

# Improving Case Management Skills for Effective Vocational Rehabilitation Services

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# Inquiry Based Questions

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- What is Case Management?
- What are the models, principles, and competencies of Case Management?
- What are the federal legislations influencing VR?
- What are the basic principles of rehabilitation philosophy?
- What are the functions of Case Management?
- What are the roles of the Case Manager?
- How can Case Management skills be improved?

# Legislative Foundation

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- Smith-Fess Act 1920
- Social Security Act 1935
- Rehabilitation Act 1973
- Rehabilitation Amendments (1992, 1998)
- Americans with Disabilities Act 1990
- Individuals with Disabilities Education Act 1997
- Workforce Investment Act 1998
- Ticket to Work & Work Incentives Improvement Act 1999

# Basic Principles of Rehabilitation Philosophy

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**Disability is a natural part of human experience**  
**Persons with disabilities have rights to:**

- Live independently
- Enjoy self-determination
- Make choices
- Contribute to society
- Pursue meaningful careers
- Enjoy full inclusion & integration in economic, political, social, cultural, & educational mainstream of American society (WIA 1998)

# Basic Principles (cont.)

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- Every human has inalienable value, societal membership, worthy of respect
- Assets of persons with disabilities should be emphasized
- Stress reality factors that help a person cope with environment
- Treatment should vary, and be flexible
- Each person should assume initiative and participation in rehab plan

# Basic Principles (cont.)

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- Society should be responsible for providing services/opportunities to persons with disabilities
- Rehab programs should be interdisciplinary with interagency integration
- Rehab is a continuous process & complex
- Psychological and personal reactions of the persons with disabilities are always present and crucial
- Severity of handicap is ↑ or ↓ by environmental conditions

# Basic Principles (cont.)

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- Significance of disability is affected by person's feelings about self & situation
- Client is part of larger group & not isolated
- Use predictor variables of group outcomes in rehab with caution
- Self-help organizations are important allies
- Ensure effective dissemination of information to persons with disabilities for their benefit
- Persons with disabilities should serve as co-planners, co-evaluators, & consultants to others

# Case Management

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“A collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual’s health needs through communications and available resources to promote quality, cost-effective outcomes.”

*The Case Manager, 1994, p. 59*

# Case Management - Process

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- Assessment of individual's needs
- Development of individualized case management plans
- Facilitation, implementation, coordination of services
- Monitoring and evaluating services and outcomes
- Documentation of activities

# Credentials

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- Commission for Rehabilitation Counselor Certification (CRCC)
- Certified Insurance Rehabilitation Specialist Commission (CIRSC)
- Certification of Disability Management Specialists Commission (CDMSC)
- Commission for Case Manager Certification (CCMC)

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# Models, Principles, and Competencies

# Contemporary Models of Case Management – Basic models

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**Role-based Case Management** - focuses on role of the case manager (Rehabilitation counselor)

**Organization-based Case Management** - focuses on providing a set of comprehensive services within an agency (Comprehensive rehab. center)

**Responsibility-based Case Management** – focuses on transition of care from human service professionals to non-professionals, and functions performed by family, volunteers, support personnel, & consumer

# Mental Health Models

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**Standard Case Management Models** – case manager acts as advocate, purchaser, and arranger of services for the consumer

**Rehabilitation-Oriented Models** – focuses on strengths of person rather than pathology and collaborative working alliance between case manager and consumer

**Intensive Case Management Models** – emphasizes a team to meet multiple consumer needs, provide interventions in consumer's home or work site, medication compliance, 24 hour care, & daily living supports. Requires low caseloads and assertive outreach.

# Ethical Issues in Case Management

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- Conflicts in expectations or values between counselor and client
- Conflicts in responsibilities
- Variability in roles of counselor, evaluator, claims adjuster

# Ethical Decision-Making

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- Learn and use common language of ethics and ethical decision-making
- Determine some type of consensus when ethical problems arise
- Be aware of how personal & professional ethics differ
- Importance of using professional codes

# Integrative Decision-Making Model of Ethical Behavior

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## Tarvydas (2004)

- Interpret situation through Awareness & Fact Finding
- Formulate an Ethical Decision
- Select an Action by Weighing Competing, Non-moral Values, Personal Blind Spots or Prejudices
- Plan & Execute the Selected Course of Action

# 3 Domains of Competence

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## Interacting between Consumer & Case Manager

- 1. Knowledge** – medical, psychological, vocational, counseling, assistive technology
- 2. Skills** – includes cultural competence
- 3. Affective** – case manager's attitudes, philosophy, & values associated with service delivery to consumer

# Knowledge Domains for Case Management – Leahy (1994)

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- Coordination & service delivery
- Physical & psychosocial aspects of disability
- Benefit systems/cost benefit analysis
- Case management concepts
- Community re-entry & knowledge of community resources, Comparable Benefits

# 8 Functions of Case Management – Weil & Karls (1985)

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- Client identification & outreach
- Individual assessment & diagnosis
- Service planning & resource id
- Linking clients to needed services
- Service implementation
- Monitoring service delivery
- Advocacy
- Evaluation

# Interpersonal Communication Skills

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- Establish working alliance with client
- Empathy
- Warmth
- Genuineness
- Interviewing skills
- Conflict resolution
- Negotiate and Empower your clients

# Case Management in Public Rehabilitation - Eligibility

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- A person with a disability
- Has a physical or mental impairment which constitutes or results in a substantial impediment to employment and can benefit from VR services to achieve an employment outcome
- Requires VR services to prepare for, secure, retain, or regain employment

# Case Management in Public Rehabilitation - Process

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- **Assessment** – determination of vocational rehab needs to establish eligibility (medical, psychological, vocational, educational, socio-economic). Focus on strengths, resources, priorities, concerns, abilities, capabilities, interests of client
- **Planning** – Individualized Plan for Employment (IPE)
- **Implementation** – IPE, counseling, physical/mental restoration, training, vocational, rehabilitation engineering, assistive tech, job search/placement, interpreter services, personal care attendant & equipment/supplies
- **Monitoring** – the rehab process
- **Evaluation** – Is “26” the only mark of success?

# Roles of the Case Manager

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- Advocate
- Broker/Facilitator
- Coordinator
- Collaborator
- Consultant
- Counselor
- Evaluator
- Expediter
- Planner
- Record Keeper
- Teacher

# The Individualized Plan for Employment (IPE)

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An initial written plan for rehabilitation services and amendments developed independently or jointly with technical assistance from a qualified vocational rehabilitation counselor or other source. It must be developed within a timely manner (within 90 days of being determined eligible for VR services or post employment services).

# Purpose of the IPE

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To achieve the specific employment objective of an eligible individual who can choose to develop all or part of the IPE independently or with assistance of the State VR Unit or other entity.

# Consumer Options – State agency will provide the person with disabilities

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- Information about developing the IPE
- Copy of written assessment of vocational rehab. Needs
- Assistance of a QVRC in developing all or part of the IPE & completion of forms
- Information about using technical assistance
- State forms needed to develop or finalize IPE
- Financial costs for services on the IPE
- State agency policies on financial participation, comparable benefits & purchase of service requirements

# Assessment of Vocational Rehabilitation Needs

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- Identifies VR needs of client and evaluates factors essential for developing the IPE
- Limited to necessary information to identify rehab. Needs
- Uses existing information when possible to include: SSA, other providers, programs
- Relies on information from client
- Personality, interests, interpersonal skills, intelligence, functional capacities, education, cultural, social, recreational, & environmental

# Assessment of Vocational Rehabilitation Needs (cont.)

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- Need for supported employment?
- Appraisal of work behaviors & services needed to acquire occupational skills, develop work attitudes, work habits, work tolerance & social skills for job success
- Refer for assessment of rehab. technology services if needed
- Must be in writing with copy to client

# IPE Development

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- Agreed to & signed by client or her/his representative
- QVRC will review IPE at least annually with client
- Amendments must be agreed to & signed by client & QVRC before implemented
- Written copy of IPE & amendments must be given to client in the native language or mode of communication

# Mandatory Components of the IPE

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- Employment goal client is expected to achieve as a result of services under the IPE
- Timeline for achieving employment goal is realistic
- Based on assessment of VR needs, reflects individual's strengths, resources, priorities, concerns, abilities, capacities, interests & informed choice
- Provide training & employment in an integrated setting

# Mandatory Components of the IPE (cont.)

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- All services must be listed on IPE necessary to achieve employment
- May include Counseling/Guidance, Physical/Mental restoration, Referral, Training & Support, Placement, Services of other agencies
- Criteria to evaluate progress toward achieving employment goal
- Service providers

# Mandatory Components of the IPE (cont.)

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- Financial expectations of client, explore comparable benefits & services
- Counselor's and client's responsibilities like attendance in training, maintain grade average, meetings with counselor
- Information on dispute resolution like Client Assistance Program, mediation, fair hearing & contact information
- Any post-employment services client may need

# Informed Choice

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- QVRC must tell client of opportunity to exercise informed choice throughout rehabilitation process
- Assist client in acquiring information to exercise informed choice
- Employment goal
- VR services needed to achieve employment

# Informed Choice

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- Providers who will deliver services, costs, accessibility, duration, qualifications, consumer satisfaction, and outcomes
- Employment setting & setting in which VR services will be provided
- Methods to obtain those services
- Information provided in native language or preferred mode of communication, & support services to exercise informed choice

# Improving Case Management Practices

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- Begin with the End in Mind - manage by objectives, (annual, monthly, weekly for referrals, active cases, closures, track caseload budget)
- Have a Plan – Work the Plan (Be Systematic & measure your progress)
- Know & follow state agency mission, policy
- Keep checklist of requirements for each status
- Time management – control your time rather than let time control you (appointments, meetings, conferences, paper work is clear & concise, Tickler system to monitor cases)

# Improving Case Management Practices (cont.)

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- Calendar events yearly, monthly, weekly, daily, (Know what to expect next week, monthly, quarterly)
- Involve & give responsibility to your clients when possible
- Prioritize and organize your work
- Use SOAP notes for case record & follow-up
- Automated Web-based Activity and Reporting Environment (AWARE)
- Develop relationships & Network with your team and others

# Improving Case Management Practices (cont.)

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- Respect your secretary/office manager
- Delegate paperwork
- Touch paper work on your desk once
- Economize & plan field visits
- “Sandbag” practice
- Trade or refer some clients to other counselors in client’s best interest

# Improving Case Management Practices (cont.)

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- Evidence-Based Practice
- Process of turning clinical problems into questions and systematically locating, appraising, and using current research findings as the basis for clinical decisions
- Know what clinical questions to ask
- How to find the best practice

# Improving Case Management Practices – Evidence-Based

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- Critically appraise the evidence for validity and applicability to a specific care situation
- Evaluate the effectiveness of care and continual improvement of the process
- The best evidence-based practice is derived from a series of research results forming an empirical basis for the effectiveness of a specific treatment
- The gold standard for scientific evidence is randomized clinical trials and meta-analysis to determine effectiveness of cumulative evidence of treatment
- Review the research literature, attend professional development

# What are your issues regarding Case Management?

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Questions & Answers with Discussion

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***THANK YOU!***

# Questions...

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