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ADDRESSEES: STATE VOCATIONAL REHABILITATION AGENCIES (GENERAL)
STATE VOCATIONAL REHABILITATION AGENCIES (BLIND)
STATE REHABILITATION ADVISORY COUNCILS
CLIENT ASSISTANCE PROGRAMS
REGIONAL REHABILITATION CONTINUING EDUCATION PROGRAMS
AMERICAN INDIAN VOCATIONAL REHABILITATION PROGRAMS
RSA SENIOR MANAGEMENT TEAM

SUBJECT: Informed Choice and Service Provider Issues

CONTENT: Attached are two papers that discuss the relationship of service providers to the implementation of informed choice. The papers outline issues that emerged during implementation of the choice projects and discuss ways in which the projects addressed these issues. Neither paper is intended to provide final solutions, but rather to frame a comprehensive discussion of the issues within the vocational rehabilitation community.

Impact of Informed Choice on Providers is written by Abby Cooper, Director of the Participant Empowerment Project (PEP), Washington Division of Vocational Rehabilitation (DVR). The paper describes PEP's experiences with ways in which the implementation of informed choice changed relationships among the funding agency (PEP), community service providers, and the individuals receiving services. Challenges voiced by community service providers as they initially considered whether or not to work with PEP are identified. Also identified are changes implemented by providers who did work with PEP, issues that need additional exploration, and general recommendations. Outcome data from an evaluation done by Washington DVR that compares selected individuals served by PEP with selected individuals served by Washington DVR are included.

Options for Qualifying Providers and Assuring Quality Employment Services is written by Michael Callahan, Director of the Choice Access Project, United Cerebral Palsy Associations. The paper explores four options for determining that a service provider is qualified, including the licensing approach described in the Rehabilitation Act, the building code approach used by the Choice Access Project, contracting, and measuring consumer satisfaction. Characteristics of quality services are compared with characteristics of quality providers. The author recommends that State VR agencies and others blend the traditional approach of licensing and certification with the other options, in order to expand the range of service providers while maintaining fiscal responsibility.

The opinions expressed in the papers are those of the project directors and not necessarily those of RSA. The papers are being disseminated as part of RSA's efforts to facilitate the exchange of information about informed choice between the Choice Projects, State vocational rehabilitation agencies, and other relevant parties.

INQUIRIES: Each paper provides contact information for that author. Within the Rehabilitation Services Administration, for matters related to informed choice, the contact person is Suzanne Tillman at 202-205-8303.

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Fredric K. Schroeder, Ph.D.
Commissioner

CC: NCIL
CSAVR
NAPAS
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(Regions II, IV, V, VIII, and X)

Impact of Informed Choice on Providers

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Prepared For:
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Impact of Informed Choice on Providers

One of the foundations of the Rehabilitation Act, as amended in 1992 is that recipients of vocational rehabilitation services have "Informed Choice." Informed Choice has been discussed in section 361.52 of the preamble of the final regulations for implementing the Rehabilitation Act as: "a decision-making process in which the individual analyzes relevant information and selects, with the assistance of the rehabilitation counselor or coordinator, a vocational goal..". This definition and the concept behind it are changing the traditional relationship between the rehabilitation community and individuals with disabilities. Persons served by Vocational Rehabilitation have traditionally been the people that we do things to or for, but not with. They have rarely been considered equal partners, much less drivers of the process.

Recently, much attention has focused on what needs to change in the bureaucracy of Vocational Rehabilitation in order to ensure informed choice for persons receiving services. Discussions have ranged from policies, to payment processes, to counseling techniques and strategies. Surprisingly, little attention has focused on how informed choice impacts the provider community and on the major role that providers play in determining the extent of choice in rehabilitation services and outcomes. This is particularly startling when one considers that State Vocational Rehabilitation Agencies can spend up to half their federal budget on purchasing services from providers and that providers are frequently more familiar with the participant than the counselor due to the frequency of their contact and the nature of their services. If a provider thinks a participant's choice is not feasible, or too costly to explore, then it will probably not occur. Certainly many providers are in a position to control the type of choices available to participants.

For the purpose of this paper, community providers are defined as individuals or organizations that sell their services to publicly funded vocational rehabilitation agencies and that secure results for individuals with disabilities; for example, job developers, job coaches, travel trainers, assistive technology providers, etc. Vendors are defined as companies or individuals that sell a product, such as, software, computers, or augmented communication devices.

This paper will focus on how Informed Choice changes relationships for the provider community. It will examine the challenges that Washington State's Choice Project, The Participant Empowerment Project (PEP), as well as the other Choice Demonstration Projects, have observed the provider community struggle with over the last four years.

In a recent training session for providers, The Center for Continuing Education in Rehabilitation of Western Washington University pointed out that the impact of client choice is the "paradigm shift from agency-centered to customer-centered orientation." Many in the provider community have been initially reluctant to embrace this shift. There was a feeling

that they were already providing choice. When PEP started four years ago, only three certified DVR providers in King County, out of a possible pool of seventy providers, would agree to work with the project's participants. Most providers leaned toward business as usual. Today, PEP works with about half the certified providers available to DVR.

Providers share the same nervousness about informed choice as public agencies but have received less training and support on adapting to the changes. They wonder: "What is my role?" "Who has the control?" "What impact does this have on current practice?" "How can I make money with this new system?" At the heart of the concern are the unspoken questions: How much control and power will be taken away from me and given to participants? Can I trust the participant and will this work?

There is an attitudinal change at the heart of the struggle that will take time to integrate into the system. The provider's perception must include accepting the participant as trustworthy, powerful and in control. There is a dichotomy in rehabilitation in that we want employers to believe in participants and hire them, but we in the profession want participants to prove themselves before we trust them to make good choices.

Shift in Relationship

Informed Choice offers providers, vocational counselors and other rehabilitation professionals the opportunity to change current relationships with individuals with disabilities and with each other. When providers view people with disabilities as the primary customer and funding source, all traditional relationships will change.

> "Customer service runs deeper than friendliness, listening skills and positive attitude. Customers want more control over the relationship with us. They want to choose who serves them, they want influence over the terms of the sale, they want choice in the way the product or service is delivered to them, they want to contact one person, even though their answer may require the cooperation of four different departments." Peter Block, *Stewardship - Choosing Service Over Self-Interest*, pg.20.

Traditionally, community based providers have built their businesses by establishing symbiotic relationships with vocational counselors, with limited involvement from the participant. The vocational counselor benefits from the outcomes providers produce, and the provider benefits from the revenue the outcomes generate. These relationships have insured that providers continue to stay in business. Providers can market their services to a unit of vocational counselors and be relatively assured of referrals, if they place people in jobs. In contrast, a provider answering to one participant at a time does not guarantee numerous referrals from the public rehabilitation agency or a viable livelihood. This leaves many providers wondering if it is worth it.

The established practice for most public rehabilitation agencies is that counselors dictate the amount of money to be spent on services. Participants may reap the benefits from the service, but have limited input on the costs and how services are provided. Their roles

traditionally have been to accept both the services and jobs providers offer them. It is not unusual for both the provider and counselor to consider a participant uncooperative if he or she turns down a job offered by the provider or requests that the provider offer the service differently.

Providers view the DVR counselor and the business community as their customers. Participants are interchangeable with the next referral, what stays constant is the relationship between the provider and vocational counselor. Participants have been considered to be interchangeable because all they bring to the table is their need for service. They do not bring money or expertise. A paradigm shift will be required for providers to view participants as the paying customers who are knowledgeable about what they want.

Employment Outcomes

Traditionally, vocational rehabilitation counselors do not typically work with the business community and have relied on the expertise of community providers to develop contacts with employers and produce the coveted jobs. This expertise has placed the provider community in the position to decide what type of work was feasible for participants in their community. This arrangement has led to an inordinate number of participants receiving entry level jobs with limited growth potential that were not only feasible but that were easy to obtain. Providers have developed their expertise in a labor market approach. Working from a pool of referrals, they fit participants in jobs they have mass marketed. Empowered participants may ask providers to individually develop jobs. Individual job development may not be as cost effective as a large scale labor market approach and it requires different skills. A depiction of this is a PEP participant who designed a prorated contract with a provider. He contracted their services for fifty dollars an hour, if they could find a job for him within two weeks. After two weeks, the rate would fall to thirty dollars an hour, and after three weeks, the rate would drop to twenty dollars per hour.

The informed choice process causes even more anxiety for providers when participants have numerous issues in obtaining employment. Many providers have been trained to first look at participant's deficits rather than their strengths. They believe that they are just being realistic in determining what a person can and can not do. It is difficult for providers to believe that it makes sense to answer to a person who has significant disability and limited perceived ability. It is far more comfortable to deal with professionals and view the job the individual wants as unrealistic.

PEP found that providers are frequently concerned that participants will ask for unrealistic job opportunities, have unrealistic expectations, or misrepresent their skills. This has not been PEP's experience. However, we did find that participants asked for a wide range of job types and services and for jobs that are unique and sometimes difficult to obtain. Washington State DVR conducted a study of PEP participants and DVR participants. PEP provides services to the same participant population as the traditional state vocational

rehabilitation program in the largest county in the state, King County. The PEP office is centrally located in the city of Seattle. Seventy-nine closed cases were randomly chosen from PEP's data base by a systems analyst of Washington State DVR who was not related to PEP. The systems analyst then matched those seventy-nine cases to closed cases from Washington State DVR Cherry Street office. The participants were matched on the following characteristics: age (within two years), disability, and ethnicity. The study found:

79 PEP Participants	79 WA. State VR Participants
Thirty-eight Different Job Types	Nineteen Different Job Types
Average Wage at Closure $12.55/hr	Average Wage at Closure $7.42 hr
Closed Rehabilitated 41	Closed Rehabilitated 23
Time in service: 420.38 days	Time in service: 401.06 days
Overall Average Cost $1552.22	Overall Average Cost $1785.99

As reflected in the table above PEP participants had a wide range of job types, and the wages PEP participants earned were almost double that of Washington State VR participants. Almost twice as many individuals were closed employed in PEP than in DVR. Seventy percent of PEP participants in this study used a variety of job seeking approaches simultaneously, such as hiring a traditional provider, networking, self directed job search, and PEP staff job developing for them. Seventy percent of DVR participants relied solely on traditional providers to find them a job. This data indicates that when participants control the process, their job choices are not unrealistic as traditional community providers feared.

However the data do not answer the question, foremost in providers' minds, whether choice will result in less business for them. It has been PEP's experience that providers do have less business if they are not willing to tailor their approaches to the individual participant.

Information

Much of the discussion about informed choice has centered on how to convey information to the participant and what information is essential for a participant to obtain. Providers are apprehensive about having to reveal information about their organization that they have not previously shared with participants. Many are sensitive that the information could cause them to be judged unfairly. One provider told PEP staff, "I serve only individuals with significant disabilities in obtaining employment. My numerical outcomes are less then my peers and my costs are higher." Considering the data used to evaluate performance, this provider's performance could appear worse than other providers. If purely fiscal and quantitative objective measures are presented without consideration of the qualitative measures of service provision and outcomes, some providers will be placed at a competitive disadvantage. Certainly the data that State Vocational Rehabilitation currently collects focuses almost solely on quantitative measures, e.g., How many people placed? How long did it take? Average wages? There is mounting pressure on state agencies for increased emphasis on quantitative outcome measures. There is a challenge before the

system to also identify qualitative measures that examine the quality of the process from the participant's perspective, the extent to which the participant's specific employment goals and service needs were met, and the extent to which the services will help the individual in the future.

Providers frequently do not know how to present information about themselves and their services to participants. They are experienced in selling themselves and their services to other professionals. In this context they are very good at presenting themselves in the best possible light. They have developed this marketing strategy over time. When providers market to funders and other professionals the underlying assumption is that the audience knows how to interpret the providers' presentations and how to evaluate the information. However, VR participants frequently have not had the opportunity to hire a provider. They do not know the questions to ask or how to evaluate the responses the provider offers. A provider can be in an awkward position if they have to sell themselves and then instruct the participant on how to evaluate the information. A number of the choice demonstration projects have resolved this dilemma by utilizing rehabilitation teams, community connectors, employer advisors, and others to assist the participant in evaluating provider information.

PEP held a focus group of providers to learn their concerns about informed choice. Repeatedly voiced was the concern about whether providers could trust the information a participant would give them. If it was inaccurate, it would hurt the providers' ability to provide the contracted service. As a system we are skeptical of the people we serve and providers are not immune to this problem. We have all been taught to believe that being optimistic equals being unrealistic and being skeptical equals being realistic. Providers tend to believe that they are just being realistic with concerns they hold about informed choice and providing services.

In the process of exchanging information, participants may ask providers to explain and justify their practices and to provide a full accounting of their services, such as the number and type of employers that have been contacted on their behalf. Revealing such information to participants is a change in roles and it takes away some of the provider's control and power.

Initially, PEP providers were uncomfortable with the prospect of sending reports directly to participants. They were uncertain on how to write reports to participants instead of professionals. As providers gained experience with this, many providers have developed skills needed to write reports to participants. Providers have learned to ask participants what type of information would be most useful to them in the report, what information will help participants understand what the provider has done, and what information will help participants reach their goals.

Control

The current vocational rehabilitation regulations prescribe the type of information a participant must receive when choosing a provider but they do not specifically address how to help participants take control of their own rehabilitation process. A provider, in theory, could give the information required in the regulations and not offer any choices in the process or outcomes. If participants are going to have informed choice and control in their rehabilitation, providers must help the participant take the control. However this is only possible if the provider willingly gives up control traditionally held by the provider.

Many participants are at a fragile point when they seek rehabilitation services. Making choices surrounding their rehabilitation often frightens them. Many have not had the experience of making good choices for themselves and fear that they may fail. They may not have the knowledge base to know how to evaluate information and make decisions. The fear of making a decision and taking responsibility for one's action is an age old problem for society as a whole, not just the disability community. In Fyodor Dostoevsky's, *The Brothers Karamazov*, the Grand Inquisitor suggests that people are afraid of choice and invent systems to avoid having to take responsibility for their own actions. It is easier to follow a ritual or have someone tell you what to do. When participants allow providers to control the choices, if things do not work out, it is the provider's fault. Whereas if participants make their own decisions and something goes wrong, then participants must accept the responsibility. Choice can be a double edged sword.

The provider must help the participant take the control as well as to accept the responsibility that comes with it. Providers need to be willing to use their expertise to help participants make the decisions about their rehabilitation services and outcomes, even when the choices are different from the ones they might make. This requires a high degree of skill on the provider's part, especially when the provider is under pressure to produce outcomes. Providers and vocational counselors are in tricky positions. They need to provide their expertise in a manner that allows the participant to accept it and evaluate the information without directing the participants' decisions. Acquiring these difficult skills and putting them into practice would help participants accept the responsibility that comes with choice.

Shift In Practices

Contracting with Participants

The new RSA regulations mandate that participants choose the provider. One strategy that PEP demonstrated was allowing participants to contract directly with providers for the required services. Choosing and contracting with providers places participants in the driver's seat. It begins to help the provider view participants as having the authority and power.

All people enter into some type of contractual relationship in their daily lives. When we pay for a service, whether from an economic advisor, house painter, baby-sitter or auto mechanic, we are using contracts. When we purchase such services, we expect to state our

needs, to be treated respectfully and to interview the person providing the service. As a purchaser, we then choose whether we want to hire persons as well as determine how much we are willing to pay. We do not expect to be interviewed extensively by the person we are hiring, or have to expose sensitive information about ourselves, or to prove we are "ready for" the service we are buying. We do not expect to be left feeling powerless. In the larger community, the experience of feeling powerless in the contract process is frequently expressed by women who talk about how they feel when purchasing a vehicle.

PEP's initial experience was that community providers did not know how to be interviewed by participants. The shift of power made providers and frequently participants feel uncomfortable. Providers quickly turned the tables so that they were interviewing the participant. This was almost an unconscious process on both the provider and participant's part. It just felt more "natural."

Providers requested that participants reveal sensitive information and evaluated whether the person was "work ready" prior to the participant even deciding to work with that provider. Providers were frequently trying to figure out what their costs would be to place the participant and if capacity issues would allow the provider to accept the person. Providers did not seem to acknowledge that the initial decision was the participant's. After the participant selects a provider, then the provider has the prerogative to determine if they want to work with the participant and whether they are able to meet the participant's needs.

As part of its demonstration, PEP developed strategies that allowed participants to choose and contract with community providers for desired outcomes. Initially, the contracting process, which in theory seemed effective, was very frustrating for all involved parties. Participants felt that providers did not listen to them or allow themselves to be interviewed. Ninety percent of the evaluations PEP received in its first year from participants indicated that interviewing providers was largely a waste of time. Many providers felt it was unreasonable to have participants interview them. They felt that participants were not effective at interviewing and thus it was a waste of everyone's time.

This is not dissimilar to the changes that are occurring in the medical community. Patients more and more are encouraged to interview doctors before choosing one. The first time potential patients interview a doctor, they frequently do not know the questions to ask and wonder if the interviewing is a waste of time. However over time patients are learning the questions to ask and doctors are learning how to respond. It has been PEP's experience that VR providers are also learning how to respond to participants as the individuals with the power to select the provider of their choice.

There is an evolution occurring in the provider community surrounding informed choice. One provider who works with PEP noted that a year ago, the only participants who wanted to interview staff from her agency were from PEP, but today she receives daily calls from state VR participants wanting to interview her and her staff. According to her, she used

to view having participants interview her as waste of time. Now she considers it good customer service.

Feedback from providers found that many of them were hesitant to enter into contractual relationships with participants. Providers did not like the idea of contracting with participants or of participants having the ability to hire and fire them. Providers were also concerned that having participants authorize payment for their services would delay payment. However, in PEP's experience, any delay of payments was due to programmatic inefficiency, not due to participant delay in authorization.

Provider Survival

A major barrier to change involves funding. Providers face the issue of balancing the demands of multiple funding sources. Providers may receive funding from sources that seem to embrace the exact opposite values as informed choice, such as Temporary Aid for Needy Families (TANF) under welfare reform. The basic tenet of welfare reform is often "get them a job, any job." Providers might begin to wonder if it is worth it to balance these contradictory funders. This struggle is overlaid with uncertainty about the impact of implementing informed choice practices on their revenue.

Providers are a business and many are under constant pressure for billable hours. Informed choice does frequently demand that the process is slowed down to the speed appropriate for the participant. This is not always cost effective. One illustration of this was a participant from PEP who needed to buy an augmented communication device. His speech therapist had a very clear idea of the best device for him and wanted him to follow her recommendation. However, the individual and his support group wanted the therapist to recommend three different devices and have one friend, his therapist, and himself weigh the pros and cons of each device. The individual would then decide which device best met his needs. The therapist found this a time consuming and frustrating approach. She felt she knew what was best and her expertise should just be accepted. The participant did, in the end, choose the same device the therapist recommended. However he learned how to choose the device that was appropriate for him. He learned what the considerations were and how to evaluate the pros and cons of the different devices. He also had a full understanding of the maintenance and care of the device. This information will allow him to take more control and responsibility of his choices in the future. The therapist's acknowledgment that it was more time consuming was tempered with the realization that the individual was committed to making and accepting the final decision.

Recommendations

The old idiom "money talks" certainly has bearing here. One sure way to have providers view participants as the people who are contracting for their services, and have all the power associated with that role, is to actually have participants be the contractor. This

requires the system letting go of and giving to participants the power, the authority and resources to contract with providers.

The power component of the equation would require Public Vocational Rehabilitation agencies to have polices and procedures that encourage and honor participants contracting directly with the provider. This would place the vocational counselor in a consultant role of providing information and support to the participant during the contracting process.

The authority, a component of the equation, would require public agencies working with the provider community to understand that it is not business as usual and that participants are the ones who have the authority to contract with them. This includes having the authority to negotiate contracts and payment rate, state the conditions and expectation of the purchased services, and to end the contract if dissatisfied.

The resource component is, as previously mentioned, placing some or all of the money under the control or shared control of the participant. Many of the Choice Demonstration Grants have looked at different approaches to participants having more control of their service dollars. The traditional funding relationship in which the Vocational Counselor controls the purse strings encourages providers to view the counselor as the person with the power, since in reality they are the ones who pay for the provider. Under the traditional arrangement the participant will at best only have a pseudo contract with the provider because they do not have the real control: the money. The idea of giving participants control over their money so they can negotiate and contract with providers is critical; the problem is figuring out how to maintain some fiscal control and responsibility for the process in a time when the general public is demanding more scrutiny of public dollars. Administrators must be willing to examine how to do business differently if we are going to start helping participants control the process.

A large component of informed choice is structuring services and supports so that individuals can take control of and responsibility for their decisions. Helping individuals take control of their services, however, is not easy. It can be difficult, frustrating and confusing. Counselors and providers need training on how to help an individual with disabilities take more control of their rehabilitation process. This training could be offered to both individuals with disabilities and professionals at the same time. Currently Washington State DVR is sponsoring solution focused training for counselors.

In the text *Interviewing for Solutions*, Peter De Jong and Insoo Kim Berg explore the need to move away from a medical model of problem solving to a solution focused model. In the medical model, the professional is expected to identify the problem and provide the solution. DeJong and Berg suggest a focus on the solution presented by the client. They use Saleebey's definition of Empowering: "helping people discover the considerable power within themselves, their families and their neighborhoods." (Saleebey, D. 1992. *The strengths perspective in social work*. New York: Longman. pg.8) Providers and vocational

counselors should start from the point of an individual's strengths and come to understand how the individual is willing to use those strengths and resources in the rehabilitation process. This will assist the individual to become empowered. Many participants also need to receive training on how to be effective customers. This could occur either from vocational rehabilitation counselors, or independent living counselors, as some states are already doing, or a consumer consultant. The training should focus on what information participants need to start controlling the rehabilitation process and taking responsibility for their choices.

Public Rehabilitation Agencies need to acknowledge that providers are businesses and that informed choice will impact on how providers must conduct their businesses. Agencies must clearly state what the parameters of informed choice are from the public rehabilitation agency's perspective. Washington State DVR conducted a state-wide training for all providers on the parameters of informed choice. This offered providers clear information on the direction that was being taken and it opened the door for the provider community to start having discussions on the impact of the changes.

Lastly, State Rehabilitation and provider agencies need to put a greater focus on tracking and evaluating subjective measures that look at the individual's perspective, and the quality of service individuals believe they received. This could be done by designing and implementing a participant satisfaction process that examines the following:

a) amount of satisfaction with the outcomes that individuals felt,
b) the frequency of individuals getting the outcome they requested,
c) the level of perceived control individuals felt they had in the process.

Each participant at the end of the service could provide information on their experiences by completing a survey, verbally responding to questions or attending a focus group to provide feedback. Each agency could track their results and share them with potential participants. Some accrediting entities such as CARF already require such consumer satisfaction data. Many providers already compile this information; they just need to share it with participants as well as funders.

Conclusion

Informed choice requires that business practices change. Participants, providers, and Public Agencies all need to establish new game rules and parameters for working together. Old ways are hard to break and there needs to be allowances for the time and mistakes we all will make in trying to implement the change. Both the provider community and participants need to be educated and given opportunities to practice new skills. Participants need information on how to choose and work with providers. Providers need information on how to market their services to participants, how to establish a contractual relationship with participants, and how to view the participant as the primary customer. Providers need to start thinking of different ways to offer services that allow the participant to be in control.

The more the system can give the control of money to the participant, the quicker the provider community will adapt their ways of answering and listening to participants. Providers can and will learn how to function in a market based economy, if as a system, we are serious about participants being equal partners in their rehabilitation.

Options for Qualifying Providers and Assuring Quality Employment Services

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Options for Qualifying Providers and Assuring Quality Employment Services
by Michael Callahan

The issue of securing *Qualified Providers* is inherent in any discussion of the exercise of informed choice in employment for persons with severe disabilities. The regulations for the State VR programs (34 CFR 361.51 [b]), require that:

> "...providers of vocational rehabilitation services shall use qualified personnel, in accordance with any applicable national or State-approved or recognized certification, licensing, or registration requirements, or, in the absence of these requirements, other comparable requirements (including State personnel requirements), that apply to the profession or discipline in which that category of personnel is providing vocational rehabilitation services."

The regulations further require (34 CFR 361.52 [b]) that:

> "...the State unit shall provide the individual, or assist the individual in acquiring, information necessary to make an informed choice about the specific services, including the *providers* of those services, that are needed to achieve the individual's vocational goal."

These regulations reflect a clear concern of the Federal government that individuals with disabilities have access to quality services and, at the same time, have the right and opportunity to choose the providers of those services. These regulations also have the possibility of bringing the role and importance of providers in delivering quality rehabilitation services into possible conflict with choices made by the individual. The intent of the regulations that call for qualifying providers is that if providers attain a "qualified" status, there is a greater likelihood that the services they offer to the individual with a disability are effective and meaningful. However, when individuals are offered increased choice, qualifications that focus on and favor traditional providers will

likely decrease the options available. In fact, in some areas, there may only be one or two qualified providers -- or perhaps none at all -- which meet strict organizational regulations. This reality would not represent much of a choice for individuals with disabilities.

It is therefore essential for funders such as VR and State Developmental Disability agencies, to strike a balance among issues that are often at odds: a) to assure that consumers receive quality services, b) to offer a range of options from which individuals may choose, c) to determine who monitors quality, and, d) to decide who gets to determine the relevance of outcomes. One way to deal with these challenges, especially issues "a" and "b", is to identify qualification strategies that apply to a wide variety of potential providers of service, including non-traditional providers and that complement the regulatory requirements for qualified services personnel. In this way, individuals with disabilities would have a larger pool of providers from which to select and be able to exercise a true choice in selecting supports. VR, and other funding systems, can also assure that services are delivered in a quality manner. To accomplish this, it will be necessary to look for flexible strategies currently used inside the existing system and generic solutions employed outside the traditional rehabilitation industry for "compatible" strategies to qualify providers.

There are several commonly-used, generic models, used throughout business and industry, that may be applied as a means of offering clarity to the process of qualifying providers:

2 Licensing

2 Building Codes

2 Contracting

2 Customer Satisfaction

Licensing

This approach requires providers to meet a set of standards, prior to the provision of services. Providers who meet the standards are assumed to offer quality services to individuals with disabilities. Terms typically used in the human service field relating to this concept include:

a) *credentials* based on education and training,

b) *certification* relating to the completion of a set of requirements, and/or

c) *experience* and *performance of quality outcomes* in the field of concern.

An assurance approach based on *credentials* would require that a course of study and/or training classes be developed and approved by the State. Factors such as contact hours, course content, underlying values and the approval of instructors would need to be determined. Personnel of providers would then need to individually meet the outcome standards of the approved credentials. *Certification* requires the development of a set of indicators and responsibilities that a provider would accomplish as an organization. The

provider would be responsible for showing proof that the standards have been met. This approach requires that a certifying body, similar to the Rehabilitation Accreditation Commission (CARF) or the Accreditation Council, be used or created within the State. Providers, individually or as an organization, can also cite their *experience* and *performance* in employment as an indicator of qualification. This approach would involve decisions concerning the types of employment experiences that would be accepted as well as the number of years in employment services.

Under the current system of qualifying providers the most fundamental pact is between the State VR agency and the providers, on behalf of participants who need services or products. This perspective results in a system in which providers contract with and please funders. In theory, successful outcomes achieved in this manner satisfy participants. A system for qualifying providers by funders typically involves a form of quality accreditation, such as CARF, and assurance of programmatic and fiscal stability. While this approach was developed primarily to assure that overall bureaucratic outcomes were met and that the public dollar was effectively spent, there are features of this traditional method which might be useful to participants. In Indiana, the State has implemented the Hoosier Assurance Plan that provides a provider report card on community mental health agencies. This strategy connects the information collected by the State with the informational needs of participants as they make decisions concerning service providers.

This and other licensing alternatives fit well with states and other funding entities in that they allow a level of quality control regarding providers and they are consistent with approaches traditionally used in the rehabilitation field. These also represent strategies that the provider industry is likely to support, in that competition is reduced by the requirements set for each option. Additionally, employment staff would favor this alternative in that it gives them access to a career ladder, which seems to be a recurring theme in the suggestions job coaches have made to the Association for Persons in Supported Employment (APSE) and other representative bodies. However, this option almost certainly constrains individual choice on the part of persons with disabilities in that traditional service providers will likely find it easier to conform to the requirements than non-traditional, generic, personally-related sources of assistance.

Building Code

An alternative to licensing is to identify a set of process and outcome standards that are to be implemented during the provision of employment services. This approach is similar to the building codes that municipalities and counties use throughout the country to assure the quality of construction processes and materials. In the human service field, a curriculum, manual or other carefully described process can be used to identify the components of quality employment, much in the same way a building code specifies the size of lumber, number of electrical outlets and type of roofing materials that are to be used in constructing a home. In addition to the specifications identified in the curriculum or manual, this option also requires "inspection points" during the

implementation of the employment process. These points might involve written products that describe certain outcome markers of employment and/or the direct observation of the process by the human service equivalent of a building inspector.

This strategy has been used since 1993 in the United Cerebral Palsy Association's (UCPA) Choice Access Project, a five year demonstration funded by the Rehabilitation Services Administration on informed choice in employment. The UCPA project has relied on a personal

budget approach and uses a publicly-available Self-Directed Staff Training Curriculum on supported employment, developed through a previous federal grant.

Recently, the Oklahoma Department of Rehabilitation Services (DRS) has instituted a Milestone Payment System that has features of a building code approach. The Milestone approach not only identifies payment points, it also provides a structure, or building code, in which providers, individuals with disabilities and funders can function.

Other curricula, detailed manuals or payment approaches could also be used. Funding agencies would have to make a decision as to the specific approach(s) to be adopted as well as to adapt staff role changes, as necessary, to provide quality inspection of documents and behavioral indicators of outcomes. This approach has the significant benefit of opening the doors to non-traditional providers -- friends, next door neighbors, personal contacts, and even family and relatives. This flexibility, of course, is

threatening to some traditional providers who want to restrict, rather than expand, the number of providers able to offer services to persons with disabilities. Another concern with this option is that, while flexibility can be built into the process, individuals with disabilities may feel that they have to follow the procedure in a lockstep way that constrains choice. This option is ideal when dealing with complex services, especially for the person with significant disabilities, for whom the system has struggled to provide successful employment outcomes.

Contracting

This option involves the use of clearly detailed agreements that specify the desired outcomes of the individual and the responsibilities of the service provider. If contracts can be designed with sufficient specificity and if payments for services are made contingent upon concrete outcomes that are consistent with the individual's specific requests, this approach can be used to the benefit of funders, traditional providers, non-traditional providers and persons with disabilities. The problem with this alternative is that rather than wasting their money, people may waste their time contracting with providers who do not deliver on the services promised. There needs to be an indication of the provider's reputation and capacity in advance so that people with disabilities would not be as likely to waste their time contracting with ineffective providers. Additionally, it is possible, maybe even likely, that people with disabilities might pay for services that do not truly match with the agreed-upon specifications. Indeed, we all do that to some degree. The benefit to this approach is that it can be

tailored to the specific needs of individuals and it welcomes non-traditional providers by focusing on outcomes rather than on credentials, certification or experience.

The contracting approach is useful as a stand alone approach for discrete purchases of equipment and other products. Contracts are also an integral component of more complex service delivery, when used with licensing, building codes and/or customer satisfaction approaches.

Customer Satisfaction

Possibly the most basic assurance of quality service and outcome in our society comes from the indication of satisfaction by the customer. Of course the achievement of satisfaction is not simply based on acknowledgment after the delivery of a product or service. It is dependent on the skills and willingness of the customer to actively monitor and negotiate the delivery of services. Many would say that customer satisfaction is the foundation of all quality outcomes. However, this is true only if the customer has the control and prerogative to reject unsatisfactory
services and the information and support to negotiate with providers. Otherwise, the customer satisfaction strategy becomes "Let the buyer beware".

In relation to the issue of qualifying providers for the provision of employment services for persons with disabilities, the customer satisfaction strategy provides the possibility of significantly broadening access to a variety of providers and vendors. Rather than limiting the purchasing of services from a small number of "certified" or "qualified" providers, this approach allows individuals with disabilities virtually

unlimited choice. As long as the services provided are "satisfactory" to the individual, in relation to a set of approved and agreed-upon conditions, it can be assumed that the provider is "qualified". However, it must be recognized that the typical relationship between customers and providers in the generic society, as well as the unique and traditionally hierarchical relationship between human service providers and persons with disabilities, is fraught with complexity and difficulty. In order to employ a customer satisfaction strategy as a means of qualifying providers, it is necessary to offer extensive, point-of-the-problem support and information to persons with disabilities to assure that both the perception and reality of their satisfaction results in quality outcomes.

Realistically, the use of customer satisfaction as a means of qualifying providers requires that funders, as well as those closest to the person, provide individuals with disabilities access to both training and supports to deal with the difficult interactions that all people experience when advocating for quality outcomes from service and product providers. It is also likely that

this approach will not stand alone, but will be used with a combination of other strategies to offer flexibility in qualifying providers.

Quality Outcomes vs. Qualified Providers

The preceding strategies represent a range of options that may be used to broaden individual choice while, at the same time, to assure that services are delivered in a quality manner. In the past, there has been an assumption that by "qualifying" a provider, the

funding source could insure the delivery of quality outcomes. However, limitations on personal choice are inevitable if qualified providers only represent a limited number of organizations with connections to the professional rehabilitation bureaucracy. The shift suggested by the experiences of the choice demonstration projects focuses more on quality outcomes and less on provider-based qualifications. It is not necessary, however, to decide on a single approach. In fact, quality outcomes and qualified providers represent two sides of the same coin that may be used by both individuals with disabilities and funders. By implementing a combination of the strategies discussed above, it is possible to balance individual choice and fiscal responsibility.

This balance requires an understanding of the characteristics of quality service outcomes as well as the characteristics of qualified providers:

Characteristics of Quality Services

- Service interactions with the individual are delivered with respect and concern for personal impact.
- A fair price is charged for the service.
- The agreed-upon work is performed in a reasonable time or within the time targeted.
- The service is delivered in a safe and responsible manner and results in a safe outcome.
- The individual gets a copy of paperwork that represents the delivery of the outcome as well as any data or observational notes taken during service.
- The individual is treated as a partner in the service delivery relationship.
- Services and outcomes are accessible to the individual and family.
- The outcome of the service is consistent with what the individual wants.

Characteristics of Qualified Providers

- The provider has experience, skills and/or educational credentials in the area service delivery.
- The provider of service does not have any past or current legal restrictions or history that might compromise the services offered.
- The provider is available to provide the services in a timely manner.
- The provider has financial resources and stability sufficient to perform the service outcomes before being paid.
- The provider is willing to treat the individual with a disability respectfully, as a individual rather than as a service recipient.
- The provider offers a reasonable guarantee to the individual to redo services/products that are not acceptable or successful.
- The provider works to offer individualized outcomes, rather than "stock" options.

Resolution and Discussion

It seems evident that each of these approaches to qualifying providers has merit. They all seek to assure quality outcomes for individuals with disabilities and value for the

funding sources -- the VR system, State DD agencies, and, ultimately, the taxpayer. However, no single option

seems to contain all the answers. The solution is likely to be found by implementing a blend or combination of these alternatives. Rehabilitation agencies and other funders could implement a flexible approach that continues to recognize the value of traditional approaches to qualification, such as credentials and certification, and yet expands options for individuals with disabilities by allowing a blend of other options such as building codes, contracting and customer satisfaction.

It is also necessary to distinguish between providers of a service and vendors of a product. The approaches described here refer more appropriately to service providers than product vendors. However, it is traditional for State rehabilitation agencies and other funders to limit the sources for purchasing products to an approved list of companies. In order for individuals who receive rehabilitation services to enjoy a fuller range of choices and to promote creative, and possibly less expensive, options it is necessary to loosen the requirements of State purchasing regulations. The contracting and customer satisfaction approaches described above can offer a way for states to manage this shift and maintain fiscal responsibility.

Successful approaches used by choice demonstration projects
(Submitted by each project)

Vermont Division of Rehabilitation (Waterbury, VT, statewide)

In hiring for any service provision or making any purchase, any one of the counselors of the Vermont choice project is available to research the options within the community. They also ask for references, read the information available in generic publications such as *Consumer Reports*, asks friends and relatives and uses a variety of input to assist individuals in the project to make decisions.

Therefore, when a person with a disability wants a particular service or product, the only roles of the VR counselor are to: 1) assess the ability of the individual to use the above approaches in decision making; 2) provide appropriate support to the individual to gather information; 3) ensure that the individual receives appropriate support in making a final choice of provider.

This project believes that when a funder takes on the role of "qualifying" providers, that funder is essentially sending a message that the individual is not capable of making that determination themselves. Any controls of choice of providers misses the important point that the role of VR is to educate individuals in methods of locating resources, weighing options, and making decisions. When VR facilitates an investigation process by the individual with a disability, it ensures that the individual is judging qualifications as to the own standards and needs. This also helps assure that the person performs an important skill necessary to function independently in society. If the individual needs support in this process, there are many options for providing the support in an manner that preserves the self-determination of the individual and does not compromise the education process.

SWBIRA's Client Choice Project (Scottsdale, AZ)

SWBIRA developed and delivered a "proposal instruction packet" consisting of information and instructions for submitting proposals, selection and referral criteria, and forms for presenting requested information to potentials providers as selected from previous SWBIRA projects and experiences. Resultant submitted proposals were screened for acceptability according to cost per unit, time necessary to schedule an appointment for a client, provider location, qualifications of staff, certification of agency,

and acceptability of documentation. Those providers who met the criteria were entered into the main case management database as authorized to provide services.

Performance of providers is closely monitored by the Case Managers and the Program Director with direct contact and written feedback from clients. SWBIRA demands that clients make reasonable informed choices and that providers adequately perform contracted services. As a result SWBIRA leads all of the Client Choice projects in the number of clients placed into competitive employment.

Arkansas Commitment to Client Choice Project (Pine Bluff, AR, regional in SE Arkansas)

This project is committed to assuring quality providers for vocational services and pursues this aim in a number of ways. They assure that all vendors are registered appropriately with the State, which includes completion of a W-9 form. If the vendor applicant is a physician, the person must complete an application which is sent to the State of Arkansas who investigates to assure they are bonafide physicians and then approves/disapproves vendorship. This research varies from assuring that appropriate licenses are in place to reviewing the vendor's experience in providing the services desired.

Contracts are issued with service vendors to provide specific services which also include signing assurances of non-discrimination. Project staff monitor client satisfaction with service vendors and track client progress to evaluate ongoing quality of vendor services. Contracts are terminated in the case of poor client satisfaction or lack of progress, as well as for lack of fulfillment of contracted services. To assure quality in the provision of Consumer Connector services (these persons assist, advise, inform and support project participants to get the services and results they want), the project contract with a company experienced in providing choice and facilitating person-centered

planning to create a three-day course, ending in a competency-based test. The services of Connectors are monitored closely and, as a result, several providers have been removed due to provision of poor quality services. In those situations in which an individual wishes to contract with a new vendor whose qualifications the project question, they tend to err on the side of the individual's choice.

The Development Team, Inc. - Career Choice Project (Jacksonville, FL, San Francisco, CA, Washington, DC, Vermont)

Career Choice has concentrated on preparing participants to know what they really want and in their having direct control over negotiation with and payment of providers and suppliers. Thus, mainstream consumer protection techniques and observance of federal and state laws covering licenses has enhanced choices where vendor lists would have restricted choices. The experience of the project is that participants can and will manage to achieve very good quality and very good value for the money spent when they have a specific financial commitment for their purchase of a services for a product. We have used two-party checks where the participant endorses the check only when the arrangement for service or product purchase is satisfactory to them. We have voided checks and written new ones to other providers or suppliers. With the range of additional services and products purchased by participants, the majority being mainstream in type, prior actions to qualify providers/suppliers and produce a vendor list would have been not only unwise but impossible.

Washington State Division of Voc. Rehabilitation's Participant Empowerment Project (PEP) (Seattle, WA & King County)

This project primarily uses contracts as a means to assure quality services for partcipants and as an alternative to qualifying providers. Although the State rehab agency certifies providers for the traditional program, this status would only be one of many factors on which participants would based a decision. Instead, PEP provides training to participants on how to select a provider and how to develop a contract for services. Participants can receive assistance in choosing providers from the project's

counselors, from their rehabiliation team, and/or from friends and close associates. The rehabiliation team consists of a group of persons chosen by the participant to assist in making decisions.

Factors discussed during training include the potential provider's reputation, how much a participant trusts the provider, whether they like the provider, length of anticipated time to achieve outcomes, willingness to customize employment services and cost of services. In addition to these factors, the central focus for selection is whether the provider is willing and able to get participants what they want for themselves.

UCPA's Choice Access Project (Washington, DC, regional, New Orleans, Detroit, Pittsburgh)

The UCPA project uses a combination of a generic building code approach (described earlier in this paper) with other strategies to help assure that participants have the maximum opportunity for choice while having access to effective safe and respectful services. Since this project targets persons who are among the most under-represented in rehabilitation services -- persons with severe physical disabilities which impact communication, mobility and communication -- it was felt that a successful process needed to be available to both participants and providers so as to achieve employment outcomes. Each participant may choose how closely, if at all, they will ask providers to adhere to the process. A handbook of boiler-plate contract forms are provided to each participant and to all providers. These forms, or similar personalized forms, must be negotiated between the participant and potential providers in order for services to be initiated. Supports are offered to participants by their Employment Advisor and local Choice Coordinator and to providers by the local Choice Coordinator and the area's assigned technical assistance consultant. In addition to the building code and contract strategies, this project will pay only on participant satisfaction of the services rendered.

Potential providers are recruited by the local Choice Coordinator and are divided into two groups: agency provider and individual providers. The licensing aspect of qualifying providers is used only as a consideration of individual choice and not as an

absolute requirement. This offers the participant a wide variety of options from which to choose. All providers must fill out a detailed application that is available to participants for their consideration, attend at least one training provided by the technical assistance consultant assigned to the local area and agree to work for the participant for the outcomes listed specifically in the contract(s).