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**OA/ID Number:** 12025

**FolderID:**

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**Folder Title:**

NDPR [National Disability Prevention and Rehabilitation]

**Stack:**

**S**

**Row:**

**97**

**Section:**

**2**

**Shelf:**

**11**

**Position:**

**1**

## **WHITE HOUSE DISABILITY POLICY REVIEW**

### **CHILDREN'S WORK GROUP**

#### **Proposed Outline for Report on Integrated Services**

##### **Background**

The Children's Work Group met weekly from approximately January through March. In April, we started meeting on alternate weeks; on the weeks in between, a "Steering Committee" met to explore ways to guide the group to some purposeful consensus.

Early on, the larger group divided into three subgroups -- Income Supports (mostly SSI, also AFDC), Education (mostly Parts B and H of IDEA), and Health (Medicaid and PHS programs).

In the larger group, we've met with advocates and shared information with each other on our areas of expertise. The information sharing has been accomplished through briefings by group members, or by other experts from the agencies represented. For example, Rachel Block of the HCFA Medicaid Bureau briefed the group on Medicaid waivers, Judy Wertzel of OSERS discussed the IDEA reauthorization, and Judy Chesser presented on SSI reform.

Through periodic subgroup meetings and the ongoing discussions of the larger group and the steering committee, we have arrived at a crossroads. We've made some tentative decisions.

1. *"We do the same thing! How can we simplify this so families don't have to go through it twice, states don't have to set up two systems, and the federal government doesn't have to pay for the same service provided by two different systems?"*

The natural focus of most of our discussions is on how to coordinate programs, eliminate duplication, make services and programs as family-friendly as possible -- especially involving families in decision making and service delivery, and streamline systems and eliminate bureaucratic red tape. We seem to have arrived at a decision to recommend some short and long-term activities aimed at coordinating services.

2. *It's time for the Children's Group to synthesize all the input, discussions, presentations and analytical thinking and make some long and short range recommendations.*

While we would support the continuation of the group as an information sharing, networking entity, group members are moving toward a need for some synthesis and recommendations. Furthermore, representatives of the advocacy and consumer groups are beginning to ask for some analysis and ideas. Our proposed solution is to develop a synthesis report for the White House Disability Policy Review on

**coordinated services.** The report will include recommendations -- all within the context of coordinating services and making them more family friendly. The recommendations will range from "tinkering" with individual programs to establishing a major demonstration program. Ideally, this report will represent our combined federal thinking on statutory and regulatory and agency guidance reforms to make government policy related to disabilities smarter and more smoothly coordinated. We envision this report serving as a blueprint, or a template, against which to hold future proposed reforms in programs that affect children with disabilities.

The steering committee developed the following outline for the paper. It will be discussed by the full group on Monday, May 15.

*Rev. 5/10/86  
Ryle Cohn*

DRAFT

Outline for Coordinated Services Report**I. Background on Federal Programs Serving Children with Disabilities****A. Introduction**

1. Multiple targeted programs supported by federal government.
2. Also multiple "generic" programs that serve all kids, including those with disabilities.
3. Historical perspective: how and why programs developed.
  - a. fragmentation today because existing programs were "tweaked" to accommodate social change; no specific principles or policies regarding children with disabilities to guide and coordinate program evolution.
  - b. lack of coordination across programs; in some cases, contradictory policies and rules.
  - c. program changes were and are made in discrete "spheres."
  - d. we are now living in a more mature environment with different constraints and demands.
  - e. family policy and disability policy is not static.
  - f. we need to make best use of limited and shrinking resources.
  - g. need to make best use of families, without exhausting them.

**B. Education Programs****1. IDEA**

- a. Part B
  - i. describe program
  - ii. historical development

iii. spending and utilization

b. Part H

2. Chapter 1 (same outline for all background sections)

3. Others?

C. Health Programs

1. Medicaid

a. State Plan Services

b. EPSDT

c. Waivers (1915(b) and (c))

d. 1115 waivers

2. Public Health Service

a. MCH

3. Others

D. Income Supports

1. SSI

2. AFDC

3. Others?

II. Coordination of Programs

A. What we mean by coordination.

B. Goals of coordination

C. Is it possible?

III. Case Studies of Coordination (try to include examples of state, local, urban, rural, school based, Medicaid centered, private insurance?, income and family support)

- A. Coordination is not a "blue sky" unworkable idea -- it is done in some places.
- B. Many of the pieces are available under existing federal authorities. This section offers some examples of how the pieces can be creatively put together to create a coordinated system.
- C. School system that uses Medicaid (Baltimore County or Oklahoma)
- D. Medicaid Waiver program that pulls it together
  - 1. Wisconsin COP
  - 2. DC proposed 1115 *\*?*
- E. San Diego schools
- F. Model family support programs
- G. A Part H example?

*CR: Families period  
not just w/D  
KY Fam Res Gts*

IV. Characteristics of Successful Collaborative Systems

- A.
- B.
- C.

V. Barriers: Why it doesn't happen more often

- A. Program specific barriers
  - 1. Education
  - 2. Health
  - 3. Income Support
- B. Program Interaction Issues

Meet again

Research?

What is the bottom line?  
- where are we going?

VPR BRADLEY

What's the story?

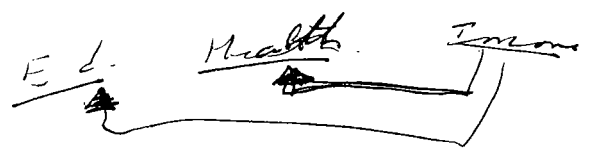
Work Together?

What are states doing?  
What is their role?

Assessment instrument?

Definition of Disability

What are the challenges?



Housing

Life 185 yrs

Community

Defining the problem

Dianna - need to  
review this  
report.

C. Rasco

THE WASHINGTON  
FRIDAY, JANUARY

# Panel Offers Tips to Get Disabled Back on the Job

## *Study Finds Benefits Don't Discourage Work*

By Spencer Rich  
Washington Post Staff Writer

A panel on Social Security disability benefits proposed steps yesterday to encourage people to resume work, and also found little evidence that the benefits induce people to stop working.

The hope of Social Security disability benefits does not create a "strong disincentive to work" said Yale law professor Jerry Mashaw, who headed the study, requested by the House Ways and Means Committee.

Compared to what can normally be earned from a job, said Mashaw, the benefits are "not a good deal." Disabled benefits average \$663 a month under the Social Security disability program, with a maximum of just \$470 a month under the federal Supplemental Security Income (SSI) disability program for the poor.

The report also said that growth in the disability programs in the early 1990s "did not reflect a flaw in the basic structure of the programs."

Instead, the panel said, it resulted from growth of the working-age population, layoffs caused by the early-1990s recession and cutbacks in state cash assistance programs.

The study was requested by Ways and Means because of a rapid increase in the disability rolls in the late 1980s and early 1990s. That led to charges that the structure of the program encouraged malingering by many disabled who could work.

Rep. Jim Bunning (R-Ky.) chairman of the Ways and Means Social Security subcommittee, gave the Mashaw report a cool response, promising to study its recommendations but saying that the program as currently shaped is "unfair to both recipients and taxpayers."

The report "seems to run counter to what many experts have told us at hearings in the past year. Under the current system, younger workers qualify for lifetime benefits. Experts in the rehabilitation field believe that the program is broken and that paying short-term—rather than life-

time—benefits to younger workers would be a powerful incentive to rehabilitation and return to productive employment.

"Last year, fewer than 5,000 of 4.5 million disabled workers were successfully rehabilitated . . . the General Accounting Office found that over 200,000 individuals continue to receive benefits even though no longer disabled."

The 18-member Mashaw panel proposed these steps to get more people to return to work:

- Offer beneficiaries "return to work" vouchers to be used to obtain public or private rehabilitation and work-readiness services. The voucher could be redeemable by service providers only after the person returned to work, entitling the service provider to 50 percent of the benefit savings realized by Social Security for the ensuing five years.

- Offer a tax credit for 3 million low-income people who can do some work despite severe impairments but earn low wages. Expected to average about \$1,000 per year at a total cost of \$3 billion in 1996, this would function as a work-incentive to those willing to support themselves and help severely impaired people who could do some work if subsidized.

- Provide a tax credit of up to \$7,500 a year to disabled people who need personal assistance to work and live independently, such as special transportation.

- Make it easier for disabled people who get Medicare benefits starting two years after their Social Security disability begins and for a few years after leaving the disability rolls, to buy into the Medicare program later.

In 1994 the Social Security disability program, which now enrolls 4.2 million disabled workers, paid out \$37.7 billion in benefits. The SSI disability program, which now enrolls 4 million adults and 1 million children, paid out \$14.7 billion for disabled working-age adults and a small number of blind people.

they propose: N1. let SSI/SSDI recipients keep MA/MC even if they earn more than cut-off point;  
-they would contribute to its cost on a sliding scale

N2. they want a tax credit, similar to EITC (unlikely)

N3. give recips a voucher that can be given to public or private provider for rehab services;  
-if successfully rehab'd and off SSI/SSDI, provider gets % of benefits saved for up to 5 yrs  
-(create private market to compete w/ Educ. Dept's voc rehab program)

4. for youth transitioning from children's benefit program to adult, time limit benefits and deem parents' income till age 25 (instead of 18); avoid getting dependent on benefits

problems: how to avoid woodwork effect; package can't cost money  
entitlement dollars to private providers?  
(could all pwd negotiate private market/ use voucher well?)

N: 1 PA tax credit

NASI: hard to get on benefits; not luring people to exaggerate them  
spending low by internat'l stds  
structure not flawed

recommended vouchers w/ private providers

tax credit

MC buy-in

pa tax credit!

THE WHITE HOUSE  
WASHINGTON

August 16, 1995

Dear Friend:

Enclosed for your information is some material that I thought would be of interest to you:

- an overview of the impact of the current budget proposals being considered in Congress on people with disabilities;
- state specific data quantifying the impact of these proposals; and
- information on the Medicare Trust Fund.

Recently you should have received another mailing from me that included a partial audio transcript of the roundtable discussion hosted by the President in commemoration of the fifth anniversary of the Americans with Disabilities Act. While the President's statement is not clear on the audio transcript of the ADA event due to technical error, I want to assure you there is no ambiguity that he remains committed to vetoing any substantive alteration to the ADA. (See attached AP news stories.)

Thanks for your continued interest.

Sincerely,



Debbie Fine  
Office of Public Liaison

THE WHITE HOUSE  
WASHINGTON

August 16, 1995

Dear Friend:

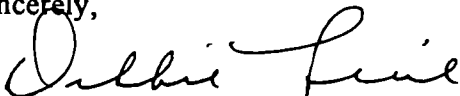
Enclosed for your information is some material that I thought would be of interest to you:

- an overview of the impact of the current budget proposals being considered in Congress on people with disabilities;
- state specific data quantifying the impact of these proposals;
- information on the Medicare Trust Fund;
- a partial audio transcript of the roundtable discussion hosted by the President on July 26th commemorating the fifth anniversary of the Americans with Disabilities Act;
- an overview of the administration's activities honoring the fifth anniversary;
- a copy of the President's special message issued in honor of the fifth anniversary; and
- a copy of the President's remarks on affirmative action on July 19.

While the President's statement is not clear on the audio transcript of the ADA event due to technical error, I want to assure you there is no ambiguity that he remains committed to vetoing any substantive alteration to the ADA. (See attached AP news stories.)

Thanks for your continued interest.

Sincerely,



Debbie Fine

Office of Public Liaison

## LEVEL 1 - 6 OF 19 STORIES

## The Associated Press

The materials in the AP file were compiled by The Associated Press. These materials may not be republished without the express written consent of The Associated Press.

July 26, 1995, Wednesday, PM cycle

SECTION: Washington Dateline

LENGTH: 329 words

HEADLINE: Clinton Says GOP Budget Cuts Would Hurt Disabled

BYLINE: By NANCY BENAC, Associated Press Writer

DATELINE: WASHINGTON

## BODY:

President Clinton celebrated the fifth anniversary of the Americans with Disabilities Act today by vowing to fight proposed Republican budget cuts that he said would reduce services to the disabled.

"We will not allow Americans with disabilities to be kept from realizing their dreams by closed doors and narrow minds," Clinton said. "We have to join together to maintain our commitment and our common ground."

The ADA, signed into law by President Bush, prohibits discrimination against disabled people in employment, government services, public accommodations, transportation and telecommunications. It was enacted to do for the disabled what the Civil Rights Act of 1964 was intended to accomplish for blacks and other racial minorities.

"Because of the ADA our country is stronger today," Clinton said. "The ADA meant more opportunity for 49 million Americans with disabilities to do their part to make us a stronger and better country."

Clinton warned that "even as we celebrate the rights gained under the ADA, the budget cuts proposed by the congressional majority would sharply reduce the services and the support that enable people to effectively exercise the rights granted by the ADA."

He said proposed GOP cuts would force the removal of 1.2 million disabled people from Medicaid and would increase health-care costs for 4 million disabled people who receive Medicare. He said Republicans also had proposed to eliminate federal financing to train special education teachers.

Clinton also participated in a private roundtable discussion with disabled Americans, including Miss America Heather Whitestone, who has been deaf since she was a toddler.

Senate Majority Leader Bob Dole, R-Kan., recently told city officials he wants to review federal mandates such as the ADA. Dole said he supports the law but "maybe we've gone too far in some areas" in implementing it.

The Associated Press, July 26, 1995

He said his goal was "not to devastate the program but to make it work better."

LANGUAGE: ENGLISH

LOAD-DATE: July 26, 1995

## LEVEL 1 - 5 OF 19 STORIES

The Associated Press

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July 26, 1995, Wednesday, AM cycle

SECTION: Business News

LENGTH: 664 words

HEADLINE: Supermarket Agreement Marks Anniversary of Disability Act

BYLINE: By CONNIE CASS, Associated Press Writer

DATELINE: WASHINGTON

BODY:

On the fifth anniversary of a law prohibiting discrimination against the disabled, the Safeway supermarket chain agreed to clear away barriers that block wheelchairs from some of its stores.

Advocates for the disabled called the agreement Wednesday a milestone for the Americans with Disabilities Act. The settlement covers all 835 Safeway stores in 16 states and the District of Columbia, making it the most sweeping access case yet under the disability law.

"This is an historic agreement coming on an historic day, and I think it provides a role model to business," said Matt Nosanchuk, an attorney representing the Disability Rights Council of Greater Washington and two wheelchair users who were unable to enter local Safeway stores.

President Clinton marked the law's anniversary by meeting with a group of disabled people, including Miss America, Heather Whitestone, who is deaf.

Noting criticism from some conservatives who say the law is too costly for businesses, Clinton assured the gathering that "there are nowhere near enough votes (in Congress) to substantively alter the ADA ... and I would veto it in a heartbeat."

But he said Republican budget-cutting plans could jeopardize some of the services the disabled rely on. "This is where your real battleground is," Clinton said.

For example, he said, GOP proposals would force the removal of 1.2 million disabled people from Medicaid and would increase health-care costs for 4 million disabled people who receive Medicare.

Senate Majority Leader Bob Dole, R-Kan., recently told city officials he wants to review federal mandates such as the disability law. Dole said he supports the law but "maybe we've gone too far in some areas" in implementing it.

The Associated Press, July 26, 1995

Clinton promised "vigorous implementation and enforcement" of the law.

The Justice Department helped negotiate the settlement with Safeway, acting on a complaint filed by Michael Reece, a Madison, Wis., man who was unable to get his wheelchair into a Washington Safeway while visiting the city.

"We have focused our enforcement on access to the fundamentals of everyday life," said Deval L. Patrick, assistant attorney general for civil rights. "Few things are more fundamental than getting into the neighborhood grocery store."

The complaints were over metal poles that surround the front of some Safeway stores to prevent customers from taking shopping carts into the parking lots. The poles were too close together to allow a wheelchair to pass between them and into the stores.

Safeway, based in Oakland, Calif., agreed to create an opening large enough for a wheelchair to pass through.

The company also agreed to survey all its stores to see whether they are accessible for the disabled, checking whether they provide enough special parking spaces, the height of deli counters, and the width of checkout lines.

Safeway will then make needed improvements under the supervision of the Justice Department and disability rights groups.

Safeway also agreed to pay \$ 95,000, including a charitable donation to the nonprofit Disability Rights Council and damages for the two people who sued - Timothy Fox of Chevy Chase, Md., and Michela Alioto of Washington. The parties agreed not to say how the money was divided.

Brian Dowling, director of public affairs for Safeway, said it was too early to estimate how much it would cost Safeway to make the needed changes. The company had made a good-faith effort from the start to comply with the law, he said, but gained a better understanding of the needs of the disabled because of the complaints.

The disability act, signed into law by President Bush, prohibits discrimination against disabled people in employment, government services, public accommodations, transportation and telecommunications.

Safeway stores also are located in Alaska, Arizona, California, Colorado, Hawaii, Idaho, Maryland, Montana, Nebraska, New Mexico, Nevada, Oregon, South Dakota, Virginia, Washington and Wyoming.

LANGUAGE: ENGLISH

LOAD-DATE: July 26, 1995

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## NDPR:

- an effort to put a clear focus on issue that cuts across agencies/programs, make sure policies match goals
- begun by dpc (Carol) and omb;

- area has changed a lot in 20 years since most programs were designed;
  - less medical, caretaking; more indep, civil rights

programs in SSA, HHS, Education; plus most other programs touch on pwd

- core group of internal advocates vs. those in charge of programs themselves

election then occurred; made major policy overhauls less likely; put everyone's energy more into defensive battles:

- ADA, Medicaid, SSI

- also, to extent interested in Reinvtg Govt, made it harder to consolidate progs, etc.

began with guiding principles; politically difficult; shared with outside groups

4 work groups:

1. How to encourage employment of adults with disabilities
2. How to improve transition from school to work
3. How to better coordinate services for children
4. How to improve federal government's record of complying w/ADA and making accommodations

First group has gotten furthest:

premise: -current programs structured on premise that pwd can't work; but evidence that many can  
-many stay on SSI so that they can get Medicaid, since can't purchase otherwise  
-people very rarely leave rolls; rolls are growing;

- they propose:
1. let SSI/SSDI recipients keep MA/MC even if they earn more than cut-off point;
    - they would contribute to its cost on a sliding scale
  2. they want a tax credit, similar to EITC (unlikely)
  3. give recips a voucher that can be given to public or private provider for rehab services;
    - if succesfully rehab'd and off SSI/SSDI, provider gets % of benefits saved for up to 5 yrs
    - (create private market to compete w/ Educ. Dept's voc rehab program)
  4. for youth transitioning from children's benefit program to adult, time limit benefits and deem parents' income till age 25 (instead of 18); avoid getting dependent on benefits

problems: how to avoid woodwork effect; package can't cost money  
entitlement dollars to private providers?  
(could all pwd negotiate private market/ use voucher well?)

2. Second and third groups have a hard time getting past desire for more money;  
are working on ways to better coordinate services between agencies;

- stw transition: education, labor, justice, hhs

- children: SSA (income support); HHS (MA, var. block gts); Education (special ed)

THE WHITE HOUSE  
OFFICE OF DOMESTIC POLICY

CAROL H. RASCO  
*Assistant to the President for Domestic Policy*

To: \_\_\_\_\_

Draft response for POTUS  
and forward to CHR by: \_\_\_\_\_

Draft response for CHR by: \_\_\_\_\_

Please reply directly to the writer  
(copy to CHR) by: \_\_\_\_\_

Please advise by: \_\_\_\_\_

Let's discuss: \_\_\_\_\_

For your information: \_\_\_\_\_

Reply using form code: \_\_\_\_\_

File: \_\_\_\_\_

Send copy to (original to CHR): \_\_\_\_\_

Schedule ? ☐ Accept ☐ Pending ☐ Regret

Designee to attend: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CC: Molly  
Diana  
JBR



# SOCIAL SECURITY

Office of the Commissioner

December 11, 1995

MEMORANDUM FOR: Alice Rivlin and Carol Rasco

Re: Disability Reengineering

Approximately one year ago, I provided you with the status of SSA's long-term plans to redesign the disability claims process. As you will recall, we had determined that incremental changes to the process would not lead to significant improvements in service to the public, and that a total redesign of the process was needed. I informed you that due to the complexity of this effort, significant change would not occur for 5 years. Recognizing that current and projected disability receipt levels demanded more measurable impact over the short term than redesign activities were likely to provide, I also provided you with background on our efforts to develop short-term proposals. The short-term effort is aggressively addressing our current disability workload, while building a platform for more dramatic process change through the redesigned disability process. This memorandum is to update you on the Agency's progress over the last year in both of these areas.

The short-term initiatives were designed to reduce the number of disability cases pending at the initial, reconsideration and hearing levels by the end of calendar year 1996. Hard work and dedication during FY 1995 provided impressive results both in the Disability Determination Services (DDSs) and the Office of Hearings and Appeals (OHA).

## Short Term:

### Workloads at the DDS Level

The DDSs began fiscal year 1995 with 729,000 pending cases. Our goal was to reduce this by 34 percent, or 250,000 cases by December 1996. During FY 1995, pendings were reduced by over 139,000 cases; and, if receipt projections hold, DDSs are on target for reaching the 250,000 case reduction goal by the close of FY 1996 (see Chart 1). This reduction was made possible because State DDSs processed a record number

### Long-Term Redesign Efforts

In late June, I approved the first process improvements that will move the Agency closer to our goal to fully implement the redesigned disability process. These process improvements, developed under partnership with SSA's unions and with wide input from internal and external stakeholders, will begin in SSA and DDS offices later this year. The first improvements will include the following:

- Implementation of the training necessary to transition SSA and DDS employees to a single point of contact, the disability claims manager;
- Testing of the new position of adjudication officer (AO) designed to streamline the appeals process;
- Expansion of third party involvement in claims taking;
- Creation of consumer-oriented public information materials designed to prepare and inform applicants and those who assist them; and
- Development of uniform disability training as a first step to a unified decisionmaking process among SSA, DDSs, and OHA.

### Research

A multi-year research plan has been written that develops the simplified methodology envisioned in the redesigned disability process. Utilizing a multi-level approach, we will involve employees, external stakeholders, expert consultants and the general public in this effort. SSA will publish an initial notice in the *Federal Register* describing our research plans, providing the status of all current activities and stating that we will publish future notices updating the status of the research effort and inviting comment. A contract has been awarded to the Medical College of Virginia, part of Virginia Commonwealth University, for research on functional assessment instruments and protocols, a key concept of the simplified methodology.

### Timeline

Over the next several months we will begin to implement efficiencies in the evidence collection process, enhanced medical evidence provider training, a revised role for the Appeals Council, a modified role for medical consultants at all levels of the process, a comprehensive quality assurance program and long-term process unification activities.

of claims (about 3.9 million) and because DDS productivity also reached an all time high (production per work year (ppwy) of 280.2 cases). This compares to ppwy of 271.9 in 1994 and 235.8 in 1992.

#### Workloads at the Office of Hearings and Appeals (OHA)

OHA began FY 1995 with 486,000 pending hearings. Our goal was to reduce this to 375,000 by December 1996. Our glide path should have taken us down to 435,000 by the close of FY 1995. However, despite our best efforts, which I will describe, at the end of FY 1995 the actual number of hearings pending was 555,000 (chart 2).

Record outputs were achieved at OHA during FY 1995. Total dispositions for the year approached 527,000, an all-time record. This surpassed FY 1994 dispositions by 110,000, a 26 percent increase. In addition, all-time productivity gains were posted. OHA ppwy was 100, a 10 percent gain over FY 1994. Unfortunately, the floodtide of receipts (589,000 for FY 1995) overwhelmed us, and significantly exceeded projected levels. In addition, some of the initiatives we needed to put in place took longer than expected. Necessary collective bargaining agreements and regulatory authority were not obtained until we were halfway through the fiscal year.

Now that our initiatives are in place, and even though hearing receipts are projected to approach 625,000 in FY 1996, we project that pending levels will drop significantly, and that by December 1996 we will have 460,000 hearings pending. I should note that this assumes receipt of our full budget request for FY 1996. I want to assure you that I will continue to search for ways to reduce this even further, but our inability to control cases coming into OHA could negate our productivity gains. You should also be aware that the recent furlough resulted in postponement of 10,000 hearings, which we will reschedule on an expedited basis, but which has set us back some.

I believe that we have much to be proud of and I am convinced that the Administration can take pride in the monumental efforts we have made at both the DDS and OHA levels to be more responsive to, and better serve, the American public.

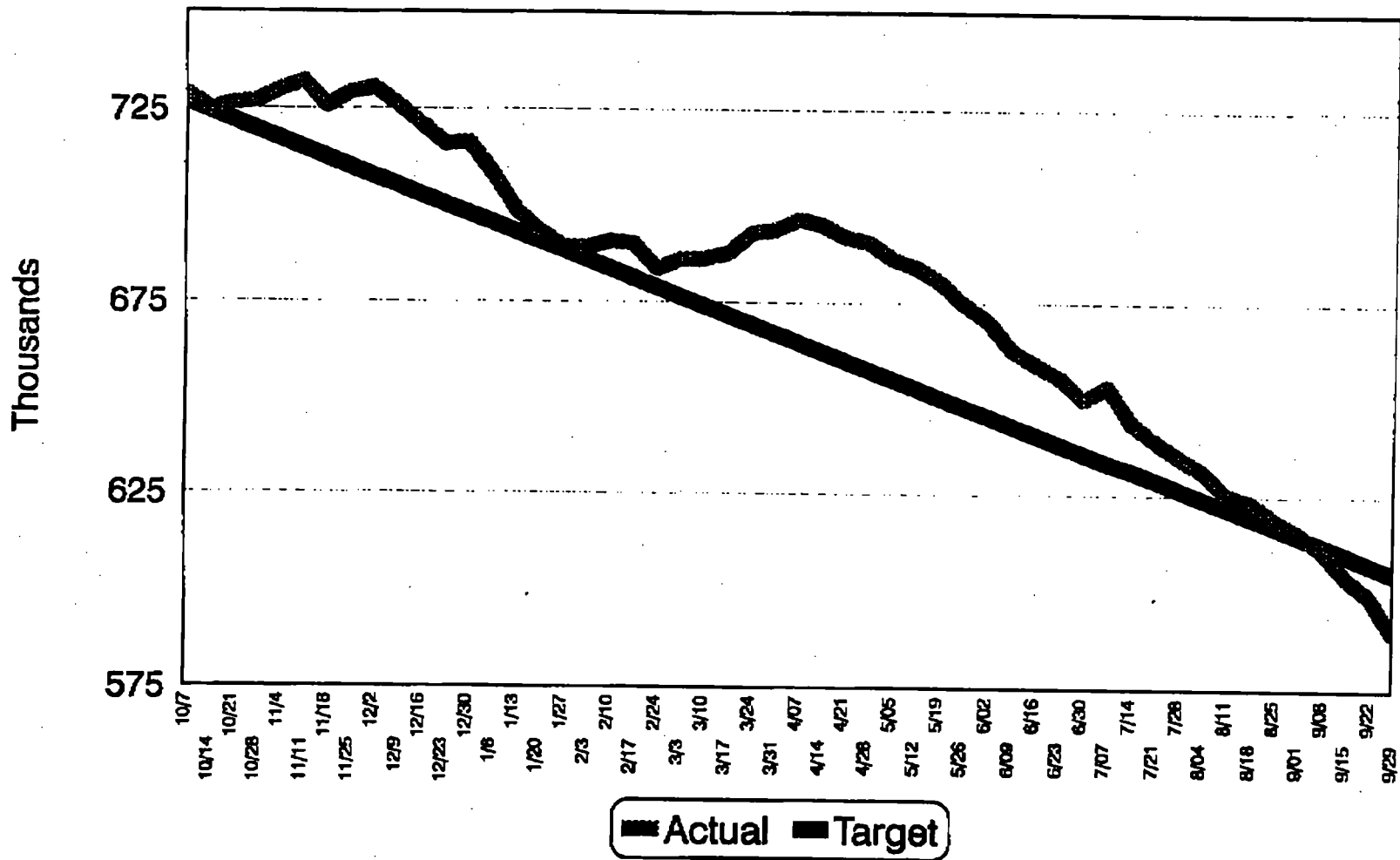
Attached please find summary materials, including a timeline which will provide you with more detail as to what the Agency projects as our near, mid and long-term implementation goals for disability redesign. It is my intent to keep you apprised of redesign implementation decisions on both short and long-term disability workload efforts.

I remain committed to taking aggressive actions to manage our disability workloads. Please feel free to call me if you have questions or comments.

  
Shirley Chater

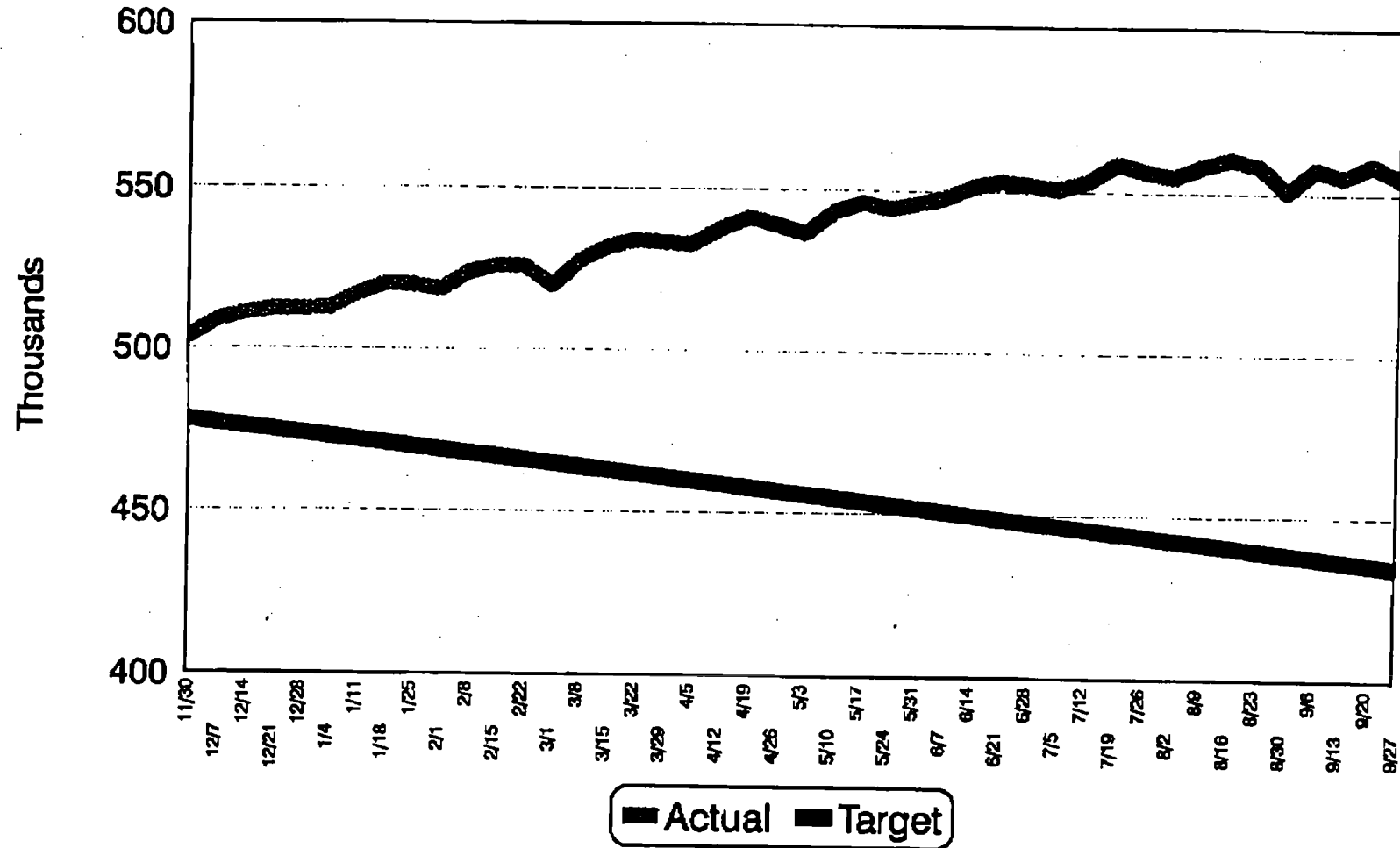
Attachments

# National DDS Pending Cases - FY 1995



Based on actual and Short Term Disability Project target numbers.

# National OHA Pending Cases - FY 1995



Based on actual and Short Term Disability Project target numbers. Weekly data not available prior to 11/30/94.

**SUMMARY OF SSA's FIRST SET  
OF DISABILITY PROCESS IMPROVEMENTS**

- **Claims Representative (CR) and Disability Examiner (DE) Teaming:** All field offices and Disability Determination Services (DDSs) will establish ongoing teaming arrangements between CRs and DEs working on disability claims. Teaming will have a positive effect on customer service, strengthen relationships and overall process understanding between field offices and DDSs, and help the transition to establishing a new disability claim manager (DCM) position in both Federal and State sites. Guidelines for teaming will be issued shortly and soon thereafter, all field offices and DDSs will begin baseline CR/DE teaming.
- **Early Decision Authority To Claims Representatives For Certain Title II and Title XVI Initial Claims:** In early fiscal year 1996, SSA will begin providing special disability adjudication training to many CRs. After completion of the training, and with the written agreement of the State, CRs will be able to make medical determinations on certain types of Title II and Title XVI claims before forwarding the case to a medical consultant in the DDS for final approval. Approximately 100 severe impairments are included in a newly developed "early decision list" (EDL). While these cases--estimated to be 100,000 processed annually--will still require some DDS handling, use of the EDL should improve the service we provide to applicants most in need of our help by enabling front-line employees to make disability decisions at the earliest possible point in time.
- **Sequential Interviewing:** After teaming arrangements and early decision lists have been implemented, the DDSs will phase-in sequential interviewing, which will provide DEs with preliminary interviewing experience on selected cases, with additional types of cases phased-in over time. Under sequential interviewing, the DE would complete the medical portion of the application interview using various, flexible options. For example, an outstationed DE could complete the medical forms through a face-to-face interview with the claimant in a field office. Or if the DE is not outstationed, the interview could be completed by immediate telephone contact before the claimant leaves the field office or during a subsequent pre-arranged telephone contact. These interviews are currently done by CRs in SSA's field offices.

- **Field Testing the Adjudicative Officer (AO) Position:** The Agency has regulatory authority to test the new AO position in approximately 20 operational sites starting late this year. The selection of specific test sites has been finalized, and will include field office, DDS, and hearing office sites. Eventually, a Federal or State AO will become involved in all cases where an applicant requests a hearing. The AO will be the focal point for all pre-hearing activity, and will be granted authority to issue fully favorable decisions whenever the evidence so warrants. In some of the test sites, AOs will also arrange the time and date of the Administrative Law Judge (ALJ) hearing.
- **Increased Third Party Monitoring and Involvement In Claims Taking:** SSA is moving forward on efforts to establish national guidelines and mechanisms for monitoring third party participation in the disability claims process. In addition, the Agency will initiate a new campaign to target third party expansion in the disability process to organizations who have the ability to provide medical evidence for disability applicants who seek their services.
- **Uniform Training To All Disability Adjudicators:** Today, different authorities (e.g., the Social Security Act, SSA Rulings, including acquiescence rulings, and administrative guides, such as the Program Operations Manual System (POMS) and Hearings, Appeals and Litigation Law Manual (HALLEX)), convey policy and procedural guidance to disability adjudicators like DEs, medical consultants, and Administrative Law Judges (ALJs), and to the public. Process unification efforts to develop a single set of authorities for disability policy, that can be used by employees in all Federal and State components, is an ongoing, longer-term project. However, as a near-term effort, special, uniform disability training will be provided to all adjudicators beginning in early 1996. This training will be tailored to address areas that have been determined as the most complex in deciding whether an individual is "disabled" as that term is defined in the Social Security Act.
- **Public Information and Applicant Participation:** It is clear that the public wants to know more about the disability process, and that some applicants will readily accept more responsibility for obtaining medical evidence and doing other tasks to facilitate their claim. To that end, SSA has initiated a priority effort to produce better, more claimant-oriented informational materials about the disability process, and will soon issue national instructions for encouraging more applicant participation in the process.

## DISABILITY REDESIGN TIMELINE

| 1995-1996                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1997-1998                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1999-2000                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Develop consumer-oriented publications and educational materials on the disability process (Fall 1995)</p> <p>Increase applicant participation in evidence collection (Winter 95/96)</p> <p>Establish guidelines to monitor third parties and expand their usage, especially for those that can provide medical evidence (Winter 95/96)</p> <p>Identify opportunities where medical evidence requirements can be streamlined (Summer 1995)</p> <p>Develop a standardized medical evidence collection form (Winter 95/96)</p> <p>Implement process changes that support skill sharing between CRs and DEs and build towards the DCM single point of contact (Winter 95/96)</p> <p>Test ways to facilitate CR and DE interaction and teamwork in taking and adjudicating claims (Spring 1996)</p> <p>Establish joint training programs for all disability decisionmakers in the DDSs and in SSA components (Winter 95/96)</p> <p>Develop a single presentation of policy-- "One Book" (1995-1996)</p> | <p>Implement options (including electronic interaction) for third parties to assist in the completion and development of disability claims</p> <p>Implement streamlining of medical evidence requirements</p> <p>Implement standardized medical evidence collection form</p> <p>Continue implementing process changes/testing options to build towards a DCM single point of contact</p> <p>Implement predecision notice and opportunity for personal contact prior to issuing an initial denial notice</p> <p>Implement a single presentation of policy-- "One Book"</p> <p>Continue simplified disability decision methodology research and refine changes using case studies</p> <p>Implement adjudication officer position nationwide</p> <p>Continue testing and implement new role for the Appeals Council</p> <p>Implement a comprehensive end-of-line and a revised in-line quality review system at all levels</p> <p>Implement a new role for medical consultants</p> | <p>Implement claimant option to file an application electronically</p> <p>Establish the DCM as the single point of contact for disability claims intake, adjudication and payment effectuation nationwide</p> <p>Publish regulations to implement simplified disability decision methodology</p> <p>Implement fully integrated disability claims processing system with paperless claims processing</p> |

| 1995-1996                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1997-1998                                                                                                                 | 1999-2000 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------|
| <p>Test adjudication officer position to streamline the administrative appeals process (Fall 1995)</p> <p>Develop and test options for a revised role for the Appeals Council (1995-1996)</p> <p>Test a comprehensive end-of-line and a revised in-line quality review system at all levels (Winter 95/96)</p> <p>Test the predecision notice and opportunity for personal contact prior to issuing an initial denial determination (Winter 95/96)</p> <p>Test the elimination of the reconsideration step (Winter 95/96)</p> <p>Begin simplified disability decision methodology research (Fall 1995)</p> <p>Test the elimination of the medical consultant sign-off for certain categories of cases (Winter 95/96)</p> <p>Publish regulations regarding representatives' qualifications and standards of conduct (Winter 95/96)</p> <p>Implement an initial release of RDS in pilot sites (Fall 1996)</p> | <p>Implement elimination of the reconsideration step nationwide</p> <p>Implement RDS with enhanced decisional support</p> |           |

@1/22/16

20:43

NO. 795 001



510 SIXTEENTH ST  
SUITE 100  
OAKLAND  
CA 94612-1500  
USA

TELEPHONE  
510 763 4100

FAX 510 763 4109  
TTY 510 208 9493

January 17, 1996

Dear Participant:

Please forgive our form-letter style greeting, in the interest of time.

The World Institute on Disability would like to invite you to a National Return to Work Forum on January 26-28 in Washington, DC, at the Hyatt Regency on the Hill. The purpose of the Forum is to present the most current information and research regarding SSI/DI and Return to Work/Go to Work policies. We are inviting approximately 45 key individuals who are familiar with these issues to participate in the Forum.

Included in this packet is a working agenda and a registration form for the event. Because time is very short, we urge you to **return the form immediately - even if you expect to attend only a part of the conference, or if your attendance is tentative.** We hope to receive your response as soon as possible, so we can prepare for sufficient seating, etc.

We look forward to your valuable input into this extremely timely discussion. Please feel free to call me at WID at 510-251-4322 if you have any questions or input about the Forum content and activities. For registration/logistics questions, please call Natalie Shear at 202-408-7640. For alternative media questions, you may contact Joy Shulman at WID at 510-251-4334.

Sincerely,

Sharon Bonney  
Conference Chair

01/22/16

20:11

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002

**NATIONAL RETURN TO WORK FORUM****January 26 - 28, 1996****Hyatt Regency Capitol Hill, Washington, DC****Friday, January 26, 7-10 PM****I. Opening Remarks and Welcome - 7 - 7:15 PM:**

Sue Suter, President, World Institute on Disability

Joan Leon, Chief Executive Officer, World Institute on Disability

**II. RESEARCH BACKGROUND TOPICS****A. General background - 7:15 - 8:45 PM**

In order to understand new proposals and options, it is important to have a background and history of SSI and SSDI. This session will discuss who is on SSI/DI, who is working and who is not working, and the economic factors at play. Panelists will discuss the history of SSI, why it was established and the issues it addressed, the demographics of the time, etc.

**Moderator:** Lex Frieden, The Institute for Rehabilitation and Research**Presenters:** Susan Daniels, Social Security Administration

David Stapleton, Lewin-VHI

Rich Burkhauser, Center for Policy Research, Syracuse University

**B. Roundtable on Work-Related Definition of "Disabled" and Definition of "Work" - 8:45 - 9:45**

In order to talk about return to work and go to work issues for SSI and SSDI beneficiaries, there needs to be a common understanding of the definition of the terms "work" and "disabled". This roundtable will present several definitions for consideration including a major and minor life activities definition of "disabled" and whether work is only full-time or if it can be part-time, intermittent, etc.

**Moderator:** Simi Litvak, World Institute on Disability**Participants:** Bob Griss, Center on Disability and Health

Marty Ford, The Arc

Barbara Altman, Center for Health Expenditures and Insurance Studies

Hale Zukas, World Institute on Disability

**C. WRAP UP OF DISCUSSION: 9:45 - 10:00 PM**

Sue Suter, President, World Institute on Disability

\*\*\*\*\*  
**Saturday, January 27, 1996, 9 AM. to 9 PM**

**I. OPENING REMARKS AND GROUND RULES FOR THE DAY 9 - 9:15 AM**

Sue Suter, President, World Institute on Disability

**II. YARDSTICK FOR EVALUATING POLICY - 9:15 - 10:15 AM**

An Effectiveness Yardstick tool was developed by the World Institute on Disability to help consumers, disability organizations, legislative staff, elected officials, and researchers evaluate and compare proposed alternatives and policies for return to work issues. Each session of this conference will end with a Yardstick assessment of the options presented. The Institute will present its basic values and beliefs around work issues, discuss the criteria included in the Yardstick and why they were selected, and outline how the Yardstick will be used throughout the conference.

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**III. GROUP DISCUSSION OF YARDSTICK TOOL 10:15 - 10:30 AM****Refreshment Break - 10:30 - 10:45 AM****IV. RETURN TO WORK/GO TO WORK SERVICES - 10:45 - 11:30 AM**

People with disabilities can be encouraged in many different ways to go to work or return to work. This session will look at how people should access services and how those services should be funded; what incentives are available; and which incentives promote work and which inhibit work.

**Moderator:** Tony Young, American Rehabilitation Association

**Presenters:** Monroe Berkowitz, Professor, Rutgers University

Allen Jensen, Intergovernmental Health Policy Project, George Washington University

Alexander Vachon, Senate Finance Committee

**EVALUATION OF ISSUES AGAINST YARDSTICK 11:30 AM- 12 Noon****Lunch Break - 12 N- 1:00 PM (Served in breakout room)****V. WHAT SHOULD BE OUR PHILOSOPHY BEHIND WHO GETS INCOME SUPPORTS? - 1 - 3 PM**

There are many questions around who should get cash or income supports and when they should get them. Questions arise about whether or not getting supports should depend upon whether a person works or does not, work, or on the degree to which a person works. Is the concept of substantial gainful employment (SGA) legitimate? Should there be support only for those who cannot earn a living? The issue of time limited benefits and other options will be discussed.

**Moderator:** Judy Heumann, Assistant Secretary, U.S. Dept. of Education, Office of Special Education and Rehabilitation Services

**Presenters:** Larry Thompson, Urban Institute

Monroe Berkowitz, Rutgers University

Lex Frieden, The Institute for Rehabilitation and Research

Steve Start, S.L. Start and Associates, Inc.; Return to Work Group

George Watters

Ilene Zeitzer, Social Security Administration

**EVALUATION OF ISSUES AGAINST YARDSTICK - 3 - 3:30 PM****Break for Refreshment - 3:30 - 4 PM****VI. EMPLOYER INCENTIVES - 4:00 -5:00 PM**

One way to increase employment for people with disabilities is to provide employer incentives. This session will explore why and how some employers successfully hire and accommodate people with disabilities, private sector employer incentives that work, and specific options which could be utilized.

**Moderator:** George Watters

**Presenters:** Robert Hall, Pres., Natl. Assn. of Rehabilitation Professionals in the Private Sector

Steve Start, S.L. Start and Associates; Return to Work Group

Panel of Employees

**EVALUATION OF ISSUE AGAINST YARDSTICK - 5:00 - 5:30 PM****Break for Dinner 5:30 - 7:00 PM**

01/22/16

20:45

NO. 795 004

**VII. HEALTH INSURANCE - 7 - 8:00 PM**

Many people with disabilities are afraid to go to work or return to work because it often means losing health benefits. Finding ways to encourage people to work when access to their health benefits is uncertain is a challenge to be met. This session will look at how block granting Medicaid will impact the ability to work for people with disabilities; ways to give people with disabilities who want to work a safety net for medical needs; and, how to encourage people with disabilities to work if there is a chance they will not be able to work very long and will need to go back on SSI and SSDI.

**Moderator:** Bob Griss, Center on Disability and Health

**Presenters:** Gerben DeJong, Director, National Rehabilitation Hospital Research Center  
Simi Litvak, World Institute on Disability  
Lex Frieden, The Institute for Rehabilitation and Research

**EVALUATION OF ISSUE AGAINST YARDSTICK 8:00 - 8:30 PM****IX. WRAP-UP OF DAY AND GROUNDWORK FOR SUNDAY 8:30 - 8:45 PM**

\*\*\*\*\*

**Sunday, January 28, 1996, 9 AM - 1 PM****XI. EFFECTIVE PROVIDER INCENTIVES FOR GENERATING EMPLOYMENT FOR SSI/DI BENEFICIARIES - 9 - 9:45 AM**

What types of provider incentives currently are effective or would be effective in generating employment for SSI/DI beneficiaries? It has been proposed that private for profit, private non-profit providers, and non-traditional rehab programs are interested in working with SSI/DI beneficiaries. Topics covered include a discussion of the capacity and financial stability of these organizations to work with SSI/DI clients; their placement track records; and the types of placements--competitive, full-time, permanent jobs with benefits.

**Moderator:** Joe Marrone, Center on Promoting Employment, Institute for Community Inclusion, Childrens' Hospital, Boston

**Presenters:** John Kregel, RTC on Supported Employment, Virginia Commonwealth University  
Patricia Connolly, Center on Promoting Employment, Institute for Community Inclusion, Childrens' Hospital, Boston

**X. SUMMARIZATION OF DISCUSSIONS - 10 - 11 AM****Break for Refreshments - 11 - 11:15 AM****XI. FINALIZATION OF YARDSTICK EVALUATIONS - 11:15 AM - 12:15 PM****XII. FINAL PRODUCT - 12:15 - 12:45 PM****XIII. WRAP UP AND THANK YOU'S - 12:45 - 1:00 PM**

01/22/16

20:16

NO. 795 005

**REGISTRATION FORM****NATIONAL RETURN TO WORK FORUM****January 26 - 28, 1996****Hyatt Regency Capitol Hill, Washington DC****PLEASE RETURN PAGES 1 & 2 OF THIS FORM BY JANUARY 8 TO:****Natalie P. Shear, Conference Coordinator, Issue Dynamics, Inc., 901 15th Street, NW, Suite 230, Washington, DC 20005. Voice: 202-408-7640. Fax: 202-408-1134**

**IMPORTANT:** *If you have checked any alternative media requests in Section 4, please return page 3 of this form by January 8 to Joy Shulman at 510/763-4100 (fax) or [bjs@wid.org](mailto:bjs@wid.org), and we will make every effort to accommodate your request. Because of required production time, non-print media requested after January 8 can not be guaranteed.*

\*\*\*\*\*

**SECTION 1: GENERAL INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

Affiliation: \_\_\_\_\_

Affiliation line 2: \_\_\_\_\_

Mail Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_ TTY \_\_\_\_\_

**SECTION 2: CONFERENCE PARTICIPATION**

**Do you have any accommodation needs related to participating in the conference?**  
**(Please see page 2 for alternative media requests.)**

☐ Sign language interpreters      ☐ CART captioning      ☐ Assistive listening device
☐ Wheelchair accessible seating☐ I will be accompanied by a personal care attendant who will need conference seating and meal.☐ Attendant will need hotel and travel arrangements (see next section).

Attendant's name \_\_\_\_\_ Phone no.: \_\_\_\_\_

Attendant's dietary requirements: \_\_\_\_\_

☐ I will be accompanied by a service dog.

01/22/16

20:46

NO. 795 006

page 2

**SECTION 3: TRAVEL INFORMATION**

The World Institute on Disability will be arranging travel for forum participants through Anthony Travel. Please complete the following information to assist us in making your reservations.

Participant's name \_\_\_\_\_

Attendant's name (if applicable) \_\_\_\_\_

**Flight Info**

City departing from \_\_\_\_\_ Nearest Airport(s) \_\_\_\_\_

Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_

Approx. Departure Time (or range of times) \_\_\_\_\_

Approx. Return time (or range of times) \_\_\_\_\_

Special Needs \_\_\_\_\_

\_\_\_\_\_

**Hotel Info**

Arrival date \_\_\_\_\_ Departure Date \_\_\_\_\_

Single room \_\_\_\_\_ Double Room \_\_\_\_\_ (share with attendant)

Accessibility requirements: \_\_\_\_\_

\_\_\_\_\_

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NO. 795 007

page 3

**SECTION 4: ALTERNATIVE MEDIA**

Please return this page by January 8 to Joy Shulman at 510/763-4109 (fax). For an electronic version of this form, please email [bjs@wid.org](mailto:bjs@wid.org) or call Joy Shulman at 510/251-4334.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

Affiliation: \_\_\_\_\_

Affiliation line 2: \_\_\_\_\_

Mail Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_ TTY \_\_\_\_\_

In what media do you prefer to receive pre-conference materials (Agenda, etc.)?

☐ Print and graphics☐ Braille☐ Large print

In what media do you prefer to receive the post-conference Summary document?

☐ Print and graphics☐ Braille☐ Large print☐ IBM ASCII disk☐ Mac ASCII disk☐ Audio cassette

01/22/16

20:47

NO. 795

008

**NATIONAL ACADEMY OF SOCIAL INSURANCE  
8TH ANNUAL CONFERENCE AND MEMBERSHIP MEETING**  
**Disability: Challenges for Social Insurance, Health Care Financing and Labor Market Policy**  
**January 25-26, 1996 National Press Club, Washington, DC**

*Participants in WID's National Return to Work Forum January 26-28 in Washington may be interested in attending this conference also and may want to make travel arrangements accordingly. For more details, please call Jenny at NASI: 202-452-8097. If you are using your credit card, you may fax the attached registration form to NASI at: 202-452-8111*

This 8th Annual Conference of the National Academy of Social Insurance will highlight the findings and recommendations of the Academy's Disability Policy Panel, based on its in-depth review of Social Security disability programs. It will also consider issues in Medicare and Medicaid for persons with disabilities and will explore new developments in Workers' Compensation in both cash and health care benefits. The conference will examine these issues in light of budget constraints and new demands placed on disability support programs as well as the challenges faced by workers with disabilities, employers, and insurers in today's rapidly changing labor market.

**SESSION TITLES**

**Thursday, January 25:**

Welcome and Introductions  
Opening Address  
Disability Benefits Policy: Is There a Crisis?  
Luncheon Address: Is Cash Benefit Policy in Conflict with the ADA?  
Encouraging Work through Cash Benefits Policy: New Proposals  
Challenges in Medicare and Medicaid for Persons with Disabilities  
Reception  
Dinner, Heinz Dissertation Award Ceremony

**Friday, January 26:**

Academy Membership Breakfast  
Round Tables  
Opening Address: Disability Policy in the 90s  
Workers' Compensation, 24-Hr. Coverage, and  
Disability Management  
Luncheon Address: Preparing Workers for the  
Labor Market of the 21st Century  
Alternatives to Income Support: Where are the Jobs?  
Conference Wrap-up

National Academy  
of Social Insurance

**Registration Form**

8th Annual Conference and  
Membership Meeting  
January 25-26, 1996

**Registration Fees**

Name/Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
  
Academy Members: \$100.00  
Regular Registration: \$200.00  
Includes two luncheons, reception, dinner, breaks, and all conference materials  
Dinner only: \$60.00  
Student scholarships are available on a limited basis. For additional information call the conference coordinator at: (202) 452-8097.  
I will \_\_\_\_\_ will not \_\_\_\_\_ attend the luncheon on Thursday, January 25.  
I will \_\_\_\_\_ will not \_\_\_\_\_ attend the dinner on Thursday, January 25.  
I will \_\_\_\_\_ will not \_\_\_\_\_ attend the luncheon on Friday, January 26.  
Seating is limited. Please mail completed form to the Academy by January 6, 1996.

**Payment**

\_\_\_\_ Check \_\_\_\_\_ Money Order  
\_\_\_\_ Purchase Order # \_\_\_\_\_  
\_\_\_\_ Visa \_\_\_\_\_ Mastercard  
Card Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Signature \_\_\_\_\_

**Refund policy**

Make check or money order payable to the National Academy of Social Insurance and return payment and completed registration form to:  
8th Annual Conference  
National Academy of Social Insurance  
1776 Massachusetts Avenue, NW, Suite 615  
Washington, DC 20036-1904  
Any request for registration refund must be made in writing and postmarked no later than January 20, 1996. All refund requests are assessed a \$30.00 cancellation fee.

Judy Heumann

NDPR:

The way we've been working the policy group is we've broken it down into subdivisions, and had those subdivisions then sit down and talk to outside people on topics.

It would be a good idea for us to bring together a relatively sophisticated group of between 10-20 people that have expertise in a broad array of areas, and sit down for a 1-2 day meeting to really talk about where we are and where we need to be going, as far as both legislative initiatives but also coordinated services issues and look at problems.

We haven't done that across the agencies; and I was just sitting here this morning thinking about wanting to put something together for us to look at our issues. But I think it would make a lot more sense if we could really do it this other way. We need to break up the way we're even looking at our problems.

Please...

## ROUTING & REQUEST

☐ Read

To: Deanna Fortina

☐ Handle

☐ Approve

FYI

And...

☐ Forward

☐ Return

☐ Keep or Toss

☐ Review with Me

From: Fredric Schroeder

Post-it © 7664 © 3M 1994

Date: 9/25/95



UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF THE ASSISTANT SECRETARY  
FOR SPECIAL EDUCATION AND REHABILITATIVE SERVICES

SEP 25 1995

COMMISSIONER  
REHABILITATION SERVICES ADMINISTRATION

Ms. Jane West  
4425 Walsh Street  
Chevy Chase, MD 20815

Dear Ms. West:

Thank you for giving me the opportunity to provide my comments on the most recent draft of the White House Report on Working Age Adults with Disabilities. I am in full agreement with the comments previously submitted by Howard Moses and Beverlee Stafford and wish to make a few additional suggestions.

In reference to Recommendation IV., item 3., page 32-33, under the 1992 Amendments to the Rehabilitation Act, RSA is charged with developing Evaluation Standards and Performance Indicators for measuring the effectiveness of state programs. The Act provides the authority for the Commissioner to withhold funds from agencies that fail to meet minimum standards. It strikes me that the performance partnership is essentially another vehicle for getting at the objective the Congress had in mind by requiring the development of standards and indicators. I recognize that the performance partnership has the added advantage of being able to economically reward high performers and with this in mind I would urge recasting the discussion to propose amending Sec. 106 of the Rehabilitation Act to allow for economic incentives for high performance states. By expanding Sec. 106 authority, I believe the intent of the performance partnership concept would be achieved. I believe that expanding the concept of standards and indicators which are already a part of the Act is preferable to introducing to the rehabilitation community a new concept, i.e. "performance partnerships" before the standards and indicators have been fully implemented. Additionally, the performance partnership concept includes increased organizational flexibility. While I support this approach, we must be cautious that flexibility within program administration not be worded in such a way as to leave states vulnerable to amalgamation of programs and resources within a generic system. Many of the organizational requirements embodied in the Rehabilitation Act are intended to protect rehabilitation funds from being siphoned off for other purposes. I believe our approach to regulation development reflects our commitment to greater state flexibility while protecting the integrity of the program. As we move toward reauthorization of the Rehabilitation Act, added state flexibility will clearly be a priority, but again I would urge caution in introducing a new concept vulnerable to misinterpretation.

On page 34, in the section entitled, "Improved Accountability, Measuring Performance and Performance Incentives," the second sentence of the first paragraph which begins, "National program standards..." should be rewritten to read: "National program standards should be in place and measurable indicators of overall agency performance will form the basis for measuring state performance."

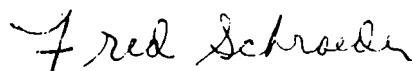
On page 35, in the section entitled, "Shift in Locus of Decision-Making..." the last sentence of paragraph two which begins, "This would permit frontline, community based service providers..." should be deleted. This sentence seems to suggest shifting the locus of decision-making to the service provider rather than the individual giving a confusing message.

In reference to action step 1. listed on page 36, based on earlier comments I would suggest deleting the item which states "-performance partnerships with State VR agencies..." and replace this statement with the following: "expanding Sec. 106 authority (evaluation standards and performance indicators) to allow for economic incentives for high producing states."

Concerning the title of the final draft of the White House Report, I share the sentiment raised during one of the workgroup meetings last Spring, that the title should be altered. "If you think the system is working, ask someone who isn't" is unnecessarily critical of current federal, state and community efforts and will foster defensiveness rather than encouraging a collaborative new look at strengthening our nation's job training system for people with disabilities. I would suggest a title with a more positive ring such as "Expanding Employment Opportunities for Americans with Disabilities" or some other title which reflects the progressive direction intended by the document.

If you need additional information, please do not hesitate to call me.

Sincerely,



Fredric K. Schroeder, Ph.D.  
Commissioner

cc: Diana Fortuna  
Judy Heumann  
Howard Moses



U.S. Department of Justice

Civil Rights Division

Public Access Section

P.O. Box 66738

Washington, D.C. 20035-6738

SEP 27 1994

Stanley S. Herr  
The White House  
Office of Domestic Policy  
Room 224L  
Washington, D.C. 20500

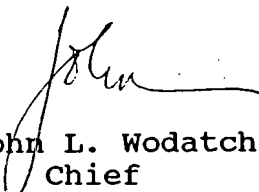
Dear Stan:

Attached you will find the briefing memorandum that you requested at the last meeting of the Federal Disability Accommodations Working Group. It is a brief synopsis of the obligations of Federal executive branch agencies under Federal disability rights laws. I hope that it will prove useful to the members of the Working Group. I have tried to avoid legalisms and make it complete, concrete, and relevant. I remain willing to assist the Working Group in any way that I can.

I have also included our most recent press release -- on the settlement of our case on discrimination on the basis of HIV status against the Castle Dental Center in Houston, Texas. The \$100,000 settlement, including \$80,000 in compensatory damages for an aggrieved individual and \$20,000 in civil penalties, is our largest settlement to date. This case is yet another strong signal that this Administration is fully committed to vigorous enforcement of the Americans with Disabilities Act.

I look forward to seeing you at the meeting on the 29th.

Sincerely,

  
John L. Wodatch  
Chief  
Public Access Section

Enclosure

cc: Deval L. Patrick



U.S. Department of Justice

Civil Rights Division

---

Washington, D.C. 20530

A PRIMER  
Disability Laws that Apply to the Federal Executive Agencies

A. BUILDINGS

1. All buildings built by the Federal government or built on behalf of the Federal government since 1968 must be accessible. Architectural Barriers Act of 1968, as amended, 42 U.S.C. §§ 4151-57; section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794.

2. Any alteration to a Federal building, any alteration to a part of any Federal building, any alteration to any building housing a program of a Federal executive branch agency, or any alteration to space leased to a Federal agency must be done in an accessible manner. Id.

3. When a Federal agency leases space in buildings not owned by the Federal government, the agency shall lease space that is accessible. If accessible space is unavailable, the agency can only lease space that has or has been altered to have:

- \*at least one accessible route to those areas in the building for which the space was leased;

- \*if toilets are available, at least one accessible one for each sex on each floor having toilets;

- \*if parking is available, the appropriate number of accessible parking spaces.

\*Exception: If no accessible space is available and the lease is necessary for officials servicing natural or human-made disasters on an emergency basis, or the space is used on an intermittent basis, or the occupancy is for no more than twelve months. 36 CFR Part 1190 (Minimum Guidelines and Requirements for Accessible Design of the Access Board), implemented as operating policy by the General Services Administration.

4. When leasing space for its programs, a Federal agency must ensure that, with the addition of the leased space, the Federal agency's program, when viewed in its entirety, is accessible to persons with disabilities. Section 504 of the Rehabilitation Act.

5. A building or alteration is accessible if it conforms to the Uniform Federal Accessibility Standards (UFAS). Most Federal buildings must conform to the standard of the General Services Administration (41 CFR 101-19.6). Residential buildings must conform to the standard of the Department of Housing and Urban Development (24 CFR Part 40). Post offices must conform to the standard of the United States Postal Service (Handbook RE-4). Military bases and buildings must conform to the standard of the Department of Defense (Chapter 18 of DoD 4270.1-M).

6. The Architectural and Transportation Barriers Compliance Board or Access Board is responsible for receiving and resolving complaints under the Architectural Barriers Act. All Federal executive agencies (and there are over 100 of them) are responsible for receiving, investigating, and resolving complaints of discrimination under section 504. Section 504 of the Rehabilitation Act; see, e.g., 28 CFR §39.170 (regulation of the Department of Justice)

## **B. EMPLOYMENT**

1. All Federal executive branch agencies are prohibited from discriminating on the basis of disability against qualified persons with disabilities and must take affirmative action to hire, place, and advance persons with disabilities. Sections 501 and 504 of the Rehabilitation Act of 1973.

2. The Federal executive branch shall be a model employer. 29 CFR §1614.203(b) (regulation of the Equal Employment Opportunities Commission)

3. The standards for what constitutes discrimination on the basis of disability shall be the standards applied under title I of the Americans with Disabilities Act. Sections 501 and 504 of the Rehabilitation Act, as amended, 29 U.S.C. §§ 791(g), 794(d).

4. A Federal executive agency must make reasonable accommodation to the known physical or mental limitations of otherwise qualified individuals with disabilities who are applicants for employment or employees, unless the agency can demonstrate that the accommodation would impose an undue hardship on the operation of the agency. Sections 501 and 504 of the Rehabilitation Act.

\*Reasonable accommodations include altering work sites or other facilities used by employees to make them accessible, acquiring or modifying equipment or devices (including the provision of computers), job restructuring, modifying work schedules, providing qualified readers or interpreters, adjusting or modifying examinations, training materials, or policies, or reassigning workers to vacant positions.

\*An undue hardship is an action that is excessively costly, extensive, substantial, or disruptive, or that would fundamentally alter the nature or operation of the agency. Because of the resources and scope of Federal agencies, reasonable accommodations in Federal agencies rarely rise to the level of an undue hardship.

5. A Federal executive agency may not ask a job applicant about the existence, nature, or severity of a disability, but may ask about an individual's ability to perform specific job functions. Sections 501 and 504 of the Rehabilitation Act.

\*Nor may a Federal executive agency make medical inquiries or conduct a medical examination until after a job offer has been made.

\*A job offer may be conditioned on the results of a medical examination, but only if this examination is required for all entering employees in similar jobs.

\*A Federal agency may only require a medical examination of an employee or may only make inquiries as to the nature or severity of a disability in limited situations, when the examination or inquiry can be shown to be job-related and consistent with business necessity.

6. The Equal Employment Opportunity Commission is chiefly responsible for enforcing the Federal government's employment nondiscrimination provisions. 29 CFR Part 1614 (regulation on Federal Sector Equal Employment Opportunity of the EEOC).

### **C. FEDERAL PROGRAMS, SERVICES, AND ACTIVITIES**

1. A Federal executive branch agency must not discriminate in carrying out its programs, services, and activities. In simple terms, the nondiscrimination mandate extends to everything that a Federal agency does. Section 504 of the Rehabilitation Act.

2. Each Federal agency has a regulation implementing its nondiscrimination obligations and these regulations establish the specific nature of each agency's nondiscrimination obligations. See, e.g., 1 CFR Part 326 (regulation of the Administrative Conference of the United States); 22 CFR Part 144 (regulation of the Department of State); 29 CFR Part 33 (regulation of the Department of Labor).

3. Examples of programs operated by the Federal executive branch include the Social Security program, the FBI tour, the Internal Revenue Service, the White House tour, the National Parks system, the Federal prison system, the emergency management services programs of FEMA and SBA, and the schools operated by the Department of Defense.

4. Section 504's requirement not to discriminate extends to a wide range of the daily activities of each agency; examples include the obligation to:

- \*Provide qualified sign language interpreters or other appropriate auxiliary aids at meetings or hearings held by the agency or at conferences or other events sponsored by the agency.

- \*Provide materials in alternate accessible formats (large print, Brailled materials, audio recordings, computer disks) when materials are made available to the public in printed form.

- \*Provide captions on all videotapes developed by or on behalf of the agency.

- \*Provide a sufficient number of TDD's (telecommunication devices for the deaf or text telephones) for agency use, giving particular emphasis to frequently used agency telephone numbers and 800 numbers; Federal agencies should not just rely upon the telecommunications relay for telephone calls from people who are deaf.

- \*Provide extra assistance or modifications in agency forms to assist persons with mental retardation or other mental disabilities.

- \*Ensure that, when Federal agencies hold agency-sponsored meetings, conferences, hearings, or other events outside the Federal work place, they only locate these events at accessible sites.

- \*Provide accessible services at agency facilities when open to the public, for example, the agency library or cafeteria.

- \*Ensure that, in administering a Federal grant program, the agency neither discriminates on the basis of disability in making grant decisions nor provides funding to entities that themselves discriminate on the basis of disability.

- \*Obtain written assurances that the grant applicant is not discriminating on the basis of disability.

\*Require the submission of addition, targeted, specific information to establish compliance, including budgetary information.

5. Federal agencies shall ensure that individuals with disabilities can produce and have access to information and data regardless of the type of medium, including all electronic and information technologies, that is comparable to the opportunities of individuals who do not have disabilities. Section 508 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794d.

6. Each Federal executive branch agency is responsible for designating an official to coordinate implementation of section 504 for federally conducted programs. Each Federal agency shall receive and resolve complaints of discrimination. Section 504 of the Rehabilitation Act.

#### **D. THE AMERICANS WITH DISABILITIES ACT**

\*Remember that the Americans with Disabilities Act does not apply to the Federal executive branch. When the ADA was enacted in 1990, a full and rich set of Federal civil rights laws already covered the Federal executive branch. The ADA does apply to all employers with 15 or more employees (other than the Federal government), all units of State and local government, public accommodations, commercial facilities, carriers engaged in telecommunications, the U.S. Senate, the U.S. House of Representatives, and instrumentalities of the U.S. Congress.



*National Research Council  
National Academy of Sciences  
National Academy of Engineering  
Institute of Medicine*

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**To:** Diana Fortuna

**Subject:** Committee on Assessing Rehabilitation Science and Engineering

**Date:** 02/26/96 11:32 AM

**Pages:** 3 , including cover page

**From:** Geoff French

**Company:** National Academy of Sciences

**Address:** 2101 Constitution Ave, N.W.  
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**Message:** For: Diana Fortuna

02/26/96 13:41:47

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**NRC Fax Server**  
FAX Request

Diana Fortuna:

I contacted your office this morning and left a message on your voice mail, hoping to get information on the Domestic Policy Council's task force on rehabilitation or disability in America. If you can send me any information, I would be very grateful; likewise, I extend my assistance to you. I have included some general facts about the study here at the Institute of Medicine and would be happy to give you any further information if you would like it. You can reach me at 202-334-3720, or via e-mail at GFrench@NAS.edu. Thank you for all your help.

Geoff

**INSTITUTE OF MEDICINE  
NATIONAL ACADEMY OF SCIENCES  
2101 Constitution Avenue, N.W.  
Washington, D.C. 20418****ASSESSING REHABILITATION SCIENCE AND ENGINEERING**

This nation has long judged the success of its efforts to improve the health of its citizens on the basis of mortality statistics. However, the gains that have been made in human longevity have been accompanied by increases in the incidence and prevalence of chronic impairments and disabilities. At this point in the evolution of the nation's health care system, emphasis has begun to shift from quantity of life to quality of life.

Rehabilitation is often defined as the process by which physical, sensory, and mental functional capacities are restored or developed after damage. Rehabilitation science is the study of the fundamental, basic, and applied aspects of biology, medicine, and engineering as they relate to the restoration of functional capacity in a person, and the interaction of that person with the surrounding physical and social environment.

In response to a congressional request (Senate Report 103-318), the Office of the Assistant Secretary for Health of the Department of Health and Human Services asked that the Institute of Medicine convene a committee to review the various and numerous federal research programs in rehabilitation science and engineering. The overall purpose of this study is to assess the importance and current adequacy of such programs in assuring the nation's health. More specifically, the committee will consider: 1) the current status of research in rehabilitation science and engineering, 2) the unmet needs of rehabilitation that require new approaches from science and engineering, and that take into account the social and behavioral context of the individual, and 3) the best strategies for achieving the necessary level of research and professional expertise to address those needs.

Specifically, the study will:

Assess and evaluate current content, quality, and adequacy of the knowledge base in rehabilitation science and engineering;

Evaluate the utility of current rehabilitation models as they reflect the interdisciplinary and multidisciplinary nature of rehabilitation and the interaction of the person with the environment;

Describe and recommend mechanisms for effective transfer and clinical translation of scientific findings, advances and information that will promote health and health care for people with disabilities and potentially disabling conditions; and

Review and critically evaluate current federal programmatic efforts in rehabilitation science and engineering as to their productivity, relevance and coordination.

The study will be conducted by an IOM committee whose members are listed on the reverse of this page. These individuals bring expertise from the fields of physical medicine and rehabilitation, biomedical engineering, behavioral medicine, health policy, basic biomedical and clinical research, assistive technology, social science, program evaluation, and public administration and policy. The committee will produce a report in early 1987.

The committee welcomes written comments from interested parties regarding the important issues in rehabilitation science and engineering. Individuals wishing further information should contact the study staff at (202) 334-1716.

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# COMMITTEE ON ASSESSING REHABILITATION SCIENCE AND ENGINEERING

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\*\*\*\*\*

The Institute of Medicine was chartered in 1970 by the National Academy of Sciences to enlist distinguished members of the appropriate professions in the examination of policy matters pertaining to the health of the public. In this, the Institute acts under both the Academy's 1863 congressional charter responsibility to be an adviser to the federal government and its own initiative in identifying issues of medical care, research, and education. Dr. Kenneth I. Shine is President of the Institute of Medicine.

This project is supported by funds from the Public Health Service (contract #282-95-0035).

For Further Information, Contact: Andrew M. Pope, Ph.D., Study Director  
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## Findings & Recommendations

\* Comment on this  
\* Process to jump start  
- end date  
- next step

- I. **Finding:** Few federally supported employment and training programs specify youth with disabilities as targeted consumers (GAO, 1994a). As evidenced by poor outcomes, these programs have not adequately addressed the transition needs of most youth with disabilities.

\* Call Judy H.  
**Recommendation A:** Program funding should target the following critical areas: (1) increasing the capacity of states and localities to serve students in transition effectively through systems designed to serve all students; (2) developing safeguards and accountability measures ensuring equal access to programs; (3) responding to advances in technology which could be used by students with disabilities in educational and employment settings; and (4) developing solutions to identified barriers and unmet needs such as increasing employment rates and serving minorities.

**PROS/CONS:**

**Recommendation B:** The capacity of federal job training and employment professionals to deal with the totality of interrelated transition issues, such as accommodations, independent living, personal assistant services and social issues, should be further developed. Materials and training programs should be designed to meet this personnel preparation need. Technical assistance should be provided through OSERS to leaders in federal agencies, regular education, business and other stakeholders.

**PROS/CONS:**

- II. **Finding:** Coordination among federal programs and agencies is lacking. Fragmented programs utilizing narrow terminology and short sighted goals contribute to poor communication and disjointed initiatives. For example, varying disability definitions, income standards, and employment training age requirements seriously impair effective service delivery (GAO, 1994b).

**Recommendation A:** A clear process for reviewing upcoming legislative initiatives among federal agencies should be developed. To avoid overlapping and clashing legislative initiatives, technical expertise regarding transition issues should be sought *a priori*. Federal agencies should collaborate during policy planning phases so that transition related issues may be asserted. Similarly, states

and localities should emulate federal planning when developing their school to work goals and implementation strategies.

**PROS/CONS:**

**Recommendation B:** Leadership and coordination for policy implementation efforts should be located in the White House Domestic Policy Office, supported by the Office of Management and Budget and the President's Commission on Employment of Persons with Disabilities .

**PROS/CONS:**

**III. Finding:** Inadequate implementation, reporting and monitoring of inclusion standards is evident among generic programs serving broad populations. The critical needs of youth with disabilities requires additional supports and accommodations which, historically, have not been provided in programs serving all youth. Participation of youth with disabilities is often associated with programs having low expectations (NAVE, 1994). Hence, youth with disabilities are often excluded.

**Recommendation A:** All legislation pertaining to the general employment and training for the youth population should be amended to include the following:

- A description of how the State will provide access and support for eligible youth with disabilities who want to participate in the targeted programs consistent with the provision of Section 504 of the Rehabilitation Act and the Americans with Disabilities Act, and where applicable, Part B of the Individuals with Disabilities Education Act and Sections 102 and 103 of the Rehabilitation Act Amendments of 1993.
- A description of the strategy the State will use for the development and provision of training and technical support systems for teachers, employers, mentors, counselors, related services personnel, and others that includes specialized training and technical support for the counseling and training of individuals with disabilities for high-skill, high-wage careers in nontraditional employment, and provide assurances of coordination with similar training and technical support under other provisions of law.

**PROS/CONS:**

**Recommendation B:** Each State shall establish a system of performance measures for collecting and analyzing information to assist State and local programs assess the following:

- the participation of students and school dropouts, including those with disabilities;
- the outcomes for participating students and school dropouts, including those with disabilities, specifically information on the attainment of strong experiences in and understanding of all aspects of the industry the students are preparing to enter; the placement and retention in further education or training, particularly in the career major of the student; and job placement, retention, and earnings, particularly in the career major of the student.

**PROS/CONS:**

**IV. Finding:** Consumers, professionals and agencies do not have adequate information about programs serving youth with disabilities. Personnel who may assist transitioning lack the resources needed to address their needs effectively. Further, parent and youth consumers are not informed how and where to access services.

**Recommendation A:** Transition models suggesting best practices and programs should be disseminated to all quarters where potential employment and training related support exists for youth with disabilities. Strategies should provide for students with disabilities to be integrally involved in determining their need for reasonable accommodations in any workplace and other postsecondary environments. Technical assistance should target schools, employers, parents and youth with disabilities to ensure participation in national, state and local reform efforts.

**PROS/CONS:**

**Recommendation B:** Policy offices in all related federal agencies should be assigned to advise their department or agency on its response to transition and employment issues. These agency specific offices would also provide more precise and ongoing technical assistance on how to integrate youth with disabilities into the mainstream programs, as well as track progress in this regard. These policy offices or officials would be coordinated by the interagency council on disability programs.

**PROS/CONS:**

V. **Finding:** Some disability populations are underserved. Youth with severe emotional disturbances have particularly poor outcomes and do not seem to receive appropriate or adequate support services. Likewise, youth with disabilities who are minorities and/or have low socioeconomic status are more likely to drop out of school and less likely to receive transition services.

**Recommendation A:** Support for advancing the knowledge base regarding educational strategies and employment opportunities for youth with disabilities is a continuing need. Therefore, funding should focus on the following:

- Developing innovative and enhanced transition strategies for youth with serious emotional disturbances.
- Responding to advances in technology that could be used by students with disabilities in educational and employment settings.
- Developing solutions to identified barriers and unmet needs such as increasing employment rates and serving minorities.

**PROS/CONS:**

**Recommendation B:** Through Parent and Training Resource Information Centers (PTICs), knowledge and training regarding transition issues should be accessible for all youth with disabilities and their families. Local partnerships would be developed to address the educational, health, mental health, and social service needs of youth and their families. Outreach to poor and/or minority consumers would be a major thrust of the PTICs and would help ensure equal access and to school to work programs and services.

**PROS/CONS:**

The needs of transitioning youth with disabilities, as shown by the environmental scan and these findings, are great. Issues of coordination, accountability and access must be addressed to promote positive transition outcomes, and the federal government's leadership role must be asserted to ensure that *ALL MEANS ALL*.