



CRP Academy Vocational Rehabilitation: DVR Basics 101

Presented by Community Programs Manager, Lesa Dunphy

Slide 2



Today - DVR 101

- Introductions and Housekeeping
- History of Vocational Rehabilitation
- WA DVR Process

• Next time - CRP-IL Contract 101



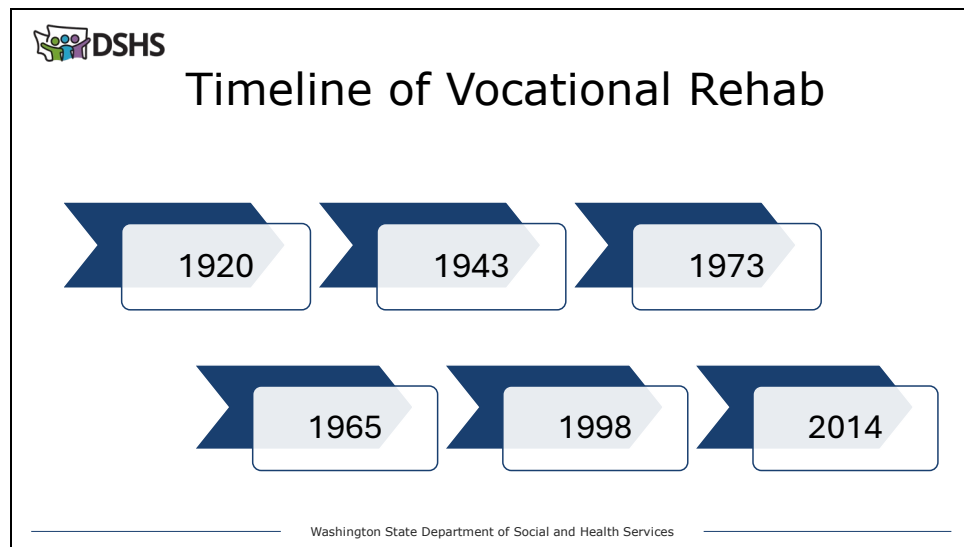
Today we will be going through a lot of information. This first session will be more about DVR, its history, how we do things, etc. The second session will be focused on the contracted services that CRPs provide. This is not formal contract training – there are modules on the contractor’s webpage that relate to the current contract.

Training objectives include:

Develop an understanding of DVR-CRP contractual and working relationship.

Increased awareness of services, expectations, and roles, which will hopefully result in Improved outcomes for everyone.

What if what I say differs from guidance from your home office? That definitely could happen. Maybe I delivered info in a way that was confusing or something else. Talk to your manager – then reach out to the DVR supervisor in your area, or me if it’s about clarifying the contract.



Did you know that the public VR program started in 1920? It began when wounded soldiers were returning from WW1 – there was actually already a program started for wounded Veterans, and the Smith Fess act was modeled after that to start the civilian Vocational rehabilitation program and focused on physical disabilities.


In 1943 the federal VR program was expanded to those who were intellectually disabled, blind, or had mental illness.

The Rehab Act of 1973 reflected congressional commitment to VR and recommitted services to those with severe physical, emotional, or intellectual disabilities. The current 80/20 funding model started in 1973 and continues.

In 1992, the amendments really focused on customer rights and the belief that everyone, regardless of severity of disability, can work. The 1998 Amendments aimed to link the Workforce Act and the Rehab Act with the goal of simplifying access to services. Now we are working under the 2015 amendments, which were signed into law in 2014, and are part of the Workforce Innovations and Opportunities Act. Can anyone tell me one major change that came from WIOA?

There were many and the big change that we “feel” the most is the 15% set aside for PreETS.

There's so much more, but you get the picture. We've been around for 100 years! Every state and Territory has one!

 DSHS

A Few VR Facts

- Pre-ETS
- Common Measures
- Dual Customer Approach
- Service Timelines

- Department of Services for the Blind
- Tribal Vocational Rehabilitation Programs
- State Rehabilitation Councils
- Client Assistance Programs

Washington State Department of Social and Health Services

The Workforce Innovation Opportunity Act (WIOA) was passed in 2014 and Implemented in 2017. It reinforced DVR as a part of the workforce development system. That means that DVR is part of WorkSource or onestop system – we are one of the core services, and we are supposed to coordinate with the One Stops and offer seamless support to job seekers and businesses. New services such as Pre-ETS and extended supports for youth were added. The system was tasked with serving a dual customer – both the individual and businesses. We work with businesses much more now, which is in alignment with the workforce system. Our service timelines were shortened for Eligibility and time from eligibility to writing an individualized plan for employment, or IPE.

It also emphasized competitive, integrated employment, which we do very well across Washington.

DVR receives 80% of it's funding from the federal government and 20% from the state.

Every state has regular VR services and services for the blind. Some states have combined general VR and Blind VR. Washington state has two separate agencies, but we can work together. For instance, if we worked together on a case, DSB might provide all the vision related services like orientation and mobility and assistive technology, while DVR provides other services, like maybe paying for education.

There is also Tribal VR, and we work with them as well. They can provide culturally relevant services and sometimes we will partner if the customer allows so DVR can pay for more expensive services while they pay for the more culturally relevant services.

WSRC and CAP (client assistance program) are both required by law. They provide guidance and oversight to our program and help keep us accountable. WSRC has quarterly meetings where they talk about all their work on DVR oversight, and I send that information to CRPs. If you have the time to attend one, they are really interesting and it's where I get a lot of my DVR updates. Customers are given the option to contact CAP throughout the DVR process if they need guidance about their rights and responsibilities or need advocacy in the DVR process.

<https://wtb.wa.gov/wp-content/uploads/2025/03/Matrix-2025.pdf>



Mission, Vision and Values

Transforming lives by assisting individuals with disabilities to fully participate in their communities through meaningful employment.

Students, youth, and adults with disabilities are empowered to dream big and achieve their employment goals.

DVR Mission:

Transforming lives by assisting individuals with disabilities to fully participate in their communities through meaningful employment.

DVR Vision:

Students, youth, and adults with disabilities are empowered to dream big and achieve their employment goals.

DVR Values:

Transparency through clear, honest communication with customers, staff, and partners

Acting with Integrity, upholding the ethics and values of our profession

Promoting a culture of Empowerment for customers and staff


Advancing rehabilitation practices through Innovation

Collaboration with customers, staff, and partners that produces results

Commitment to Equity, We aspire to deliver exceptional service to every customer.

Our values are where the rubber hits the road. We want to focus more on living these values every day. This is where we can really look at what we are doing and ask, are we in alignment with these values? Are we being transparent and collaborating when we work together with you? Are we both working to empower our mutual customers?

Diversity, Access and Inclusion in all its forms to achieve excellence

 **DSHS**

Acronyms

DSHS	SDOP
DVR	SDOR
IPE	TWE
SE	OOS

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Here are a whole bunch of acronyms that may apply to DVR services. We know we use so many acronyms. Please stop and ask if you are ever unsure what we are talking about. Let's test your knowledge...type in the chat box or unmute and call out as quick as you can...what does DSHS stand for?

We are division of DSHS, Department of Social and Health Services.

DVR – Division of Vocational Rehabilitation

IPE – Individualized Plan for Employment

SE – supported employment or self employment.

SDOP – Service Delivery Outcome Plan

SDOR – Service Delivery Outcome Report

TWE – Trial Work Experience

OOS – Order of Selection

OJT – on the job training

ITS – Intensive training services

VRC – not CRM. That is a DDA term.

DDA – developmental disabilities administration

VA – veteran's administration or Vocational Assessment, a step in the VR process.

RTC – can be Regional transition counselor? or regional transition consultant

AFP – authorization for Purchase

CRC – Certified Rehabilitation Counselor

WIOA – Workforce Innovation and Opportunity Act

AT – Assistive technology

ESD – could be educational service district or employment services department

RT – Rehabilitation Technician, partner with VRC



These are some of the positions that we have at DVR. You will see that DVR has business specialists that work with employers and support customers in their job search. Generally, because of the limited number of business specialists we have, they work with customers who need a minimal amount of support. Currently some of them spend part of their time at WorkSource working with the business team there.

Vocational Rehabilitation Counselors

Provide services to a broad range of individuals with disabilities. Caseload sizes are between 85-110.

Rehabilitation Technicians

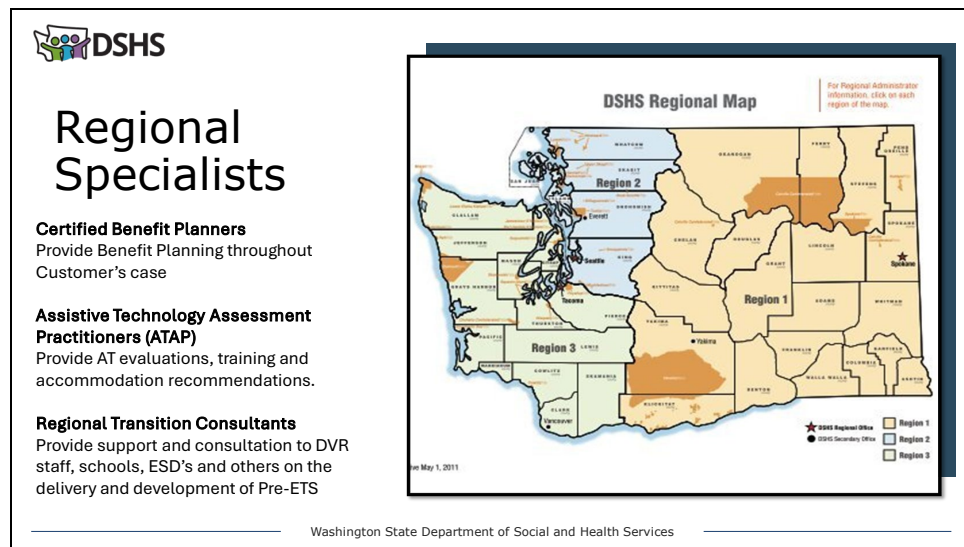
Support office operations and assist in caseload management. Manage all fiscal transactions.

Supervisor

Provide support and direction to staff. Manage customer service. Coordinate community connections.

Business Specialist

Perform business/employer outreach and placement. Support customers in job search.



DVR Benefit Specialists across the state. They work with our customers to understand how working will affect their benefits, help problem solve if our customers run into issues with Social Security when going to work, and help them connect with resources through Ticket to Work once they find a job and their DVR case is closing. They may even help to look for work incentives that will help the person access the supports they need as they go to work. DVR has an expectation that all customers who receive SSA benefits receive Benefits Planning prior to attaining employment. One of the most important things I share with you today is how important it is for each person to get Benefits Planning! Each person's benefits are different and what going to work will look for one person may not look like another person's situation. Please do not assume anything about a person's benefits, always refer the customer to their VRC or Benefits Specialist if they have questions. If you have questions, you can contact the VRC to ask questions anytime.

RTCs – they administer and support our group Pre-ETS contracts primarily. There are more positions within DVR, such as mine and other program managers, fiscal, planning, performance, contracts, etc., but the positions we covered are those that are typically seen in the field.

DVR's Assistive Technology and Assessment Practitioners (ATAP's) are responsible for merging assistive technology and the vocational rehabilitation process, ensuring individuals with disabilities achieve their employment goals by providing guidance and technical assistance on accessibility, job modifications, accommodations, and technology.

What services do ATAP's provide?

DVR's ATAP's offer customers Assistive Technology evaluations and assessments such as:

Mobility evaluations to determine feasibility and need of devices such as wheelchairs, scooters and walkers

Transportation evaluations to evaluate needs such as public transportation options, vehicle modifications, van ramps and lifts or hand controls

Organizational Assistive Technology evaluations to give options to increase an individual's personal organization

Literacy support evaluations to determine the benefit of assistive technology for learning disabilities

Ergonomic Evaluations for office and homework site

Computer Access evaluations for individuals with physical or cognitive issues that interfere with computer use

Speech Recognition Technology (speech to text) assessment and training

Additional services provided by ATAP's include:

Special consultation on medical, dental, therapy and other complex services.


ADA Accessibility assessments for vendors, employers and businesses.

Training for customers and community groups including:

Reasonable accommodations

Assistive Technology training for Transition Students, Parents and/or Teachers

Assistive Technology training for Community Rehabilitation Programs (CRPs)



Guiding Principles

- Informed Choice
- Comprehensive
- Individualized
- Provided at "least cost"
- Pre-authorized
- "first-dollar-resources and comparable benefits"
- CRCC Code of Ethics



We have some guiding principles to consider when serving customers. This is defined in the law.
Informed choice - We will talk more about this next slide.

Services should be Comprehensive


Individualized – every person who comes to DVR gets their own set of services, customized to meet their needs.

Least cost – managing the public tax dollar. Provide what's needed at least cost.

Services must be preauthorized. In general, we don't reimburse cx for services and we don't pay CRPs for services that were provided before being authorized.

First dollar resources – ex. College and eligible for federal financial aid. Must be used first.

CRCC (commission on rehabilitation counselor certification) code of ethics – all follow the CRCC code of ethics even if not CRC.



Informed Choice

- “Informed Choice” is a process where customers in the public rehabilitation program make decisions about their vocational goals, the services and service providers necessary to reach those goals, and how those services will be procured.
- This includes CRP selection.

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CRPs may wonder how a customer chooses their CRP. Varies by office, but VRC should always engage the customer in making that decision. Some might have the customer interview CRPs, or they might discuss pros and cons of each one, or the VRC might call first to see if CRPs are available for referrals then work with the customer to choose a CRP. Some Customers already have been working with a CRP and want to continue with that CRP, or they may have heard of one from a friend or family member. VRCs work with the customer to make the choice in the way that works for them.



Caseload Management

- Waves – Caseload Management System
- Paperless records
- Electronic reports and billing preferred

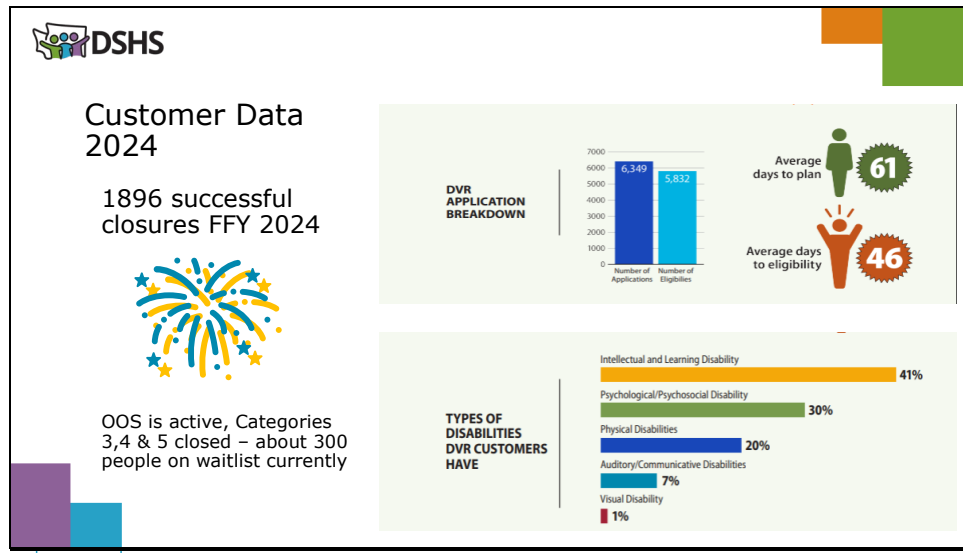
Waves is DVR's paperless caseload management system. As CRPs, you will have sometimes daily communications with DVR staff about billing, invoicing and reporting. DVR asks that, if at all possible, you utilize forms in a PDF format when sending via secure email. If you have the capability to send documents as a PDF, DVR staff can instantly upload those documents to the Case Management System. CRPs receive electronic payments from the system, electronic Authorizations for Purchase from the CMS and some letters are sent directly from the system.



What Services Does DVR Provide?



Counseling and Guidance is our #1 service. Tools, equipment, licenses, start up assistance for self employment, medical restoration services, short term medication, counseling, assistive technology, clothing, transportation, vehicle modifications... education, books, supplies, tuition. There are some things we can't provide, like insurances. We can't support employment goals that are religious in nature, or doing anything that would violate a state or federal law.



The data on the slide is included in the DVR Annual Report. This information is on the DSHS DVR Public Facing Website. You can download and read the entire report if you would like to do so. The Customer data is reported in each annual report and I just updated for 2024 numbers. I will be updating it for the 2025 numbers when they are available next year.

You can see that DVR had 1896 successful closures! The average days to writing and signing an individualized plan for employment was 61 days down from 103 last year, and the average days to eligibility was 46. You can also see the different type of disabilities reported during FFY 2024.



2024 numbers are on the slide, taken from our annual report.

Job placement and retention 7,224,935

Assessments 15,888,890

Training and education 45,286,662

PreETS 1,804,071

1896 successfully employed and an increase of annual wages from 0 at application to 17,357 at case closure.

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Who does DVR Serve?

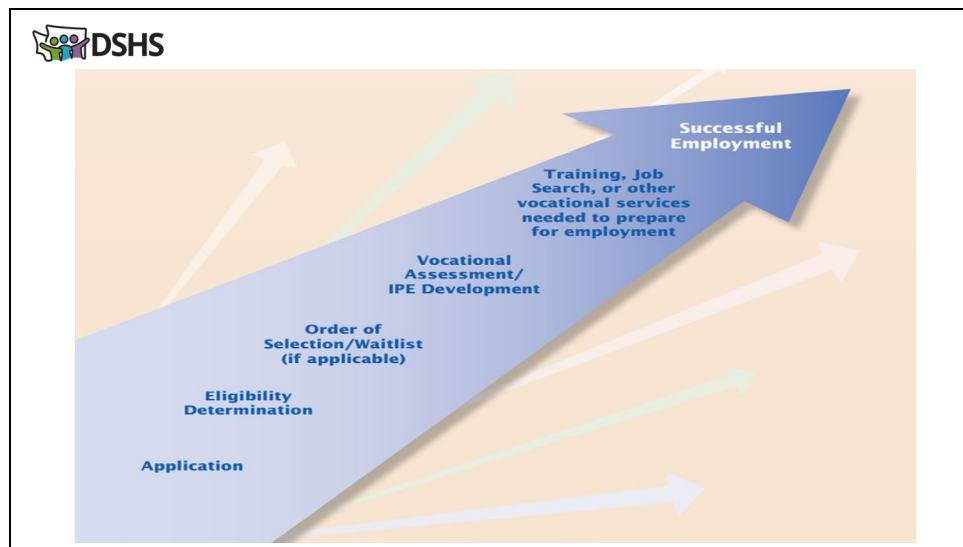
- Transition Services
- General Caseload



African American teacher instructing a classroom of high school students. Group of medical professionals sitting at computer monitors looking at MRI results

The Largest age group DVR serves is 16-24 – which reflects our heavy focus on youth since WIOA. Those services may fall under Transition Services which includes Pre-ETS and other services for students and youth with disabilities.

We do not have a cutoff for how old of a person we can serve. I once had a customer in her 80s. DVR serves all people with any type of disability that is causing a barrier to attaining, maintaining or advancing in employment.



This is the process for all Customers. DD customers do not have a special or “fast-track” to eligibility or through the process. Everyone experiences it the same way. Below is the information that is shared with customers and it is very important for CRPs to understand the VR process.

Application

You may be referred to DVR or you may contact the program directly yourself. There are local offices throughout the state to serve you. (See page 87 for locations and office phone numbers.)

Eligibility

After you apply for DVR, you will work with a vocational rehabilitation counselor who will determine your eligibility. This is generally a brief process, but may require certain assessments or evaluations for which DVR can pay.

Order of Selection

Order of Selection is how DVR prioritizes services for people who need them most. It is required by federal law when DVR does not have sufficient resources to serve all eligible customers.


When customers are determined eligible, they are assigned to a priority of service category based on the significance of their disability. Assigning a priority of service category is based on the impact of the disability, not the type of disability. During an Order of Selection, priority of service categories are either open or closed. Eligible customers assigned to an open category can receive the full range of vocational rehabilitation

services. Eligible customers assigned to a closed category will be placed on a statewide waitlist for services. If the Division of Vocational Rehabilitation has additional resources to serve more customers, those who are waiting on the statewide waitlist may be released.

Vocational Assessment/Plan for Employment If you are found (determined) eligible, you will have many options to explore and decisions to make. First, you will participate in the vocational assessment process in order to develop an Individualized Plan for Employment (IPE) that identifies your job goal and the services you will need to achieve that goal. Your counselor can provide information and assistance in developing the plan, or you may develop the plan on your own or with help from outside resources. Your IPE will also spell out responsibilities for both you and DVR to meet. Once you and your counselor agree to the details in the completed plan, services can begin. Your IPE can be changed over time, as long as both you and your counselor agree to the changes. Your plan, the services you receive, and the time needed to achieve your employment goal will be different from others who are also receiving services. For some, the services may include job training or job coaching. Others may need special devices such as a hearing aid or modifications to a vehicle. The services included in your plan will depend on your job goal and your individual needs.


Vocational Rehabilitation Services

DVR may pay for some of the services you need. We may also ask you to apply for other programs or benefits that can help pay for some of the costs of services you will need in your IPE. You will be encouraged to contribute to the cost of services in your plan if you are able to do so. You will also be expected to meet your responsibilities to make your plan successful such as keeping appointments, making calls, researching your employment options and staying in touch with your counselor. **Employment / Successful Rehabilitation** The final goal of the DVR program is employment. Success means you will obtain and keep a job that you perform well and enjoy. Generally, DVR will work with you until you have been placed or retained on a job and all services have been completed. We will monitor your progress for the first 90 days of employment. During this time, please tell your counselor of any concerns you may have about the job. If the job goes well during this time, we will then close your case. Please remember, you can apply to re-open your case if you have a problem on the job or your circumstances change.



Applying for Services

- Customers contact the DVR office nearest to them
- Legal guardians must provide documentation and participate
- Must document ability to work in the USA
- Everyone goes through the same process




The first step is the application. We still recommend that customers contact the DVR office nearest them. It's just easier for everyone. Typically the application won't be completed until they do an intake appointment with a DVR staff member, because the eligibility clock starts ticking when they sign it. We want to talk with them about their disability and what kinds of records we need, etc. So say you are already working with someone and they ask for your help applying. You wouldn't help them fill out the application, but you might help them call and get an appointment.

Now there is another form called the VI or Vocational information form that is NOT the application. That form just gathers information about the customer. Sometimes it is sent out ahead of time. If a customer needs help filling that form out, it is fine to help them with it, as it is not required and no timelines are associated with it.

Legal guardians must participate in all steps of the DVR process. Must be part of all decisions, so we must have a copy of guardianship paperwork.

You may have heard of a term called "fast tracking" like when a DDA customer got a job and we needed to start ITS. We don't have anything special like that – it is not part of policy. We will always work as fast as we can but DDA customers go through the same process all customers go through.


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Order of Selection

When a VR Agency does not have the resources to serve all eligible customers, those with most significant disabilities will receive services first.

A number of states are currently in order of selection.

Updates on the waitlist will be on the DVR website:
www.dshs.wa.gov/dvr



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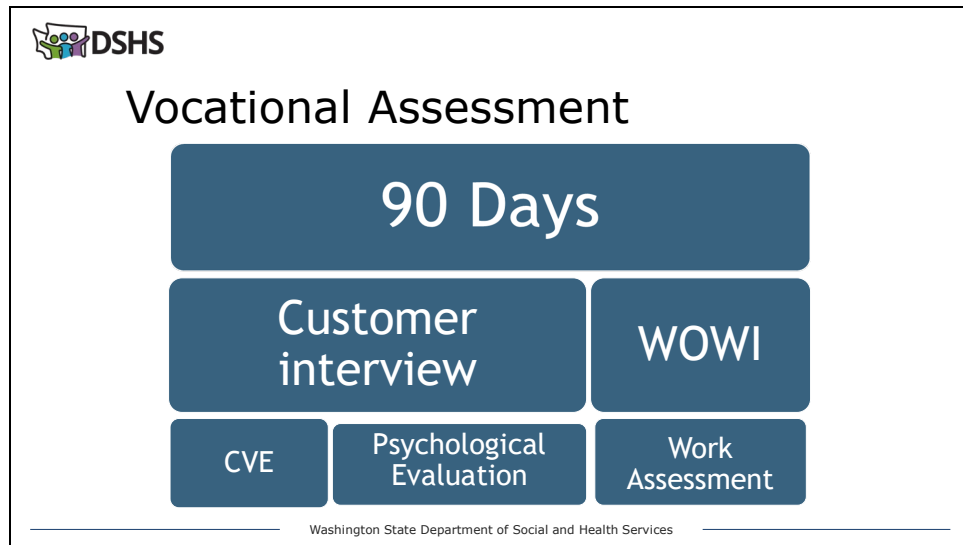
How DVR prioritizes services for people who need them most. After customers are determined eligible, they are assigned a priority of service category based on the significance of their disability.

OOS:

Required by federal law when DVR does not have sufficient resources to serve all eligible customers

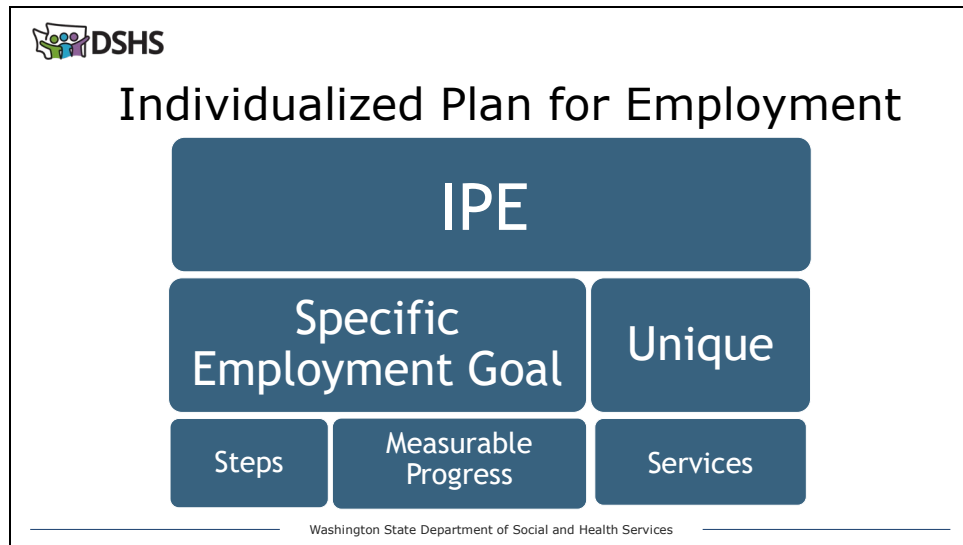
The priority service category is based on the impact of the disability, not the type of disability

Customers are released from the waitlist by application date and priority category



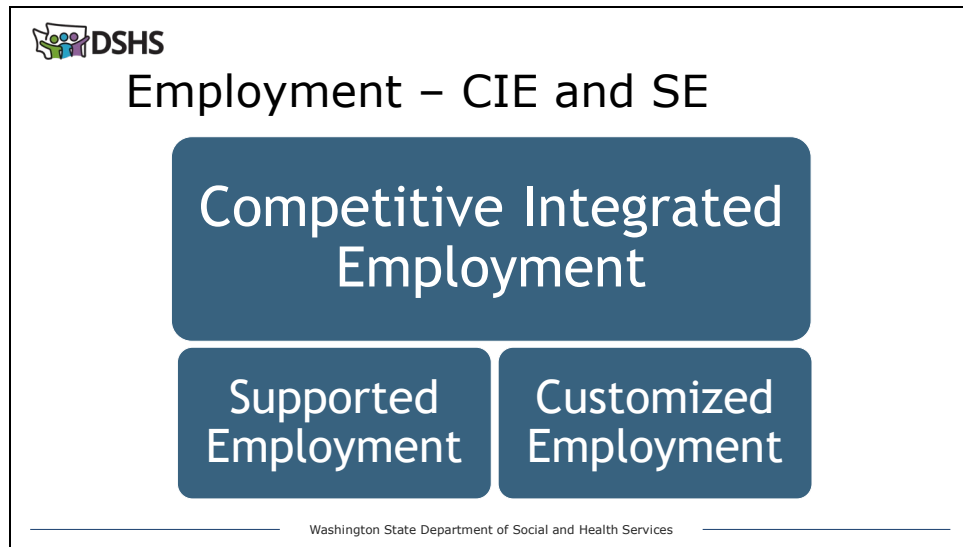
The Vocational assessment can include all kinds of assessments, ranging from interviewing the customer and reviewing their work and school history, to formal interest inventories, to work assessments. We might even do a physical capacity assessment or pay for a quarter of school as an assessment. One form of assessment is a CBA, but it is by no means the only one. The majority of DVR customers do not need a Community Based Assessment but some do! I have asked people to complete a few job prep classes at Work Source as an assessment, for example, or paid for a vocational evaluation. Each customer's Vocational Assessment period requires intensive work from the customer and the counselor to come up with a viable job goal for the customer.

Assessments can include review of records, paper and pencil tests, interviews with families, job shadows and informational interviews, use of systems like WOIS or Onet or the WOWI.



A DVR counselor works with each person to develop a customized plan of services designed to help them reach their employment goal of competitive, integrated employment. There are times when we might do a projected job goal for a student, or have vocational themes listed for customized employment. These are unique situations. Otherwise it must be a specific job goal and if a CRP is helping the customer with job placement, they need to look for that job and that job only. The CRP-IL Contract is clear that if a job is being looked for outside of the agreed upon job goal or a job is attained outside of the agreed upon job goal, the invoice should not be paid. Be mindful to always follow the IPE when providing all services!

The IPE should not to be confused with a CRP "SDOP" plan, Or a school IEP plan. The acronyms can be confusing.



Competitive Integrated Employment:

ONLY successful closure option for DVR. It is defined as:

Work in the competitive labor market, full-time or part-time basis in an integrated setting;

Performed in an integrated setting; and

Paid at or above the minimum wage, but not less than the usual wage your employer pays to non-disabled employees who do the same or similar work

This is how our program continues to be funded. People go to work, become tax payers, and our program gets funded.

Thinking about this, what kinds of work might not be competitive and integrated?

Self-employment is an option for some, following a Feasibility Analysis. We do not use CRPs for self-employment services.

For reference if asked:

(12) "Integrated setting" means one of the following:

(a) The setting in which you receive a VR service is integrated if it is a setting commonly found in the community (such as a store, office, or school) where you come into contact with people without disabilities while you are receiving the service. The people without disabilities who you come into contact with are not the same people providing VR services to you.

(b) The setting in which you work is integrated if it is a setting commonly found in the community where both your immediate co-workers and the public with which you interact

include people without disabilities. The amount of contact you have with people without disabilities is the same that a person without disabilities in the same type of job would experience.

Supported Employment:

A model of employment, for an individual with a significant disability who:
Has not traditionally worked in competitive employment; or
Has worked in competitive employment, but the disability has caused the individual to stop working, or work off and on; and
Needs intensive supported employment services and extended services (i.e. long term supports) to work because of the nature and severity of the disability.


DVR Supported Employment Training modules are posted on-line for CRP's and DVR staff.
We have an MOU with DDA to coordinate services.
We do not get special funding to serve DDA clients.

There must be a source of long term support (not a supportive employer). This could be DDA or other sources of long term supports. Sometimes we mistakenly just associate DDA with supported employment. But people who don't have DDA support could also need supported employment.

Other options for supported employment long term supports: Natural supports, social security work incentives, Home and Community Services, Foundational Community Supports


The way our services work is if someone is considered to need supported employment, we would do a level 3 job placement and then Intensive training services instead of retention. Now we also have customized employment, so they could do Discovery, Customized Job Placement, and then Intensive training services.

The supported employment training modules are required for all new CRP staff.




Case Closure

- After a minimum of 90 calendar days of employment
- In consultation and agreement with customer and employer
- Customer receives final notification of closure by letter



The Customer's case is closed when they have worked for at least 90 days and agree that they are doing well and no longer need DVR services. For Customers in supported employment, they must stabilize on their job, transition to their extended services or long term supports, then we follow for 90 days after that, prior to closing their case.

The customer should be engaged in a conversation about closure of their case.

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Questions

- What do you want to know more about?
- Any thing confusing?
- Are there any services that you would like to know more about?
- Anything else?

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Next time we meet, we will be going over the contracted services and how those work.
What do you most want to know?
Which parts of the process are most confusing?
Are there services you want to focus on?

Before we move to the next section, I want you to think about what you want to know more about when we talk about the contract. talk about the areas that you would like the most information on. I may be able to spend more time on those things and less on others. Feel free to use the sample contract available on the CRP Webpage for a reference.



See you next time!

Lesa Dunphy

Community Programs Manager
Division of Vocational Rehabilitation
Department of Social and Health Services

Contact: lesa.dunphy@dshs.wa.gov