June 24,1999

Director, Vocational Rehabilitation
and Counseling Service
Veterans Benefits Administration
Department of Veterans Affairs

Dear Mr. Williams:

We are pleased to present you with the final report of the Vocational Rehabilitation and Counseling (VR&C) Case Management Task Force. This report includes our findings on current case management procedures within VR&C, reviews of professional literature and academic research on the subject, the results of a nation-wide survey of VR&C staff, and recommendations to improve VR&C's entire case management process.

In our task force deliberations, it became clear that we needed to consider a much broader concept of case management than was originally put forth in the concept paper, the mechanism that launched this task force. The concept paper narrowly discusses case management in terms of monitoring activities. As you will find in reviewing our work, we so greatly expanded the scope of our charge, that monitoring is but one of six components of case management that we examined.

A demonstration project design and technical assistance guide are also contained in the report. We think it is prudent to demonstrate our ideas at several stations to determine any difficulties integrating new case management principles with both new and seasoned program participants in various stages of their rehabilitation programs. However, we are confident that implementation of our recommendations will result both in better service to our veterans and gains on VR&C's Balanced Scorecard.

Although current policies and procedures tend to foster dependency in our disabled veterans, implementation of the task force's recommendations will have the opposite effect. Case managers will promote helping veterans achieve self-sufficiency. It is anticipated that this new direction will result in a substantial increase in the number of veterans who achieve independence in daily living and suitable employment.

Respectfully Submitted,

/s/
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/s/
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Executive Summary

To guide individuals through the rehabilitation process, the VR&C Program provides case management activities to all applicants and program participants. Good case management practices are an essential element of any successful rehabilitation program. In recognition of the critical role case management plays in achieving successful rehabilitation outcomes, the VR&C Program decided to develop a Case Management Task Force to review its procedures in this area. The work of the eleven-member task force resulted in substantial recommendations to improve VR&C case management practices.

Current VR&C case management procedures may inadvertently be encouraging program participants to be overly dependent upon their case managers. Many VR&C case managers do not differentiate the level of case management activities, but rather attempt to deliver the same level to all veterans on their caseloads. This results in some program participants being "overly case-managed" while others may be "under case-managed." Case management based upon procedures rather than individual need may be a contributing factor to veterans interrupting or discontinuing their rehabilitation programs.

A New Model for Case Management

The task force recommends a model that incorporates a standardized tiered approach to case management that links the intensity of case management with the individual needs of the veteran. The task force model acknowledges that VA case managers cannot provide full-scale case management to all veterans, nor should they be providing the same level to all. Rather case managers should provide the appropriate level of service based on the changing needs of the veteran. The proposed model submits a universal definition of case management and offers standardized guidelines in determining the appropriate level of case management. This concept of a common language regarding case management services will allow all VR&C staff members to easily communicate the required intensity of services in a case. From support personnel checking in transfer cases from other field stations to employees based in headquarters performing quality assurance tasks, a Level I, II, or III case will carry the same meaning and will quickly alert them as to the complexity of the veteran's needs.

The task force proposal will further improve the quality of VR&C service delivery by streamlining application processing, emphasizing a continual assessment of the veterans' needs, focusing case managers on seeking to assist veterans to increase their capacities for self-sufficiency, and giving case managers a tool to better manage their caseloads. Implementation of the task force model will reduce VR&C's dependency on contracting, focus case managers' attention to employment early in the rehabilitation process, and re-direct case mangers' time to veterans with multiple rehabilitation needs.

Task Force Recommendations

The task force specifically recommends that the VR&C Program:

- Adopt a universal definition of case management that includes the six standard components of case management (assessment, planning, implementation, coordination, monitoring, and evaluation)
- Develop a case management strategy on each case based upon the individualized needs of the veteran and their capacity to be self-directing
- Use a tiered approach to case management activities with three levels of intensity:
  - Level I – Veteran exhibits independent goal-oriented behaviors and needs minimal contact from the case manager
  - Level II – Veteran needs guidance and structure, but is able to follow through and stay on track
  - Level III – Most seriously disabled veterans who require the most intensive level of services
- Use a "just-in-time" survey instrument to gain feedback from program participants
- Streamline application processing
- Make the planning process more dynamic and more focused on employment
- Encourage the veteran to become more of a participatory partner in the decision-making process
- Re-direct the case managers' time to "at-risk" veterans perhaps preventing the need to place them in interrupted or discontinued status
- Reduce the administrative burdens placed on case managers
- Develop a website for VR&C "Best Practices"
- Adopt the Commission on Rehabilitation Counselor Certification's Code of Professional Ethics for Rehabilitation Counselors

Benefit to the Veteran

The task force recommendations will benefit the veteran by:

- Giving a more timely decision on entitlement to the program
- Focusing the case managers' attention to those with multiple needs
- Emphasizing employment early in the program
- Encouraging the veteran to be a more active partner in their rehabilitation program
- Directing case managers to assist the veteran to become more self-sufficient
- Teaching the veteran how to access resources – this will help the veteran after his case is closed

Balanced Scorecard Gains

Predicted gains in VR&C's Balanced Scorecard include:

- Improved timeliness in days to notification of entitlement determination (meet the strategic objective)

- Improved accuracy in determining/identifying Serious Employment Handicap (SEH)
- Improved Rehabilitation Rate by reducing the number of veterans who discontinue their rehabilitation program (5-10%)
- Improved Serious Employment Handicap Rehabilitation Rate (5-10%)
- Reduced contracting costs by either choosing not to use contractors or by differentiating levels of service (20%)
- Improved customer satisfaction

A Final Note

A Task Force review of 38 CFR, part 21, subpart A ensured that the recommendations given in this report are in compliance with current regulatory guidelines. The review of the CFRs, however, did reveal an inequity between the level of benefits and services a case manager can provide a veteran who is seeking employment in comparison to a veteran who is in a training program. A veteran seeking employment is entitled to a more restrictive level of benefits and services. For example, veterans entering into a plan of only employment services, cannot be paid subsistence allowance and cannot be provided with a purchase of items and services necessary for them to compete for suitable employment. Veterans in employment services status who may be incurring unique expenses related to their job search activities are not eligible for a revolving fund loan. Thus, if a veteran's car breaks down and he is unable to get to job interviews, VR&C case managers are unable to offer him any temporary financial support to overcome these untimely expenses. The task force concluded that this inequity is inconsistent with the program's emphasis on employment. Therefore, it is recommended that a review of the CFRs be initiated for the purpose of strengthening the benefits and services that can be provided to veterans who are seeking employment.

Background

Good case management practices are an essential element of any successful rehabilitation program. In recognition of the critical role case management plays in achieving successful rehabilitation outcomes, the VR&C Program decided to review its procedures in this area for many reasons.

First, we wanted to ensure that veterans participating in the chapter 31 program are indeed receiving individualized services based on their needs and that they are receiving these services when they need them. Secondly, we wanted to bring our case management services more in-line with the general trends in the field of rehabilitation – which advocates that clients become more active partners in their rehabilitation programs. Lastly, we wanted to explore the possibility of developing a caseload management tool to assist our field staff in effectively delivering services to the large number of veterans on their caseloads.

Ideal caseload size is difficult to achieve. Most VR&C caseloads are too large to provide full-scale case management activities to all program participants. More importantly, all veterans do not require the same level of case management. Currently, VR&C field staff are most likely employing some informal strategy to deal with workload issues. The problem is that each case manager may be making case management decisions (who gets full-scale case management and who does not) based upon personal values. This lack of consistency in the provision of full-scale case management activities results in uneven services across the program.

Original Concept Paper

The VR&C Service plans to review current operating procedures for providing case management to its chapter 31 participants. Case management may be generally defined as the provision of appropriate follow-up activities to ensure that VR&C program participants progress towards and ultimately achieve their rehabilitation goals. Currently VR&C professional field staff often attempt to deliver case management services in a similar manner to all disabled veterans on their caseloads, regardless of the level of disability and/or individual need for follow-up services. Additionally, VR&C operating procedures have encouraged uniform delivery of such services.

Title 38, United States Code, Chapter 31(section 3106(f)) addresses case management only with regard to those veterans who undergo a period of extended evaluation or who are determined to have a serious employment handicap. It is silent on the provision of case management services for veterans found eligible and entitled to a program of rehabilitation services, but who are determined not to have a serious employment handicap. Yet, in section 21.80 of Title 38, Code of Federal Regulations, it states that the VR&C Officer will assign a case manager to each case placed in evaluation and planning status and that case management services will continue throughout each participant's

rehabilitation program. M-28, Part III, Chapter 1 echoes the CFR on the need to assign a case manager to each case that is in evaluation and planning status. It also goes into detail as to the type of case management activities and the preferred method of follow-up activities.

There are other factors to consider as well in the review of case management procedures. One of the major trends emerging in the field of rehabilitation is that of encouraging clients to take a more active role in their rehabilitation by placing greater emphasis on allowing the client to make informed decisions throughout the rehabilitation process. Disabled individuals are often in the best position to determine what their needs are, what type of services and assistance will meet their needs, and when such services and assistance are needed. Also, effective caseload management requires the counselor to exercise good judgment in the balanced allocation of time to workload activities. Thus, rather than providing follow-up services that are not essential to some program participants, a counselor's time may be better spent in other caseload/workload activities. This approach to case management would require the development of an individualized case management strategy for each participant. However, the case management strategy selected for an individual will always be based on ensuring the participant's best opportunity to complete their rehabilitation program.

In an effort to review program policy and procedures for adequacy, effectiveness, and efficiency in serving our disabled veterans and in trying to better align VA vocational rehabilitation practices with trends in the field of rehabilitation, the VR&C Service has developed a Case Management Task Force to examine case management practices for chapter 31 participants who do not have serious employment handicaps. The Case Management Task Force will complete or explore the following:

- evaluating how much time we spend case managing non-serious employment handicapped (non SEH) program participants

- developing a method of practice in providing appropriate varying levels of case management according to the individual need of the program participant

- implementing a "just-in-time" strategy – when indicators suggest an "at risk" program participant

- instituting some type of gross screening instrument to periodically determine the need for more or less intensive case management services for each non SEH program participant (such a screening instrument will be administered at the national level so as to relieve some of the administrative burden from the field staff)

- investigating any risk management issues (will this initiative encourage field staff to incorrectly determine the presence or absence of a serious employment handicap)

- analyzing how best to redirect any liberated resources:
    - more effective with initial evaluations in determining employment barriers
    - focusing on cases in interrupted status
    - strengthening employment services
    - utilizing locator services (perhaps through partnerships with the Social Security Administration or the Internal Revenue Service) to assist field staff in locating program participants who have moved prior to completing their rehabilitation programs

The work of the Case Management Task Force will be a critical piece of VR&C's overall reengineering effort.

Review of Professional Literature

The task force felt it would be valuable to review current literature and research available on case management models. The articles selected for review were significant in that they dealt with effectiveness of case management, analysis of case management models, service provision, outcomes, and client empowerment implications in job placement issues.

Gorey, Leslie, Morris, Carruthers, John, Chacko, (1998) have identified the very crux of the difficulty of defining what happens in case management, "it is clear that what one names as an intervention probably pales in comparison to the specific operational strategies which are actually put in place in the field, along with the specific characteristics of those doing the work, the clients who participate, and the working relationship between them." A Guide to Case Management for At-Risk Youth (1993) contends that "successful case management initiatives do incorporate a number of nearly standard activities that allow client-level interventions to be orderly and structured while also being client-centered and flexible."

Models that were prevalent in the studies included the ACT (Active Community Treatment Model); PACT (Program of Assertive Community Treatment Model – Wisconsin Model); Generalist Model; Rehabilitation Model; Strengths Model; Clinical Case Management Model; and the Intensive Broker Model.

The models can be described/defined as follows: The *ACT* and *PACT Models* are based on evaluations that assist the client in identification of problems or barriers, alternatives to overcoming them and a provision of services through a team effort. They are oriented toward client growth and work with the client in their home/community settings. The *Generalist Model* identifies problems and links the client to service systems that are already in place. The *Rehabilitation Model* requires clients to function in a formal system that may or may not be feasible for the client. The *Clinical Team Model* is oriented to ensuring client treatment compliance and survival with services provided in the office. The *Strengths Model* identifies client strengths and expectations, with linkage to naturally occurring resources. The *Intensive Broker Model* is non-medical in nature and aggressive pursuit of client empowerment within their environment (Posner, Jerrell, 1998; Chamberlain, Rapp 1991).

Within their philosophies the models all espoused goals of helping stay out of the hospital and maintenance of stable lifestyles. They were dissimilar in emphasis on client empowerment and pursuit of their independence. A Guide to Case Management for At-Risk Youth (1993) advocates that within case management programs the case managers work closely with each client, his/her family, and others to move the [young] person towards self-sufficiency; to strengthen clients' capacities to exercise self-determination and autonomy; and to identify inadequate gaps in services, and stimulate correction of those problems.

During the 1970's and 1980's services to the chronically mentally ill were at best disjointed and as a result case management was developed and defined as having five major functions: assessment, planning, advocacy, linkage to services and monitoring (Sullivan, 1981; Intaglia, 1982).

The elements of case management that appeared to be common to all models were: one case manager was assigned responsibility for the case; assessments of needs was on a continuum; planning and service delivery were based on the identified needs of the client; monitoring was individualized and identified by need and functioning level of the client.

Effective case management is based upon a comprehensive assessment. Assessment is not a one-shot, up-front component; nor is it limited to testing. Rather, it is an ongoing process of information-gathering that continually contributes to and alters the client's service strategy (A Guide to Case Management for At-Risk Youth, 1993). Pre-screening is often necessary to determine which clients will receive case management services and which will not. It is a particularly important component when case loads are inordinately high (e.g., the total number of clients to be served by an organization or group of organizations significantly exceeds the capacity of available case management resources). In such situations, it is usually necessary to provide case management to a predetermined sub-population who will especially benefit from it. The service strategy should synthesize the client's strengths, goals, barriers, and other assessment findings. It should set out a personal, interagency, and interpersonal strategy of activities that enhances the client's strengths, improves areas of difficulty, and moves him/her towards self-sufficiency. Case Managers should assume that the service strategy will need to be reviewed regularly and adjustments made accordingly. It may be necessary to revise the strategy a number of times. Causes for lack of fulfillment of service strategies vary. Some may stem from unanticipated problems, others from a poorly conceived strategy, and others from an overly ambitious agenda (A Guide to Case Management for At-Risk Youth, 1993).

Throughout the service strategy, it is recommended that low support referrals be phased in over time as the case manager teaches the client how to do case management for him/herself and how to obtain needed services with gradual reductions of professional assistance. As a result, a long-term goal of case management should be that each client will eventually no longer need case management (A Guide to Case Management for At-Risk Youth, 1993).

During this literature review, the issue of case load size was analyzed. According to Rapp (1998), the expectations of the amount of service delivery, involvement with client crises, and highly individualized service inevitably requires a rather high staff to client ratio. The *ACT Programs* recommends a 1to10 ratio; *Strengths Model* suggests a caseload size between 1 to 12 and 1 to 20; and the *PACT Model* suggests 5 to 40 clients per case manager ratio. Their study also showed a median of 15 to 1 (Gorey, et al, 1998). The *Intensive Broker Model* advocated for 15 to 1 and the *Clinical Model* program was the highest with a 40 to 1 ratio (Posner, Jerrell, 1998). A Guide to Case Management for At-Risk Youth (1993), did not identify a single number as the "correct" caseload size to all

case managers, but rather indicated that an ideal caseload is one that enables a case manager to thoroughly handle all aspects of case management with his/her clients – enabling those clients to achieve self-sufficiency over time. However, if a case manager needs a small caseload to do their jobs effectively, then "full-scale" case management cannot be provided with all clients. The odds are that this strategy is already being used on an informal basis; the informality of the process is the problem. Unfortunately, each case manager makes this decision based upon his/her personal values – who receives *good* case management and who doesn't varies from case manager to case manager. There is little consistency to this ad hoc approach. Informal choice processes force case managers to "play God." Few appreciate this situation, and it brings about uneven services. According to A Guide to Case Management for At-Risk Youth, (1993), it would be far better if managers and policy makers:

- acknowledge that case managers cannot provide full-scale case management services to all their clients (rather than assuming that they can);
- clearly define through a detailed description of criteria, which subpopulations should receive full-scale case management, or
- set up a formal process through which a group of staff persons review clients' cases and decide which should receive full-scale case management;
- set up a review process through which exceptions to the rule can be addressed – e.g., there will always be a client here or there who staff feel strongly should receive case management services, but doesn't fit the guidelines. Similarly, there will be the occasional client who, although earmarked for case management, doesn't really want or need it.

Research gathered for A Guide to Case Management for At-Risk Youth (1993), suggests developing a "tier" system based upon level of employability in order to identify the level or extent of case management services needed:

- **Tier 1: Employable:** Advanced clients who succeeded in school; possess some successful work experience; and have acceptable work habits.
- **Tier 2: Nearly Employable:** Intermediate clients who have weak school records; no diploma or GED; and/or possess little or no work experience.
- **Tier 3 – Pre-Employable:** Basic-level clients who may be "high risk"; school-dropouts; or unemployed and have negative work experience(s).

Tier 1 clients go through a "fast-track" in which little or no case management is offered; Tier 2 clients receive a low-intensity form of case management or counseling support; and Tier 3 clients receive "full-scale," intensive case management services.

In addition, the research gathered for A Guide to Case Management for At-Risk Youth (1993) suggests that the efficiency of case management delivery may be increased by performing some functions with groups of clients. Another suggestion was to reduce case managers' responsibilities by turning over some aspects of their jobs to other individuals. For example, interagency networking. The process of developing and maintaining personal contacts among large number of institutions is very time consuming for most case managers. Ideally, much of the networking process could be handled at the agency leadership level. However, until such interagency agreements have been developed, it might be feasible to assign a staff member the job of "Resource Developer", the organizational equivalent of a job developer who focuses instead on developing "service placements" for clients. (A Guide to Case Management for At-Risk Youth, 1993).

The primary objective of the VR&C program is to assist a service-connected veteran in obtaining and maintaining suitable employment or achieving maximum independence in daily living. In many instances, including within VR&C's program, the focus of employment and labor market trends is "lost" during case management services. Vandergoot (1996) proposes that as a result of failing to utilize labor market information within our economy that the case management and status system locks consumers into vocational programs that are not reflective of the realities of the labor markets. It was further suggested that no one else in our society is required to select a vocational goal before a plan of services can be written. Vandergoot (1996) suggests that by providing more flexibility in our up front assessment and assistance, and allowing the client to be more involved in making their own labor market decisions by being able to access that market without detriment to their benefits, will thereby expand their knowledge and range of choices for what is right for them. This is a natural process – the labor market function helps narrow people down into the job that is right from them; when the decision is forced early in the process, much of what follows in the rehabilitation process may actually hinder the person in their search for jobs (Vandergoot, 1996).

Vandergoot (1996) also suggests that follow-up is an area often overlooked and probably the most critical of all the services. The adjustment process in entering or re-entering the world of work is fraught with stress. The closure criterion of 60 days is not sufficient and does not get the consumer through even the basic 90 day probation period; nor is it long enough to assess whether the job/person match is suitable (Vandergoot, 1996).

The other issue relating to successful job placement is the ability of the consumer to achieve self-efficacy or the individuals belief in their ability to perform a given behavior. Outcome expectations that the consumer can and will learn how to be successful in the job search and maintenance of the job is critical to the development of skills and the motivation of the consumer. Strauser (1996) suggests that interventions should be designed to assist individuals in coping with the stressors of job search activities. There

are five suggested areas to motivate consumers to continue job search activities: building a relationship with the consumer; provision of job seeking skills; building the individuals motivation through an appraisal based coping model and expectancy model; inoculating against setbacks; and providing social support to the individual (Strauser, 1996).

The research was inconclusive that any one element of intervention through case management was a single predictor of success. There is a lack of clarity as to the process or processes that produced results. However, case management services which have outreach programs, have better client involvement and empowerment, which in turn appears to lead to a higher functioning status and success rates. Monitoring and service provision also appear to be key factors in stabilizing clients and reducing hospitalizations and crises, which typically interrupt the process of service delivery. In addition, it is reasonable to assume that a client's self-determination should affect outcomes (Chamberlain, Rapp, 1991). Nonetheless, case managers should understand the components of accountability – good case records and clear entries for intake, referral, service delivery, termination, and follow-up (A Guide to Case Management for At-Risk Youth, 1993). If done correctly, case management services lead inevitably to either a conclusion that the service strategy is sound, or that it needs modification, demonstrated by the client obtaining employment or achieving maximum independence in daily living (A Guide to Case Management for At-Risk Youth, 1993).

Case Management Definition

With some modification, the Case Management Task Force adopted as their working premise, the case management definition developed by *CARF – The Rehabilitation Accreditation Commission.* The Task Force strongly recommends that the VR&C Program employ this case management definition on a national basis as it captures the extensive range of rehabilitation case management activities. In the past, the VR&C Program tended to narrowly focus on monitoring functions when using the term case management.

The recommended definition is as follows:

> **Case management is a process where one case manager and one plan of action guide the veteran through vocational rehabilitation from application to suitable employment or maximum independence in daily living. The veteran and case manager develop the plan together, with input from relevant parties. Case management provides goal-oriented and individualized supports for the veteran through assessment, planning, implementation, coordination, monitoring, and evaluation activities. The intensity of case management activities and frequency of contact are individualized and based on the needs of the veteran.**

The Six Components of Case Management

1. ASSESSMENT:

The process of collecting in-depth information about the veteran's situation and functioning in relation to independent living or suitable employment.

Current Situation:

- The current application process (GED) requires gathering information not germane to the veteran's eligibility for a vocational assessment and needlessly delays the delivery of a decision to the veteran
- A vocational assessment usually leads to a specific job objective
- Specific needs are not being consistently identified
- A determination of Serious Employment Handicap is often equated with a need for extension of entitlement
- There currently is no national guideline for determining the level of case management services
- The Initial Evaluation does not consistently address feasibility issues such as personality disorders or behavioral deficits

- During Fiscal Year 1998, Vocational Rehabilitation and Counseling spent $11,424,570 to purchase vocational assessment services from contractors (Quarterly Statistical Report)

Task Force Proposal:

- Redesign the application process in a way that facilitates quick decisions regarding eligibility and need for vocational rehabilitation services
- Do each step of the current process only as it becomes relevant to the progress of the case
- Simplify and automate vocational rehabilitation eligibility determinations
- Defer consideration of all extensions to the BTD and entitlement use to counselors as part of rehabilitation plan development
- Improve processing timeliness (a Balanced Scorecard measure) by utilizing regionalized or centralized processing
- Change the letter generated by GED processing to emphasize the scope and importance of the Chapter 31 evaluation and planning processes as well as encourage applicants to provide the information needed to facilitate the decision regarding the existence of an employment handicap
- Eliminate the practice of sending an application form (VA form 28-1900) when a veteran receives an increased disability rating. Instead, advise the veteran to contact VR&C if their service-connected disability contributes to difficulty in getting or keeping employment, or interferes with daily living activities
- Separate the acquisition of information pertinent to the determination of need from that necessary for plan development. Use the supplemental questionnaire to elicit necessary information from the veteran and, to the extent possible, make the need determination on the basis of this information as well as other evidence of record

The Assessment activity includes two primary processes - application and evaluation which are outlined in more detail below:

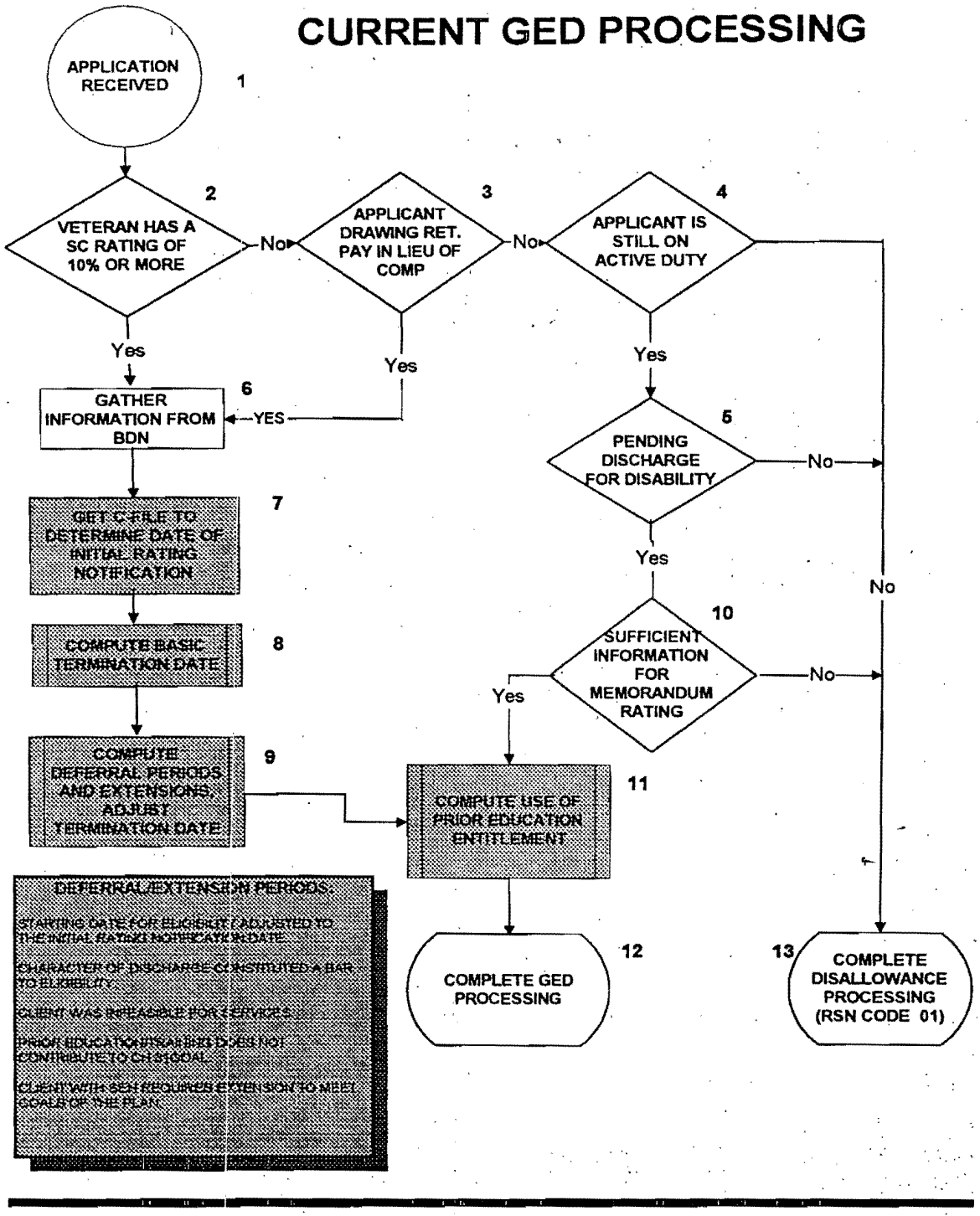
Weaknesses of the Current System:

- Requires C-file in order to process application (this is the only place to find the date of initial rating notification)
- Results in unnecessary delays in processing due to the need to obtain the C-file and to do the termination date and prior entitlement use computations for cases in which plans are never developed
- Precludes brokering the work or regionalization/centralization of the process
- Fails to focus on veterans with legitimate rehabilitation needs
- Fosters inappropriate client expectations by emphasizing educational benefits over amelioration of existing barriers to employment
- Offers no capacity for on-line or scannable input

Application Processing:

The current application form is being revised to address many of the shortcomings of the existing one, but it does not provide on-line or scannable versions nor does it appreciably reduce the staff time required to process the applications. In addition, it does not solicit all of the information needed to make an entitlement determination.

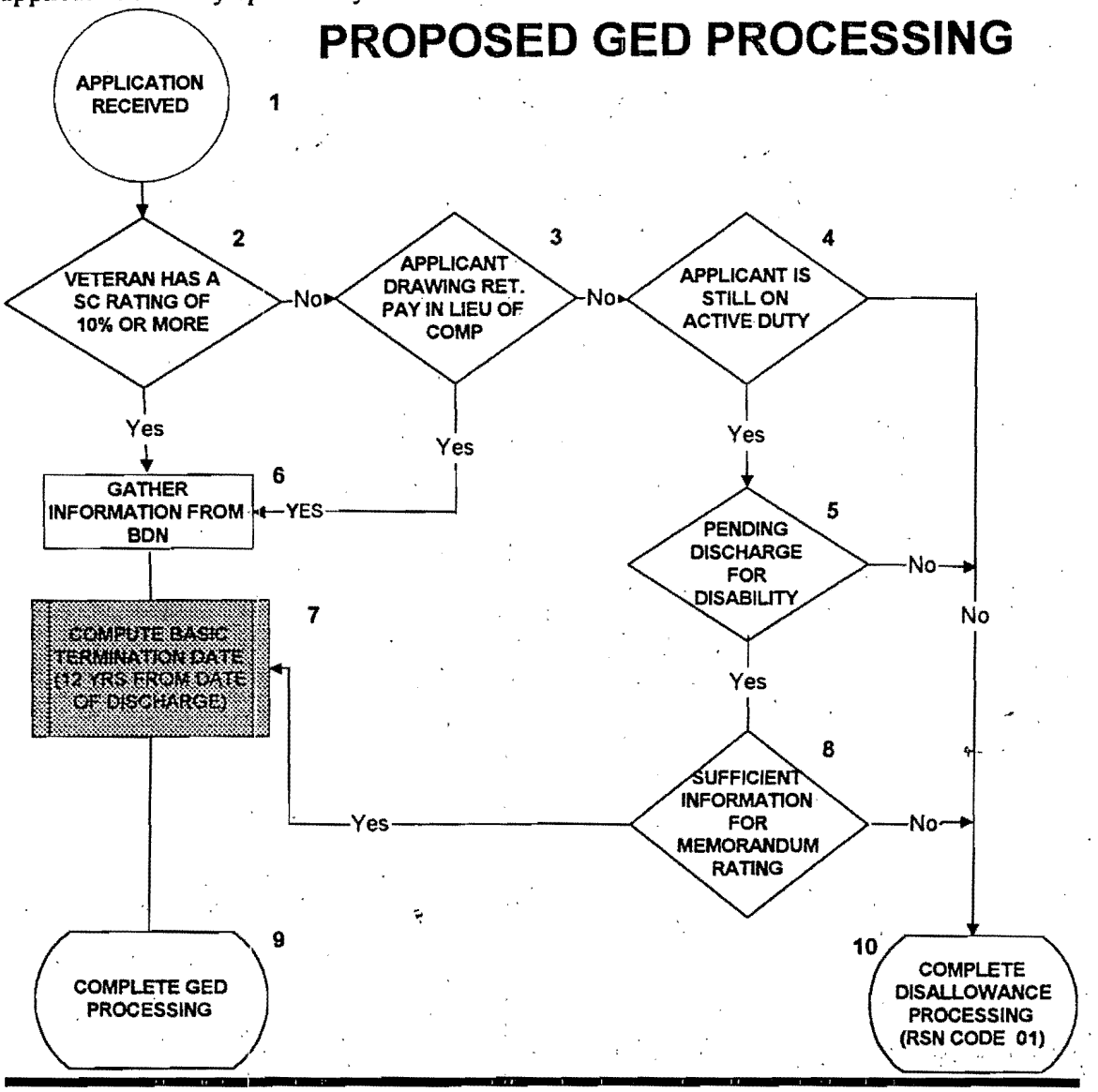
Our present process made excellent sense when it was initially developed. At that time, there was very limited access to BDN. In addition, all of this "up front" processing was done by Adjudication and the results were sent to the VR&C Division for appointment scheduling. The advantages were that the Adjudicator only had to handle the case once before the hardcopy determination was sent to VR&C and the counselor had a document which included prior educational benefit use and most of the extensions to the Basic Termination Date (BTD). This situation no longer exists. In many offices, the initial processing has migrated to the VR&C Division and virtually all employees have access to BDN. This removes the importance and advantages of completing all of the work at one time. Computation of the prior entitlement use and extensions to the termination date have NO bearing on the veteran's entitlement to the initial vocational assessment. According to 38 CFR 21.50(a), VA shall provide an initial evaluation to each individual who applies for benefits under Chapter 31, if the individual's compensable service-connected disability meets one of the conditions contained in §21.40(a). These computations become important only at the point where a plan is being developed and the extent of our potential involvement must be determined. In reality, nearly half of the applications received (12 month average of 46% according to the COIN TAR 6001 National Report dated May 1, 1999) do not result in development of a rehabilitation plan so completion of all of the computations prior to a finding that the veteran needs rehabilitation services represents a horrendous waste of staff time.



Steps 7, 8, 9, and 11 represent the significant bottlenecks to timely application processing. Yet they have no bearing on the veteran's entitlement to a comprehensive vocational assessment.

Task Force Proposal:

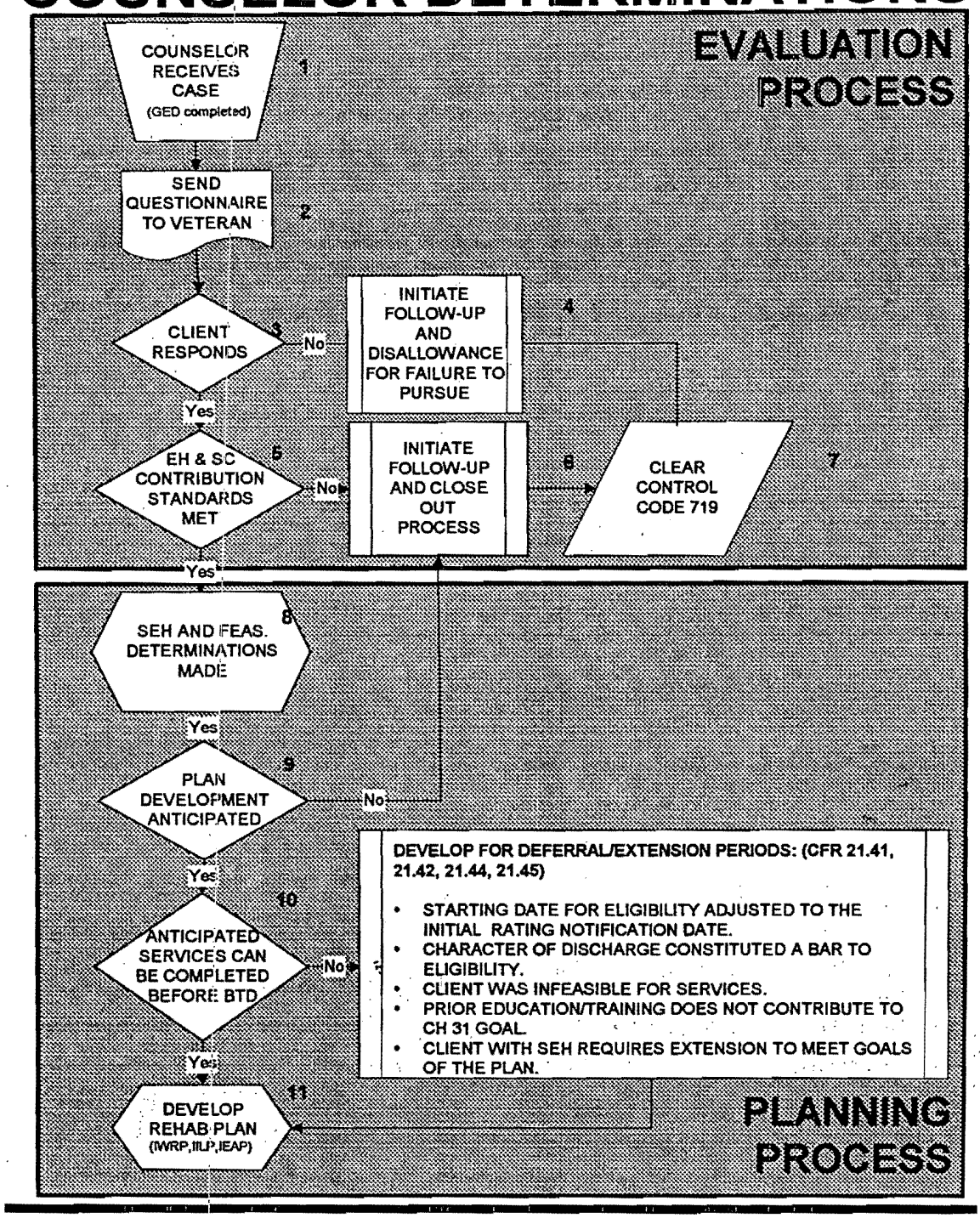
The following proposals provide ways to significantly improve the initial processing of our applications. They specifically address the weaknesses cited above.



Timeliness of the Notification of the Entitlement Determination is one of the Balanced Scorecard Categories and as such is an important consideration in the reengineering of our work processes. This measure is calculated as the total number of days from receipt of the application (VA Form 28-1900) to the date the veteran is notified of the entitlement decision. Operationally, it is computed as the time to clear the 095/295 control code plus the time needed to clear the 719 control code. The 095/295 control code is automatically cleared when the Chapter 31 master record is established and the eligibility determination is completed (GED processing completed). The control code 719 is established as a by-product of this processing. The established standards dictate that the counselor takes

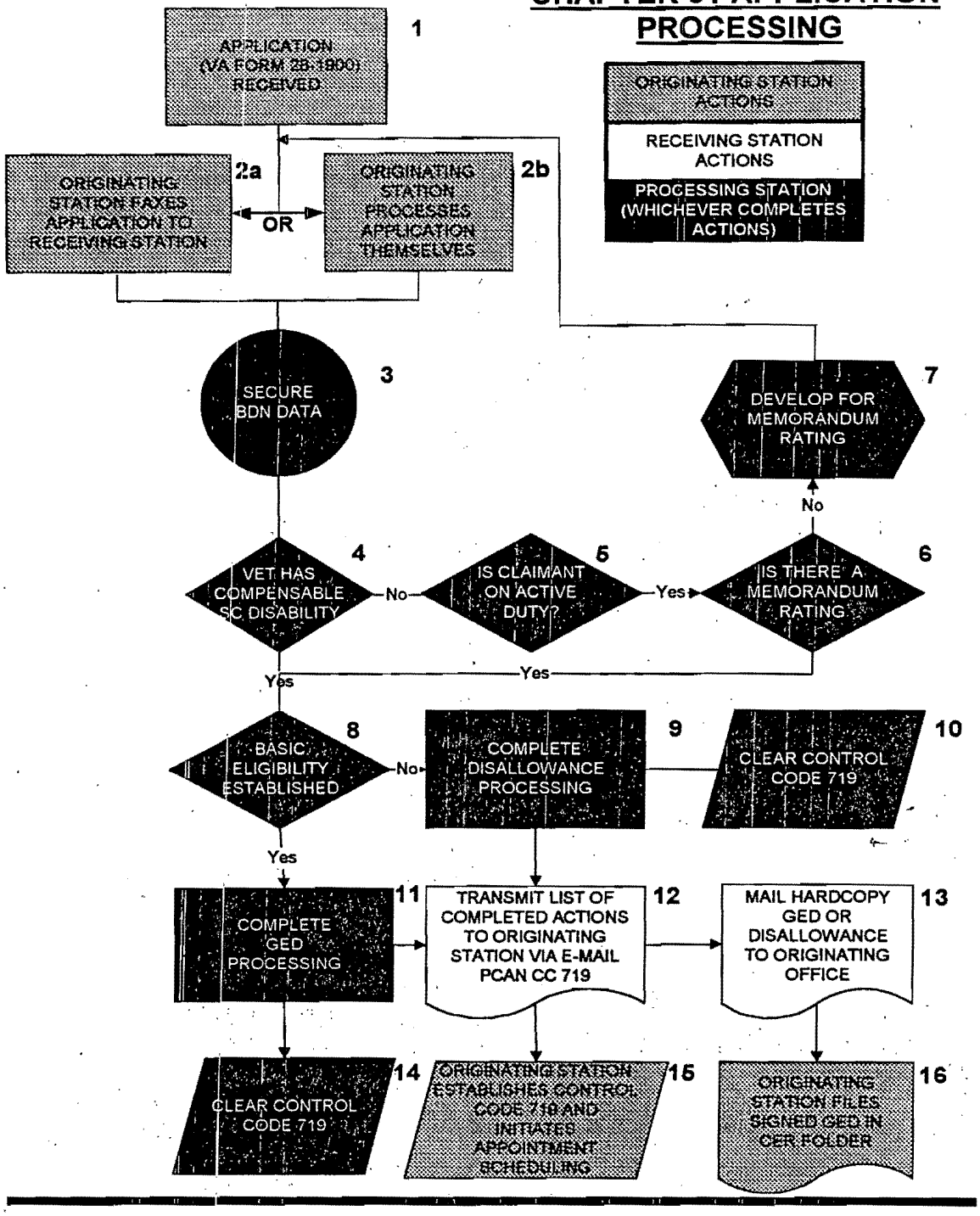
(PCLRs) the 719 when the veteran is notified of their entitlement to Chapter 31 services. This indicates that decisions have been made regarding the existence of an employment handicap, contribution of the veteran's service-connected condition(s) to that handicap, and the seriousness of the handicap. Decisions about feasibility of achieving any rehabilitation goal and about specific goals and services are separate and are not considered to be part of the need determination process.

COUNSELOR DETERMINATIONS



Besides improving the timeliness of the entitlement decision, the proposed procedures provide an opportunity to manage the Chapter 31 application processing workload much more efficiently than previously possible. Moving the decisions regarding deferrals/extensions of the basic termination date and the use of other VA educational benefits to the planning process removes the impediments to regionalized or centralized processing. The model for this shared work is shown below.

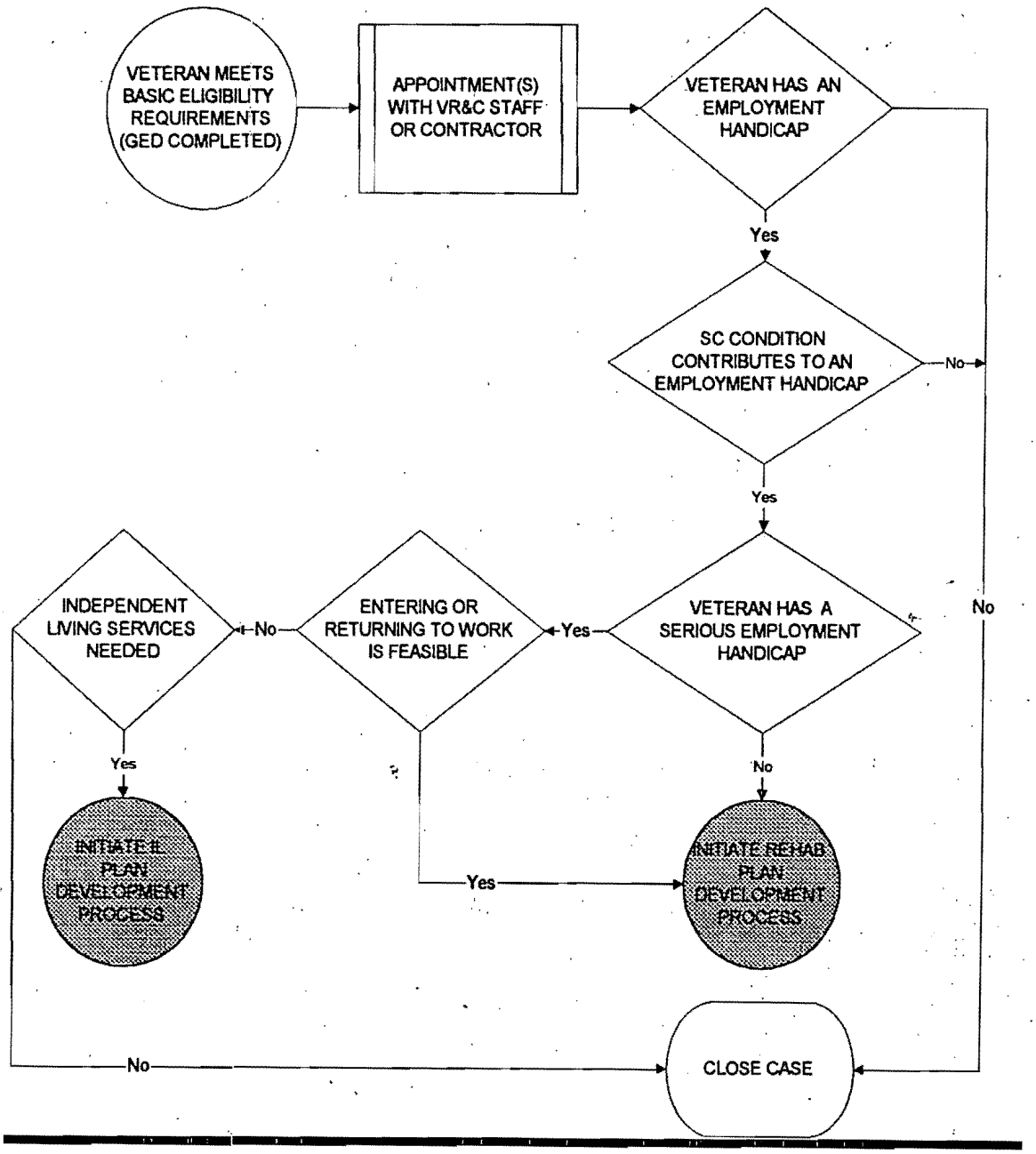
CHAPTER 31 APPLICATION PROCESSING



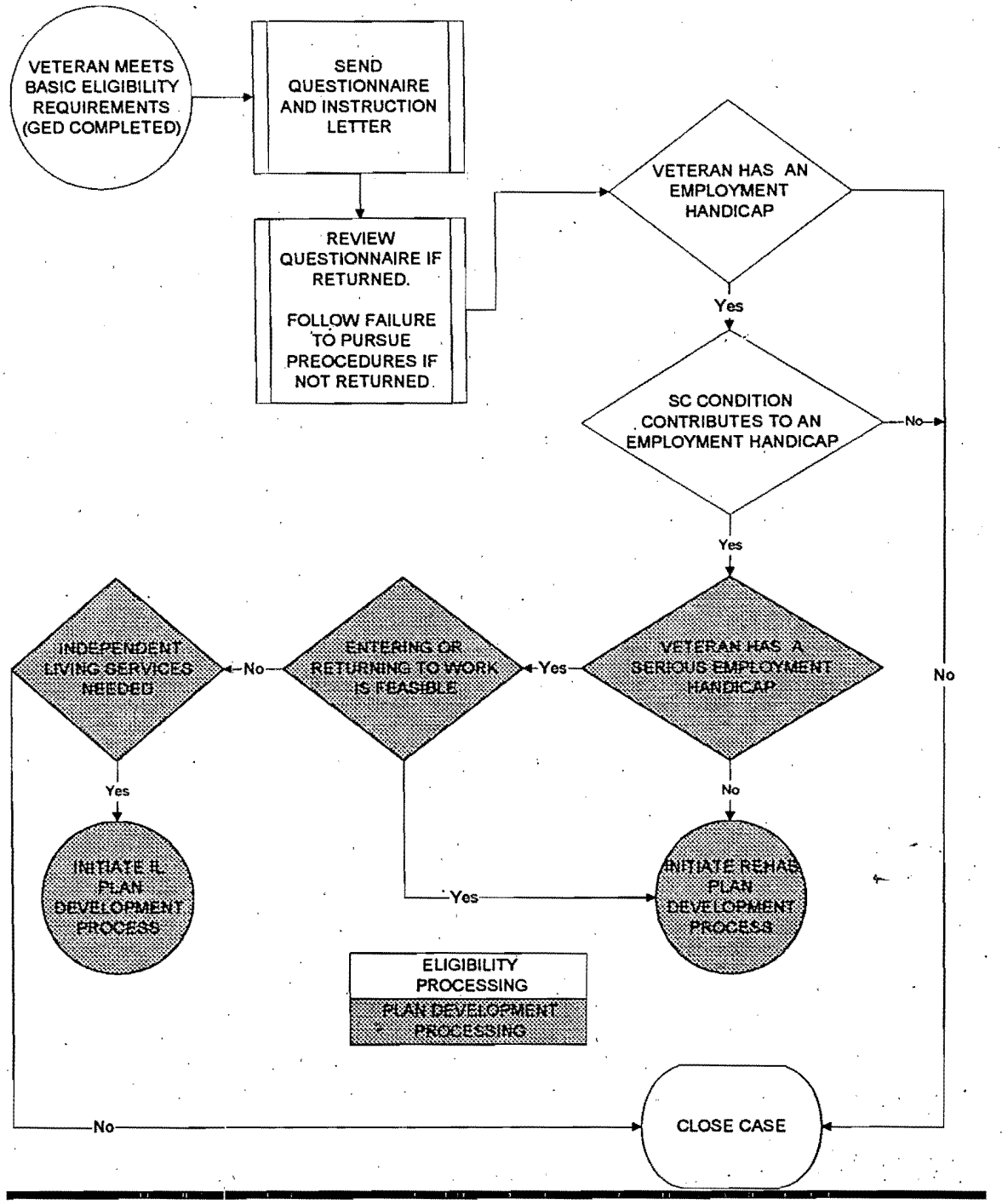
During the first three months of this project, the Little Rock Regional Office has processed 774 Chapter 31 applications for the Houston Regional Office with an average turn around time of 3.17 days. One limitation is that cases requiring a Memorandum Rating are still done by the originating office. Another limitation is that the information cannot currently be directly input into the WINRS data file. Most of the complexity in the process shown above is directly related to BDN processing which does not allow a control code to be established by one station and cleared by another or direct transfer of the Eligibility Determination print between the stations. In spite of these limitations, the workload can be more evenly distributed and timeliness improved.

Evaluation

The current approach to evaluation focuses on making all administrative decisions as well as completion of the rehabilitation plan. In keeping with the approach of completing tasks as they become relevant to the progress of the case, some of the decisions currently part of the initial evaluation should be made later in the process as part of development of the rehabilitation plan.



The key elements of the task force proposal involve the development of the vocational rehabilitation questionnaire and case manager entitlement worksheet to determine the existence of an employment handicap at the earliest possible date. In addition, a questionnaire will be designed to assess the veteran's employment expectations, current social situation and financial status; protocols for assessment of interests, aptitudes and abilities as well as vocational exploration; and a worksheet to summarize the determinations regarding entitlement, feasibility, serious employment handicap and recommended level of services.



The decisions regarding feasibility and serious employment handicap have no direct bearing on the initial entitlement decision. They are important to decisions about the range and complexity of services incorporated into the plan and thus are incorporated into the plan development process.

Similarly, the assessments of the veteran's interests, aptitudes and abilities, level of career planning maturity and knowledge of labor market factors bear on the specific objectives of the plan and are incorporated at this point. Shifting these items to the plan development process will not involve any legal or regulatory considerations. However, they will require a waiver of the provisions of M28-1, pt. 2, ch. 1 and the information provided in VR&C Policy Bulletin 99-1.

Benefits of Proposal:

- Reduced dependence on contracting
- Facilitate informed decisions by the veterans, particularly those pertaining to employment
- Process simplification allows refocusing of resources to more complex cases
- Improvement of service delivery as measured by the Balanced Scorecard

2. PLANNING:

The process of determining specific objectives, goals, and actions designed to meet the veteran's needs identified in the assessment process. The plan should be action-oriented and time-specific.

Current Situation:

- Plans are not being consistently written to address the individual needs identified in the evaluation
- Plans are static and are rarely referred to by case managers
- There are no national guidelines for deciding the level of services to be provided to veterans during the rehabilitation process

Task Force Proposal:

- Simplify structure of the employment plans
  - Use action-oriented, time-specific, reader focused objectives
  - Use drop-down objectives in WINRS to facilitate plan development
  - Include current labor market information
  - Develop plans with more than one job possibility (broader employment goal)
  - Assessment should be on-going throughout the life of the plan

- Develop national guideline for deciding the level of service to be provided

Proposed National Guideline for Level of Service

The VA case manager specifies the frequency of contact and documents the level of service in the employment plan. Following is a definition of Level of Service and the criteria for assigning a specific level:

Level I: Veteran exhibits independent goal-oriented behaviors and needs minimal contact from the case manager. The veteran may demonstrate the following characteristics:

- Stable medical conditions
- Minimum requirement for supportive services
- History of self-motivated academic achievement
- Independence in problem solving
- Absence of Level 2 and Level 3 criteria

Level II: Veteran needs guidance and structure, but is able to follow through and stay on track. The veteran may demonstrate the following characteristics:

- Inappropriate, unusual or disruptive behavior in violation of training establishment code of conduct
- Requires remedial instruction to prepare for post-secondary educational placement tests
- Significant debilitating circumstances that may prevent the veteran from progressing in their Employment Plan such as:
    - documented substance abuse
    - physical or emotional instability
    - personal problems
    - neuropsychological condition
    - homelessness
    - incarceration or threatened incarceration

Level III: Veterans who require most intensive level of services. These veterans need multiple contacts and/or may have multiple rehabilitation needs. Examples of circumstances requiring this level of service are:

- Independent Living (IILP), extended evaluation (IEEP), On-The-Job Training (OJT), Unpaid Work Experience, Chapter 18 (Spina Bifida), Chapter 35 (Special Restorative Training/Specialized Vocational Training)
- Non-traditional training/academic programs (e.g., homebound/independent instructor)
- Chronic inappropriate conduct and cooperation
- Cases in employment services

Benefits of Proposal:

- Assures appropriate level of service thereby reducing contract costs as well as allowing for better utilization of VA staff resources
- Better outcomes such as improved retention rates, higher number of suitably employed
- Improves accuracy of identifying Serious Employment Handicap
- Clarifies plan for veteran

3. IMPLEMENTATION:

Implementation is the process of executing specific case management activities to accomplish the goals set forth in the plan.

Current Situation:

- Focus group information suggests that our communication with participants is inadequate. (Central Area Task Force Customer Satisfaction Survey, 1997)
- Review of the orientation materials reveals significant variance in program orientation
- Orientation Letter (VA Form 78) is meaningful only to those program participants who attend Institutes of Higher Learning (IHLs) as part of their overall plan; there is no similar letter to orient participants in independent living activities, on-job training, or other types of rehabilitation services plans
- VR&C's school certification process is antiquated – still done as paper processing
- Administrative procedures are burdensome (e.g., authorization for training facilities, voucher processing for books and supplies, etc.)
- Poor communications in handoffs between VA case manager and contractor may result in confusion and dissatisfaction on the part of the veteran
- Timely ancillary support services (medical/dental) are important to veteran (VR&C Design Team Report, 1996)

Task Force Proposal:

- Emphasize the critical role of the orientation in facilitating good communication
- Develop comprehensive, user-friendly, orientations, using reader-focused materials that focus on employment objective developed in the plan
- Use appropriate automated tools to individualize the orientation
- The administrative burdens of awards, purchasing, and voucher processing should be reviewed for streamlining. The "Flat Rate" Task Force should investigate possibilities such as Electronic Funds Transfer (EFT), debit cards, reloadable smart card technology, etc.
- Authorize entire rehabilitation training program (ch.31 awards) at the beginning of the program with options to amend program as necessary
- Consider transferring subsistence award processing to centralized processing offices

- Use VA CERT and Electronic Control Authorizing Process (ECAP) to process awards
- Automate medical referrals and give VHA access to BDN chapter 31 evidence
- Emphasize a partner relationship with veteran throughout the case management process (Level I and II veterans are more active partners with VA case managers playing a lesser role in these cases than they do in Level III cases)
- Adopt the Code of Professional Ethics for Rehabilitation Counselors

Benefits of Proposal:

- Improves communication and customer satisfaction
- Improves veterans' commitment to their program
- Reduces contracting costs
- Improves access to medical services
- Enhances perception of "One VA"
- Promotes veteran's independence

4. COORDINATION:

Coordination is the process of organizing, securing, integrating, and modifying the resources necessary to accomplish the goals set forth in the case management plan.

Current Situation:

- Poor communications in handoffs between VA case manager and contractor results in confusion and dissatisfaction on the part of the veteran
- VA case managers may not always be responding to veterans' changing needs throughout the rehabilitation process
- Case managers may have difficulty finding community service providers to deliver certain unique services to meet their veterans' needs
- No established method of easily exchanging information on "best practices" within VR&C's national program

Task Force Proposal:

- Establish e-mail links with service-providers (contractors)
- Implement encryption/de-encryption protocol for communication of privacy act data
- Emphasize the importance of case reporting and case recording (to include maintaining client case records and reporting on veteran progress to appropriate persons both within and outside VR&C) as a very necessary part of the case manager's job

- Assign as an adjunct duty to each VR&C Officer or their designee that of "resource developer" to fill service delivery gaps for their case managers; resource developers

  will analyze particular service voids and will identify and develop community service-providers to fill these voids
- Emphasize the need for continual needs assessment of veteran
- Develop a section on VR&C's web site to discuss "best practices" either at the Service Delivery Network (SDN) level or at the Regional Office (RO) level

Benefits of Proposal:

- Improves service delivery
- Due to emphasis on continual needs assessment the number of veterans entering interrupted status will decrease
- Improved customer satisfaction

5. MONITORING:

Provision of appropriate follow-up activities to ensure that VR&C program participants progress towards and ultimately achieve their rehabilitation goals.

Current Situation:

- Case management is not necessarily based on need of the veteran but on process and administrative procedures
- Operating procedures appear to encourage one level of service for all veterans rather than meeting the specific needs of the individual

Task Force Proposal:

- Increase the level of independence of the veteran as he/she progresses through the rehabilitation program. The levels of service should be defined consistently and follow the level of services previously described in the assessment/planning portion of this report.
- For self-managing veterans develop a self-reporting mechanism to substitute for unnecessary face-to-face supervisory meetings
- Initiate a rapid professional response strategy to identify an "at risk" veteran. A veteran may transition from one level to another multiple times during a rehabilitation program

Benefits of Proposal:

- Increase veteran independence/self-direction
- Frees resources to be focused on those who are most in need

6. EVALUATION:

The process of periodically determining the effectiveness of the rehabilitation plan in reaching the desired outcomes and goals.

Current Situation:

- The current Quality Assurance (QA) instrument may drive case manager's behavior in a way that fosters dependency among veterans
- Sub-elements of the current QA system are written in such a way as to place the responsibility for action on the case manager rather than on the veteran
- Rehabilitation plan elements are not consistently reviewed within the context of emerging needs or the services actually delivered

Task Force Proposal:

- Evaluation is ongoing through continuous reassessment of the rehabilitation plan and needed services
- Develop a mechanism of ongoing evaluation which addresses:
    - Establishing a hierarchy of needs early in the case management process through assessment of risk factors
    - Developing a plan for successful outcomes based on the veteran's needs through rehabilitation planning
    - Obtaining current information about the veteran's progress through monitoring of the veteran's plan
    - Classification of the veteran's current level of service category based on the plan goals and the veteran's needs
- Examine current due process protocol as applied to Chapter 31. Explore the principles of Standards of Care in lieu of due process
- Refine closure procedures and standardize report elements
- Utilize the QA system to assess the effects of these proposals as well as to evaluate the quality of service in individual cases
- Utilize Customer Satisfaction Surveys to prompt on-going improvements in case management processes
- Utilize Balanced Scorecard indicators to evaluate changes realized by demonstration stations
- A quarterly Demonstration Program Status Report will be provided to the VR&C Service Director and integrated into the VR&C Business Case

Benefits of Proposal:

- Increase in the number of rehabilitated cases
- Reduction in the number of discontinued cases
- Improved accuracy (compliance) and quality (appropriate level of service)

Opportunities for Further Improvements in Case Management Recommended Issues for Further Study

Strengthen the benefits and services that can be provided to veterans who are seeking employment only. For example, veterans entering into a plan of only employment services, cannot be paid subsistence allowance and cannot be provided with items and services necessary for them to compete for suitable employment. The task force concluded that this inequity is inconsistent with the program's emphasis on employment.

Review Title 38, Code of Federal Regulations for consistency with Title 38, United States Code.

Utilize a locator services (perhaps through partnerships with the Social Security Administration or the Internal Revenue Service) to assist field staff in locating program participants who have moved prior to completing their rehabilitation programs.

Simplify and automate vocational rehabilitation eligibility determinations. Defer consideration of all extensions to the BTD and entitlement use to counselors as part of rehabilitation plan development.

Improve processing timeliness (e.g., a Balanced Scorecard measure) by utilizing regionalized or centralized processing.

Change the letter generated by GED processing to emphasize the scope and importance of the Chapter 31 evaluation and planning processes as well as encourage applicants to provide the information needed to facilitate the decision regarding the existence of an employment handicap.

Eliminate the practice of sending an application form (VA form 28-1900) when a veteran receives an increased disability rating. Instead, advise the veteran to contact VR&C if their service-connected disability contributes to difficulty in getting or keeping employment, or interferes with daily living activities.

Design on-line or scannable versions of the application form for vocational rehabilitation.

The "Flat Rate" Task Force should investigate possibilities such as Electronic Funds Transfer (EFT), debit cards, reloadable smart card technology, etc. The administrative burdens of awards, purchasing, and voucher processing should be reviewed for streamlining.

Implement encryption/de-encryption protocol for communication of privacy act data.

Develop a section on VR&C's web site to discuss "best practices" either at the Service Delivery Network (SDN) level or at the Regional Office (RO) level.

Examine current due process protocol as applied to Chapter 31. Explore the principles of Standards of Care in lieu of due process.

Utilize Customer Satisfaction Surveys to prompt on-going improvements in case management processes.

VR&C Officers' Case Management Survey

March 4, 1999

1. What percentage of veterans in RTE status at your station would you estimate are self managing?

- A total of 28 VR&C officers responded to the survey.
- The modal percent appeared to be in the 25% range.

Breakdown:

None or 0%	8
1% to 33%	16
Greater than 33%	4

Overview of comments:

- Veteran's capability for self-management more related to the individual's personal circumstances than to percentage of disability.
- Thorough vocational assessment is crucial to development of an IWRP which addresses the amount of case management assistance needed.
- Even for our most independent veterans, we must still provide administration of benefit services (Ch 31 awards, voucher audits, etc.) which are time consuming.
- Case management supervision should be more frequent at the beginning of the rehabilitation program regardless of SEH status. This is the "learning" stage. The veteran is learning about VA/school rules and VA is learning how well the veteran can handle things.

2. Do you have a method of practice in place at your station (other than IWRP or guidelines in CFR's or M28-1) which helps to identify levels of case management according to the individual needs of the program participant? A specific screening instrument, guidelines you've set out for your staff, etc.? If yes, please share it with us.

- Seventeen of twenty-eight respondents had no formal method of assigning degree of case management required for a veteran.
- Eleven VR&C Officers identified a formal method of assigning cases for case management.
- The most common formal method endorsed was a procedure involving level (usually I to III or IV) of case management required.

Overview of Comments:

- One station (Providence) has a structured self report which is sent to the veterans.
- Seattle encourages e-mail correspondence with veterans.
- Veterans with psychiatric disabilities (SC or NSC) and substance abuse history seem to need more case management services.

3. Do you think that some of our program policies foster dependency in our veterans? Could you give an example or two?

- Thirteen answered that they thought that the Chapter 31 program did foster dependency in veteran participants.
- Nine answered that they did not think that the program fostered dependency.
- Six of the VR&C Officers gave no direct response to question 3.

Overview of Comments:

- Wanting to avoid subsistence allowance overpayments, payment for books and supplies which are not appropriate, tuition for non-approved courses, granting an RFL which is not "needed", etc. drives many case managers to require veterans to "clear" things with VA. This promotes dependency.
- The Case Managers are reluctant to create consequences for irresponsible veteran behavior because of the administrative burden associated with due process.
- Veterans become dependent on CH 31 financial benefits as a source of income.
- During the orientation, we tell the veteran we'll take care of all of their needs, which sends the message that the veteran can "depend" on us.
- Many of our veterans **ARE** dependent, that's why they are in the program and they have to be "re-parented" to become independent.
- Veterans appreciate our case management services and have mentioned that as a strength of the program in many Focus Groups.
- Many veterans use failure in our program as "evidence" that they should be granted an increase in SC rating.
- Even getting medical services from VHA requires a veteran to contact his/her Case Manager.
- The military promotes dependency and VA is seen by many as an extension of the military.

4. Do you have any information you can provide re: case management practices in the state-federal program or workers compensation that we can use for comparison? Any suggestions on who we might contact?

- Seven respondents recommend comparison agencies.
- Thirteen VR&C Officers indicated that they had no comparison agencies to offer.

- Eight VR&C Officers gave no response to question 4.

Overview of Comments:

- Several respondents stated that VA offers world class services. No one does it better. Why seek out comparisons?
- Des Moines, Phoenix, NYC, Houston, San Diego, St. Petersburg, and Roanoke gave suggestions of other rehabilitation agencies which would be reviewed.
- Houston noted that Texas Rehabilitation Commission has technology that may teach us something.
- San Diego noted that the State of California Case Management caseloads do not exceed 75 clients.
- Several respondents noted that worker compensation agencies may have more restrictive policies than VA.

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