

THE FIT OF CERTIFIED DISABILITY MANAGEMENT SPECIALISTS'
(CDMS) KNOWLEDGE DOMAINS WITH MINNESOTA'S QUALIFIED
REHABILITATION CONSULTANTS' (QRCS') COMPETENCIES

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ABSTRACT

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CONSULTANTS' (QRCS') COMPETENCIES

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Abstract

According to Rosenthal and Olsheski (1999), "It is difficult to find consensus regarding the essential job functions of the disability management professional" (p. 31). The primary purpose of this study is to investigate the Qualified Rehabilitation Consultants' work role behaviors specific to the domains associated with the Certified Disability Management Specialist (CDMS) certification. Qualified Rehabilitation Consultants (QRCs) are mandated by the State of Minnesota to possess certification, one option of which is Certified Disability Management Specialist (CDMS). In the State of Minnesota, Qualified Rehabilitation Consultants provide disability management services to injured workers.

The Minnesota Department of Labor and Industry (1997) states that QRCs provide services as a neutral party and have knowledge in several domains including,

medical factors, local labor markets, and Minnesota statutes concerning rehabilitation with Minnesota's laws. With such a broad base of knowledge needed to perform services, it is important for QRCs to maintain certification with the State of Minnesota.

The subjects selected for the study were derived from a database established by the State of Minnesota Department of Labor and Industry. The list consisted of 358 Qualified Rehabilitation Consultants (QRCs) currently practicing in the State of Minnesota and registered with the Department of Labor and Industry. The names and addresses of the QRCs were included in the list. All 358 subjects were mailed the survey.

The survey results show that a high correlation exists as there is a general agreement between importance and frequency. Domains ranked as follows in order of importance: Disability Case Management, Psychosocial Intervention, Vocational Aspects of Disability, Business Knowledge Related to Disability Management, and Managed Care and Disability Management Concepts.

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CHAPTER ONE

Introduction

“Disability Management (DM) is an emerging area of practice for rehabilitation professionals” (Chan, Taylor, Currier, Chan, Wood, & Lui, 2000, p. 1). Vocational Rehabilitation professionals working in this area are performing a variety of case management services. “Case management is a disciplined application of skills, tools, and techniques that facilitate positive movement toward a desired outcome” (Leahy, Chan, Shaw & Lui, 1997, p. 1). Case management skills are very important when working in all areas of rehabilitation, especially disability management.

Many different case managers with various professional backgrounds are working in the area of disability management, performing case management services. Leahy, Chan, Shaw, and Lui (1997), stated that there must be an understanding of the specific expertise of all professionals involved in case management, so that the talents of everyone are utilized effectively in the health care and rehabilitation process. Registered Nurses are able to address the medical issues of case management. Vocational Rehabilitation Counselors are able to address the vocational and training aspects of case management. Combining the skill sets of the two professions is to the benefit of the injured worker to receive optimal case management services. According to Akabas, Gates, and Galvin (1992), “the personal contact with a case manager often provides a focus and motivation for staying on the job or returning to it” (p. 78).

Everyday, millions of people in the United States enter their place of employment without thinking about the chance that they may be injured. Unfortunately, most employees are unaware of the prevalence of workplace injuries. Statistically, males have

a greater risk of experiencing a work-related injury than females. According to Akabas, Gates, and Galvin (1992), the odds of becoming disabled during the ages of 20 and 60 are greater for men than women. Statistics show that disabilities occur in one of five males and in one of seven females. This discrepancy is likely due to the type of work that males traditionally perform as opposed to females.

“Disability is an everyday event waiting to happen to any employee” (Akabas, Gates, & Galvin, 1992, p. 1). A perfectly healthy employee could suddenly sustain a soft-tissue, low-back injury while lifting a heavy box. An injury such as this ultimately requires the employee to seek medical attention and qualify for workers’ compensation benefits.

When employees experience work-related injuries, they may become scared and begin to feel their sense of security slipping away from them. Until he or she has experienced the workers’ compensation system first hand, the injured worker is unsure as to what to expect. How will they pay their mortgage payments? How will they be able to feed their families? At this point, in the State of Minnesota, the injured worker will immediately become eligible for workers’ compensation benefits. If the injury will not allow them to return-to-work without restrictions within a certain amount of time, they are also eligible to become a qualified employee and receive vocational rehabilitation services.

Disability management is a proactive approach to assist the nation’s workers’ compensation system to prevent unnecessary litigation. According to Shrey and Lacerte (1995), during the 1980s private-for-profit rehabilitation emerged. This interest in vocational rehabilitation is due to the perceived personal and economic benefits of the

intervention of rehabilitation services. Early rehabilitation interventions are key to the success of rehabilitation services. This correlates with the Minnesota Department of Labor and Industry's (DOLI's) *Guide to Minnesota's Workers' Compensation System* (1997), which states that employers should strive to bring the injured worker back to work as soon as possible. Even if the injured worker has physical work restrictions, he or she may be able to work in some capacity. Placing an injured worker in any type of light-duty work is to the benefit of both the employer and the injured worker. Early return to work will help lower workers' compensation costs, increase retention of skilled employees, and improved relations between the employer and the injured worker.

In the State of Minnesota, Qualified Rehabilitation Consultants (QRCs) direct disability management services provided to injured workers. Their services are regulated by the Minnesota Department of Labor and Industry, also known as (DOLI). According to DOLI (1997), Minnesota's workers' compensation system started in 1913, has undergone changes since that time. They went on to indicate that the changes in 1983 to the worker's compensation system encouraged early vocational rehabilitation assistance for persons injured on the job. According to DOLI (2000), "these services are provided or coordinated by vocational rehabilitation counselors who are registered as qualified rehabilitation consultants (QRCs)" (p.1). DOLI continued to say that QRCs provide services as a neutral party and have knowledge in several domains including; medical factors, local labor markets, and statutes concerning rehabilitation with Minnesota's laws.

A QRC becomes involved with an injured worker if the injury prevents the worker from returning to the job without restrictions. At this time, according to DOLI (2000), the QRC is required to determine if the injured worker is a qualified employee by

conducting an initial meeting between the QRC and the injured worker. DOLI states, “eligibility for vocational rehabilitation is based on whether: because of the injury, the worker is unable to do his or her usual and customary job; the employer is unable to provide other suitable employment, and; rehabilitation services will benefit the worker” (2000, p. 3).

The CDMSC (2001) stated, “Certified Disability Management Specialists (CDMS) contribute to workplace productivity by providing services to accommodate the medical and vocational needs of ill and injured workers, and to minimize the cost impact of disabilities and absences for employers” (p.1). According to Gilpin (2000) “disability management has evolved over the years from managing paperwork to taking a comprehensive view of an employee’s needs (p.1). Gilpin (2000) continued to state that Certified Disability Management Specialists handle a variety of duties from overseeing medical treatment to providing vocational rehabilitation.

Statement of problem

The State of Minnesota’s Rehabilitation Rule 5220.1400 Qualifying criteria for rehabilitation consultant subpart 2. Certification and education states that,

A qualified rehabilitation consultant shall possess at least one of the following credentials: A. a baccalaureate degree, together with certification by the Board of Rehabilitation Certification as a certified rehabilitation counselor or a certified insurance rehabilitation specialist; B. a baccalaureate degree together with certification by the Association of Rehabilitation Nurses as a certified rehabilitation registered nurse; or C. a baccalaureate degree together with certification by the American Occupational Therapy Certification Board as a

registered occupation therapist. Certification by the American Occupational Therapy Certification Board shall be held for five years prior to application (p. R-13).

In April 1996, as indicated in the CDMS certification guide (CDMSC, 2001), the members of the Certification of Insurance Rehabilitation Specialists Commission (CIRSC) voted to change the name to Certification of Disability Management Specialists Commission (CDMSC).

QRCs take the exam once they meet the eligibility standards set forth by CDMSC. Within the exam, a QRC is tested on 6 domains of which each domain contains several subdomains. CDMS certification guide (CDMSC, 2001) further states that,

Those who perform disability management must have specialized knowledge of medical, psychological, and functional aspects of disability, specifics associated with the applicable disability compensation systems, vocational rehabilitation theory and practice, communication, economics, ethics, and law. Knowledge in these areas promotes quality services and consistency in practice (p.1).

However, according to Rosenthal and Olsheski (1999), “it is difficult to find consensus regarding the essential job functions of the disability management professional” (p.31). The purpose of this study therefore is to investigate the QRCs’ work role behaviors specific to the domains associated with the CDMS Certification. The CDMSC is the only national body that certifies and establishes a professional code of ethics for disability management specialists.

Research Objectives

The researcher will address the following objectives:

1) To investigate the broad knowledge base of Qualified Rehabilitation Consultants providing services in the State of Minnesota.

2) To investigate if attitudes of Qualified Rehabilitation Consultants are favorable towards obtaining the CDMS certification as required by the State of Minnesota Department of Labor and Industry.

Definition of Terms

For the purpose of this study, the following key terms are defined:

Disability: any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for human being

Impairment: any loss or abnormality of psychological, physiological, or anatomical structure or function.

Qualified Employee: an employee who, because of the effects of a work-related injury or disease, whether or not combined with the effects of a prior injury or disability: A. is permanently precluded or is likely to be permanently precluded from engaging in the employee's usual and customary occupation or from engaging in the job the employee held at the time of injury; B. cannot reasonably be expected to return to suitable gainful employment with the date-of-injury employer; and C. can reasonably be expected to return to suitable gainful employment through the provision of rehabilitation services, considering the treating physician's opinion of the employee's work ability (State of Minnesota Rehabilitation Rule 5220.0100 Subp. 22).

Work-related disability: "a condition that is either caused or aggravated by the work activity or the work environment" (DOLI, 1997, p. 16).

Description of Research

A survey listing the domains and subdomains required by the CDMSC were listed with a Likert scale rating 1-7 with 1 being the lowest and 7 being the highest. The participants were asked to rate the subdomains associated with the importance and frequency of each subdomain. There were 43 subdomains listed in the survey. Each participant was also asked if he or she were in favor of the requirement to obtain CDMS set forth by the State of Minnesota and if obtaining the certification enhances service delivery quality as a QRC. The last question inquired about each participant's professional background.

Assumptions

The researcher has identified three assumptions about the survey participants. These are:

- 1) That the participants are given an adequate amount of time to read, understand, and fill out the survey.
- 2) That the completed surveys will be answered honestly by the participants.
- 3) That the surveys that are to be mailed out to the Qualified Rehabilitation Consultants (QRCs) located in the State of Minnesota will be completed and returned.

Limitations

The researcher has identified two limitations to the research. These are:

- 1) The survey results will only include the subjects who return the survey. This may diminish the sought after number of subjects.
- 2) Only one mailing list is being utilized for this survey provided by the State of Minnesota Department of Labor and Industry.

3) The surveys were only mailed to subjects living in the State of Minnesota, the data may not be generalizable outside the State of Minnesota.

CHAPTER TWO

Review of Literature

Introduction

This chapter will include a discussion of disability management domains, the history of disability management, and the scope of disability management as a whole. Also, discussion will take place regarding Minnesota's disability management program, the requirements of the CDMSC certification, and the fit between the two.

Definition of Disability Management

There are several definitions in the literature defining disability management. According to Shrey and Lacerte (1995), "disability management is operationally defined as an active process of minimizing the impact of an impairment (resulting from injury, illness, or disease) on the individual's capacity to participate competitively in the work environment" (p.5). Rosenthal and Olsheski (1999) added that disability management is "to develop and coordinate cost-effective strategies within the workplace that are targeted to prevent disability and/or workplace injury from occurring" (p.32).

A more affirmative approach can also be presented when disability management is discussed. As stated by Akabas, Gates, and Galvin (1992), disability management helps to prevent a disability from occurring or to intervene early after the onset of a disability, using collaboration of cost-effective services that reflect the organizational commitment to continued employment for the person experiencing the work limitations.

Research has shown that the earlier the intervention, the more favorable the outcome will be for the injured worker, employer, and the insurance carrier. Shrey and Lacerte (1995) stated "early intervention strategies and early return to work programs

result in decreased lost time, increased employer productivity, and decreased workers' compensation and disability costs" (26). The interventions are facilitated by a disability case manager to include individual and the work environment.

Schwartz and colleagues (cited in Akabas, Gates & Galvin, 1992) provided a greater detailed definition of disability management:

Disability management means using services, people, and materials to (a) minimize the impact and cost of disability to employers and employees; and (b) encourage return to work for employees with disabilities. A good program utilizes a company's financial and human resources in the most efficient manner and helps employees with disabilities perform at their greatest potential and satisfaction. Disability management, therefore, complements corporate values in both human resources and fiscal performance. Simply put, a disability management program encourages a healthy workforce while ensuring the company's long-term profitability (p.2).

History of Disability Management

Rehabilitation for injured workers has existed since the 1970s. However, beginning in the 1980s a more specific approach of private-sector rehabilitation, or disability management began to emerge. This approach began with the California's workers' compensation reforms in the 1970s (Shrey & Lacerte, 1995).

Before disability management programs existed, employers would often encourage a loyal injured worker with a serious disability to retire. The employer felt that a worker with a disability earned the right to an early retirement (Akabas, Gates, & Galvin, 1992). According to Shrey, and Lacerte, in the 1980s, legislation began to move forward

disability management programs. As the benefits of workers' compensation, rehabilitation began to be noticed by insurance carriers and attorneys. They used the concept in other areas of rehabilitation. This is when disability management programs began to emerge.

Disability Management Practice-National Context

As stated by Lui (2000), the American workforce is aging and employees are retiring at an earlier age. However, there is an insufficient amount of qualified individuals to replace those that are aging and retiring. Older workers are looked at as loyal employees that want to remain in the workforce but are prone to chronic illnesses and injuries. Therefore, early return to work programs and rehabilitation case management are needed in managing older injured workers' claims. Even though the workforce is aging, older workers have many skills, are loyal, and experience fewer work-related injuries than younger employees (Calkins, Lui, & Wood, 2000).

A goal of disability management, according to Akabas, Gates, and Galvin (1992), includes the partnership of all parties to have a healthier and more competitive and productive work force. Akabas, Gates, and Galvin continued, "the United States is experiencing global competition, making it vital that we achieve a highly productive labor force" (1992, p. 8).

Knowledge Domains of CDMS

The CDMSC guide noted that "a credentialing process has been developed by the Certification of Disability Management Specialist Commission (CDMSC) to certify the knowledge and skills of the practitioners who work in this specialized area of rehabilitation services" (2001, p. 2).

According to the CDMSC (2001), the following are the required knowledge domains and subdomains that a qualified candidate must be knowledgeable in:

1) Disability Case Management

- Interpersonal Communication Skills
- Interpretation of Medical Information and Terminology
- Legal and Ethical Issues in Disability Management
- Case Recording and Documentation Techniques
- Principles of Case and Caseload Management
- Disability Benefit Systems

2) Psychosocial Intervention

- Conflict Resolution Strategies
- Psychosocial Adjustment to Disabilities
- Multicultural Issues and Work/Health Behavior
- Theories and Techniques of Counseling
- Mental Health and Substance Abuse Issues in the Workplace
- Disability Adjustment Counseling
- Personality/Motivation Theories

3) Vocational Aspects of Disability

- Gathering Personal and Vocational Information
- Vocational Implications of Various Disabling Conditions
- Job Accommodation, Modification, and Restructuring Techniques
- Vocational Rehabilitation Process

- Job Analysis Methodology
- Transferable Skills Analysis Techniques
- Job and Employer Development
- Occupational Information Publications
- Psychological and Vocational Testing
- Job-Seeking Skills Development
- Methods and Techniques Used to Conduct Labor Market Surveys
- Loss of Earning Capacity Evaluation
- Theories of Career Development

4) Managed Care and Disability Management Concepts

- Cost Containment techniques
- Principles and Models of Disability Management
- Durable Medical Equipment and Supplies
- Managed Care Regulations and Managed Care Systems
- Procedures to Conduct Cost-Savings
- Organizational Training and Development Techniques
- Program Evaluation and Research
- Life Care Planning Methodologies

5) Business Knowledge Related to Disability Management

- Ergonomics and Occupational Health and Safety
- Health Care Insurance Benefits
- Health Care, Employment, and Disability-Related Legislation

- Risk Management Principles
- Employee Assistance Programs
- Human Resources Management Principles
- Marketing Techniques
- Union Rules and Collective Bargaining Provisions
- Corporate Disability Analysis Methodologies

Nuances of the Minnesota System

Minnesota's workers' compensation system is unique compared to other states in the United States. According to DOLI's *Guide to Minnesota's workers' compensation system* (1997), "Before Minnesota passed its first workers' compensation law in 1913, the injured industrial worker had three options: 1) Sue his or her employer for damages under the common-law system, 2) Hope the employer would provide financial aid, 3) Turn to private or governmental charity for help" (p.10).

All people involved with the system were not satisfied and decided they needed to make a change. DOLI, reported that insurance policies provided very little coverage. Employers were unhappy with numerous mounting accidents turning into lawsuits and the judgments awarded. This caused insurance premiums to increase the pay for the lawsuits. In 1913, the Minnesota Legislature passed a law that was a compromise reflecting the views of all parties (1997).

Presently, when an employee is first injured, a first report of injury form is completed by the injured worker and the employer. This starts the action set forth by Minnesota's Department of Labor and Industry (DOLI) to provide rehabilitation services.

DOLI has set forth strict rules and statutes that need to be followed in the workers' compensation system.

CHAPTER THREE

Methodology

Introduction

The purpose of this research was to assess the roles and functions of QRCs in the State of Minnesota and the importance and frequency of the domains and subdomains required by the CDMSC. This chapter will describe the participants in the study and how they were selected for inclusion in the study. The instrument used to collect and analyze data will also be presented in the discussion. This chapter will wrap up with a discussion of potential limitations of this study.

Subject Selection and description

The subjects selected for the study were derived from a database established by the State of Minnesota Department of Labor and Industry. The list consisted of 358 Qualified Rehabilitation Consultants (QRCs) currently practicing in the State of Minnesota and registered with the Department of Labor and Industry. The names and addresses of the QRCs were included in the list. All 358 subjects were mailed the survey.

Instrumentation

After reviewing the literature pertaining to the knowledge domains from the CDMSC and from the Minnesota system requirements, a survey was developed to provide information useful for both CDMSC and the Minnesota Department of Labor and Industry. All knowledge domains and subdomains and a Likert scale rating 1-7 for the importance and frequency of each domain associated with the role of a QRC were included in the survey. The survey was designed to be easily completed by the subjects. At the end of the survey three questions were asked to determine the background, training

of the subjects, and the importance of CDMS certification as one of the requirements to be licensed as a QRC.

Since the survey was constructed specifically for this study, there are no measures of validity or reliability. A copy of the finalized survey is located in Appendix A.

Data Collection

The subjects were mailed a cover letter explaining the purpose of the study and the confidentiality of their response, a survey, along with a self-addressed stamped envelope in order to return the completed survey. Upon receipt of the surveys submitted by the due date of November 1, 2002, they were brought to a computer center compilation using the Statistical Program for Social Sciences, version 10.0 (SPSS).

Data analysis

Data was analyzed using fully crossed correlation matrices produced by the Statistical Program for Social Sciences, version 10.0 (SPSS). Correlations were totaled and averaged by domain to ascertain the relationship between importance and frequency. The data analyzed was ordinal in nature. The data were compiled and coded by an independent researcher. Measures of central tendency (means) were compiled as well as correlations.

Limitations

The survey was created specifically for this study thus, there are no previous measures of reliability or validity. Only one mailing was sent to the QRCs registered with the State of Minnesota Department of Labor and Industry. In addition, another limitation of the survey may have been the confusion that the participants had regarding the necessity to possess CDMS certification to complete the survey.

CHAPTER FOUR

Results

Introduction

The purpose of this research was to assess the roles and functions of QRCs in the State of Minnesota and the importance and frequency of the domains and subdomains required by the CDMSC. This chapter will describe the results of the statistical analyses that were conducted to address the research questions.

Surveys were sent to 358 Qualified Rehabilitation Consultants currently registered with the State of Minnesota Department of Labor and Industry. There were 120 respondents. Seven surveys were returned to the researcher that were not completed as the participants did not hold the CDMS certification and were unsure about completing the survey. Two surveys were sent back to sender as the addresses were incorrect. Thus, a total of 111 surveys were used in the data analysis.

Demographic Information

A list of 358 Qualified Rehabilitation Consultants (QRCs) was obtained from the Minnesota Department of Labor and Industry. All 358 QRCs were initially contacted by mail to participate in the study. Of those, 120 participants actually completed and returned the survey, therefore representing 33.5% of the total possible participants. Of the 120 respondents, 32 indicated having the Certified Rehabilitation Counseling (CRC) certification, 11 indicated having CDMS certification, 14 indicated having Certified Case Manager (CCM) certification, 23 were registered nurses, 11 with Occupational Therapy training, and 1 with Physical Therapy training. Thirty-three respondents indicated

obtaining a Masters degree in Vocational Rehabilitation Counseling (note: some respondents provided multiple credentials in responses).

Item Analysis

Data was analyzed using chi square (χ^2) to ascertain the level of importance to the level of frequency of the knowledge domains and subdomains required by the CDMSC as indicated in Table 1. Disability Case Management domain and subdomains show a significant correlation ($p = .752$) between importance and frequency. Psychosocial Intervention domain and subdomains show a significant correlation ($p = .715$) between importance and frequency. Vocational Aspects of Disability domain and subdomains show a significant correlation ($p = .722$) between importance and frequency. Managed Care and Disability Management Concepts domain and subdomains show a significant correlation ($p = .755$) between importance and frequency. Finally, Business Knowledge Related to Disability Management domain and subdomains show a significant correlation ($p = .728$) between importance and frequency.

Table 1
Correlation of Subdomain Totals

	Disability Case Management	Psychosocial Intervention	Vocational Aspects of Disability	Managed Care Disability Management	Business Knowledge Disability Management
Disability Case Management	$r .752$				
Psychosocial Intervention		$r .715$			
Vocational Aspects of Disability			$r .722$		
Managed Care Disability Management				$r .765$	
Business Knowledge Disability Management					$R .728$

Research Objective Two investigated if attitudes of Qualified Rehabilitation Consultants were favorable towards obtaining the CDMS certification as required by the State of Minnesota Department of Labor and Industry. This was addressed by asking the question: Are you in favor of the requirement to obtain the CDMS certification as required by the State of Minnesota? Out of the 120 surveys received, 106 participants completed this question. According to the data, 58 participants responded yes or 48.3% were in favor of the requirement to obtain the CDMS certification and 48 participants responded no or 40% were not in favor of the CDMS certification required by the State of Minnesota.

CHAPTER FIVE

Discussion and Conclusion

Introduction

The purpose of this research was to assess the roles and functions of QRCs in the State of Minnesota and the importance and frequency of the domains and subdomains required by the CDMSC. A mailing list was obtained of all QRCs currently registered with the State of Minnesota Department of Labor and Industry. A total of 120 surveys were received by the researcher from the subjects that were mailed. This chapter will discuss the results of the data and end with the conclusion of the study.

Discussion

This study intended to address the importance and frequency of the domains and subdomains set forth by the CDMSC as used by the professionals practicing disability management in the state of Minnesota. The last questions on the survey attempted to find out if the participants were favorable to obtaining the CDMS certification as one of the requirements to also be certified with the State of Minnesota as a QRC.

The survey results show that a high correlation exists as there is a general agreement between importance and frequency. Domains ranked as follows in order of importance: Disability Case Management with a mean of 5.97, Psychosocial Intervention with a mean of 4.91, Vocational Aspects of Disability with a mean of 4.89, Business Knowledge Related to Disability Management with a mean of 3.41, and Managed Cared and Disability Management Concepts with a mean of 3.30.

Survey results indicated that the level of importance and frequency of each of the domains and subdomains are highly correlated with the services provided by QRCs. This

would also support the State of Minnesota's prerequisite to obtain the CDMS as one of the requirements to practice as a QRC in the State of Minnesota under the direction of the Department of Labor and Industry.

The Disability Case Management domain including its subdomains, received the highest mean score of 5.97. The subdomain Legal and Ethical Issues in Disability Management received a mean score of 6.25 in importance and a mean score of 5.82 in frequency. Tarvydas & Peterson (1999) stated case managers must be prepared to understand and comply with ethical standards as they deal with diverse, complex situations. The doctors, lawyers, adjusters and others that QRCs facilitate with when working with an injured worker are expected to do the same. Some members involved with the injured worker may have a different viewpoint as to what course of action should take place. The QRCs' role is to perform services that are ethically and morally legitimate for the injured worker and to facilitate the appropriate direction of the case.

The Psychosocial Intervention domain received a mean of 4.91. The subdomain Psychosocial Adjustment to Disabilities obtained a mean score of 6.21 in importance and a mean score of 5.52 in frequency. These mean scores indicated that the Psychosocial Intervention domain and the subdomain of Psychosocial Adjustment to Disabilities are important areas of practice for QRCs.

Livneh and Antonak (1999) stated that adjusting to a disability is an ongoing process that takes time. There are many changes to the individual's body, image, ego, and person-environment that take place. A successful case manager will identify these changes and make appropriate decisions as to how to proceed with the case. If an individual is not responding appropriately to the changes, further interventions may be

warranted. Case managers need to take a holistic approach to addressing efforts to help persons with their limitations including teaching personal coping and independent living skills as well as address and adapt to physical and environmental restrictions individuals may encounter.

Importantly, as noted earlier, Managed Care and Disability Management Concepts was the domain that was ranked lowest with a mean of 3.30. In addition the subdomain within Life Care Planning Methodologies received a mean score of 3.56 in importance and a mean score of 2.34 in frequency. This would assert that a majority of QRCs viewed that the Life Care Planning Methodologies subdomain was a less important area of practice. This finding could possibly be explained by Reid, Deutsch, Kitchen, and Aznavoorian (1999), that “life care planning has become a specialty area requiring not only global application of concepts of general case management, but the development of skills specific to particular disabilities” (p. 426

Of interest, over half of the individuals that filled out question #46 asking to identify their professional background, responded that they possess a Masters degree in Vocational Rehabilitation Counseling. Given Szymanski’s seminal research indicating that Masters degreed Vocational Rehabilitation Counseling practitioners provide superior case management and demonstrate better outcomes than non Masters degree Vocational Rehabilitation Counseling counterparts (1991). This speaks well for the State of Minnesota Department of Labor and Industry.

Conclusions

Three recommendations may be considered for future research to enhance this study: 1) increase the sample size by including other workers’ compensation case

management specialists' in other states; 2) re-mail the survey a second time; and 3) allow the participants more time to respond to the survey.

Hopefully, future studies will be conducted on the topic of disability case management as this is a developing and rapidly changing field both nationally and internationally. Further investigation into the functions of disability management specialists will certainly add more knowledge to this exciting field.

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Appendix A

October 15, 2002

Dear Qualified Rehabilitation Consultant:

Your Expertise is Crucial!

My name is Teri Szymanski and I am a student at the University of Wisconsin-Stout, pursuing my Master's Degree in Vocational Rehabilitation Counseling. **I am conducting a research project to determine the fit of Certified Disability Manager Specialist's (CDMS) knowledge domains with Minnesota's QRC's competencies.** Your input will help to enhance the field of QRC's! The survey will ask you to rate from 1 to 5 the level of importance and frequency you experience with each domain as determined by CDMSC.

You have been selected as part of my sample. The information that I am gathering will be kept strictly confidential. There are no identifiers, so it is not possible to link your name with your response. Your participation is completely voluntary. You have the right to refuse participation and you have the right to discontinue from participation at any time during the study. However, I would greatly appreciate your knowledge.

When the study is complete, the findings will be available upon request. If you have any questions, please contact myself, Teri Szymanski at 715-749-4038, or my advisor, John Lui at 715-232-2470.

I hope you will participate and return your completed survey in the self-addressed stamped envelope by **November 1, 2002.**

Sincerely,

Teri L. Szymanski

Enclosure

Appendix B

I understand that by returning this survey, I am giving my informed consent as a participating volunteer in this study. I understand and agree that any potential risk for this survey is small. I am aware that the information being gathered will be kept strictly confidential and that this survey contains no identifying information. You have the right to refuse to participate and that your right to withdraw from participation at anytime during the study will be respected with no coercion or prejudice.

NOTE: Questions or concerns about the research study should be addressed to Teri Szymanski at 715-749-4038, the researcher or John Lui at (715) 232-2470, the research advisor. Questions about the rights of research subjects can be addressed to Sue Foxwell, Human Protections Administrator, UW-Stout Institutional Review Board for the Protections of Human Subjects Research, 11 Harvey Hall, Menomonie, WI 54751 (715) 232-1126.

The following survey will examine the fit of Certified Disability Manager Specialist's (CDMS) knowledge domains with Minnesota's Quality Rehabilitation Consultants (QRC's) competencies. Please circle the appropriate number to indicate the importance of the domains to a QRC's role and the frequency the domain is used.

Please complete the following information to aid in the statistical analysis of the survey. All information will remain confidential.

Disability Case Management	Importance	Frequency
1)Interpersonal communication skills	1 2 3 4 5 6 7 Little Very	1 2 3 4 5 6 7 Little Very
2)Interpretation of medical information & terminology	1 2 3 4 5 6 7 Little Very	1 2 3 4 5 6 7 Little Very
3)Legal & ethical issues in disability management	1 2 3 4 5 6 7 Little Very	1 2 3 4 5 6 7 Little Very
4)Case recording & documentation techniques	1 2 3 4 5 6 7 Little Very	1 2 3 4 5 6 7 Little Very
5)Principles of case & caseload management	1 2 3 4 5 6 7 Little Very	1 2 3 4 5 6 7 Little Very
6)Disability benefit systems	1 2 3 4 5 6 7 Little Very	1 2 3 4 5 6 7 Little Very
Psychosocial Intervention		
7)Conflict resolution strategies	1 2 3 4 5 6 7 Little Very	1 2 3 4 5 6 7 Little Very
8)Psychosocial adjustment to disabilities	1 2 3 4 5 6 7 Little Very	1 2 3 4 5 6 7 Little Very
9)Multicultural issues & work/health behavior	1 2 3 4 5 6 7 Little Very	1 2 3 4 5 6 7 Little Very
10)Theories & techniques of counseling	1 2 3 4 5 6 7 Little Very	1 2 3 4 5 6 7 Little Very
11)Mental health & substance abuse issues in the workplace	1 2 3 4 5 6 7 Little Very	1 2 3 4 5 6 7 Little Very
12)Disability adjustment counseling	1 2 3 4 5 6 7 Little Very	1 2 3 4 5 6 7 Little Very
13)Personality/motivation theories	1 2 3 4 5 6 7 Little Very	1 2 3 4 5 6 7 Little Very
Vocational Aspects of Disability		
14)Gathering personal & vocational information	1 2 3 4 5 6 7 Little Very	1 2 3 4 5 6 7 Little Very
15)Vocational implications of various disabling conditions	1 2 3 4 5 6 7 Little Very	1 2 3 4 5 6 7 Little Very
16)Job accommodation, modification, & restructuring techniques	1 2 3 4 5 6 7 Little Very	1 2 3 4 5 6 7 Little Very
17)Vocational rehabilitation process	1 2 3 4 5 6 7 Little Very	1 2 3 4 5 6 7 Little Very
18)Job analysis methodology	1 2 3 4 5 6 7 Little Very	1 2 3 4 5 6 7 Little Very
19)Transferable skills analysis techniques	1 2 3 4 5 6 7 Little Very	1 2 3 4 5 6 7 Little Very
Vocational Aspects of Disability continued.....		
20)Job & employer development	1 2 3 4 5 6 7	1 2 3 4 5 6 7

	Little	Very	Little	Very
21)Occupational information publications	1 2 3 4 5 6 7 Little	Very	1 2 3 4 5 6 7 Little	Very
22)Psychological & vocational testing	1 2 3 4 5 6 7 Little	Very	1 2 3 4 5 6 7 Little	Very
23)Job-seeking skills development	1 2 3 4 5 6 7 Little	Very	1 2 3 4 5 6 7 Little	Very
24)Methods & techniques used to conduct labor market surveys	1 2 3 4 5 6 7 Little	Very	1 2 3 4 5 6 7 Little	Very
25)Loss of earning capacity evaluation	1 2 3 4 5 6 7 Little	Very	1 2 3 4 5 6 7 Little	Very
26)Theories of career development	1 2 3 4 5 6 7 Little	Very	1 2 3 4 5 6 7 Little	Very
Managed Care and Disability Management Concepts				
27)Cost containment techniques	1 2 3 4 5 6 7 Little	Very	1 2 3 4 5 6 7 Little	Very
28)Principles & models of disability management	1 2 3 4 5 6 7 Little	Very	1 2 3 4 5 6 7 Little	Very
29)Durable medical equipment & supplies	1 2 3 4 5 6 7 Little	Very	1 2 3 4 5 6 7 Little	Very
30)Managed care regulations & managed care systems	1 2 3 4 5 6 7 Little	Very	1 2 3 4 5 6 7 Little	Very
31)Procedures to conduct cost-savings	1 2 3 4 5 6 7 Little	Very	1 2 3 4 5 6 7 Little	Very
32)Organizational training & development techniques	1 2 3 4 5 6 7 Little	Very	1 2 3 4 5 6 7 Little	Very
33)Program evaluation & research	1 2 3 4 5 6 7 Little	Very	1 2 3 4 5 6 7 Little	Very
34)Life care planning methodologies	1 2 3 4 5 6 7 Little	Very	1 2 3 4 5 6 7 Little	Very
Business Knowledge Related to Disability Management				
35)Ergonomics & occupational health and safety	1 2 3 4 5 6 7 Little	Very	1 2 3 4 5 6 7 Little	Very
36)Health care insurance benefits	1 2 3 4 5 6 7 Little	Very	1 2 3 4 5 6 7 Little	Very
37)Health care, employment, & disability-related legislation	1 2 3 4 5 6 7 Little	Very	1 2 3 4 5 6 7 Little	Very
38)Risk management principles	1 2 3 4 5 6 7 Little	Very	1 2 3 4 5 6 7 Little	Very
39)Employee assistance programs	1 2 3 4 5 6 7 Little	Very	1 2 3 4 5 6 7 Little	Very
40)Human resource management principles	1 2 3 4 5 6 7 Little	Very	1 2 3 4 5 6 7 Little	Very
41)Marketing techniques	1 2 3 4 5 6 7 Little	Very	1 2 3 4 5 6 7 Little	Very
42)Union rules & collective bargaining provisions	1 2 3 4 5 6 7 Little	Very	1 2 3 4 5 6 7 Little	Very
43)Corporate disability analysis methodologies	1 2 3 4 5 6 7 Little	Very	1 2 3 4 5 6 7 Little	Very

As a QRC, are you in favor of the requirement to obtain the CDMS certification as required by the State of Minnesota? Yes No

Explain: _____

Do you feel that obtaining certification of CDMS enhances service delivery quality as a QRC? Yes No

Please indicate your professional background _____