
Oregon	36.4	24	Kentucky	27.3	49
Indiana	36.2	25	Alabama	27.2	50
			West Virginia	25.6	51

Source: Cornell University Employment and Disability Institute, 2015 Annual Disability Statistics Compendium

APPENDIX 6

Vocational Rehabilitation State Grants FFY 2016

State or Other Area	Grant Amount	Percent of Total	State or Other Area	Grant Amount	Percent of Total
Alabama	\$62,990,567	2.0%	New Jersey	\$61,927,213	2.0 %
Alaska	10,393,765	0.3	New Mexico	24,998,442	0.8
Arizona	85,601,468	2.7	New York	155,369,559	5.0
Arkansas	46,998,379	1.5	North Carolina	109,928,658	3.5
California	302,747,126	9.7	North Dakota	10,393,765	0.3
Colorado	42,317,015	1.4	Ohio	109,889,801	3.5
Connecticut	26,628,439	0.9	Oklahoma	37,741,368	1.2
Delaware	12,469,539	0.4	Oregon	51,316,735	1.6
District of Columbia	16,116,707	0.5	Pennsylvania	144,407,083	4.6
Florida	183,079,481	5.9	Rhode Island	12,910,845	0.4
Georgia	90,381,181	2.9	South Carolina	58,843,758	1.9
Hawaii	13,379,872	0.4	South Dakota	10,393,765	0.3
Idaho	17,527,397	0.6	Tennessee	59,971,149	1.9
Illinois	112,743,914	3.6	Texas	243,139,628	7.8
Indiana	59,566,046	1.9	Utah	29,595,573	0.9
Iowa	30,840,851	1.0	Vermont	11,990,345	0.4
Kansas	22,856,596	0.7	Virginia	77,318,917	2.5
Kentucky	55,555,504	1.8	Washington	56,323,990	1.8
Louisiana	36,550,000	1.2	West Virginia	32,471,393	1.0
Maine	16,797,381	0.5	WISCONSIN	65,053,321	2.1
Maryland	41,899,699	1.3	Wyoming	9,751,505	0.3
Massachusetts	58,842,852	1.9	American Samoa	923,709	0.0
Michigan	108,435,063	3.5	Guam	2,838,003	0.1
Minnesota	51,909,354	1.7	Northern Marianas	817,456	0.0
Mississippi	44,589,605	1.4	Puerto Rico	57,328,050	1.8
Missouri	67,552,169	2.2	Virgin Islands	<u>2,004,545</u>	0.1
Montana	13,700,185	0.4			
Nebraska	20,393,099	0.7	Grand Total	\$3,118,129,639	100.0%
Nevada	16,788,724	0.5			
New Hampshire	10,829,085	0.3			

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