



**U.S. DEPARTMENT OF EDUCATION
OFFICE OF INSPECTOR GENERAL
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June 30, 1998

MEMORANDUM

TO: John P. Higgins, Inspector General (Acting); Steven A. McNamara, Deputy Inspector General (Acting); Robert G. Seabrooks, Assistant Inspector General for Audit (Acting); Dianne G. Van Riper, Assistant Inspector General for Investigations; Hugh M. Monaghan, Jr., Assistant Inspector General for Operations; Richard T. Rasa, Director, Advisory and Assistance for State and Local Programs; and Regional Inspectors General for Audit

FROM: Guido G. Piacesi
Regional Inspector General for Audit, Northeast

SUBJECT: FINAL AUDIT REPORT
Audit of the Massachusetts Rehabilitation Commission's Provision of Training Services and Client Monitoring for the period October 1, 1994 through September 30, 1995

Attached is the above subject audit report. We are furnishing this report to you because it may contain information of interest to you.

If you have any questions concerning the audit report, please contact me at (212) 637-6271.

Attachment

Audit of the Massachusetts Rehabilitation Commission's
Provision of Training Services and Client Monitoring
for the period October 1, 1994 through September 30, 1995
Boston, Massachusetts

FINAL AUDIT REPORT



**Audit Control Number A0160003
June 1998**

NOTICE

Statements that management practices need improvement, as well as other conclusions and recommendations in this report, represent the opinions of the Office of Inspector General. Determination of corrective action to be taken will be made by appropriate Department of Education officials. This report may be released to members of the press and general public under the Freedom of Information Act.

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The Massachusetts Rehabilitation Commission Needs to Improve Procedures for Monitoring Client Progress and Establishing Client Vocational Goals

Executive Summary

We have conducted an audit of the Massachusetts Rehabilitation Commission's (MRC) provision of services to clients receiving training under the Vocational Rehabilitation program during the period October 1, 1994 through September 30, 1995. Our audit objectives were to determine whether MRC was (1) adequately monitoring client progress and (2) considering prior client education and vocational skills when establishing vocational goals. We found that MRC case files did not contain evidence of sufficient annual and periodic reviews to demonstrate adequate monitoring of client progress; and that MRC did not always consider prior education or vocational skills when establishing the client's vocational goal.

Our review of 50 randomly selected client case files disclosed that:

- ! 33 of the 50 files (66 percent) did not contain evidence of all required periodic and/or annual reviews;
- ! 10 of 14 case files of client's with substance abuse problems (71 percent) did not contain sufficient evidence of attendance in recovery programs, as prescribed in their Individualized Written Rehabilitation Program (IWRP).
- ! 10 of 37 case files containing evidence of previous client education and/or vocational skills (27 percent) lacked evidence that the education and/or skills were considered in establishing vocational goals; and
- ! 18 of 20 case files containing evidence of one or more changes to the client's initial vocational goal (90 percent) did not contain justification for the changes.

Improved monitoring of client progress can increase successful rehabilitations. Similarly, utilization of prior education and/or

annual and periodic reviews and attendance of substance abusers in recovery programs prescribed in their IWRPs, (2) consideration of previous education and vocational skills when

Establishing client vocational goals; (3) documented justification for goals which are inconsistent with existing education or vocational skills; and (4) documented justification for changes in vocational goals.

MRC generally agreed to implement procedures and training to ensure improved documentation of annual and periodic reviews, as well as conducting more frequent internal case file reviews. MRC generally disagreed with our recommendations for improved monitoring of substance abusers' attendance in recovery programs, indicating our recommendation is contrary to the autonomous nature of the IWRP. Similarly, MRC disagreed with our findings and recommendations regarding utilization of clients' prior education and vocational skills in obtaining gainful employment, and justification for vocational goal changes; indicating the findings and recommendations are not congruous with the letter and intent of Policy Directive (PD) 97-04.

We disagree with the premises upon which MRC bases its objections to the audit findings and/or recommendations. The findings and recommendations for monitoring attendance of substance abusers in recovery programs are, in fact, based on the client and counselor responsibilities found in the IWRPs of the client case files reviewed. The referenced PD is entirely congruous with and, in fact, supports the findings regarding utilizing client education and skills (resources, abilities, and capabilities). A synopsis of MRC's response and our reply is included after each finding of this report. MRC's response, in its entirety, is also included as an appendix to this report.

AUDIT RESULTS

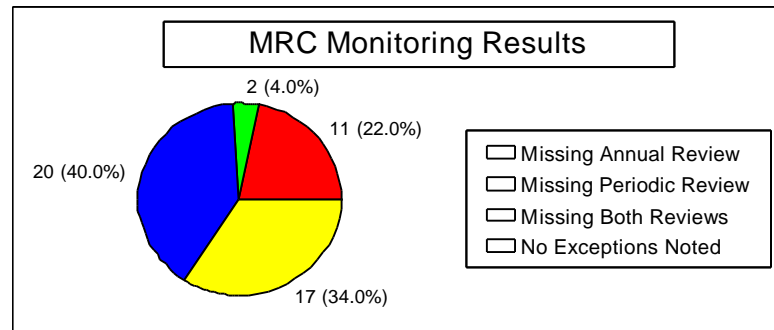
Finding No. 1

Client Monitoring Needs Improvement

MRC client case files did not contain evidence of sufficient periodic and annual reviews to demonstrate adequate monitoring of client progress. MRC officials indicated the lack of required monitoring resulted from a lack of resources and heavy counselor case loads. Our analysis of 50 randomly selected case files disclosed a substantially higher success rate for clients whose case files contained all required reviews.

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a* Federal regulation 34 CFR 361.40 requires that each individualized written rehabilitation program must be reviewed as often as necessary, but at least on an annual basis. 34 CFR 361.41 requires a procedure and schedule for periodic review and evaluation of progress toward achieving rehabilitation objectives, and a record of these reviews and evaluations.¹

We randomly selected 50 client case histories from the universe of 1,391 MRC clients receiving training services during the Federal fiscal year ended September 30, 1995. Inadequate monitoring of client progress was found in 33 of the 50 case histories reviewed. The following chart illustrates the number of case files missing one or more annual and/or periodic reviews.



As illustrated, 20 of the 50 case files (40 percent) were missing both annual and periodic reviews; 11 case files (22 percent) were missing annual reviews; and 2 case files (4 percent) were missing periodic reviews. Only 17 case files (34 percent) had all required reviews.

*Monitoring
Recovery of
Substance
Abusers*

MRC must also increase their monitoring of attendance for substance abusers in recovery programs. Included in the 50 case histories were 14 clients with substance abuse problems. Our analysis disclosed that 10 of the 14 client case files (71 percent) did not contain sufficient evidence of continuous attendance in recovery

programs, as prescribed in the Individualized Written Rehabilitation Program (IWRP). Interviews with MRC counselors also indicated a need for closer monitoring of clients with substance abuse problems, especially during their first year of recovery.

*Monitoring
May Impact
Successful
Rehabilitati
on*

Monitoring and case closure data suggest that monitoring may impact successful rehabilitation. Of the 50 randomly selected cases, 19 cases were closed successfully, 12 were closed unsuccessfully, and 19 remained open. Our analysis disclosed that 9 of the 19 successfully closed cases (47 percent), contained all required reviews, while only 2 of the 12 unsuccessful cases (17 percent) contained all required reviews.

*Heavy
Caseloads
Contribute
to the Lack
of Reviews*

MRC officials acknowledged that monitoring clients on a regular basis plays an important part in the rehabilitation process. However, MRC officials indicated that heavy caseloads prevent counselors from providing timely services, adequately following up on active cases, and documenting all actions affecting the client.

*MRC
Identified a
Decline in
Monitoring
Services in*

At the time of our audit, MRC's most recent internal Statewide Case Review (1991) identified a decline in progress evaluations. MRC believes the inability to hire additional program evaluators to perform internal reviews contributes to the decline in monitoring.

programs for substance abusers, and

- ! more frequent Statewide internal case file reviews.

MRC Response

MRC agrees with the finding and recommendations regarding improved documentation of annual and periodic reviews, as well as more frequent internal case file reviews; but disagrees with regard to monitoring the attendance of substance abusers in recovery programs. MRC states that our conclusions appear to be based primarily on hypothesis and anecdote rather than an established,

clinically proven practice. MRC argues that the responsibilities of the client and counselor are set forth in the IWRP and the audit does not justify the imposition of a uniform monitoring regimen on all clients with a diagnosis of substance abuse.

OIG Reply

MRC's implementation of procedures and training to ensure documented periodic and annual reviews and more frequent internal case file reviews should be sufficient. However, our conclusions regarding the monitoring of attendance of substance abusers in recovery programs are neither anecdotal nor hypothetical. The finding presents a general failure by MRC to monitor attendance of substance abusers in recovery programs, **as prescribed in their respective IWRPs**. For example, the Client and Counselor Responsibilities section of the IWRP, for the first exception noted, states [Client] to attend AA on a basis she feels is appropriate to her. [Counselor] to monitor. The case file contains no evidence of client attendance in AA (Alcoholics Anonymous), or counselor monitoring. Among the duties listed in the Massachusetts Department of Personnel Administration's Classification Specification for Vocational Rehabilitation Counselors is: **Monitors and evaluates client progress . . . to . . . determine whether or not services, programs, or placements are meeting the client needs.**

*individual. The thorough diagnostic study includes in all cases, to the degree needed, an appraisal of the individual's employability, personality, intelligence level, **educational achievement, work experience**, personal, vocational, and social adjustment, employment opportunities, and other pertinent data helpful in **determining the nature and scope of services needed.**²*

The failure to consider existing skills and/or education for the purpose of obtaining gainful employment represents a potential waste of Federal and State funds. For example, one client who had previously worked in the food service field, established a vocational goal in Printing/Photography, and attended school with assistance from MRC. Subsequently, the client changed her goal to Social Worker, again attending school with assistance from MRC. After four years of training (1989 - 1993) for these two goals, the client changed her goal to Culinary Arts, graduated from a Culinary Arts school, and obtained employment in this field. The MRC counselor supported the goal change based on the client's prior work experience. Had Culinary Arts been considered for the client's initial vocational goal, substantial resources could have been saved.

Recommendations

We recommend that the Assistant Secretary for OSERS require MRC to implement procedures and training to ensure:

- ! utilization of prior education or vocational skills in obtaining gainful employment, except where a disability precludes utilization of such education or vocational skill; and
- ! documented justification for the establishment of vocational goals which are not consistent with a client's prior education and vocational skills.

MRC Response

MRC states the audit may support ~~A~~ a lack of documentation of

OIG Reply

MRC's Client Services Manual, states that the Individualized **Written** Rehabilitation Program is intended to formalize the case planning and management practice of **establishing goals** and objectives and the means and time frames for their achievement. Without documentation, the suggested use of testimonial evidence regarding what may have been considered several years ago is unreasonable. The example cited in the finding is precisely the type of condition to which the finding and recommendation is directed.

The finding is entirely congruous with, and in fact supported by, the referenced Policy Directive, PD 97-04, which states **A**The employment goal for an individual . . . must be based, primarily, on the individual's strengths, resources, priorities, concerns, abilities and capabilities.**@** Accordingly, we maintain the recommendations should be implemented by MRC.

Finding No. 3***Vocational Goal Changes Were Not Always Justified***

MRC client case files did not always contain justification for changes to client vocational goals. Vocational goal changes were found in 20 of the 50 randomly selected client case files. Justification for the changes was not found for 18 (90 percent) of the 20 clients. MRC officials are aware that vocational goal changes require proper justification by the counselors under current State regulations. They believe the demands on counselors to produce more rehabilitated clients, and the difficulty of working with clients who have less educational and vocational experience may be some of the reasons for changing vocational goals.

Criteria

*MRC Client Services Manual, Chapter 107 CMR G11.06 states that form CS-17e is used to record any amendment to the original IWRP, which could be a different vocational goal, changes in services, or a program closure. When form CS-17e is used for a new vocational goal, the counselor must record the occupation and a three or more digit code from the Dictionary of Occupational Titles **and a narrative justification.***

Records Technician. A third change of goal occurred in June 1995. The client attended school for one week and then changed his mind because he was the only male in the program.

The vague rationale provided by the client for the above changes do not justify those changes. In accordance with 34 CFR 361.33, cited on page 5 of this report, a thorough diagnostic study, including an evaluation of employment opportunities and the client's ability to acquire the vocational skill, is required to determine the nature and scope of services to be provided. Without supporting evidence to the contrary, it is assumed that employment opportunities exist and the client has the ability to acquire the skills for the vocational goal.

Recommendation

We recommend that the Assistant Secretary for OSERS require MRC to implement procedures and training to ensure narrative justification for all vocational goal changes, as prescribed by State regulations. The new procedures should require convincing documented support when the justification contradicts the initial thorough diagnostic study.

MRC Response

MRC reiterates the finding is in conflict with PD 97-04. MRC again states the example serves no useful purpose and the finding suggests a degree of counselor control over the planning process that is not supported by the RSA policy directive. MRC believes that no recommendation, beyond improved documentation of the justification for case activity, be made.

OIG Reply

The finding is not in conflict with the referenced PD. As stated in the PD, the purpose of Title I of the Rehabilitation Act of 1973, as amended (the Act) is to assist states in operating a comprehensive . . . and accountable program of vocational rehabilitation . . . We do not believe the PD inhibits a Designated State Unit's ability to prevent numerous unjustified vocational goal changes such as those demonstrated by the example cited in the report. Otherwise, control over the efficiency, integrity, and accountability for program expenditures would not exist. Accordingly, we maintain the

Based on information and supporting documentation provided by MRC, we concluded that the reporting of training services for five of the eight clients resulted from transcription or data entry errors. Four cases were coded to incorrect client numbers and one pertained to a diagnostic evaluation improperly coded as training. In each of the three remaining cases, the courses were used as a diagnostic tool, part of an extended evaluation of the clients= potential to benefit from vocational rehabilitation services.

Recommendation

We recommend that the Assistant Secretary for OSERS require MRC to review and correct all improperly coded Case Service Reports from 1994 through the most recently submitted report and provide training to all counselors and staff responsible for data input to preclude future erroneous coding of case service data.

MRC Response

MRC does not agree that a coding error occurred regarding the provision of Postsecondary education to applicants, as a means of evaluating readiness for service. MRC states: **A**n fact, the use of Postsecondary training for evaluation is suggested and endorsed by RSA.®

OIG Reply

The audit report does not take exception to the use of Postsecondary training for the purpose of evaluation. The report initially took exception only to the **reporting** for all eight clients. However, in their response to our draft report, program officials informed us of an apparent ambiguity in the Reporting Manual for the Case Service Report, pertaining to reporting training services. Accordingly, we concur that three clients who received training during extended evaluation may not warrant an exception. However, other reporting errors were found in five of the eight cases. In response to our request for an explanation of the reporting for the eight clients, MRC responded that **A**only 3 actually received any training . . . ®, 1 received no training but was incorrectly coded as having been provided= same®, and for the remaining four, **A**. . . in every case these incorrect charges were made as a result of transcription or data entry error.® Except for reducing the number of exceptions noted,

Background

The purpose of the Vocational Rehabilitation Services program (Title I) is to assist States in operating a program which provides vocational rehabilitation services for individuals with disabilities so that such individuals may prepare for and engage in gainful employment. In order to receive Vocational Rehabilitation Services funds, a State must submit a three-year State plan, designating the State agency responsible for administering the plan and providing for financial participation by the State.

States and the Federal government share in the total cost of the program, with the States providing at least 20 percent of the total cost of the program. The Massachusetts Rehabilitation Commission (MRC) is the designated state agency for the Commonwealth of Massachusetts. MRC's administrative offices are located in Boston, Massachusetts. District and area offices are located throughout the State. Federal and State funding, for the fiscal year ended September 30, 1995, were \$33.5 million and \$15.4 million, respectively.

Recent audits, conducted by our office, of the Vocational Rehabilitation State Grant Program disclosed that frequent contact with vocational rehabilitation clients seems to improve successful rehabilitation. Also, vocational rehabilitation staff report that in order to improve the employment opportunities of persons with disabilities, some form of restriction on client choice of vocational goals should be provided.

Audit Objectives

The objectives of our audit were to determine whether:

- ! adequate monitoring is performed to provide reasonable assurance of client progress, and

- ! Case Service Report data (RSA 911) for Federal fiscal years 1990 through 1994; and
- ! Statewide Single Audit working papers.

We interviewed officials from the Rehabilitation Services Administration, State Vocational Rehabilitation Agency (MRC) and MRC Vocational Rehabilitation Counselors. We also reviewed 50 randomly selected case files from the universe of 1,391 clients receiving training services through MRC during fiscal year 1995.

*Data Reliability
Assessment*

We did not rely extensively on computer processed data. All audit tests were performed using source documentation. However, our review of data submitted to ED by MRC, via data tape, for the Case Service Report (RSA 911) disclosed erroneous data, the extent of which is fully described in the ~~A~~Other Matters@section of this report.

Audit Period

Except for the above noted review of case service data, our audit covered the period October 1, 1994 through September 30, 1995. Our review of case service data covered the period October 1, 1989 through September 30, 1994. Our field work was conducted at MRC's central offices between May 9, 1996 and October 30, 1996. Audit work and ongoing resolution of audit exceptions continued at our offices through the date of our exit conference on October 22, 1997.

Our audit was conducted in accordance with government auditing standards appropriate to the scope of the review described above.

Internal Controls

As part of our audit we assessed the system of internal administrative controls, policies, procedures, and practices applicable to the objectives of our audit. Our assessment was performed to determine

material weaknesses in the internal controls. However, our assessment disclosed internal control weaknesses which could adversely affect the efficiency and effectiveness of MRC's administration of the vocational rehabilitation program. These weaknesses included a lack of adequate internal oversight, training, and enforcement to ensure compliance with Federal and State requirements pertaining to all of the above noted control categories, the effect of which is fully disclosed in the AUDITS RESULTS section of this report.

MRC Response

MRC does not agree that the findings of the audit report disclosed internal control weaknesses which could adversely affect the efficiency or effectiveness of the agency's administration of the program. MRC contends that limiting client choice would more likely result in increased conflict and reduced efficiency and effectiveness.

OIG Reply

The reported control weaknesses which could adversely affect the efficiency and effectiveness of MRC's administration of the vocational rehabilitation program, are further evidenced by MRC's response. MRC's presumed lack of control over the establishment and subsequent changes to client vocational goals demonstrates the seriousness of the control weaknesses reported. If uncorrected, abuse of client choice and respective State and Federal resources, as noted in the examples cited in this report, will continue.



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May 20, 1998

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RE: Audit No. A0160003/ Response to Draft Proposed Report

Dear Mr. Piacesi:

Thank you for providing the Massachusetts Rehabilitation Commission (MRC) with the opportunity to respond to the above referenced draft proposed Office of Inspector General report. In reply to your invitation to comment on the recently received draft proposed report of your Department's audit, begun in May of 1996, let me first present our understanding of your originally stated purpose in evaluating the MRC.

It was stated by letter and via your Department's entrance interview with me and my staff, that your purposes were in support of the Administration's preparation for the 1997 hearings relative to the Reauthorization of the Rehabilitation Act. With those goals in mind, it was learned that the audit would examine: the Agency's policies and procedures, job descriptions (especially those of counselors), performance indicators (especially successful closure rates for years 1990-1995 and rates of client recidivism) and case work practices in the areas of: client intake, counselor assessment of client education and prior work skills and current impediments to employment, and client monitoring. Such objectives would be achieved through examination of written policies and procedures, staff interviews, analysis of written and electronic productivity reports and client case record reviews. It was also stated that a particular emphasis of your audit would be on persons with diagnoses of substance abuse because of the focus of a recent "60 Minutes" television show dealing with this population's receipt of Social Security benefits.

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My staff made available the following resources to facilitate your team's work: organizational charts, job descriptions, RSA 911 data tapes for fiscal years 1990-1995, written Client Service Manual sections, appointments for interviews with four staff specializing in substance abuse disorders and the case records of 50 clients, selected by your staff.

Comments of MRC Regarding Finding No. 1:

Your analysis of 50 randomly selected case files, from a universe of nearly 1,400 case files, disclosed that 31 of those cases were missing annual reviews. Many factors may affect the completion of annual reviews including, case status, case activity, client availability (especially regarding cases in training status), and others. However, the MRC is concerned about the high incidence of failure to record annual reviews in training cases, which your audit revealed.

Your analysis also indicated that 22 of the cases reviewed did not contain adequate documentation of periodic review. The MRC believes that it is difficult to accurately measure documentation of periodic review. Documentation of periodic review may often be found in client contact reports, memo to file and the IWRP. Again, the MRC considers the findings of the audit worthy of attention and review.

The audit finding which indicates that the MRC must increase monitoring of attendance for substance abusers in recovery programs is regarded as being without sufficient basis upon which to formulate any change in agency practice concerning this discrete group of consumers. The conclusions reached by the auditors appear to be based primarily upon hypothesis and anecdote rather than an established, clinically proven practice. The formulation of an Individualized Written Rehabilitation Plan must be mutual and it must be individualized. The responsibilities of the parties are discussed, negotiated and mutually agreed upon. A program of rigid monitoring of recovery program participation is not within the scope of program resources, nor is it compatible with rehabilitation philosophy of consumer self-determination and autonomy. No information disclosed as a result of the audit would justify the imposition of a uniform monitoring regimen on all clients with a diagnosis of substance abuse.

Comments of MRC Regarding Recommendations No. 1:

The MRC agrees that the audit disclosed sufficient evidence to justify the recommendations concerning implementation of procedures and training to

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improve the documentation of annual and periodic reviews, as well as more frequent internal case file reviews.

The MRC does not agree that there is sufficient clinical support in the audit to justify a protocol of intensive oversight of client attendance in recovery programs.

Comments of MRC Regarding Finding No. 2:

The MRC does not agree that the results of the audit support this finding. It may be true that the results of the audit support a finding that, in 13 of 50 cases reviewed, there was a lack of documentation of consideration of prior education or vocational skills when establishing a client's vocational goal. It is impossible, without conducting interviews with the counselors and clients who mutually established those vocational goals, to determine whether or not those factors were considered in the formulation of the IWRP. The example cited in the audit lends no support to the finding.

Further, your attention is directed to a recent RSA Policy Directive (which we have included with our response), PD 97-04. This PD reflects the latest articulation of the Rehabilitation Services Administration concerning the factors to be considered when a client and counselor work together to mutually establish a vocational goal and plan. The MRC is concerned that the findings and recommendations voiced in the Inspector General's proposed draft are not entirely congruous with the letter and intent of the PD. This apparent conflict within the Department of Education creates confusion and uncertainty for the State agencies responsible for the administration of the program.

Comments of MRC Regarding Recommendation No. 2:

Consistent with our response to recommendations No. 1, the MRC will work to ensure adequate documentation to assure compliance with statutory, regulatory, and clinical requirements.

Comments of MRC Regarding Finding No. 3:

The MRC response to finding No. 3 reiterates our response to finding No. 2. Once again, we call your attention to RSA PD 97-04. The example cited in finding No. 3, serves no useful purpose. The example attempts to present the mutuality of planning and the importance of client choice as a straight forward, unambiguous concept, with clearly correct and incorrect choices to be made. The finding also suggests a degree of counselor control over the planning process that is not supported by the RSA policy directive.

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Comments of MRC Recommendation No. 3:

The MRC believes that no recommendation, beyond improved documentation of the justification for case activity, be made. The conflict between the findings and recommendations of the Inspector General proposed draft report and the policy of RSA should be reconciled before a State agency is directed to implement new policy or procedure.

Comments of MRC Regarding Other Matters:

The MRC does not agree that a coding error occurred regarding the provision of Postsecondary education to applicants, as a means of evaluating readiness for service. In fact, the use of Postsecondary training for evaluation is suggested and endorsed by RSA. If a problem exists with the instructions for the completion of the RSA 911 report, it is suggested that the instructions be corrected.

Finally, the MRC does not agree that the findings of this audit disclosed internal control weaknesses which could adversely affect the efficiency or effectiveness of the agency's administration of the program. Rather than promoting greater efficiency, de-emphasizing client choice and imposing more rigid limits on an individual's employment and training options would, more probably, result in increased conflict and reduced efficiency and effectiveness. The finding's conclusion is not born out by the results achieved. The best measure of this agency's effectiveness is a review of its success in assisting individuals with severe disabilities plan for, work toward, and obtain integrated, competitive employment. The MRC believes by that measure the effectiveness of its work is unquestionable.

I and my staff are available to discuss these comments and the proposed draft report with you and your staff. Thank you again for the opportunity to comment on the proposed draft report.

Sincerely,



Elmer C. Bartels, Commissioner

Encl.

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