

The impact of the current employment policy environment on the self-determination of individuals with disabilities

Daniel E. O'Brien^a, Grant Revell^{b,*} and Michael West^b

^a*Oklahoma Department of Rehabilitation Services, OK, USA*

^b*Virginia Commonwealth University, Richmond, VA 23284-2011, USA*

Abstract. This paper describes two new policy initiatives currently underway – the Benefits Planning, Assistance, and Outreach (BPAO) Projects and the use of Report Cards for community rehabilitation providers – and their potential effect on influencing choice and self-determination for populations of individuals with disabilities. We provide quality indicators that suggest promising practices for enhancing consumer self-determination in utilizing Benefits Planning programs and selecting a community rehabilitation service program. Finally, we review examples of how some components of current employment policy initiatives can actually limit consumer choice and self-determination. We conclude by emphasizing the importance in today's employment policy environment for individuals with disabilities to use quality indicators, such as those presented in this paper, in making fully informed choices about work and service providers.

Keywords: Self-determination, disability, vocational rehabilitation, social security work incentives, ticket to work, benefits planning, quality indicators

1. Introduction

Self-determination has been broadly defined as the capacity to choose and have those choices be determinants of one's own actions [5], and as the right of individuals to have full power over their own lives [3]. Self-determination will be in evidence when individuals are free to exercise control and experience the outcomes of their choices without coercion, obligation, or artificial constraints [31].

Since 1975, self-determination and similar concepts (i.e., autonomy, empowerment, consumer-direction) have emerged as central themes in disability services [1, 2, 24], based on the assumption that all adults, including people with significant disabilities, can and should ex-

ert control over their own lives [20, 22, 30]. A growing body of research affirms this assumption and the beneficial effects of supports built on self-determination, including increased participation and benefit from support services, greater community presence, and enhanced quality of life for both children and adults with disabilities [4, 7, 12, 13, 21].

The principles of self-determination and empowerment have been incorporated into a number of recent disability-related policy initiatives that are designed to enhance consumer choice and empowerment. Most notably:

- The Individuals with Disabilities Education Act (IDEA) Amendments of 1990 mandated transition planning for students with disabilities starting by age 16, and required that this planning take into account the preferences and interests of the student.
- The Rehabilitation Act Amendments of 1992 (PL 102–569) required that vocational rehabilitation

*Address for correspondence: Grant Revell, Project Director, Virginia Commonwealth University, Rehabilitation Research and Training Center on Workplace Supports, P.O. Box 842011, Richmond, VA 23284-2011, USA. Tel.: +1 804 828 6989; E-mail: wgrevell@saturn.vcu.edu.

consumers be provided with information and support services to assist them in exercising informed choice throughout the VR process, including choice of careers, services, and service providers [11].

- Under Title VIII of the Rehabilitation Act Amendments of 1992, the US Department of Education, Rehabilitation Services Administration (RSA) funded demonstration projects in seven states and nonprofit organizations to explore strategies for providing service recipients with increased choice and control in the rehabilitation process. These five-year Choice Demonstration Projects tested such strategies as expedited eligibility determination, empowerment training, peer advisors, service vouchers, and consumer evaluation of rehabilitation counselors [26].
- In 1998, the Robert Wood Johnson Foundation and the US Department of Health and Human Services co-sponsored the Cash and Counseling Demonstration Project. This demonstration provides Medicaid beneficiaries with cash allowances to purchase services and equipment in lieu of traditionally agency-delivered services [15].
- In 1999, Congress enacted the Ticket to Work and Work Incentive Improvement Act. (P.L. 106–170)(TWWIIA). The TWWIIA program makes financial support available to Employment Networks who provide employment supports to Ticket-eligible Social Security beneficiaries receiving Supplemental Security Income (SSI) and/or Social Security Disability Income (SSDI). For an Employment Network (EN) to receive payments from the Social Security Administration (SSA) through the Ticket to Work, the Ticket holder must assign it to the EN and generate earnings through work at a Substantial Gainful Activity level [28]. A recipient of a Ticket to Work can use the Ticket with the EN of his or her choice in acquiring services and supports. While the Ticket to Work is not strictly speaking a voucher, it is intended to financially empower the Ticket holder.

This paper describes two new policy initiatives – the Benefits Planning, Assistance, and Outreach (BPAO) Projects and the use of Report Cards for community rehabilitation providers – and their potential effect on influencing choice and self-determination for populations of individuals with disabilities. We provide quality indicators that suggest promising practices for enhancing consumer self-determination in utilizing Benefits Planning programs and selecting a community re-

habilitation service program. Finally, we review examples of how some components of current employment policy initiatives tend to limit consumer choice and self-determination. We conclude by emphasizing the importance in today's policy environment of individuals with disabilities using quality indicators, such as those presented in this paper, in making fully informed choices about work and service providers.

2. Benefits planning, assistance, and outreach (BPAO) programs

2.1. Background

In recent decades, the numbers of people with disabilities who receive SSDI and SSI disability benefits have grown dramatically. As of December 1999, approximately 4.9 million workers were receiving SSDI payments, and 3.7 million individuals of working age (18 to 64) were receiving SSI, at a total expenditure of over \$60 billion [25]. These two programs were designed to provide income and support to individuals who are not capable of self-sufficiency due to disability. Fear of losing benefits, as well as medical coverage under Medicaid or Medicare, often persuades beneficiaries to severely limit their employment participation and earnings or, more commonly, to not enter the labor force at all. SSA has instituted a number of incentives to reduce the risks of employment for beneficiaries, such as referral to state Vocational Rehabilitation (VR) services, trial work periods, continuing eligibility for Medicare, deduction of impairment-related work expenses (IRWE) from taxable earnings, and allowing beneficiaries to exclude income using a Plan for Achieving Self-Sufficiency (PASS). However, studies by SSA and the US General Accounting Office (GAO) have shown that few beneficiaries know about these incentives or their eligibility and benefits. Therefore, these incentives have had little impact on employment [8].

The Ticket to Work and Work Incentives Improvement Act (TWWIIA) attempts to remove barriers to employment by making information about incentives more readily available to beneficiaries so that informed choices can be made [9]. This legislation directed SSA to establish community-based benefits planning and assistance programs designed to provide accurate information on work incentives to SSA beneficiaries. SSA has established 117 cooperative agreements to entities across the nation to provide benefits counseling

and assistance and to conduct ongoing outreach efforts to inform beneficiaries of available work incentives. That program, the Benefits Planning, Assistance, and Outreach Program (BPAO), will increase opportunities for beneficiaries to receive information and services needed to become employed and perhaps attain self-sufficiency [14].

In 2000, SSA contracted with Cornell University, Virginia Commonwealth University (VCU), the University of Missouri-Columbia, and the National Association of Protection and Advocacy Systems to serve as technical assistance centers to all BPAO Benefits Specialists on SSA's disability programs and work incentives, the Medicare and Medicaid programs, and other federal work incentives programs. Additionally, Cornell and VCU received separate contracts to develop the Benefits Specialist training curriculum and the data management systems, respectively, with assistance from the other two contractors and SSA. The information in the remainder of this section is derived from the data collected by VCU through December 31, 2002 [14].

2.2. Characteristics of BPAO participants

Through the end of 2002, over 43,000 people with disabilities had received services through the 117 BPAO projects. Table 1 provides age, sex, and disability characteristics of these participants. Of those for whom benefit status is reported, 49.5% received SSDI, 32.5% received SSI, and 18.0% received concurrent SSDI/SSI. The overwhelming majority (70.0%) was not working at the time services were initiated. Of those employed, 82.8% were working part-time.

2.3. Services delivered to BPAO participants

The services offered by the BPAO programs are classified into the five major categories described below. These categories are based on function and intensity of services. The sum of the percentages listed for each service category total to more than 100% because participants could receive multiple services over time.

Information and Referral (received by 89.6% of participants) involves providing basic written and verbal information in response to inquiries about all federal and state benefit programs, and/or referral to government agencies and other community resources. This level of service may involve one to several contacts over a relatively short period of time.

Problem Solving and Advocacy (32.2% of participants) generally occurs over a period of several weeks to several months, and involves intensive assistance to recipients in solving specific federal and state benefit and work incentive problems, and may involve advocating on behalf of the recipient with other agencies and programs.

Benefits Analysis and Advisement (45.9% of participants) requires the benefits specialist to assess the real or potential effects that employment or other such changes will have on the recipients overall financial well-being, and to inform the recipient of the various options available and the projected outcomes for each.

Benefits Support Planning (16.1% of participants) involves time-limited services aimed at directly assisting recipients in constructing plans to promote effective monitoring and management of their benefit programs and work incentives.

Benefits Management (5.4% of participants) generally occurs over an extended period of time and involves ongoing benefits monitoring and management assistance to recipients who are likely to experience employment, benefits, or other changes that will dramatically affect their benefits status, health care, or overall financial well-being.

2.4. Employment status changes as a result of BPAO services

Table 2 provides frequencies of anticipated participant-reported employment status changes following receipt of BPAO services. Number and percentages total more than 100% of participants because the anticipated outcome categories are not mutually exclusive. As Table 2 shows, over half (54.4%) of participants intended to use the information to increase their employment status, either by entering the workforce, seeking a second job, or increasing their work hours in their current job. Only 14.6% anticipated no change, and less than 1% decreasing work participation completely or partially. Nearly 30% had made no immediate decision regarding changes in work status.

Although actual work status changes cannot be tracked by the VCU data system, the early findings support the assumptions of the SSA and Congress when the BPAOs were enacted. Increasing knowledge of SSA beneficiaries with disabilities regarding the available work incentives and impact of employment on benefits can result in potentially dramatic increases in the number of beneficiaries who will choose to attempt work or increase their self-sufficiency.

Table 1
Age, sex, and disability characteristics of BPAO participants ($n = 43,168$)

	Number	Percent
<i>Age Groups</i>		
Under 22	3,375	7.8%
22 to 39	15,116	35.0%
40 to 59	22,184	51.4%
Over 60	2,493	5.8%
Under 22	3,375	7.8%
<i>Sex</i>		
Female	21,373	49.5%
Male	21,789	50.5%
<i>Primary Disability</i>		
Blind or Visual Impairment	2,007	4.6%
Hearing, Speech, and other Sensory Impairments	1,176	2.7%
Spinal Cord Injury	2,020	4.7%
Non-Spinal Cord Orthopedic Disabilities/Amputations	4,076	9.4%
Mental and Emotional Disorders	15,030	34.8%
Cognitive Disabilities (Mental Retardation)	4,249	9.8%
System Diseases (e.g. nervous, endocrine, cardiac, etc.)	6,292	14.6%
Traumatic Brain Injury	1,642	3.8%
Unknown	1,263	2.9%
Other	5,405	12.5%

Table 2
Anticipated employment status change following BPAO services

	Number	Percent
Does not intend to change current employment status	6,324	14.6%
Intends to seek new job or supplemental job	21,242	49.2%
Intends to increase work hours in current job	2,263	5.2%
Intends to decrease work hours in current job	274	0.6%
Intends to cease employment	144	0.3%
Intends to use Ticket to Work to seek new/supplemental job	6,021	13.9%
Intends to pursue education or training	8,921	20.7%
Made no decision	12,783	29.6%

2.5. *Quality indicators of self-determination in BPAO programs*

A project of national scope such as BPAO requires consistency in implementation across geographic and demographic populations. SSA must insure that each and every beneficiary receives accurate and timely information regardless of individual circumstances. This insurance is needed not only to safeguard the security and well being of beneficiaries but also to insure that the effects of benefits assistance can be evaluated, effective practices replicated, and needed improvements made. To that end, SSA has standardized such elements as the initial training curriculum, data collection, project reporting requirements, and other program elements.

Although many activities of the BPAO program have been standardized, there are additional steps that BPAO programs and staff can take to enhance the self-determination of participants. Some examples are listed in Table 3. The focal points of these quality indi-

cators are access, responsiveness, accuracy, choice, and the promotion of self-determination in providing benefits planning, assistance, and outreach services. Decisions about work have critical consequences for people with disabilities, particularly those who are receiving SSA disability benefits. It is important that the consumer makes decisions about work, including the decision not to pursue work or to work a limited number of hours, after he or she is fully informed about the impact of employment on his or her benefits.

3. **Use of Report Cards in the selection of employment service agencies**

3.1. *Background*

Once SSA beneficiaries are knowledgeable about the potential impact of employment on their benefits, they are better positioned to make informed choices

Table 3
Indicators of attention to self-determination in BPAO programs

Indicator 1: Outreach materials are accessible across cultural groups and communication modes.
– Do marketing materials and methods follow universal design concepts?
– Are marketing materials produced for non-English speaking beneficiaries?
– Are marketing materials and methods developed for individuals who use alternative communication modes (i.e., Braille, voice, closed captioned TV ads, etc.)?
– Are there a variety of methods for contacting the BPAO to inquire about services?
Indicator 2: The BPAO collaborates with advocacy and service organizations to reach beneficiaries.
– Does the BPAO coordinate outreach with clubhouses, support groups, advocacy groups, and other organizations that interact with disability groups and SSI/DI beneficiaries?
– Does the BPAO coordinate outreach with public school transition coordinators or secondary teachers?
Indicator 3: The BPAO office is architecturally accessible and convenient for participants.
– Are entrances, hallways, restrooms, elevators, offices, etc. accessible to those with mobility impairments, including those who use motorized wheelchairs?
– Is the BPAO office located in an area served by public transportation?
– Is BPAO staff willing to meet with participants in alternative locations, such as his or her home, when disability factors or other life situations dictate?
Indicator 4: Benefits Counselors are responsive to the unique circumstances, information needs, and choices of each participant.
– Are Benefits Counselors willing to thoroughly investigate unusual circumstances that are not covered in the standard training curriculum?
– Do the BPAO and Benefits Counselors consider choosing not to work as an acceptable outcome, if a beneficiary decides that is in his or her best interests? Are participants pressured to attempt work?
– How is the work performance of the Benefits Counselors evaluated by the BPAO? Benefits Counselors should be evaluated on responsiveness to their participants' informational needs and accuracy of the information provided, not on the decisions made by participants.
– Is customer satisfaction actively solicited by the BPAO?
Indicator 5: Benefits Counselors promote self determination by sharing reference information and resources.
– Are Benefits Counselors sharing SSA or Regional Technical Assistance Center training products?
– Are the Benefits Counselors demonstrating how to access information on Work Incentives by navigating the SSA website?
– Do Benefits Counselors help beneficiaries locate Online the SSA Programs Operations Manual Systems (POMS), which is the main reference source for all Benefits Specialists?

about their employment goals. Some people who choose to pursue an employment outcome will utilize a community rehabilitation program. For those who have a Ticket to Work provided through the SSA, the choice will be among provider agencies approved as Employment Networks (ENs) by Maximus, the Program Manager under contract to SSA for the Ticket to Work program or in other situations where choice of a community rehabilitation program is needed, it is important that the consumer's choice be based on clear performance indicators directed at the potential effectiveness of the program. Without objective information on provider performance, consumers will make choices for reasons such as proximity to residence or other convenience factors, word-of-mouth recommendations, or impressions gained from interviews (such as whether the marketing person is pleasant). These are possible factors in making a decision. However, to facilitate truly informed choice in selecting a service provider, a more systematic presentation of relevant data is needed.

In 1998, SSA, through its State Partnership Initiative (SPI), awarded a five-year contract to the Oklahoma Department of Rehabilitation Services (ORS) to conduct the the Oklahoma KEYS to Employment project to develop a method for active recruitment of consumers

with a primary mental health related disability for vocational services through the state Vocational Rehabilitation (VR) agency. In September 1999, ORS began piloting a vocational voucher modeled after the proposed SSA Ticket to Work. Voucher recipients first receive basic work incentive education and then have the opportunity to choose a supported employment service provider from among a variety of community rehabilitation programs.

One component of the Oklahoma KEYS project is the piloting of a Vendor Performance Report Card. A Vendor Report Card was developed to assist voucher recipients to make an informed choice of a service provider. To develop a report card accessible and relevant to consumers, four focus groups were held during 1999. A team of consumers and KEYS project staff facilitated the focus groups with the assistance of the National Results Council (NRC) and local advocacy organizations. Vocational Report Cards have typically been used as evaluation tools by funders or administrators of vocational service providers. The unique aspect about the Oklahoma KEYS report card project is the effort to design a performance report for use in decision-making by Mental Health customers, rather than by agency personnel.

3.2. *Development of the Report Card*

First, project staff convened focus groups of individuals with disabilities to provide input on the content of a Report Card for employment service providers. It is important to note the KEYS project's target population was SSI recipients who are experiencing a mental illness. For the focus groups, 8–10 consumers with a mental illness, some of who were working and some of whom wanted to work, were convened in Oklahoma City and Tulsa. Participants were asked to brainstorm this question: "What information would you want before you assigned a voucher worth over \$5,000 in vocational services to a provider?". The responses by the focus group members to this question were condensed to the following six queries:

- (1) What are the general characteristics of the program (i.e. location, contact information, program model, availability of transportation to the program)?
- (2) What kinds of jobs do consumers get?
- (3) How stable and supportive is job coaching staff likely to be?
- (4) What level of hours, pay and benefits can I expect?
- (5) How likely am I to get a job and how long will it take to get one?
- (6) How satisfied were other consumers with the services of the provider?

Next, a focus group of service providers was convened to provide information on practical aspects of collecting the data. Providers gave project staff feedback on how to accurately and objectively collect the information consumers wanted. While the prospect of being publicly evaluated made most providers nervous, the opportunity to have input on the method of collection and presentation eased most fears. Based on the input of the focus groups, a report card was developed. After this initial report card was in tested for 6 months, a second round of consultations were held with both consumers and providers to refine the design. The original design attempted to answer every question that consumers listed as important. That proved to be more confusing to consumers than helpful, and the re-design eliminated items and focused on the most important providers quality indicators. A revised report card was implemented, and the piloting of this report card continues as part of the KEYS project. Some of the data has been difficult to acquire accurately from providers, so a new provider Management Information

System was implemented in 2002 that improves data integrity.

The report card data is gathered monthly from the Oklahoma Milestone Management Information system (OMMIS), a customized billing/reporting software program. The ORS requires community rehabilitation service providers to utilize OMMIS. In addition to the OMMIS data, customer satisfaction is evaluated by two advocacy organizations, the National Alliance for the Mentally Ill and the Tulsa Mental Health Association, under contract with the KEYS project to recruit consumers with mental illness. The relevant report card data from both sources is transmitted electronically to the NRC quarterly. The report card is refreshed quarterly and delivered to the VR agency staff and the provider staff, and it is distributed by the outreach staff to potential customers of these provider agencies with the OK KEYS vouchers.

3.3. *Description of the Oklahoma Project KEYS Report Card*

The Oklahoma Report Card consists of 3 pages that address the six core information areas identified by the consumer focus group as most important. Page 1 of the Report Card, the Vendor Profile, is presented in Fig. 1. To maintain confidentiality and to control issues of timeliness of data presented, the Vendor Profile example in Fig. 1 is not a real provider.

3.4. *Vendor Profile*

This section of the report card contains background information that consumers want on the participating provider. Contact and location information is provided, including a small photo of the office building, since many mental health facilities are intentionally not well marked. As requested by consumers, program model information is presented in simple language. For example, the service term *transitional employment* became "temporary trial work leading to a permanent job" and *supported employment* became "immediate job placement". Many traditional definitions were discarded by consumers as too confusing or obscure to be understood by new consumers. In addition, consumers wanted to know whether transportation to the program was provided. A space was left for any other program information that a vendor wants to provide. The Vendor Profile section of the report card also responds to consumer queries on the kind of jobs consumers get and the stability of job coaching. At the bottom of Vendor Profile



Vendor Profile

For the period January 2000 through December 2000.

Name: Jobs America

Address: 2885 Country Drive Suite 100

City, State, Zip: St. Paul, MN 55117

Telephone: 651-787-0704

Fax: 651-787-0576

Contact person: Andy Selvo

eMail Address: nrc-mn@qwest.net



Program Model:

- ☒ Temporary Trial Work Leading to a Permanent Job
- ☐ Immediate Job Placement

Transportation Assistance to Program: ☐ Yes ☒ No

Conditions: _____

Other program information (like assistance in obtaining GED or child day care):

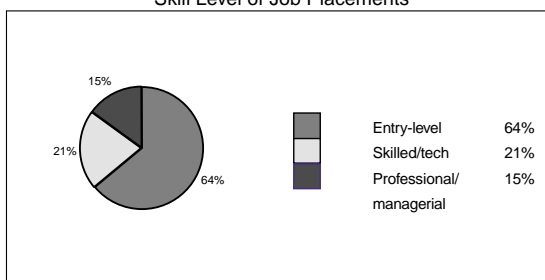
Number of SSI/SSDI consumers served:

Number of consumers placed in employment:

Average number of weeks employed:

Average number of months job coaches have worked at this organization:

Skill Level of Job Placements



Type of Job Placements During This Time Period

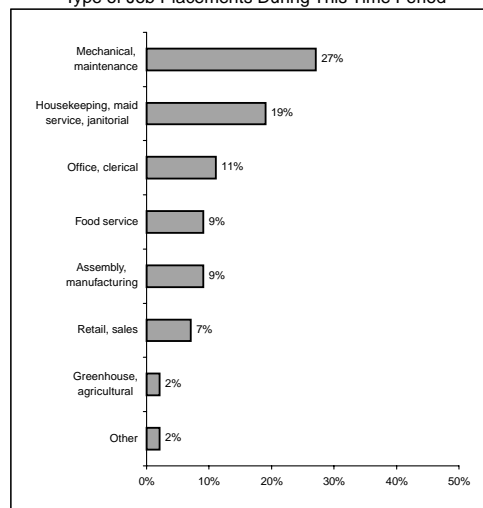


Fig. 1. Oklahoma Report Card: Vendor Profile.

page, summary information is provided on the size and focus of the vendors employment program. Key points covered here include the following:

- (1) Data on the number of SSI/SSDI consumers served and placed in employment, along with the
- (2) The average months of work of job coaches addresses a concern consumers voiced that fre-

average number of weeks employed, give a consumer a sense of the volume and effectiveness of the providers' work.

quent turnover of staff undermines the value of supported employment. Inexperienced staff can be more of a burden than a support to the consumer.

- (3) Two graphs are included here that contain summary information on the type of job placements typically obtained by consumers assisted by the organization. Consumers wanted to be able to distinguish vendors who focused on entry-level low skill jobs from those who provided individualized job development focused on career interests.

The next section of the Oklahoma Report Card is Part I of the Performance Report Card; it provides information on employment service outcomes. Part I is presented in Fig. 2.

3.5. Report Card Part I: Employment information

This section of the OK Report Card addresses the consumer questions: What level of hours, pay and benefits can I expect? How likely am I to get a job and how long will it take to get one? Five graphs are included in this section that directly compare the four vendors available in each of the pilot sites. These graphs contain the following information:

Length of time from start in the program to acquisition of the first job. Most consumers are anxious to get to work, and waits of longer than a few weeks can be demoralizing.

Percentage jobs with benefits. Benefits include paid health insurance, paid sick, and paid vacations. Consumers wanted a simple measure of a high quality job and thought the package of all three benefits – health insurance, vacation, and sick leave – was the gold standard and should be used as a definitive quality indicator. Consumers felt like jobs that included benefits were more likely to be career jobs.

Percentage of consumers on the vocational program active caseload that are currently working. This graph is a measure of focus, caseload size and ability to support retention.

Average hours worked per week and average wage per hour for those working. The remaining two graphs reflect the focus on full time employment and higher paying jobs.

The next section of the Oklahoma Report Card is Part II of the Performance Report Card and provides information on consumer satisfaction. Part II is presented in Fig. 3.

3.6. Performance Report Card Part II – Consumer satisfaction

This section addresses the question – How satisfied were other consumers with the services offered by the programs? Consumers wanted to know how likely they were to be treated with respect, get the job they wanted and be satisfied with the results. To address their concerns, the consumer recruitment sub-contractors for the pilot project contact consumers after job placement ask the following four questions: (1) If you had a friend or family member in circumstances similar to your own, would you recommend this organization to that person? (2) Are you satisfied with your job? (3) How closely does the job match the goals you had for yourself when you began the program? (4) Do you find employment program staff to be caring, supportive, and flexible?

The responses to each of these questions are presented in the 4 graphs contained in Part II of the OK Report Card. It is important to note that the consumers wanted a separate question about whether the job matched the consumers goal to address the problem of vendors placing consumers in the first job that comes along, rather than in the job of the consumers choice. Also, the question of whether a program would be recommend to a friend or family member in similar circumstances is considered by consumers to be the best overall measure of satisfaction.

3.7. Planned changes for the Oklahoma Report Card

During 2003, the report card will be expanded to include all Community Rehabilitation Programs contracting with Oklahoma DRS to deliver employment services. The format will be simplified as part of that expansion by replacing the graphs with a 4 star provider rating system. The OMMIS software will be programmed to compare outcomes on the Consumer Queries for each provider with average outcomes for all providers delivering similar services. The scores of a CRP will be displayed by using a 4-point rating scale ranging from “Below average on this item compared to other similar providers” to “Superior on this item.”

3.8. Implications of the OK Report Card pilot for consumer in selecting provider agencies

At present, provider report cards along the lines of the one being piloted in Oklahoma are not available in most communities. However, the Oklahoma Report Card is one approach for getting the information to



Performance Report Card

This report is generated from data received from the OK DRS database (04/15/02).

For the period January 2002 through March 2002.

I. Employment Information Oklahoma City Providers

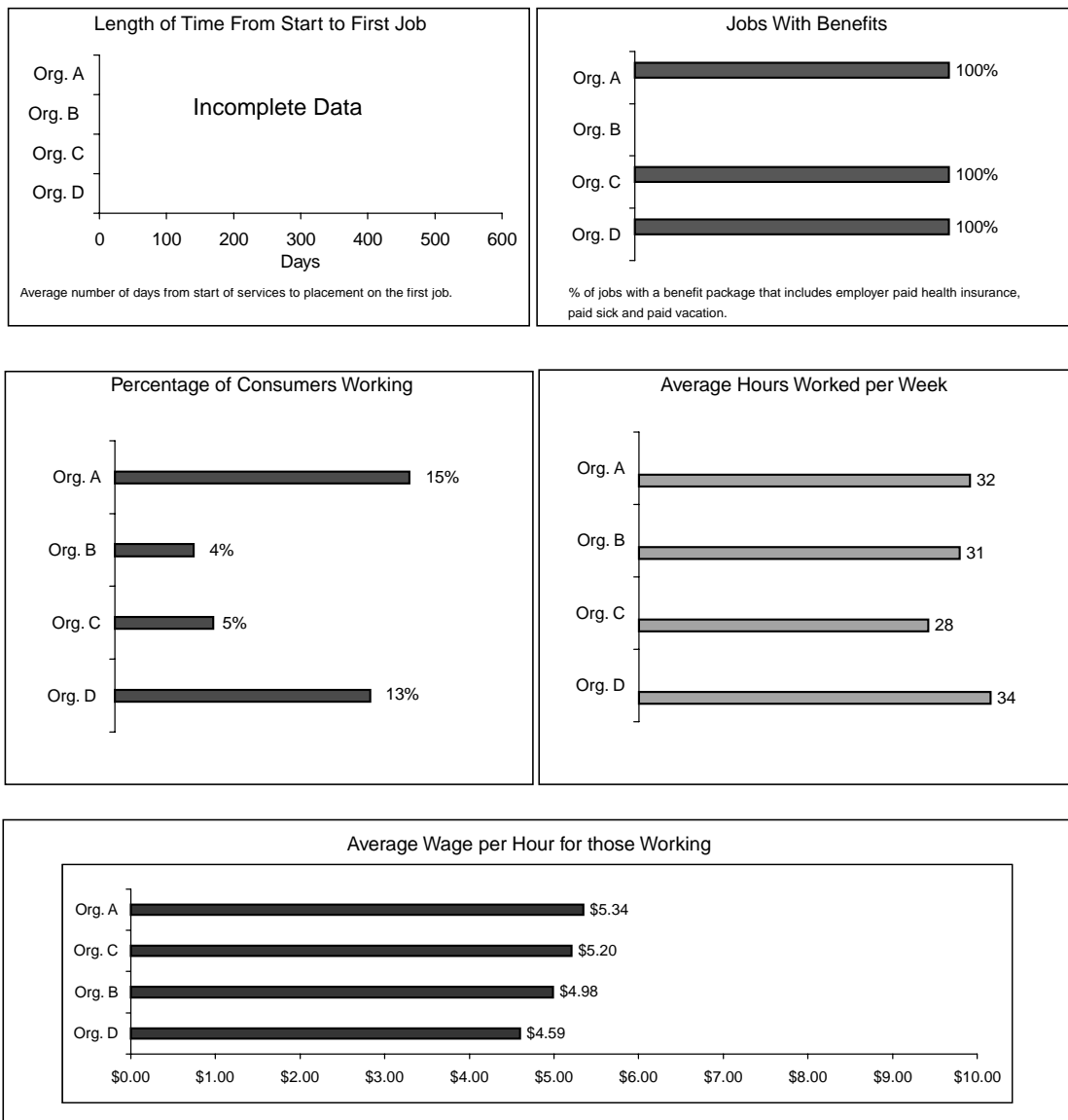


Fig. 2. Oklahoma Report Card: Performance report.

consumers needed for them to determine which community rehabilitation program best matches their individual employment goals, interests, and support needs.

The experience gained to date from the pilot of the Oklahoma Report Card points to a number of quality indicators for consumers to use in analyzing the adequacy

II. Consumer Satisfaction

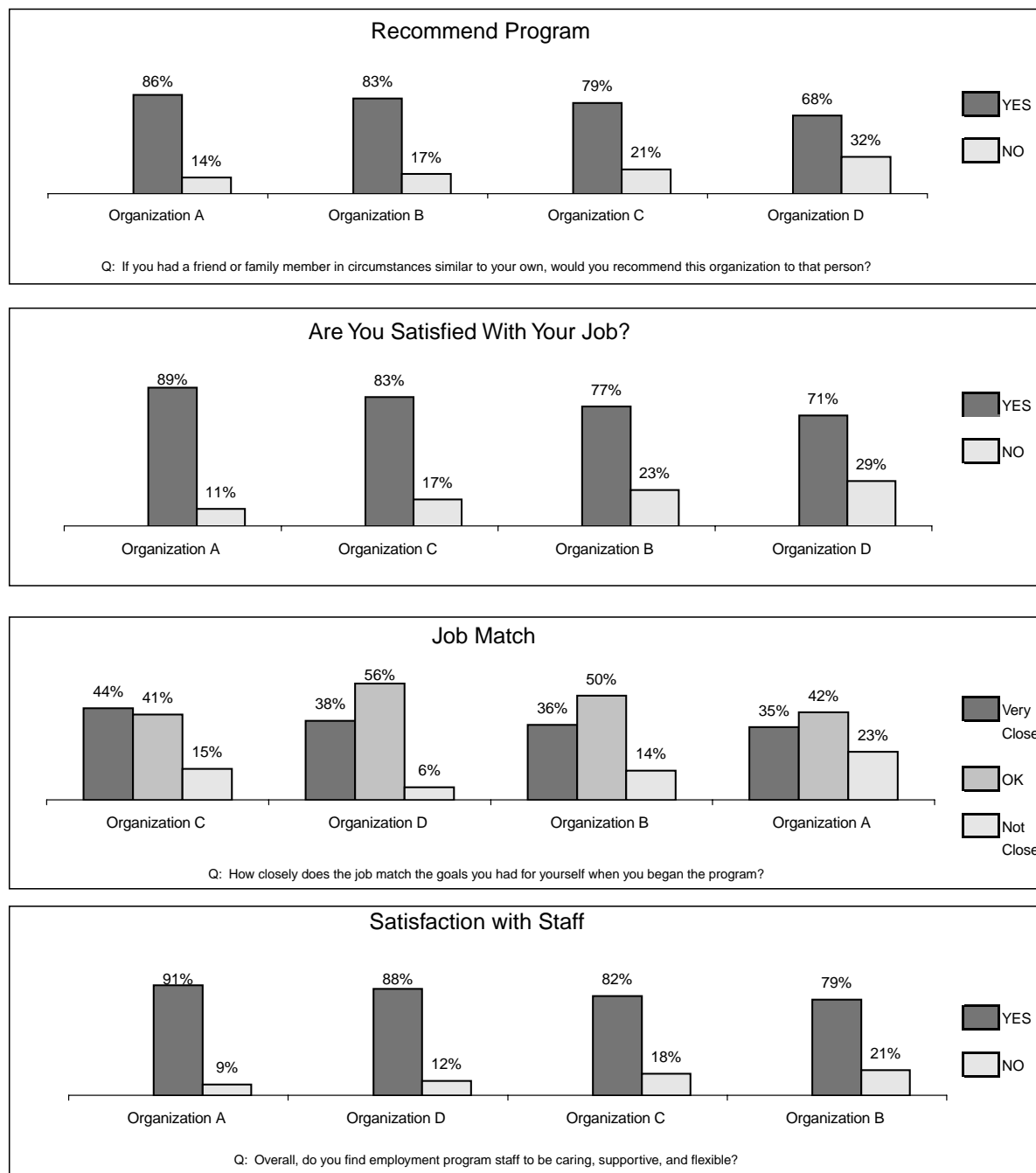


Fig. 3. Oklahoma Report Card: Consumer satisfaction.

of the information provided to them on a provider agency's services and outcomes. These indicators, along with measures to use in evaluating each indicator, are presented in Table 4.

Vocational Rehabilitation and other funding agencies collect information on services and outcomes from the programs from which they purchase services. Providing information to a consumer on potential services

Table 4
Quality indicators for use in selecting employment service provider agencies

Quality Indicators for Selecting an Employment Service Provider and Measures for Each Indicator
Indicator 1: Presence of descriptors that adequately describe the program.
– What is the program model and approach to helping the consumer choose, get, and keep a job?
– What kind of support is provided after job placement? Is job site training provided and for how long?
– Percent of consumers who receive SSI or SSDI and have a Benefits Plan completed.
Indicator 2: Information on the kinds of jobs consumers get.
– Percent of job placements that are unskilled or entry level jobs.
– Percent of jobs in housekeeping, janitorial or food service or other unskilled or semi-skilled areas.
– Percent of job placements that are professional or skilled.
Indicator 3: Stability and support level of the coaching staff.
– Average months/years of job coaching experience for employment specialists.
– Percent of employment specialists who have completed at least 1 week of formal training in job coaching or job placement.
Indicator 4: Likely level of hours, pay and benefits.
– Percent of job placements that include employer paid health insurance, sick leave and paid vacation.
– Average hours of work each week.
– Average wage per hour.
Indicator 5: Likelihood of getting and retaining a job and how long it will take to get the job.
– Percent of consumers who complete an assessment and are never placed.
– Average weeks consumers wait for first job placement.
– Average number of weeks consumers work after placement.
Indicator 6: Satisfaction level of consumers who have used the provider's services.
– Percent of consumers satisfied with their job.
– Percent of jobs that match the consumers goal
– Satisfaction level of consumers who have completed the program.

providers is a component of the planning and choice process used in the formulation of a VR Individual Plan of Employment. Community Rehabilitation Programs collect information on the quality and outcome of their services for a variety of internal and external reporting purposes. This information should be available to consumers. Information gained from posing questions to funding and provider agencies based on the quality indicators listed in Table 4 will be very valuable to consumers in making an informed choice regarding the selection of a provider of employment services.

The decision on what provider to hire to provide vocational services is a low frequency, high risk decision for a person with a disability. It is a decision that is difficult to change and for which there are major negative consequences if the provider agency is not effective. Utilizing a tool such as The Oklahoma Vocational Report card or conducting an interview with potential provider agencies using the quality indicators presented in Table 4 can assist prospective workers in choosing the best match for their needs. This approach to truly informed choice has the added benefit of creating a competitive market with providers driven to improve the quality of services.

4. Discussion

In recent years, a number of key changes have taken place in the public policy environment affecting the

availability of employment related services and supports. Many of these policy changes offer new opportunities. Unfortunately, the changing policy environment also offers new challenges to individuals with a disability seeking assistance in achieving their employment goals. A primary example is the Ticket to Work and Work Incentives Improvement Act of 1999, particularly in the funding provisions of the Ticket to Work program.

TWWIIA uses three primary strategies to create employment incentives for recipients of disability benefits paid by the SSA. Eligible recipients of SSDI and/or SSI have potential access to the Ticket to Work Program; the Medicaid Buy-In; and the Benefits Planning, Assistance and Outreach (BPAO), as well as the Protection and Advocacy for Beneficiaries of Social Security (PABSS) program. Through these three programs, TWWIIA seeks to address key disincentives to employment faced by SSA disability benefits recipients who have the goal of sustained employment. These disincentives are – lack of funding to acquire needed services; the threat of lost health benefits when earnings through employment result in the termination of cash benefits from SSI/SSDI; and the lack of information and resources to help beneficiaries understand SSA work incentives and the impact of employment on SSA disability benefits. Ideally, TWWIIA is a public policy effort that will create sufficient incentives and services to help empower many individuals with disabilities to achieve their employment goals.

It is important to note, however, that the Ticket to Work component of TWWIA has a number of components that can potentially limit consumer choice in acquiring services needed to achieve desired employment outcomes. As described earlier, the Ticket to Work is a voucher that can be used by Ticket recipients seeking employment to acquire services and supports through an Employment Network (EN). There are concerns that the Ticket to Work is structured in a way that potentially limits the number of ENs who will participate, which would therefore limit the choices available to Ticket recipients as they seek to match their employment goals and support needs to an appropriate EN. These concerns [28] include:

- The milestones-outcome and outcome performance-based funding strategies in the Ticket to Work do not pay ENs consistently at a payment level and payment schedule that reflects the costs involved in providing employment services.
- ENs assume the primary cost risk in providing services under the Ticket because SSA mainly makes back-end payments well after the early high-cost period for employment service providers. This higher cost period usually occurs during job acquisition and the first 60 days of employment.
- SSA is using a fixed goal of employment at a Substantial Gainful Activity (SGA) earnings level that results in the termination of cash benefits through SSI and SSDI. No payments are made under the Ticket to ENs when earnings are less than SGA.

A detailed analysis of the Ticket to Work is beyond the scope and focus of this paper. The point for this discussion is that the Ticket is an example of the changing policy environment, particularly in the area of funding of employment services, currently affecting individuals with disabilities. For example, the hourly unit of service funding method has been used most frequently in the purchase of employment supports within a supported employment model [29]. Supported employment services focus specifically on workplace and related supports used by individuals with the most significant disabilities. In an hourly unit model, payments for authorized services are not dependent on consumer outcomes (although providers who consistently fail to achieve the results desired by funding agencies will in time become less competitive for funding). Instead, services providers are reimbursed based on services provided, and there is very limited cost risk as long as the provider follows the consumer's authorized employment service plan.

Increasingly, VR and other funding agencies are moving to outcome based funding schedules that link payments to the achievement of specific milestones [19]. Example employment milestones include employment for 30 days, 90 days, six months, and nine months. In addition to specific periods of employment, outcome based funding approaches can pay incentives to providers in instances where the individual with a disability achieves a specific targeted employment outcome. For example, the Wisconsin Vocational Rehabilitation Agency makes a payment of \$2,000 to a provider in instances where verification is received that a consumer (who is a SSI or SSDI beneficiary) has successfully completed 9 months of employment at a Substantial Gainful Activity earnings level [32].

A well-designed outcome based payment structure can provide incentives for employment service agencies. The Milestones program used by Oklahoma Department of Rehabilitation Services and the Community Based Employment Services program used by the Massachusetts Rehabilitation Commission are two examples [28]. However, as discussed above with the Ticket to Work, outcome based funding efforts can also create potential disincentives for employment service providers. Employment service agencies can have concerns regarding the financial risks involved in providing services whose associated costs are not reimbursed because the outcomes required by the funding agency are not achieved. As a result, an employment service agency can become very selective in which consumers it agrees to serve, and therefore consumer choice among prospective service providers is limited.

People with disabilities are now faced with an employment services and policy environment where benefits planning and assistance is available to help them work through questions related to the impact of employment and disability benefits, and funding assistance in acquiring and retaining employment is potentially available through the Ticket to Work. Self-determination is potentially enhanced because more information and resources are available. On the other hand, the opportunity for self-determination is potentially restricted by, for example, the condition set within the Ticket to Work that requires employment at an earnings level that will result in the cessation of cash benefits from SSI and/or SSDI for SSA to make payments to ENs. It is expected that ENs will be very selective in who they choose to work with under the Ticket program and under other funding efforts where the financial risks are not balanced among the funding agency and employment service provider.

The Oklahoma KEYS to Employment project that is piloting the Report Card described earlier in this article has forged a unique partnership model focused specifically on self-determination in setting an employment goal and acquiring employment services. The KEYS project uses a four step model in supporting a consumer's movement to work. The first step is a consumer making a decision about work based on a full understanding of the impact of work on SSA disability benefits. The second step is identifying an employment service provider who matches personal needs and expectations. Next is the job match itself, followed by the availability of follow along supports to help the individual work through post-employment concerns.

In Oklahoma, one of the strategies used in KEYS project is an assertive engagement approach. The strategy involves inviting Ticket eligible SSI recipients to a session to discuss work and the impact of work on Social Security Disability benefits. This group information session is conducted in Oklahoma City, for example, by a chapter of the National Alliance for the Mentally Ill (NAMI). At the work session, the NAMI work incentives coordinator gives a presentation about Social Security work incentives and how beneficiaries can be successful in employment. Arrangements can be made for individual Benefits Planning sessions. Next, representatives from the ENs in Oklahoma City attend the sessions and give a brief presentation on their services. Arrangements can also be made for services from the state Vocational Rehabilitation agency through the VR counselor who attends these sessions. The beneficiary can choose to meet individually with a potential EN at the session or can schedule a later time for the meeting. These Work Incentives sessions are now offered at the local One Stop Center. As a result, the Ticket holder has in one setting full access to information and supports that are critical to making a decision about work and disability benefits [17].

5. Summary

The consumer engagement strategy used in the preceding Oklahoma example is designed to maximize informed choice for the participant by combining benefits planning with information from and about employment service providers in a one-stop setting. Through benefits planning, the consumer has the information and resources needed to make an informed decision about work. For those individuals who want to pursue employment, the provider presentations and the provider

information contained on the Report Cards assist the consumer in making an informed choice in selecting the agency that is the best employment service match.

The changing employment service policy environment resulting from TWWIIA and other recent legislation creates a variety of opportunities and challenges for individuals with a disability who are considering or pursuing employment. The focus of this paper has been to reinforce the importance of the informed consumer in working through these opportunities and challenges. Resources, such as quality indicators and report cards, that help the consumer assess the quality of benefits planning assistance and employment services are valuable tools in making informed decisions. As has been emphasized in this discussion, individuals with a disability will continue at times to experience a scarcity of employment services, potentially because of a reluctance of service providers to offer services within the funding dictates of current federal and state policies. This scarcity of services is an ongoing public policy challenge. However, in working with the opportunities for employment assistance that are available, the educated consumer has the best chance for achieving a personally satisfying employment outcome.

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