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ADDRESSEES: STATE VOCATIONAL REHABILITATION AGENCIES  
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STATE VOCATIONAL REHABILITATION AGENCIES  
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REGIONAL REHABILITATION CONTINUING EDUCATION  
PROGRAMS  
AMERICAN INDIAN VOCATIONAL REHABILITATION  
PROGRAMS  
RSA SENIOR MANAGEMENT TEAM

SUBJECT: PROCUREMENT POLICIES AND PRACTICES IN STATE VR  
AGENCIES THAT FACILITATE THE PROVISION OF  
SERVICES AND PROMOTE CONSUMER CHOICE

CONTENT: The Rehabilitation Act Amendments of 1998 require State VR  
agencies "...to develop and implement flexible procurement  
policies and methods that facilitate the provision of services, and  
that afford eligible individuals meaningful choices among the  
methods used to procure services..." under the Vocational  
Rehabilitation (VR) Services Program.

How States procure goods and services under the VR program is  
pretty much left up to them. The Federal grant administrative  
regulations that apply to the program specifically state at 34 CFR  
80.36 (a) that "[w]hen procuring property and services under a  
grant, a State will follow the same policies and procedures it uses  
for procurements from its non-federal funds." Given the mandate  
of the Rehabilitation Act and requirements of our administrative

rules on procurement, what measures can States take to promote active consumer participation, self-direction and informal decision-making in the procurement process?

The attached report “Purchasing Policies in Public Vocational Rehabilitation Agencies” contains the results of a survey conducted by the A.J. Pappanikou Center for Disability Studies and the Connecticut Bureau of Rehabilitation Services on the procurement practices in State VR agencies. Supported under a choice project grant by RSA, the study examined consumer-managed funding mechanisms in place in the public vocational rehabilitation programs throughout the United States. Creative procurement policies were investigated to highlight increased consumer involvement, informed choice and self-advocacy.

In this report you will find various State procurement strategies that promote flexibility and that shorten the time between purchase authorization and delivery of services. You will also find other procurement innovations that enable consumers to make their own purchasing decisions for the goods and services specified in their employment plans. Although no one purchase method is appropriate for every situation, the report will provide readers with ideas for workable approaches to strengthen consumer involvement in the vocational rehabilitation process and to improve the opportunities for enhanced employment outcomes.

From all the examples included in the report, rehabilitation professionals may decide, on an individual state-by-state basis, whether or not to adopt any of the various approaches that were highlighted. What works in one State may not in another --for legal or other reasons. For more information about a particular strategy or procedure, write to or call the corresponding Contact Person listed in the Appendix to the report.

As a final note: The views and opinions expressed in the report are entirely those of the editor and not necessarily those of RSA. Moreover, no attempt was made by RSA to validate the legality of the policies and practices presented in the report. Questions of legality are matters that only the respective State can address within the context of its State laws and regulations. We are disseminating this report as part of RSA’s continuing efforts to stimulate the exchange of ideas and information about implementing consumer choice and flexibility in the procurement process.

INQUIRIES: Regional Commissioners

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Fredric K. Schroeder, Ph.D.  
Commissioner

Attachment

cc: Council of State Administrators of Vocational Rehabilitation  
National Association of Protection and Advocacy Systems  
National Council for Independent Living  
National Rehabilitation Facilities Coalition

# **Purchasing Policies in Public Vocational Rehabilitation Agencies**

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**A Review of National Practices for Promoting Consumer Choice**

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**May, 1999**

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**A.J. Pappanikou Center for Disability Studies:  
A University Affiliated Program,  
University of Connecticut**

**and**

**The Connecticut Department of Social Services  
Bureau of Rehabilitation Services**

## Acknowledgments

This guide explores purchasing procedures throughout the nation which provide consumers with maximum opportunities for choice and participation in vocational rehabilitation programs. It was prepared as part of Connecticut's **Innovations in Choice Project** to identify and pilot procurement practices which promote active consumer participation, self-direction, and informed decision-making about the best way to achieve their employment goals.

From all who read this guide and take from it an idea or two for implementation in their own state, a debt of appreciation is owed to the many rehabilitation services professionals who shared their time, their expertise and their constructive criticism as the materials in this manual were being compiled. Special thanks go to:

\*Debra Presbie, A. J. Pappanikou Center for Disability Studies, A UAP, University of Connecticut, who served as this project's Co-Director and brought to the task her good nature, clear thinking, and extensive background in rehabilitation issues.

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\*Rehabilitation professionals in all 50 states who willingly answered questions from the Direct Purchasing Consultant, explained their state's experiences, and helped revise the text of this document. Their names appear in the Appendix section, and they have generously consented to serve as a resource to colleagues who read this guide and want more information.

Naomi K. Cohen, MPA, Editor  
Direct Purchasing Consultant  
"Innovations in Choice" Grant

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## Executive Summary

This guide book is an examination of consumer-managed funding mechanisms in place in public vocational rehabilitation programs throughout the United States. By their nature, these systems promote active consumer participation in the decisions surrounding an individual's employment plan. The manual summarizes telephone conversations with rehabilitation personnel working in a variety of arenas within state agencies. Their experiences and the procurement policies in place in their states form the themes of this guide.

The A. J. Pappanikou Center for Disability Studies, A University Affiliated Program at the University of Connecticut, undertook an investigation of rehab procurement policies nationwide to demonstrate how consumers can be empowered when:

- \* they are active participants in writing an employment plan and choosing vendors.
- \* timely service delivery is standard operating procedure.
  - flexibility permeates an agency's purchasing processes.

In collaboration with the Connecticut Department of Social Services, Bureau of Rehabilitation Services, the **"Innovations in Choice Project"** examined purchasing strategies that lend themselves to enhanced employment outcomes. Creative procurement policies were investigated to highlight increased consumer involvement, informed choice and self-advocacy.

The Project's Direct Purchasing Consultant used an eight item questionnaire during telephone interviews with vocational rehabilitation personnel in all 50 states. In some cases, the state contact followed up the telephone conversation with written materials. The details and information from this nationwide survey varied because respondents had many and dissimilar responsibilities, including program, technical assistance, fiscal, counseling, or administrative functions. The information's limits can be traced to a lack of consistency across all fifty state agencies' operations and because conversations often cited anecdotal information rather than concrete data.

It appears that from state to state an agency's location was established by 'local' factors rather than as the result of analyzing the compatibility with various umbrella locations. Large umbrella agencies (e.g. a Department of Social Services, a Department of Education, a Department of Employment, Training and Rehabilitation etc.) are often the 'home' for a vocational rehabilitation unit. In other instances the rehabilitation agencies are autonomous departments.

Maintaining the status quo is often the cornerstone of purchasing systems. "We've always done business that way" is a frequent explanation of why an agency operates as it does. Less than half of the states issue direct cash or a check or authorization to a consumer; the vast majority of vocational rehabilitation services

are purchased in the traditional manner. This means that a rehab counselor writes-up a purchase order, the order is sent to the vendor (through whatever channels exist within the VR bureau), the vendor provides the goods or services to the consumer and then bills the state, the VR agency approves payment, and the office of the state comptroller cuts the check to pay the invoice from the provider. In those states that do issue cash or a check to the consumer, the amounts of those transactions vary from a low of \$25 to a high of \$1000 for disbursement, with all but two states limiting the amount of a single check to less than \$500. Check writing by rehabilitation counselors allows consumers to have immediate access to funds for goods and services that implement their employment plans. This strategy fulfills the spirit of the Rehabilitation Act that not only mandates client choices, but also timely delivery of services and goods. Nine states issue checks in small amounts to consumers. For some, this check-writing capacity is the norm, but for others it is often used predominately on an emergency basis. Checks are usually issued as reimbursements, and/or through a central fiscal office within a time frame as short as one day or as long as one month.

Purchasing authority falls within three broad categories. The first encompasses shared responsibility between a vocational rehabilitation agency and the state's central purchasing agency. The prime factor for assigning purchasing authority under this model is generally based on the dollar level of the purchases. Under a second category, the V R agency enjoys direct purchasing authority as the result of an executive order, attorney general's opinion, statute or regulations, or an informal, long-standing procedure. In the third case, the state maintains centralized purchasing authority for all its agencies, departments, divisions and bureaus. In this instance, the policies of the central purchasing authority apply to administrative functions and client services alike. Regardless of which purchasing scenario is in operation, all states acknowledged a commitment to fiscal accountability.

Direct purchasing authority vested in rehabilitation agencies promotes the mission of the Federal Rehab Act. This statute delegates to states the responsibility to provide, within realistic parameters, customized, individualized services leading to employment for persons with severe disabilities. Connecticut and nineteen other states enjoy direct purchase authority. This purchase authority is in various forms, including;

- \* total discretion over purchases.
- \* discretion up to a certain dollar threshold after which the general purchasing agency assumes control.
- \* authority to make purchases with requirements to bid those purchases under the state rules.
- \* exclusion from state rules for prescription items and case services purchases.
- \* autonomy to choose vendors unless an item is on state contract.

This delegated purchase authority is in contrast to a state purchasing system administered by a central purchasing agency. In general, a principal procurement bureau has as its mandate the

protection of the state's interests as a consumer of goods and services necessary for the orderly, efficient, and accountable operation of government offices.

While the majority of states centralize purchasing discretion in the state agency rather than with the consumer, there was a general consensus that actual cash in a consumer's hand was not as critical to choice as is the ability for consumers to be self-advocates and to participate actively at every stage of the decision-making process surrounding their individual employment plan.

The telephone interviews did identify other procurement innovations to promote informed consumer decision-making and choice. Four states, including Connecticut, use a purchase card system that allows a state employee who has been designated as the cardholder to make credit card purchases, thus providing the vocational rehab consumer rapid receipt of goods and services. Several other states also use a credit card system, but only for merchandise necessary for state agency operations.

Bidding protocols, like direct purchase authority, can promote some flexibility that fosters more consumer choice and quicker time between purchase authorization and actual delivery of merchandise and services.

This flexibility exists when individual states set cost parameters for mandatory bidding. Below certain dollar amounts, many states permit purchase of goods with no formal bidding. In numerous instances, rehab agencies themselves have established guidelines or acquiring phone or written bids in lieu of a protocol which requires sealed bids. States have also exempted certain categories (e.g. durable medical equipment, college courses...) from the bidding requirements. These exemptions accelerate purchase authorizations and ultimately result in faster procurement of goods and services to implement a consumer's employment plan.

A number of states have been discussing the reclassification of support staff members to a position such as "rehab tech". As such, these men and women would expand their duties beyond clerical functions to become directly involved in authorizing purchases for consumer commodities and services. Nevada is the only state identified in the telephone survey that has actually altered its employee functions to include this personnel classification. Such changes in duties and titles is another practice to streamline procedures and thus speed the appropriation of goods and services to consumers.

The nationwide telephone survey illustrates that there is no cookie cutter model for the most effective vocational rehabilitation purchasing model. The snapshots that are presented of various state strategies are only a small picture of the many positive things happening in those rehab agencies. For all the examples included in this manual, rehabilitation professionals may decide, on an individual state-by-state basis, whether or not to adopt the various illustrations included here. **The Innovations in Choice Project** hopes that readers of this guide will use the information to "pick and choose" those purchasing tools that will offer to their specific consumer population

the best chance to exercise good decision-making based on understanding the full range of choices.

## Introduction

Federal regulations very clearly set forth the expectation and the requirement that consumers of vocational rehabilitation services shall be afforded the opportunity to make informed choices throughout the vocational rehabilitation process. To be an informed consumer, the person must be aware of reasonable available alternatives and must have knowledge of potential consequences that could result from certain choices. Choice that is uninformed is tantamount to no choice at all.

A review of national VR purchasing practices did not discover one concrete, uniform, or routine meaning of the term 'informed choice.'

However, many in the VR community did volunteer that despite the lack of a convenient single definition, informed choice is a concept that "you know when you see it". Components central to informed choice were more readily defined, and included the following: more options for consumers; full information about those options; prompt delivery of the options selected; and, flexible structures that promote choices.

The United States Department of Education, Office of Special Education and Rehabilitative Services, has granted three year funding to the University of Connecticut to enhance consumer involvement in the vocational rehabilitation process. The A. J. Pappanikou Center for Disability Studies, A UAP, is collaborating with the Connecticut Department of Social Services, Bureau of Rehabilitation Services, to develop and demonstrate effective ways to increase choices for individuals eligible for vocational services. Consumer control of the funds allocated for purchases outlined in their employee plans is central to the issues of informed decision-making and consumer choice.

Active consumer involvement in employment planning is the goal of this consumer choice project. Procurement practices that help consumers reach that goal and achieve successful employment outcomes were identified by the Direct Purchasing Consultant funded under this grant. To compare and contrast current rehabilitation client service purchasing policies and practices in operation, a nationwide telephone survey was undertaken between April and October, 1998. In conducting this inquiry, every attempt was made to contact persons knowledgeable about client services who could represent their agency's operations. The level of information obtained varies because respondents had many and dissimilar responsibilities, including program, technical assistance, fiscal, counseling, or administrative functions. Therefore the information should be understood in the following context:

- \* There is no consistency across all state agencies' operations.
- \* Conversations cited anecdotal information rather than concrete data.
- The nature of rehabilitation services is constantly changing.

At the same time as this telephone survey was being conducted, designated state units (DSU) were becoming impacted by new Federal law. In August, 1998, Congress adopted The Workforce Investment act of 1998, and the reauthorization of the Rehabilitation Act was incorporated within that Act. Clearly the intent of the United States Congress is that consumers with disabilities participate fully in the design and

implementation of employment plans. The 1998 law specifically compels each state rehabilitation agency to assure that state policies facilitate informed consumer choices. That mandate, as described in the Act and the proposed regulations, requires that eligible consumers "must be active and full partners in the vocational rehabilitation process, making meaningful and informed choices during assessments...and in the selection of employment outcomes.., services needed to achieve the outcomes, entities providing such services, and the methods used to secure such services."1

The 1998 Act's emphasis on every consumer's participation in all phases of his/her individual plan for employment (IPE) will challenge DSUs to review current practices and to modify and refine processes to assure compliance with both the spirit and the letter of the new Federal law. The survey of procurement practices nationwide was focused on discovering procedures that fulfill the Federal mandate. It sought to discover models that enable consumers to make their own purchasing decisions for products specified in their employment plans. Agencies were asked to describe which elements of their processes facilitate and which impede consumer control in procuring goods and services. This knowledge is essential to implementing purchasing practices that meet consumers' desires in a timely manner. This manual describes those practices.

The practices identified were in place when the phone interviews were conducted. It should be noted that many states reported they were actively exploring various procedures in light of the most recent Federal law, as well as their own on-going assessment of strengths and weaknesses within their operations. "Systems could change" was an often repeated theme. The material contained here should be read with that caveat.

Connecticut's **Innovations In Choice Project** highlights systemic change, rooted in the principle that "Consumer choice and participation will continue to drive the rehabilitation process in the state of Connecticut and lead to greater employment outcomes for our residents with disabilities." To respond to these challenges, the Project is engaged in developing new methodologies in client counseling and in purchasing procedures that will translate to consumer-centered programming. The four areas of grant focus are:

1. self-directed rehabilitation plans.
2. peer supported rehabilitation planning groups with facilitation support.
3. counselor training in cultural diversity.
4. consumer managed funds.

No one purchasing method is appropriate for all situations, but Connecticut's **Innovations in Choice Project** hopes that this guide will provide readers with ideas for workable strategies to strengthen consumer involvement in the vocational rehabilitation process and to improve opportunities for employment successes.

## Background: The Nationwide Survey

This handbook discusses focus number 4, *consumer managed funds*. It's publication is supported by funding awarded to the University of Connecticut, A. J. Pappanikou Center for Disability Studies, A UAP, by the United States Department of Education under PR/Award Number H235W70040. Its contents are those of the author and do not necessarily represent the official position or endorsement of the U. S. Department of Education.

### Nationwide Telephone Survey of Rehabilitation Purchasing Practices

The Rehabilitation Act, as amended, is clear. Individual consumers must not only have choices for the goods and services they receive but also for the providers and the procurement methods through which these goods and services are delivered. Absence of consumer control of dollars translates to lack of choice. Without control of dollars, active consumer participation, and customer satisfaction, a direct conflict with Federal law exists. For state agencies, this requires a delicate balance to assure that choices occur with maximum flexibility and fiscal prudence. In that context, during the months of April to October, 1998, the telephone interviews that were conducted nationwide attempted to ascertain the following information:

- \* Does the designated state VR unit have direct purchasing authority?

Are there any dollar-limit thresholds (how much?)?

Are there limits on the types of services or goods that can be procured?

- \* Are vendors pre-qualified?

- \* Does the state allow direct cash disbursements to consumers?

For what purposes? (Maintenance, transportation, other?)

- \* Are vouchers used? For what range of goods?

- \* Does the purchasing system include a debit card?

Does the purchasing system employ electronic benefits transfers?

- \* Can rehab personnel (e.g counselors, administrators...) write checks directly to consumers?

Is there a threshold for the dollar amount that can be written?

Are such checks for disbursements or reimbursements?

- \* When purchases are the subject of a bidding protocol, are there

provisions for sole source, waivers, and consumer co-pays?

- \* What accountability mechanisms are in place to protect against

misuses of consumer managed funds?

Results of the phone survey provide useful information about

purchasing processes and their ability to promote maximum independence and self-sufficiency for consumers. As

summarized

below, these practices range from rigid, centralized state control

of all purchases to sole purchasing discretion exercised by  
vocational rehabilitation counselors. It is through such  
protocols that consumers do not manage the funds allocated to  
their employment plans.

## Survey Findings

### **Purchasing Authority**

Several general categories best describe current operating procedures. State rehabilitation agencies authorize purchases to implement consumers' individual employment plans in a variety of ways.

### **Shared Authority Between State Purchasing Agency and VR Agency**

Purchases for equipment, technology and services made in this category are made under one or more of the following scenarios:

- \* The VR agency can make purchases up to certain dollar thresholds, then authority reverts to the state's general purchasing authority.
- \* The VR agency has authority to make all purchases but must follow State rules, i.e. written bids, competitive bids, use of existing state contracts, etc.
- \* Vendors can do business with the state by filling out forms agreeing to follow state practices and are thus added to a state vendor directory.
- \* A fee for service rate schedule is set by the state.
- \* The low bidder must be chosen, even when the VR agency has been granted direct purchasing authority.
- \* The consumer makes 'substantial contribution' to cost of item(s) purchased.
- \* Direct authority is granted to the VR unit when timeliness is an issue.
- \* Sole source waivers/written justifications are permitted based on individual circumstances n Equipment may be purchased by the rehab agency because it's considered to be of a prescriptive nature.

### **Direct Authority by VR Agency to Purchase Goods and Services**

The ability for a designated state VR agency to make purchases on behalf of its clients without having to obtain permission from their state's general purchasing agency has evolved in a variety of ways, including:

- \* Authority without any formal law, rule, regulation, i.e. agency's long-standing practice, 'gentlemen's agreement', 'don't ask, don't tell' etc.
- \* Authority delegated by state purchasing authority, with or without end-date for such authority.
- \* Governor issues executive order exempting from state purchasing regulations all purchases for clients based on an IPE.
- \* Attorney General issues opinion letter concluding that state purchasing rules are meant to protect the purchase interest of the state as a consumer of goods and services necessary for orderly operation of state government (and, implicitly, therefore, not applicable to client- centered purchases).
- \* State law reflects policy that procurement rules do not apply to consumers/case services.
- \* Counselors have purchasing authority within certain dollar thresholds, then supervisor approval required.
- \* Counselors have purchasing authority with no dollar limits or supervisor sign off, resulting in streamlined process.
- \* Medically-related activities are exempt from bidding.

### **State (Not VR Agency) Has Centralized Purchasing Authority Under its Rules.**

- \* Dollar thresholds determine level of bidding, e.g. phone or written quotes, public notice and competitive bids, etc.
- \* Certain state contracts exist with vendors for specific items.
- \* Vendors are paid a contractual amount and vendor supplies the item to consumer.
- \* Competition is cornerstone.
- \* If an item is on state contract, must buy off the contract.
- \* Some state purchasing rules are defined in law, others in agency protocols.

### **Cash Disbursements**

With the exception of 'maintenance' or 'transportation' as defined in Federal regulations, it is rare for states to give dollars directly to consumers. In instances where this occurs, it usually results from situations of an emergency nature. Furthermore, as a proxy for actual currency, those states that give money directly to consumers do so by check or by using a credit card that can be used as a cash payment. Those situations may transpire when:

- \* purchases are for supports, e.g. transportation, child care, personal care assistants, etc.
- \* emergency situations arise and, without immediate funds, a consumer cannot fulfill his/her employment plan.
- \* agency purchases tickets/tokens that can be used for public transportation fares.
- \* petty cash disbursements or reimbursements are given: often disbursements are time-limited, e.g. only two weeks or one month at a time. (Some agencies require receipts for items purchased with money given to clients, but some do not.)

### **Use of Vouchers**

Vouchers connote the availability of specific, guaranteed dollars to be used by consumers for purchase of specific goods and/or services. They are, in essence, a proxy for cash. Under a system of vouchers, clients control the selection of the goods/services that they want to buy. As such, states nationwide report that there is not widespread use of vouchers in the vocational rehabilitation system. However, many states do claim to use a voucher-like system, based on their issuing of 'vendor specific' purchase orders that authorize goods and services for consumers and promise a cash payment to the providers who supply these items. When vouchers are made available to consumers, for the most part they are used for:

1. one-time (e.g. non-recurring) expenses.
2. short-term educational expenses.
3. on-going expenses associated with child care or personal care assistants.
4. transportation costs.

### **Debit Cards and Electronic Benefits Transfer**

States responding to survey questions indicated that they had not made cash available to consumers through the use of debit cards or

electronic benefits transfers. To the contrary, (with the exception of a telephone card), in those states where either of these purchasing strategies is employed, the uses are for purposes other than vocational rehabilitation such as

- \* welfare recipients for food purchases in lieu of food stamps.
- \* other forms of state-based public assistance.
- \* purchasing cards for state employee use to obtain goods for the operation of their offices.

#### **Direct Check-Writing Capacity**

The ability to streamline purchasing and increase informed decision-making for consumers is clearly enhanced if rehab personnel have the capacity to finalize an employment plan and to write a check from their offices for those goods and services necessary to implement the plan. This process fulfills the spirit of the Rehabilitation Act that not only mandates client choices for goods and services but also timeliness in delivering them. Survey results demonstrate, however, that most states do not delegate this check-writing capacity to counselors or administrators. Concerns raised in the telephone inquiries centered around three topics; 1) potential for abuse; 2) state policies for centralized purchasing; and, 3) lack of coordination between the financial systems of the rehabilitation agency and those of state treasurers and comptrollers in whom is vested the responsibility for 'keeping the state's books'. Nevertheless, survey respondents did express interest in having this capacity and therefore being able to fully meet their clients' needs with as few delays as feasible. In instances where such check-writing capacity exists, the most frequent uses are for:

- \* emergencies.
- \* maintenance services.
- \* small reimbursements from a petty cash account.
- \* purchases of work clothing and small work-related equipment, e.g. tools.
- \* reimbursement to a third party, e.g. community providers, who broker services for consumers.
- \* payment to consumers in areas where there are few or no vendors. and the consumer has to go far from home to find items/services
- \* reader services for visually impaired persons.

#### **State Bidding Protocols**

Throughout the nation no consistency exists as a guideline for identifying which particular commodities or services purchased for consumers are subject to competitive bid. Often, when bidding takes place, it is based on dollar thresholds. Both in states that maintain strict control of purchasing and those that have decentralized such procurement, there are policies for exceptions in cases of certain purchases such as durable medical equipment. Common to individual state policies is the existence of protocols for sole source justification. Consumers are sometimes able to control the vendor and items purchased on their behalf without bidding because the consumer has contributed substantially to the payment of costs for the goods or services. The most common rule of thumb is that written documentation (i.e. case notes or authorization from a supervisor or approval from central

purchasing) is required for any and all departures from the 'normal' protocols for purchases.

An interesting nuance to bidding can occur when proposals are sought and no bids are received. If those receiving the invitation to bid could rationally have been expected to supply a service, then the 'no bid' could be considered with the same weight as an actual proposal. Absent of any proposals, it would then fall to the consumer/counselor to decide together which vendor(s) will be selected.

### **Protections From Misuse of Funds**

Safeguarding public dollars is a trust that every state values highly. The telephone survey indicates, however, that there are no universally used practices-i.e. 'industry standards'- to monitor the dollars spent for consumer goods and services; therefore, each state is employing its own protocols to assure accountability. Among the strategies that are in place in individual jurisdictions are requirements for:

- \* the client to pay back dollars given by the state if (s)he spends money for unauthorized purchases.
- \* purchases to be made from vendors with state contracts for goods (computers etc) or services (i.e. rehab services provider).
- \* ownership of equipment reverts to the state if client does not fulfill employment plan.
- \* central office approvals necessary for all purchases in excess of established dollar thresholds.
- \* several bids or quotes to be obtained for comparison.
- \* receipts to be obtained by client if client receives check and makes own purchase.
- \* counselor sign-off before vendor's bill is authorized for payment.
- \* consumer sign-off authorizing payments for tangible items.
- \* two-party checks for reimbursements (i.e. client and vendor),
- \* no direct cash payments to consumers.
- \* low bid to be accepted always.
- \* co-locating umbrella agency and rehab services division, deferring to the 'umbrella' for oversight and processing of VR purchase orders.
- \* all purchases preauthorized, with specific item(s) and vendor(s) specified in IPE.
- \* emergency cash payments to have two signatures (counselor and another agency person).
- \* reimbursement to third party broker (e.g. community organization) who gives the service to client and then submits invoice to state for payment.
- \* limiting both the check amount and the number of checks client can receive.
- \* fee for service schedules
- \* time-limited checks, e.g. only two weeks at a time.
- \* clients and/or agency being permitted to purchase from vendor other than those on state contract if it can be documented that the cost of the equipment/service is below contract price.

A number of states queried mentioned the concept of the "reasonableness test" in determining how effectively and efficiently services are purchased. They argued that imposing extra layers of approvals and additional accounting requirements in the name of accountability is not necessarily cost-effective for the dollars at issue. For example, several respondents stressed that requiring purchase reviews or sign-offs at the local, regional and central offices adds not only time delays for the consumer but also increased agency costs for employee time spent on low-value tasks.

In the words of one respondent, state agencies must be cognizant of and guard against creation of "rules created for the possibility that something will go wrong rather than the probability that the rules will be adhered to."

## **EXAMPLES from PRACTICE**

An overarching principle applied to the procurement process is that the more consumers have control of dollars, the more choices they have. Therefore, state agencies have been modifying purchasing systems to introduce participant control. This paradigm shifts the emphasis of rehabilitation counselors from decision-making to coaching, facilitating and partnership. The practices cited below are a snapshot of procurement procedures in certain states. They were chosen as representative illustrations of purchasing practices.

These representative examples should not be deemed to be in use solely in those states mentioned. In the interest of brevity, not all states' procedures that conform to the practices mentioned have been described. Furthermore, the examples cited are only a small part of the many things happening in each state and should not be read as a complete description of a state's activities. Innovative practices across the nation vary, and the examples cited may be suitable for adaptation in other jurisdictions.

### **Dollars Given Directly to Consumer**

Currently, dollars or other instruments with a cash value are not the standard operating procedure for consumer goods and services. The most common policy for authorizing purchases to implement a client's IPE is one in which the counselor writes-up a purchase order, the order is sent to the vendor (through whatever channels exist within the VR bureau), the vendor provides the goods or services to the consumer and then bills the state, the VR agency approves payment, and the office of the state comptroller cuts the check to pay the invoice from the provider. Changes to this standard operating procedure permit petty cash or checks to be written directly to the client. Cash/checks are not the only methods for direct dollars to consumer. Debit cards and electronic transfers of benefit payments would also give consumers control of dollars to be expended for implementation of their employment plan. These tools were used by some agencies for state supports to consumers (e.g. food stamps) but no agency reported making fund transfers to client bank accounts. Also, bus tickets and passes that have a discrete monetary value are sometimes given to consumers. The reader should be aware that there are states that technically have the ability to direct cash/checks to clients but have chosen not to do so because of concerns raised by auditors, problems with record keeping etc.

Examples from states' practices are cited below.

#### **Alabama**

Every district office has the capability of writing checks from a revolving fund for maintenance services. Checks up to \$150 can be issued. For checks in excess of \$150, supervisory approval is required. The limitation on the number and amount of checks is based on the dollars in the revolving fund. Month-long bus tickets are also issued directly to consumers for program -related transportation expenses.

#### **Arizona**

For certain types of low-cost goods/services, the client may choose to receive a voucher (direct payment) from the state agency. The client would accept personal responsibility for making that purchase as agreed upon in the IPE, using the vendor of his/her choice.

#### **California**

Local field offices do all client purchasing. For items related to transportation, e.g. gasoline or a bus pass, that office can issue a check or purchase order within one day.

#### **Connecticut**

Checks can be issued directly to consumers for additional living expenses resulting from participation in an employment plan. These expenses generally fall in the categories of maintenance or transportation. Checks are usually issued bi-weekly. This cash disbursement system, which involves the State Comptroller's Office, is also used in some cases to reimburse consumers for ongoing expenses such as personal assistants or for small purchases of required goods or equipment. Whether in lump sum or in series payments, it takes an average of three weeks from the date the service is initiated until the check is in the hands of the consumer.

#### **Delaware**

Central office can make out a check for \$25 or less. Through the department's courier service the check can be delivered to the district office counselor for the consumer either the same or the next day.

#### **Georgia**

Counselors have the ability to write checks in the consumer's name from an imprest account for items that are short-term, of an urgent nature and for a one-time expense when the vendor is unwilling to accept the purchase requisition. No on-going expenses can be paid through the imprest bank account.

#### **Hawaii**

Clients can make purchases and be reimbursed, for up to \$25, from the 'petty cash' account.

#### **Idaho**

Checks to clients are normally issued on a reimbursement basis for 'maintenance' activities, for diagnostic purposes, or to enhance the goals outlined in the employment plan. However, in emergency circumstances, an authorization can be electronically filed with the comptroller and within two days an emergency disbursement payment can be made.

#### **Indiana and Iowa**

In certain emergency and 'maintenance' situations, a rehabilitation counselor could make an authorization to a third party/non-profit provider, (e.g. a community rehabilitation program) and that entity can give the client the cash for a service outlined in his/her IPE.

This third party is then reimbursed by the state agency.

**Kansas**

A counselor may generate an authorization for a petty cash fund payment of \$200 or less. Rehabilitation Services and its umbrella agency, Disability Services, are co-located. Therefore, the umbrella agency can immediately process the request and the consumer can receive the payment. This practice of limited imprest funding is the exception and not the agency's normal process.

**Massachusetts**

For transportation expenses, clients are considered to be vendors and the names are added into the vendor file. Checks are generated once each month and sent to the consumer.

**Michigan**

In emergency cases, a counselor in the district office can authorize a check from the office centralized imprest cash account for small amounts of money.

**Minnesota**

For emergencies, up to \$100, a counselor may write a check with a co-signature of an office supervisor/management staff member.

**Mississippi**

As reimbursement, a client will receive a check for maintenance items such as travel expenses, clothing or emergency purchases. There are limits to the size of the check and to the number of checks a client may receive.

**Montana**

Disbursements can be generated overnight through an oracle database for direct payments to consumers for maintenance, work adjustment, and transportation. Rehab staff can access the database from their desktop computers. Generally accepted accounting principles (GAAP) requires two access codes be used in the final payment of a bill. The counselor approves, but one more person must execute the actual payment.

**Nevada**

Counselors may authorize cash disbursements of \$750. Support staff to counselors, called rehabilitation techs, can authorize payments up to \$250. While several other states have or are in the process of reclassifying support staff as rehab techs, no other state described the ability of support staff to actually authorize cash to consumers.

**New Jersey**

Dollars to consumers are normally provided for maintenance, books and reader services, and transportation, and payments are usually limited to four weeks per disbursement.

**Oregon**

Families of young adults (ages 18-26) can receive up to \$3,000 to assist their children with developmental disabilities to obtain employment within their communities. These family management grants, administered through the Oregon Department of Human Resources, Office of Development Disability Services, have aided families in taking the lead in their child's programming. Additionally, they have served to reduce VR agency costs because families have used them to pay for such services as job development and job placement.

Without these resources, families would look to the VR Division to support those initiatives. The dollars are held in escrow for the family to spend on implementing their child's plan, and families have the sole discretion in selecting vendors without the constraints of VR procurement rules. These grants were originally funded with revenue from the state lottery but have now become integrated into the state's general fund budget.

#### **South Carolina**

Area offices have the ability to cut checks in amounts up to \$99 for maintenance and transportation expenses. The counselor issues a purchase order; the procurement officer in the agency approves the order; the computer prints the check that is then available to be handed to the consumer.

#### **Tennessee**

For emergency expenses (e.g. transportation), checks from the petty cash fund may be written at the counselor's desk with a supervisor's 'sign-off'. When the client signs the authorization to receive the check for these expenses, this is considered as a valid receipt.

#### **Texas**

The Texas Commission for the Blind has the capacity to issue checks under \$1000. For emergencies, the district offices have their own bank accounts with funds that are replenished periodically from the central agency account.

#### **Vermont**

Under a grant from the Rehabilitation Services Administration, Vermont piloted an initiative to provide individuals with direct access to cash. This gives consumers the ability to make their own purchasing choices and allows for anonymity. Vendors need not know that the purchaser is a state client; they must be accountable directly to that person. Counselors assist individuals to the degree necessary to obtain information and make informed decisions. Each district office has a checkbook with a fund between \$500 and \$1500 depending on the size of the district. When checks are written, paperwork is processed simultaneously which allows the agency's finance division to 'refill' the checkbooks within four working days.

This pilot identified that not every consumer has the skills to manage the autonomy that accompanies direct cash payments. To enhance participation in rehab decisions, some of these consumers might need to be taught money management, banking and problem-solving skills. Their ownership of choices they make and the outcomes that result is a measure of consumer satisfaction.

#### **Purchasing Cards--an Open Vendor System**

Bank and financial institution credit cards can be issued for purchases of consumer goods and services. Such a procedure insures rapid receipt of commodities and allows consumers to select the vendors from whom items are procured. The states of Connecticut, Idaho, Kentucky, Maryland, Massachusetts, Michigan, North Carolina and West Virginia are using credit cards for a portion of purchases made by state agencies for the administration of their agency

operations. Nevertheless, state agencies serving persons with disabilities are not using purchase cards to obtain client goods and services with the exception of units in Michigan, Kentucky, Connecticut and Maryland.

States using the purchase card point to faster procurement, reduced costs for processing payments, elimination of lost or stolen checks, reduction of costs for issuing checks, improved vendor relations and a controlled environment with a limited number of cardholders to safeguard purchases. Rather than requiring the state to write many checks, purchase card use results in one bill per month.

In Connecticut, it is estimated that for every 2000 checks to vendors each year, the State Comptroller's costs would total \$13,360 (at a processing cost of \$6.68 per check). If a purchase card were used for those 2000 transactions, the Comptroller would issue one check per month to the bank issuing the card. The Comptroller's costs incurred for cutting those twelve checks annually would total \$80.16. Therefore, if this card is used rather than operating under a purchase order/invoice process, \$13,279.84 will be saved for every 2000 purchases made. It should be noted that the check-issuing costs to the Comptroller are separate from, and do not include, the additional costs of individual agencies to approve purchases, prepare invoices and authorize payments.

#### **Kentucky**

In 1998, as the result of the Governor's "Empower Kentucky" initiative, all state agencies began using the 'pro' card for purchases of goods necessary to support administrative operations. This MasterCard allows purchases up to \$1,000 in value. The Department for the Blind uses them for emergency purchases for client services as well when the consumer would be adversely impacted without timely delivery of certain necessary items.

#### **Maryland**

Within one of five regions, a pilot is underway using a purchase card for goods required by the consumer in support of employment outcomes described in a consumer's IPE. Each card has a \$50,000 per card monthly limit and a limit of \$2,500 per purchase.

#### **Michigan**

Both the Michigan Rehabilitation Services and the Commission on the Blind use the State of Michigan Purchase Card to buy both goods and services such as warranties for equipment repairs. Cards are issued to designated staff members. The program began with a cap of \$500 per transaction and a limit on the number of transactions that could be made each month. After a year of successful experience, the transaction limit was doubled to \$1000 and the number of transactions that could be made each month was also increased. Originally only goods could be bought; however, after the first year's successful operation purchases of certain services (e.g. equipment warranties) were also allowed.

#### **West Virginia**

The West Virginia Department of Administrative Services has documented that the use of a purchase card does, in fact, improve cost, efficiency and effectiveness of service delivery. The State Purchasing Card is not for use by rehabilitation clients. The

Purchasing Card Program has reduced the cost of doing business by approximately \$15 million dollars annually for all West Virginia State agencies, including the Division of Rehabilitation Services. An additional benefit as a result of implementing the Purchasing Card Program and paying vendors more quickly (5 days v/s 30 days) has been an improvement in the State's Standard and Poor's rating.

## **PURCHASING PROTOCOLS**

The rules that apply to purchasing procedures vary greatly among and between the designated state VR units. Certain common threads can be found, however. Traditional VR purchasing issues that have been addressed by states include:

- \* procedures through which vendors may do business with the state.
- \* bidding practices.
- \* relationship of cost to consumer choice.
- \* customer satisfaction.

It is important to note that the breadth of purchasing options and individual protocols employed by state rehabilitation services agencies were developed with varying degrees of consumer input. The passage of the 1998 amendments to the Rehabilitation Act now serves to foster a reexamination and fine-tuning of these operating procedures. Dialogue about those practices is on-going.

### **Qualifying of Vendors Without Formal Bidding**

To streamline paperwork and to assure that goods and services will be provided to consumers in a timely manner, states have implemented methodologies to assess vendors' qualifications and certify them as eligible providers without a formal, written bidding process.

Procedures and guidelines are in place to permit certain purchasing without bidding. Those policies include:

- \* setting tuition payments at the in-state public university/college rate.
- \* establishing fee for service schedules to pay for medical services, durable medical equipment and community rehabilitation providers.
- \* purchasing through state contracts that are in place.
- \* outsourcing evaluations, assessments and training services.
- \* employing a contract specialist within the agency to negotiate all purchases.
- \* paying the costs associated with activities related to diagnosis and/or achievement of the goals specified in an employment plan.
- \* maintaining vendor directories of 'pre-qualified' providers.

### **Bidding Practices**

Some states have dollar thresholds above which competitive bidding must take place in order to purchase goods and services to implement consumers' IPEs. Within those states, some VR agencies conduct the bidding when required. In others of those states the bidding competition is conducted by the agency charged with responsibility for state purchasing. In some of those jurisdictions, the general purchasing agency accumulates requests until several have been made for the same item before promulgating a bid. Less stringent bidding practices exist in many states and, rather than requiring published notice and formal written bids, those states accept telephone quotes. Examples of various bidding rules are as follows:

**Alabama**

The agency responsible for state purchasing conducts bidding for purchases above \$7,500.

**Alaska**

If state purchasing rules are in contrast to the consumer choice provisions of the Rehabilitation Act (e.g. timely delivery, client prerogative to select vendor and services, etc), the purchasing rules need not apply and a statement describing the rationale for not following purchasing processes must be placed in the client's case record.

**California**

Purchases for rehabilitation clients differ from those made for commodities purchased for administrative uses. It is mandatory to purchase those goods bought to support the operations of an agency through existing state contracts if they are in place. It is optional for clients' items to be purchased 'on contract' because of factors such as timeliness of delivery or availability of local services. Items not under contract may be included in a State Price Schedule (SPS) or the California Multiple Award Schedule (CMAS). The SPS covers adaptive equipment and services, reflecting the specialized nature of these items. Items inserted on either of those two schedules may be purchased without competitive bids. Use of these schedules is not mandatory, however. Alternatively, competitive bids may be obtained. If a commodity is not covered under a contract, an SPS or a CMAS, competitive bids are necessary for all purchases costing \$1,000 or more.

**Colorado**

Goods and services ranging from \$500 to \$5,000 must be bid informally or must receive an endorsement from state purchasing to make an award. Bidding through state procurement is required for items costing more than \$5,000. However, certain durable medical equipment, (e.g. prostheses, eye glasses, and hearing aids) have been excluded from bidding requirements regardless of cost because they are prescriptive items that typically can be used by only one individual.

**Connecticut**

Bidding is required for all goods in excess of \$1,000 if the items are not on contract. Prior to January, 1999, the state VR unit could conduct its own bidding for goods under \$10,000 or for vehicle modifications under \$25,000. Purchases over those thresholds were referred to the state's Department of Administrative Services for formal bidding and purchase award. Exceptions could be made for sole source purchases or if there were special considerations such as proximity to consumer or service availability. Effective in January 1999, the Department of Administrative Services has delegated all purchase authority to the VR unit, recognizing that VR staff are more knowledgeable about the special, highly customized nature of services and adaptive equipment needed by VR consumers.

The Bureau of Rehabilitation Services will exercise with due diligence its authority to manage all purchases, honoring state protocols for purchases of certain items. However, to respect consumer choice, the VR unit will make an exception to the rules

surrounding lowest bid when good rationale exists or when consumers elect to pay the difference between the lowest bid and the bid submitted by the vendor of their choice.

#### **Florida**

To conform its practices to Federal law, before bidding takes place every reasonable effort is made to determine "comparable service and benefits."<sup>3</sup> To identify other sources of payment, the state investigates client cost-sharing, available insurance benefits, Medicare payments, sponsorship from civic organizations etc. If other sources of payment are not available, VR will follow state purchasing protocols and pay for the services. In cases of sole source procurement, state purchasing rules are not applied.

#### **Hawaii**

State purchasing rules must be followed. For goods under \$25,000 an informal bidding takes place wherein telephone or written quotes are accepted. Costs for goods in excess of \$25,000 must be competitively bid, including a public notice and promulgation of specifications.

Sole source exemptions can be granted by the comptroller in response to an appeal. No bidding is required for training programs, leaving consumer discretion in selecting qualified vendors. Assistive technology is not subject to bidding because the state has master contracts with two vendors. The vendors are paid a contract amount and the vendor agrees to provide the technology to rehab clients.

#### **Idaho**

Idaho is a low bid state and therefore the lowest bid that meets the specifications must be accepted. Community-based rehabilitation facilities are exempt from bidding, and there is a fee schedule for services such as job coaching, vocational evaluations, and work adjustment programs. The consumer is free to examine the choices under the bid structure and make a selection.

#### **Indiana**

The state enjoys purchasing authority separate and independent of state procurement rules, but the VR agency policy requires a minimum of two estimates and the selection of the lowest bid. The client does have the option of paying the difference if (s)he prefers a vendor with a higher bid.

#### **Kentucky**

Rehabilitation Technology to individuals with disabilities is exempt from competitive bidding. In 1993 the Department For Administration delegated purchasing authority to the Department of Vocational Rehabilitation and the Department for the Blind. In a memo from the Director, Division of Purchases, the state determined that "the REHABILITATION TECHNOLOGY being procured are based on individualized prescriptions that are written by qualified professionals after comprehensive evaluations of the clients to determine...individual needs. -the Department of Vocational Rehabilitation and the Department for the Blind is staffed with professionally trained individuals who are experts in the field...;-historical data indicates that no purchasing advantage is gained through the competitive process and the formal sealed bid process does not serve the best interest of the disabled clients due to extended time requirements, misinterpretations

or alterations of individualized prescriptions, and the geographic location of the low bidder from the client."4

### **Louisiana**

An executive order from the Governor has exempted from the bid process all purchases for clients based on their IPEs. To assure accountability, several interventions are in place. There is a manual for counselors to use in authorizing purchases, and counselors may approve purchases that total \$10,000 or less. New counselors are required to obtain the 'sign-off' of a supervisor. All purchases over \$10,000 must have the signature of the regional manager.

### **Massachusetts**

An interagency competitive bid has been conducted in a collaborative effort among and between the departments of Mental Retardation, Mental Health, and the Commission for the Blind. Such collaboration promotes cost-sharing of dollars expended by the state for a consumer who is receiving goods and services from several governmental agencies.

Using the Request for Proposal (RFP) method, all potential vendors are thereby put on notice that state policies and procedural rules must be followed. This includes competitive bidding, but no bidding takes place if a state-wide contract exists or if a vendor list has pre-qualified contractors. New vendors are also able to join the vendor list if they agree to operate in accordance with the state's terms and conditions.

### **Minnesota**

Items on state contracts, with clear specifications, are to be purchased under the contract. Competitive bidding by the state's Department of Administrative Services is called for when goods not on contract will cost more than \$1,500. Items under that threshold may be purchased after obtaining one bid in the local purchase area. The state encourages the use of targeted and economically disadvantaged vendors (T & ED). They are defined as those vendors in high areas of unemployment and contractors who are women or who are members of minority groups.

### **Nebraska**

At least two price quotations are required for the purchase of equipment, goods, or home or vehicle modifications costing more than \$500. Prices may be obtained from catalogs, advertisements, phone contact or in writing. The agency selects the provider who presents "the least expensive" quote that meets the consumer's IPE. Considerations in selecting the vendor include cost, provider qualifications, quality of goods or services, client's ability to access repairs or service, timeliness of delivery and individual informed choices regarding the provider.

### **New Hampshire**

The Department of Administrative Services, Division of Purchase and Property, has given the rehabilitation division the authority to purchase commodities for consumers. The VR Division follows all state procurement rules and regulations but conducts bidding 'in house'. This practice balances the need to ensure the integrity of

the system while still allowing for the timely purchase of products necessary for the consumer's rehabilitation program.

#### **North Carolina**

Purchases in amounts under \$10,000 may be acquired by VR under delegated authority it has received from the state's central purchasing agency. When the agency desires to purchase commodities in amounts over its delegated authority, approval must be sought from a Board of Awards comprised of legislators and governor's appointees. The Board meets weekly and considers purchases for consumers as well as those for state agency operations.

#### **North Dakota**

If the State has a contract to purchase any item, Vocational Rehabilitation must use the provider(s) on contract. The VR agency then goes directly to the contractor and orders the equipment. If the desired equipment is not on contract, VR may purchase it directly rather than having to allow the Office of Management and Budget to authorize such procurement. VR is, however, bound to follow the State's process of obtaining bids, which requires three written proposals or telephone quotes.

#### **Ohio**

Bidding is not required if an item is available from Ohio Penal Industries, is available from Ohio Industries for the Handicapped, or is on a state contract. If none of these rules applies, three written bids or refusals are required for purchases of goods over \$10,000.

#### **Oklahoma**

Through its Milestones Reimbursement System, the state has concentrated its bidding on outcome results realized by consumers rather than on 'slots' or hours spent with consumers. The payment system creates financial incentives based upon defined milestones and pre-set percentage levels (which reflect degrees of disability ranging from mild to highly challenged). These benchmarks have been previously negotiated with the vendor community. Potential vendors are asked to bid for a total service, but to reflect the number of consumers to be served in each of the various milestones (because not all who enter the system complete it). For example, in a supported employment contract, the milestones on which payment to a contractor is based might include 1)10% when consumer needs are determined; 2)10% when vocational preparation is completed; 3) 10% when a job placement actually occurs; 4) 20% when the consumer has retained the job for 4 weeks; 5)20% when job stabilization happens; and 6) the final 30% when the consumer has been stabilized and an additional 90 days have elapsed.

#### **Rhode Island**

Consumers choose the vendor in the purchase of home and vehicle modifications. With their counselor and a consultant, they obtain three quotes for the modifications. The lowest price is provided by the V R agency through a check to the consumer when the work is completed and signed off by the consultant. Consumers do not need to choose the lowest bidder and may either negotiate a lower price or provide the difference in cost themselves to the vendor of their choice.

### **Virginia**

Although the state Code does not apply to purchases made on behalf of consumers, the VR agency does, as a matter of internal policy, obtain bids for "big" items such as vehicle modifications. This policy is designed to assure that the agency is acting responsibly in the best interests of not only the consumer but also the taxpayers.

### **Wisconsin**

A significant number of the goods and services purchased for clients are classified as grants and are exempted from state procurement guidelines that are defined in Wisconsin statutes. Grants involve purchases that do not directly benefit the state. However, while exempt from specific legal purchasing requirements, the state guidelines are followed as closely as possible for these grant purchases, taking into consideration specific needs of the client along with client choice. The state procurement guidelines establish three ranges of purchases: for items costing less than \$1,500, a purchase may be made from the vendor judged best able to supply them (e.g. price, quality, delivery time, etc.); between \$1,501 and \$25,000, the agency compares three or more bids from at least three or more vendors; for transactions over \$25,000, the Official Sealed Bid procedure is used.

### **Wyoming**

Geography has influenced the availability of vendors. Limited resources have spurred procurement from available vendors rather than from state contracts. Using its delegated direct purchasing authority, the Division of Rehabilitation Services relies upon privatization, making purchases on behalf of clients from accessible vendors in state or in neighboring states.

### **Relationships of Cost to Consumer Choice**

Many states define choice as the opportunity for consumers to design their employment plan. Control of the purchase of goods and services to achieve the plan's goals is delegated to consumers in some states while in others the cost of such purchases is the determining factor. The 1998 Amendments to the Rehabilitation Act focus on individuals being full partners with professional staff in analyzing relevant information and selecting a vocational rehabilitation goal, intermediate objectives, vocational services, and service providers. Proposed Federal rules promulgated in October, 1998, grant to eligible consumers an active role in "...the methods used to secure...services."<sup>5</sup> The 1998 legislation clearly sets forth the necessity for states to operate rehabilitation programs that are "...effective, efficient and accountable".<sup>6</sup> Nonetheless, nowhere in the statute or the proposed regulations is it mandated that lowest cost is the sole determining factor in procuring goods or services. This fact gives rise to a hypothetical question: Is there a potential disconnect between the Act's purpose of granting individuals predominant control of resources to implement their employment plans and the state's responsibility to manage dollars wisely within fiscal parameters? States have addressed the relationship of client choice to cost of goods and services by the way they define consumer choice. Examples of those applications of consumer choice include the following:

**Arizona**

When a state contract exists for specified goods or services needed, the client must choose among the available contracted vendors unless there is a reason why the contractor(s) cannot provide the items in a timely manner or in a way that satisfies the individualized needs of the client. Prior to allowing the client to choose a non-contracted vendor, the counselor must provide adequate justification and obtain approval from the state's Procurement Office. For goods or services purchased where there are no existing state contractors, the client may select any qualified vendor who agrees to accept the state's fee based upon a published fee schedule.

**Georgia**

Client input in the choice of provider is always solicited. For medical services, the client is provided with information as to the possible choices for providers, and the client preference is selected. Because medical services are on an agency fee schedule, the client may express a preference for a vendor who is not currently on the provider list but who is willing to accept the agency's established fees. Bids are obtained from at least two providers for home and van modifications, and the decision is then made on which bid to accept.

**Idaho**

For all items over \$1,500, bidding must take place under state purchasing protocols. The VR agency has a two-year direct purchasing authority but must follow state protocols that include accepting the low bid. Client choice, therefore, revolves around options under the bid structure. Certain procurements are exempt from bidding because a fee schedule exists; therefore, clients can totally control the choice of services such as job coaching, vocational evaluations and work adjustment programs. The fee schedule controls the costs.

**Illinois**

A distinction is made between purchasing goods and purchasing services. As outlined in the Illinois Administrative Code<sup>7</sup>, "...to the maximum extent possible, the client shall have the right to choose any service provider to provide those services listed in his/her IWRP as long as the provider is certified, licensed or determined qualified to provide the specific service required. If necessary services are available at a lower cost from a service provider not chosen by the client, the client shall be required to pay the difference in costs to use the service provider of his/her choice."<sup>8</sup> For goods, (e.g. equipment, supplies, tools) costing over \$500, purchases must be bid unless it can be documented that the item(s) being purchased is (are) available from less than three sources...and the low bid must be selected "unless, there are documented reasons to reject...or the client chooses another bidder and pays the difference between the bids. Documentation to reject...shall include...poor past service from the vendor submitting the lowest bid, the inaccessibility of the vendor for service and repair need, or the need to avoid delays in obtaining the items when...bidder indicates delivery...may be prolonged."<sup>9</sup>

**Indiana**

A training curriculum exists to train counselors on choice. A vendor directory is in place, and counselors have area budgets and the authority to purchase within that budget (with two bids required if the

purchase totals more than \$600). One office has adopted a strategy for increasing client choice opportunities by encouraging community rehabilitation programs to contact clients to discuss their program. This continuous recruitment initiative is designed to make available to consumers the widest possible number of vendor options.

#### **Iowa**

In the Division of Vocational Rehabilitation, authorizations are given directly to the consumer for a store or service provider. The provider fulfills the authorization and bills the state for payment.

#### **Kansas**

Announced, written bids are required for costs in excess of \$1,999. The umbrella agency (Department of Social and Rehabilitation Services) conducts the bidding process. Certain items are not bid e.g. wheel chairs, computers, assistive technology) because they are on state contract already. Experience has shown that items on state contracts actually reach the consumer faster and have better service records than items procured on the open market.

#### **Maine**

Counselors have their own individual budgets to allocate for purchase of goods and services of their clients' employment plans, promoting a strong partnership between counselor and client. The counselors cannot issue checks directly to clients, however.

#### **Maryland**

All purchases are preauthorized, with item(s), vendor(s) and costs specified in the individual's employment plan. Any items under \$2,500 that are not on state contract can be purchased with maximum consumer choice, but there is a requirement that "comparison shopping" has been done. Items above that cost and not on state contract are competitively bid, but client choice can result if the client makes a "substantial contribution" to the cost of the product or services (s)he desires when the vendor of choice is not the low bidder. Substantial contribution is defined as 25% or more of the original cost of the item.

#### **Massachusetts**

Community-based employment services (CBES) are purchased by the rehab program in a way that promotes full consumer choice despite cost. This choice is available because the State has an option to operate outside the traditional purchasing parameters for these services. Normally contracts are awarded for units of service and a maximum obligation. As an option in the CBES program, payments are made to vendors for outcomes along a continuum that has benchmarks.

#### **Montana**

Sole source justification can be utilized to promote consumer choice if it is necessary to respond to the unique needs of a severe disability, to insure immediate response to goods or services delivery, or for service issues associated with the individual achieving his/her employment plan goals.

#### **Nebraska**

The "least expensive" price quote to meet the consumer's need is not based solely on cost because consideration is also given to provider

qualifications, the quality of the goods and services being procured, the access that is available to the individual for repairs and service, the promptness of delivery and individual informed choices regarding the provider.

#### **New Jersey**

Under its direct purchasing authority, clients can enjoy the opportunity to purchase many services from any qualified vendor with a FEIN or Social Security Number. A fee schedule is in effect for many items, and consumers are choosing vendors who accept the rates in that schedule.

#### **Washington**

Under a Federal grant, Washington has piloted the principle that the costs of services and the choices desired by consumers can compliment each other. Under a grant from the Rehabilitation Services Administration, Washington developed the Participant Empowerment Model (PEP), a process that includes participants developing individual budgets for their case services. A consumer-led rehabilitation team, that includes individuals the participant chooses and the rehab counselor as a member, determines what goods and services will be purchased, from whom and at what price. This person-centered approach to consumer choice has resulted in findings that, for PEP consumers, wages are higher, there is a wider variety of jobs available, and the costs to implement an employment plan fall within \$100 of the cost of plans carried out using the traditional VR model (individual counselor and consumer/state purchasing rules.<sup>10</sup>

#### **Customer Satisfaction**

Throughout the rehabilitation services delivery system, consumers enjoy opportunities to make choices that satisfy their individual goals and objectives. Key to consumer fulfillment is active input into the design, employment outcomes, services needed and vendors. Additionally, clients in a number of states are asked for their feedback when services have been delivered. Examples of this facet of consumer choice include the following:

#### **Arkansas**

The purchasing process is fairly simple for clients of VR agencies in Arkansas. The only requirement is three verbal or written bids for items costing over \$5,000. Under a Federal consumer choice grant, clients were able to hire "Consumer Connectors" to help them investigate options and make decisions on the nature of employment services that they determine could best meet their needs. Funding was available for consumers to directly hire private individuals or organizations to help them obtain and understand information necessary to make informed, satisfying choices. The grant ended December 31, 1998 and the "Consumer Connectors" component has not continued.

#### **Connecticut**

Consumer satisfaction surveys are sent to all consumers immediately after implementation of the employment plan and again immediately following case closure. Closure questionnaires are sent to both those who have been successfully rehabilitated and those who were not successful in terms of an employment outcome. Results are sorted by district and by local office and every six months the results are tabulated and compiled in a statewide report that is shared with VR

staff and managers. The State Rehabilitation Council also reviews this information for analysis and response as appropriate. The Council members are Governor's appointees who work with the VR agency to provide input and assist in policy development, planning and program evaluation. Additionally, to respect consumer choice, on a case-by-case basis the VR unit will accept a bid that is not the lowest when there is persuasive rationale or when consumers offer to pay the difference between the lowest bid and the bid of the vendor of their choice.

#### **Delaware**

Consumer satisfaction surveys are conducted annually by the State Rehabilitation Advisory Council. This consumer satisfaction inventory includes an item on timeliness of service delivery. Consumers are also asked to sign-off on equipment invoices, indicating that the goods are satisfactory to implement their employment plans.

#### **Illinois**

To minimize consumer dissatisfaction, certain purchases (e.g. equipment, supplies, tools) do not follow the lowest bid principle if it is known that the low bidder has a poor record of service.

#### **Kansas and Utah**

Above certain dollar thresholds, Kansas counselors must sign-off on a "Materials Received Report". The counselor checks with the consumer about the condition and timeliness of goods/services (s)he has received. In Utah, a counselor initials the invoice to indicate that satisfactory goods/services have been received by the client. The initialed invoice is then processed by the comptroller.

#### **Kentucky and Texas**

Technology centers in both states allow client input into the choices for adaptive technology. The Texas agency for persons with visual impairments affords an opportunity for these clients to test computers in the center. In Kentucky, it was discovered that transportation was a problem for clients to get to the centers. The state now delivers the technology to the consumer and trains him/her in the home or at work.

#### **Louisiana**

Timeliness of service delivery continues to be an issue for determining customer satisfaction. When direct purchasing authority was delegated to the Rehabilitation Services agency by the governor's executive order, several layers of processing steps were removed.

#### **Massachusetts**

For the purchase of community-based employment services, the state pays providers based on outcomes rather than traditional units of service. A formula for consumer satisfaction couples the ability for consumers to select their provider from a list of pre-qualified contractors with payments along a continuum that has benchmarks.

#### **Michigan**

Using the lessons learned from a five year demonstration grant awarded to United Cerebral Palsy, the state has integrated into its standard practices certain processes from the UCP Choice model to

promote consumer satisfaction. Consumers have available to them empowerment training and funds to hire an advisor for help with planning and for pay to service providers. Vendor lists are computerized and available at a walk-up station in the district office.

### **Mississippi**

Within the Department of Rehabilitation Services there is a program evaluation unit. Client satisfaction surveys and exit interviews with consumers are used to monitor the quality, timeliness and successes of employment programs.

### **Missouri**

The Rehabilitation Council of the Missouri Rehabilitation Services for the Blind, which represents consumers with visual impairments, exercised its consumer advocacy clout to successfully lobby for an agency exemption from state procurement rules. Knowing that its 'sister' agency, the Division of Vocation Rehabilitation, had enjoyed this exemption, Council members and agency staff were able to articulate the need for streamlining the purchasing process to effectuate timely service delivery, consumer choice and consumer satisfaction.

### **New Mexico**

Consumer participation, informed decision-making, and client satisfaction are values promoted through the practices of the Division of Vocational Rehabilitation and the Commission for the Blind. A DVR consumer booklet publishes information about the nature, availability, accessibility and cost of programs provided by community-based entities for persons with disabilities. To provide an avenue for consumers' questions about vendor qualifications, this publication lists the names, addresses, accreditation status of available service providers, and phone/fax numbers of certification and licensing boards. The Commission for the Blind solicits consumers' views and participation in the development and implementation of the Individual Employment Plan (IPE). That process includes a form to be signed by counselor and consumer on which the person indicates that (s)he has "participated in the development of this individualized written program...and have requested the necessary services to meet my vocational..goals). ...I understand and agree to do my best to fulfill these obligations." 11 This procedure aims to assure that the consumer is not only satisfied with the services being received but also that (s)he takes personal responsibility for generating successes.

### **New York**

Consumers and their counselors choose providers of services when developing the consumer's IPE. Providers fall into one of two groups. There are contracts between the state and some service providers and a vendor may be selected from that group. Additionally, consumers and counselors may use "off-contract" vendors if the provider meets state standards. A provider's willingness to perform according to those standards assures that the vendor will be approved, placed on the vendor list, and available for consumer choice.

### **North Carolina**

To foster consumer participation and satisfaction, individuals are

asked how they were involved in their rehab services. Consumers indicate on their IPEs 1)What jobs were discussed? 2) What services to get a job were discussed? and, 3)What agencies do you wish to provide these services?

#### **Pennsylvania**

For specialized medical or placement equipment, a client signature is required on the VR office form. The consumer acknowledges not only receipt of the equipment but that (s)he "have inspected the materials and have found them satisfactory."<sup>12</sup> In the case of prosthetics, the consumer acknowledges that satisfactory refers not only to the equipment's condition but also to its "quality".<sup>13</sup>

#### **South Dakota**

Under consideration is the development of a 'report card' to illustrate the level of quality for services provided to consumers. To assist consumers to make choices that will satisfy their individual needs, this tool may include such information as the number of placements made by an agency and resumes of staff members.

Development of this consumer-focused score card is complex, requiring a link to the agency's case management system.

## MISCELLANEOUS ISSUES AFFECTING CONSUMER PURCHASING

During the conduct of the nationwide telephone survey, some random issues surfaced that affect purchasing for implementation of consumers' individual employment plans. They are included for the reader's information and as possible discussion topics for state agencies engaged in modifying their own purchasing protocols.

### **Vouchers**

This term, though widely mentioned in discussions about consumer choice, has no common definition in use by public vocational rehabilitation programs. In the narrow sense it is a purchase order, a process that is widely utilized. In the broader sense it has come to mean a "ticket" or a "certificate" for a specific value to be issued to and used at the discretion of the consumer for the acquisition of goods and/or services chosen by him/her. Under this definition vouchers are almost non-existent in public vocational rehabilitation programs.

The Workforce Development Act requires certain adult training programs to use the concept of an Individual Training Account (ITA) through which a participant chooses among qualified providers. States may design ITA's to resemble a "ticket" or "voucher" in its broader sense. As partners in the Workforce Development System, public VR agencies may want to pay close attention to the ITA models that develop and consider them for replication if they are effective in promoting informed consumer choice.

### **Ownership of Equipment**

In many states, equipment including technology purchases is deemed by the state to belong to the consumer on whose behalf it was acquired. Some states consider that the equipment is owned by them, but in practice clients are not ever asked to return it. The reasons most often cited for a state's unwillingness to comply with its own policy are record-keeping and inventorying. A few states have policies requiring the consumers to repay the funds expended for them if they do not complete their individual employment plans or if the equipment is being used for a purpose other than that outlined in their IPE. One state views assistive technology as belonging to the state until three months after case closure. At that time, ownership reverts to the consumer. In several states, public VR and special education entities are now examining processes to allow the equipment and technology purchased for a client to remain with him/her when the client transitions from school to adult vocational rehabilitation services. This allows resources to be maximized rather than having another state entity purchase the same equipment which has already been bought once and is functioning well for the consumer's needs. Caution must be exercised, however, if such equipment is 'following along' with the student from school to adult VR services. Under debate have been such topics as how the equipment remains with the student. Is it a gift or a loan to the student, or is it a lease, transfer or sale to the VR agency? How will the monetary value of this used equipment be ascertained? Exploring this strategy will also require a protocol that addresses how well served a client will be with equipment that, possibly, is no longer appropriate to him/her for the desired outcomes of the IPE? Additionally, the inventorying and record-keeping for this

equipment presents certain challenges to both the school systems and the rehab agencies who engage in such a program.

This dialogue presents a fundamental policy question in need of strong definitions and protocols for determining whether equipment is purchased for the student because (s)he needs it to function or rather needs it to be part of a course. For example, a wheelchair provides the mobility and access that lets a student participate more fully in all activities. On the other hand, a computer may be provided for a consumer with coordination problems or it may only be necessary because it's essential to course work for all students, those with and those without disabilities. As this conversation on shared responsibility progresses, these are important questions that require answers.

### **Maintenance Money**

States define differently what qualifies as a payment for maintenance" services necessary in order to fulfill a client's employment plan. For these disbursements, dollars must be deemed essential because the individual employment plan has created additional basic living costs such as food, rent and utilities. Such costs related to assessment or to achieving plan goals are considered maintenance. Transportation costs are generally deemed to be in this category. While some agencies can give a check or cash to a client prospectively, most provide maintenance payments on a retrospective basis. Reimbursements can take anywhere from a few days to a month for processing of the check. They are made in some cases when documentation of charges is submitted but in other instances no receipt is required.

Problems do arise from maintenance money payments, however. In certain cases, a reimbursement system presents obstacles for consumers because they need immediate money for such costs as payment for personal care assistants, fares to ride public transportation and travel (and possibly overnight lodging) to the site of an assessment. Miscoding of client records can happen because all types of items are classified with the generic term 'maintenance'. For purposes of accountability and program evaluation, an agency should be able to identify each type of service being provided. Coding as 'maintenance' does not distinguish between transportation, clothing, lodging etc. The potential is also strong that such a broad classification can be designated as a means of working around procurement rules for state purchasing.

### **Cutting the Costs of Government Operations**

Privatization and streamlined payment systems are two ways in which rehabilitation agency functions may be carried out with lower costs to the state budget.

On occasion the geography of a state or a region within a state dictates that purchase of services must, of necessity, be outsourced. Categories of service also lend themselves to outsourcing rather than in-house provision. States have privatized, as the result of bidding and contracting, such services as evaluations, assessments, and skills training programs. Perhaps the most common privatization tool is the fee for service protocol that allows any vendor who will accept state rates to be a contractor. This methodology offers consumers a choice of vendor and also eliminates the need for bidding,

resulting in a streamlined delivery of goods and services. Using third parties to broker services for consumers is another privatization strategy whereby a state can enter into a master contract with a vendor at a set amount for the total agreement. Then, under that agreement, the contractor will provide services outlined in the consumer's IPE or arrange to purchase and pay for them.

Streamlining the time to process invoices and cut checks reduces administrative costs. States have found that this supports the value of timely service delivery and they have therefore moved to reduce or eliminate the number of staff sign-offs required to make purchases and pay bills. When checks are written in the agency itself, and when thresholds are raised before formal bidding is required, the costs of government operations are lowered. Connecting VR office computers to the state's fiscal and accounting systems speeds purchasing and record-keeping as well. One state is considering a requirement that all its vendors must be capable of receiving payments electronically to lower the costs of processing checks and to eliminate issues around lost or stolen checks.

#### **Consumers as Vendors**

Some states consider consumers as vendors and thus justify the writing of checks to them. Conversely, others caution that if a client is considered a vendor, (s)he may be subject to other state laws not related to rehabilitation services. For example, a law may allow for employee wage garnishments or tax liens, and consumers as vendors may then be subject to such a law.

#### **Experts Advise About Purchases**

Rehab agencies use technicians on staff with expertise in vehicle modifications, home alterations, and computers. This leaves standard-setting to technicians, and promotes choice in purchasing based on collaboration between an expert in specialized rehabilitation services, the consumer and the counselor.

#### **Data Collection**

States indicated that understanding the breadth and scope of consumer purchases both inter-and intrastate is hampered by lack of a common data dictionary and state of the art computer systems. Staff itself is often lacking in computer expertise and is working with outdated hardware and software. State budget cuts often put 'on hold' implementation of computer system upgrades. Financial codes many times are recorded manually and are not necessarily tied to case management records.

#### **Saving Money**

Several states have adopted the idea of purchasing used technology or renting or leasing equipment for cost-saving reasons and also to give consumers the opportunity to receive goods in a timely manner. These strategies permit consumers to see first-hand if their choices are useful to their plans. It was suggested during the telephone survey that another method of providing commodities quickly and at the 'best' price would be for states to make bulk purchases of certain commonly needed items. If this were accomplished, implementation of certain aspects of an IPE would be greatly enhanced.

### **Telephone Card**

To allow consumers with limited incomes and resources the opportunity to be in contact with their counselors for support and advice, telephone cards are provided so that the client can always call the rehab office with which (s)he is working. Phone cards are one form of debit card. No state has responded that rehab consumers are issued debit cards for purchases other than telephone calls.

### **Accommodations in the Spirit of the Americans with Disabilities Act**

All states report that consumers' costs of tuition for education are paid when employment plans include such services. One state reported that it considers it the responsibility of education institutions to make reasonable accommodations for consumers and to absorb those costs (rather than rehab agencies paying for necessary accommodations). Another has instituted direct purchases for state employees with disabilities who become clients of their state's vocational rehabilitation agency and who need these goods and services to carry out their state agency job. This practice blurs the line between purchases made for consumers to achieve employment goals and those for persons who have already met their goals and need special accommodations to continue to perform state agency operations.

### **Internal Controls to Insure Accountability**

It will become essential that internal operational controls are in place to manage funds allocated for procurement as technology plays a larger role in improving the timeliness of and choices by consumers for purchases. Authorizing purchases, making payments or transferring benefits electronically should ideally happen within an organizational structure that segregates employees' duties. The staff person who logs in an authorization or benefit should be different from one who approves it for purchase or payment. Issues of internal controls will become the topic for debate as employers and labor organizations examine the scope of responsibilities and consider reclassification of support staff. As staff assumes more decision-making authority for processing of purchases and payments, accounting procedures will need to include a system of checks and balances.

### **Counselor Budget Responsibilities**

States have reported procedures through which counselors manage their own client budgets and exercise discretion over what is purchased for their clients and at what cost. This protocol will become more complex as counselors work with several funding sources because a consumer's V. R. benefits are sometimes affected by SSI, Medicaid, insurance coverages, child support payments etc.

### **Confidentiality**

Much of the nation's procurement system for rehab consumers rests on a model of vendor authorizations and vendor payments. As such, the vendor knows the identity of the consumer. No state has reported receiving serious questions about the breach of client confidentiality that occurs in such a system. No state responded to the survey by indicating that it is considering client confidentiality in relationship to vendor choice.

**Assistive Technology Issues**

In Connecticut, a 'Lemon Law' for consumers requires all assistive technology devices except hearing aids to be considered as purchased under a manufacturer's warranty or for a period of two years from the date of delivery, whichever is longer. Regulations remain to be promulgated in order to fulfill the legislative intent of protecting the quality of purchases made for consumers with disabilities. A revolving loan program has been implemented by a number of states.

These loan programs are designed to create an opportunity for persons with physical or mental impairments to be able to obtain costly equipment to meet their special needs. Eligibility is generally based on income and family size. In Connecticut's case, money to create the original 'pot' of available dollars was the result of a public/private partnership between the Federal government, the State, and People's Bank, the fund's fiduciary agent. Usually, a bank is the grantor of the funds, and payment arrangements are made between the consumer and the bank. Like most loans, a person's credit history, sources of income, employment history, annual income and liabilities, assets etc. will be considered for determining whether to grant a loan. In Connecticut, the current interest rate ranges from the prime rate down to 2%, and it is determined by the bank. These loans are generally focused on and available to individual consumers; however, some states have made them available to businesses and organizations which might be willing to take these loans and then purchase equipment for their employees or clients.

## **GENERAL SURVEY OBSERVATIONS**

### **Consumer Choice Means Different Things in Different States**

In all states a purchasing system for consumer goods and services has been developed with consumer input to greater or lesser degrees. Because these purchasing structures are in place, changes to enhance informed decision-making and choice will need to occur incrementally. Starting over 'from scratch' to build a vocational rehabilitation service delivery system is not a viable option. That fact, however, does not diminish responsibility to assure consumer participation in every aspect of the vocational rehabilitation process, including selecting employment goals, services needed to achieve the outcomes, providers of such services, and the mechanisms that foster consumer control of dollars used to secure such services.

In some states choice for consumers is primarily rooted in the design of the employment plan. In others, a menu of options is available for entities from whom services and goods may be procured. Certain jurisdictions afford consumers the choice of their desired provider only within whatever purchasing rules exist. In most states, choice translates to consumer participation within parameters of fiscal regulations. The means by which services are paid for is not the center of choice policies. "Choice, said a number of survey respondents, "is about partnership between counselor and client." Still others in the phone survey defined choice as the process through which consumers have information about their plans' options, objectives, service delivery, vendors, licensing status, etc. Some argued differently, suggesting that money is the primary vehicle for ownership by the consumer. Finally, it was suggested that while control of dollars is important to consumer choice, control does not necessarily mean cash in hand.

Rather, choice relates to the quality of services and goods, the ability to have flexible options all within time frames that work for clients.

### **Counselors' Role Changes to Reflect Consumer Choice**

As consumers become active partners in designing their own employment plans, the role of rehab counselor is changing. In that framework, the counselor takes primary responsibility for support, information, resources and technology made available to consumers. To the client they serve as facilitator and coach, a new paradigm in which the counselor is no longer the key decision-maker. Some states, including Connecticut, are encouraging counselors to perform these roles in group settings, allowing peers or other people significant in a client's life to assist in designing his/her employment objectives, plan and purchases. Professional development experiences become very precious to counselors as they carry out their new responsibilities. Ongoing training is also critical because some clients do not want to control their choices given their fears about their abilities.

### **Evaluation Process Central to Consumer Choice Policy Implementation**

In the final analysis, how consumers participate in making informed choices and how successful the results are that flow from those decisions will be the litmus test for the expectations set out by

Congress when it enacted the most recent rehabilitation services statutes. Outcomes for clients, rather than number of service units purchased, should be a central goal of consumer informed-choice programming. Client outcomes must be measurable and based on realistic goals. For example, in reviewing the impact of a client's employment plan, there is a need to know whether the person obtained and retained a job rather than how many counseling sessions were attended. Key to any evaluation is how we define informed choice and what mechanisms we use to assess it.

Data collection has an important role in the assessment process as a tool to identify outcomes and the services through which they were achieved. DSUs may need to change their case management systems to reflect the agreed upon evaluation model. With respect to finances, any data kept must include information about client contributions, if any, as well as any other third-party sources of funding. Conversations with states did uncover the alarming fact that much data is manually recorded and, in some cases, no computer technology is in place.

## CONNECTICUT'S CHOICE INITIATIVES

As the nationwide telephone survey was in progress, Connecticut used the opportunity to look at its current purchasing strategies, analyze strengths and weaknesses in its service delivery and put in motion the mechanisms necessary to modify certain procedures.

First, we requested that our general state purchasing agency, the Department of Administrative Services (DAS), to delegate to us direct purchasing authority. In its longstanding relationship, Connecticut's Bureau of Rehabilitation Services (BRS) made customized client service purchases through DAS for such items as durable medical equipment, home modifications and equipment that exceed a cost of \$10,000 (or \$25,000 in the case of vehicle modifications). That state purchasing system administered by DAS is designed to protect the interests of the state as a consumer of goods and services necessary for the orderly, efficient, and accountable operation of state government. By contrast, BRS is operating the vocational rehabilitation program under a state plan with the federal government to provide customized, individualized services leading to employment for persons with severe disabilities. These services function within realistic parameters and are designed to generate results that are efficient, effective, and accountable.

To reflect the different arenas of focus and distinct responsibilities of DAS and BRS, in January, 1999, the Department of Administrative Services granted BRS direct purchase authority (DPA) for all rehabilitation technology and placement equipment. Under this DPA, a system has been created to:

- 1) streamline state government by relieving DAS from its current administrative tasks of purchasing approvals.
- 2) differentiate between the type of purchases made by state agencies for their operational needs and those made by state agencies for their program needs.
- 3) comply with federal law and regulations that emphasize consumer choice and decision-making.
- 4) continue to honor state purchasing contracts by BRS.
- 5) justify non-contract or non-competitive purchasing decisions in cases where using state contracts or competitive bidding is deemed inappropriate.

Respectful of each agency's expertise and experience, continued collaboration by BRS and DAS will remain for all unusual, complicated, or very unique purchases.

In a second instance, our research revealed that a number of States were using purchase cards for state agency operations. Connecticut was among them. The state's program is under the aegis of the Office of the State Comptroller and the Department of Administrative Services and has been operating in both those agencies as well as in the Department of Environmental Protection. To date, no agency in Connecticut is using the card system for making client purchases; rather, its use is only for agency administrative operations. The designated state agency for vocational rehabilitation, the Department of Social Services, has been invited to join the card purchasing pilot. DSS has accepted and is

assigning two of its four cards to BRS to pilot for the purchases of consumer goods. The cards will be in the name of the Director and the Fiscal Administrative Assistant in one of the BRS regional offices and will be in use by June 30,1999.

Use of this MasterCard purchase card fosters informed Consumer choice because it allows a rehab staff member to purchase, by phone or in person, the goods and services in a client's IPE and to pay for them using the credit card. Purchases are made instantly and the consumer has greater opportunity to select his/her vendor of choice.

For example, it could be determined by the counselor and consumer that a particular employment outcome requires training in a certain field. When that training opportunity comes along, the consumer may find that specialized tools are needed for him/her to accept a job assignment. At such a point, the consumer could go to a vendor of his choice, select the necessary equipment, and call the rehab office where the designated card holder could authorize a charge using the purchase card. The consumer could then take the supplies immediately. Obviously, this offers timely delivery of purchases and, as importantly, it allows the client to choose goods that meet the individualized specifications needed to fulfill the employment plan.

Use of such a card links the best of consumer choice with the on-going commitment to oversight and accountability. Single purchases can be made for items costing up to \$1,000, and transactions would be posted to the BRS account for review within 48 hours through an Internet connection. Current practice does not allow fiscal personnel to review purchases until bills are submitted to the agency by the vendor. In some cases, those invoices arrive several months after a purchase authorization has been provided. Using the card allows limits to be set on the dollars to be spent, the number of transactions per day or per month, the types of purchases eligible and the merchants who can participate as vendors. The card holder remains responsible to assure that such purchases conform to existing policy and parameters.

## EPILOGUE

Consumer involvement has always been a desired outcome sought by state rehabilitation agencies as they have worked with clients in need of employment supports. Recent passage of Federal legislation, by strengthening certain provisions of the Rehabilitation Act, has once again highlighted for DSUs the responsibility to assure active consumer participation and informed decision-making. Under those guidelines, today's consumers will not only guide the selection of employment goals but also the choice of vendors and supplies necessary to fulfill their individualized plan.

This review captures the relationship between that decision-making process and the purchasing strategies employed to reflect those choices. As the **Innovations in Choice Project** work continues, and as colleagues across the United States continue formal and informal dialogue, other purchasing initiatives will be generated. The key in all of our efforts is, and will remain, the timely delivery of services to consumers based on their active participation, self-direction, and informed decision-making about the best way to achieve their employment goals.

## FOOTNOTES

- 1 Federal Register/Vol. 63, No. 198/Wednesday, October 14, 1998,/Proposed Rules @ 55300.
- 2 Innovations in Choice: Enhancing Consumer Involvement in the Vocational Rehabilitation Process: grant application of the A. J. Pappanikou Center for Disability Studies, A University Affiliated Program, March 18, 1997, p.iv
- 3 1998 Amendments to VR Act, Title I, Sec. 101 (a) (8)
- 4 Memo from Finance and Administration Cabinet, Department For Administration, Division of Purchases, Commonwealth of Kentucky, May 7, 1993, p 1 & 2
- 5 Federal Register Part IV, Department of Education, 34 CFR Part 361 State Vocational Rehabilitation Services Program; Proposed Rule. Wednesday, October 14, 1998
- 6 Rehabilitation Act Amendments of 1998, Title I Part A Sec. 100(a)(2), p. 22
- 7 89 Illinois Administrative Code CH. IV, Section 590.40, SubChapter b
- 8 Ibid.
- 9 Ibid.
- 10 Comparison Study to Determine Best Practice Implications Which Impact Participant Choice, Washington State Division of Rehabilitation Services, June, 1998, p. 7
- 11 New Mexico Commission for the Blind, program services form, Consumer Rights and Responsibilities, p.2
- 12 Commonwealth of Pennsylvania, Department of Labor & Industry, Office of Vocational Rehabilitation. RECEIPT AND AGREEMENT
- 13 Ibid.

## APPENDIX

Each of the professionals whose names appear in this appendix have generously agreed to serve as a contact for their state agency. You will find a helpful voice at the other end of the phone to assist you with your questions about vocational rehabilitation purchasing procedures. As necessary, they can refer you to a colleague to talk with you and/or provide you with materials from their state.

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**MISSOURI**

Department of Social Services  
Division of Family Services  
Rehabilitation Services for the Blind  
3418 Knipp Drive, P.O. Box 88  
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**MONTANA**

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111 Sanders Street, P.O. Box 4210  
Helena, Montana 59604-4210  
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**NEBRASKA**

Division of Rehabilitation Services  
Nebraska Dept. Of Education  
301 Centennial Mall South - 6th Floor  
Lincoln, Nebraska 68509  
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**NEVADA**

Department of Employment, Training & Rehabilitation  
Bureau of Vocational Rehabilitation  
1325 Corporate Boulevard  
Reno, Nevada 89502  
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**NEW HAMPSHIRE**

New Hampshire Dept. Of Education  
Division of Adult Learning & Rehabilitation  
361 Lincoln Street  
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**NEW JERSEY**

Department of Human Services  
Comm. for the Blind and Visually Impaired

153 Halsey Street-6<sup>th</sup> Floor  
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Newark, New Jersey 08625-0398  
Contact Person: Catherine Miller, Chief of Field Operations  
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Department of Labor  
Division of Vocational Rehabilitation Services  
P O Box 398  
Trenton, New Jersey 08625-0398  
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**NEW MEXICO**

New Mexico Commission for the Blind  
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**NEW YORK**

NY State Education Department  
Vocational & Education Services for  
Individuals with Disabilities  
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**NORTH CAROLINA**

Department of Human Services  
Division of Vocational Rehabilitation Services  
800 Ruggles  
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Raleigh, NC 27611  
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**NORTH DAKOTA**

Rehabilitation Services  
Department of Vocational Rehabilitation  
600 S. 2nd Street, Suite 1-B  
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**OHIO**

Ohio Rehabilitation Services Commission  
400 East Campus View Boulevard, SW5E  
Columbus, Ohio 43235-4504  
Contact Person: Joseph Gentilini, Ph.D.

Policy Development Coordinator  
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**OKLAHOMA**

Oklahoma Department of Rehabilitation Services  
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**OREGON**

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Vocational Rehabilitation Division  
500 Summer St. NE  
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**PENNSYLVANIA**

Pennsylvania Dept. Of Labor & Industry  
Bureau of Vocational Rehabilitation  
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Harrisburgh, PA 17120  
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**RHODE ISLAND**

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**SOUTH DAKOTA**

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**TENNESSEE**

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**TEXAS**

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**VERMONT**

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**WASHINGTON**

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**WEST VIRGINIA**

Dept. of Administration, Purchasing Division  
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**WISCONSIN**

Department of Workforce Development  
Division of Vocational Rehabilitation  
2917 International Lane, Suite 300  
P O Box 7852  
Madison, Wisconsin 53707-7852  
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**WYOMING**

Division of Vocational Rehabilitation  
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1100 Herschler Building  
Cheyenne, Wyoming 82002  
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**"Innovations in Choice: Enhancing Consumer Involvement  
in the Vocational Rehabilitation Process"**

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