

Kentucky Office of Vocational Rehabilitation

Meeting Minutes Public Hearings on Priority Categories

Date: June 3rd, 2025
Time: 10:00AM - 11:00AM
Zoom Teleconference

Staff Present:

Cora McNabb, Executive Director; Susie Edwards, Deputy Director; Chad Hunt; Nanci Howard; Anu Kumari; Rebecca Kinder; Brooke McDaniel; Elizabeth Shultz; Kathryn Spears; Paula Frye; Tiffanie Caristo; Adam Klaus; Holly Holderbaum; Beth McDaniel; Audra Shutt; Jennifer Dumas; Danita Kidd; Cory Hutchinson; Megan Collins; Jenny Lampton; Laura Lyle; Alan Gullet; Krystle Swartz; Angela Becker; Michelle Cobb; Dana Elbert; Adra Breeding; Kristen Beach; Holly Hendricks; Jennifer Dumas; Brent Sturgill; Brad Mills; Veronica Dale; Roxana Miracle; Ashley Taylor; and Betty Whitaker.

Guests Present:

Guests were in attendance.

Call to Order:

Susie Edwards, Kentucky Office of Vocational Rehabilitation (KYOVR), Deputy Director, called the meeting to order at 10:00am. She explained her role as facilitator and provided the public the primary reason for meeting which was to present to the public important proposed priority categories and obtain input and/or comment. She stated the presentation materials are available on the [KYOVR's website](#).

Opening Remarks:

Susie Edwards welcomed all attendees and gave the introduction of key staff. She informed the public that Communication Access Realtime Translation (CART) and American Sign Language (ASL) Interpreting services were active and would be available at each of the public forums. The definition of public meeting was provided and the requirement to hold such meetings prior to adopting any major changes to KYOVR priority categories. The email address OVRPublicComment@ky.gov was provided for the public to send written comments and/or questions. The open forum section at the end of the agenda will give the public an opportunity to speak and provide input and/or comments and ask questions. Questions and answers will be published on the OVR website no later than June 27th, 2025, noon (EST). Susie Edwards reviewed the agenda and stressed there would be time for questions and/or comments at the end of Cora McNabb's presentation.

Priority Categories Definition Presentation:

Cora McNabb, Executive Director, provided a thorough PowerPoint presentation explaining the current priority categories and the proposed definitions. She explained the basis for order of selection and that it must be based on a refinement of three criteria and the definition of an individual with a significant disability. The three criteria consist of the following: 1) the number and the degree of functional limitations; 2) the amount of time needed for KYOVR services; and 3) the number of KYOVR services needed.

Cora McNabb provided information regarding functional capacities and announced that the current definitions are as follows:

OVR Current Priority Categories

Current Priority Category 1: Is an eligible individual with most significant disability that limits three or more functional capacities.

Current Priority Category 2: Is an eligible individual with a most significant disability that limits two functional capacities.

Current Priority Category 3: Is an eligible individual with a significant disability that limits one functional capacity.

Current Priority Category 4: Is an eligible individual with nonsignificant disability.

Recommended Priority Categories

The Rehabilitation Technical Assistance Center of Quality Management and the Rehabilitation Services Administration (RSA) recommend three categories.

Recommended Priority Category 1 is eligible individuals with the “most” significant disability.

Recommended Priority Category 2 is eligible individuals with a significant disability.

Recommended Priority Category 3 is all other eligible individuals with disabilities.

Cora provided attendees with information regarding other states that are in order of selection and how many categories they have that are currently open. She announced the proposed refinement of categories as follows:

Proposed Draft Priority Categories

Proposed Category 1 is an individual with a “most” significant disability, an individual with a disability who has been determined eligible for KYOVR services, requires multiple KYOVR services over an extended period, and experiences serious limitations in four or more areas of functional capacity.

Proposed Category 2 is an individual with a significant disability, an individual with a disability who has been determined eligible for KYOVR services, requires multiple Vocational Rehabilitation services over an extended period of time, and experiences serious limitations in 1 to 3 areas of functional capacity.

Proposed Category 3 is an individual with a disability, an individual who has been determined eligible for Vocational Rehabilitation services and does not meet the criteria for an individual with a most significant disabilities in terms of an employment outcome.

Additionally, another option for proposed recommendations was presented as follows:

Proposed Priority Category 1 is an individual with a most significant disability means an individual who has a significant disability that limits four (4) or more areas of functional capacity, in terms of an employment outcome.

Proposed Priority Category 2 is an individual with a significant disability means an individual with a severe disability that seriously limits three (3) areas of functional capacity in terms of an employment outcome.

Proposed Priority Category 3 is an individual with a significant disability means an individual with a severe disability that seriously limits one (1) to two (2) areas of functional capacity in terms of an employment outcome.

Proposed Priority Category 4 is an individual with a disability that does not meet the criteria for a significant disability nor the criteria for an individual with a most significant disabilities in terms of an employment outcome.

Deputy Director. Susie Edwards opened the floor for public comment. Questions and their respective answers were:

Open Forum:

- 1.) Under which category would substance use disorder fall if it's the individual's only diagnosis? Furthermore, if an individual presents with substance use disorder in combination with a physical health condition injury or two disabilities would this impact or elevate the category in which they are classified?
 - Priority category determination is not disability specific. It depends on how many functional limitations that individual experiences from having a substance use disorder. It also depends on how the additional physical conditions or disabilities impact that individual's ability to work. But, yes, typically when individuals have more than one disability, they experience multiple functional limitations and therefore would be placed in a higher priority category.
- 2.) I wish to affirm somewhat that the three-tier set of categories that were submitted to the federal rehabilitation agency because they are very ambiguous. We have most significant, significant, and no significant or most significant disability. The four-tier approach is probably at some point going to run into the same problem we did because they have their numbers three and two defining significant disability in two with at two different levels of significance. And this was what got us with our initial proposal where we had two different categories for most significant disability. It's clear that a lot of

thought has gone into this, and I really commend our VR staff for taking the time to come up with this proposal.

- The only priority category the agency can refine is “most” significant. To clarify the only category that you can have more than one priority category for is “significant disability”.
- 3.) I didn't realize each state set their own definitions of limitations/categories. I thought RSA had them set for everyone if that makes sense.
- 34 CFR defines significant disability but leaves it up to the states to set their priority category definitions. There is a [state plan portal](#) individuals can view where they can search by state to view other state plans. There you can find a wide variety of priority category definitions.
- 4.) Let's say that these changes are implemented, and the agency moves from the four-tier to a three-tier system and let's hypothetically by the end of summer Category one is opened back up and we're able to serve individuals with the most functional disabilities. Are we going to maybe look at changing some definitions for success or some metrics for stability instead of just constantly having to cycle people through? Is there any chance we could visit how success is monitored and measured? As Category one shifts to incorporate only the most significant disabilities those of us who work were Category one clients sometimes run into a barrier where the definitions OVR uses to consider folks stable or successful aren't necessarily intuitive to that individual. Is that something that may be getting revisited at some point in the future?
- OVR follows CFR 361.56 Requirements for closing the record of services of an individual who has achieved an employment outcome. Order of Selection does not impact how we determine if employment is stable or when it is appropriate to close an individual's case successfully.
- 5.) How will these category definitions be applied and assessed? Will current open cases have to be applied to these new levels, or will those be closed before these new assessments are implemented?
- OVR follows 34 CFR 361.42 Assessment for determining eligibility and priority for services. Currently counselors use the eligibility worksheet to assess the appropriate priority category of service. Once we redefine the priority categories and establish new priority category definitions the worksheet will be updated to reflect those changes. The counselors will conduct an assessment for determining the priority category of service for each individual.
 - Consumers will remain in the category they are assigned when they were determined eligible for services. Counselors will not go back and reassess after the agency has redefined the agency's priority categories. However, it is important for consumers to understand that if an individual feels they are assigned the wrong priority category, they can request a redetermination of their priority category from their counselor. If a redetermination of their

priority category is requested, the counselor can request updated information on their disability and their limitations.

- 6.) Once everything is submitted and approved, is there a time frame to where the categories can be opened to start services? Would that be immediate or in days, weeks?
- The agency does not have an estimated timeline. This is the first time this type of situation has occurred. Once OVR follows the process under state and federal law for redefining the priority categories the office must do regulatory, policy and form changes. As stated in all the public hearings, we are committed to completing the process as quickly as possible while assuring quality practices were used in the decision-making process. OVR wants to assure that through the process we have analyzed the full impact of the changes and actions taken are appropriate.
- 7.) I work mainly with Employment & Retention (E & R) consumers. Will consumers who fall into E & R be considered for category one or two? Also, if a consumer is seeking financial assistance with college or a training, will these categories remain in place?
- Category assignment it is not service specific so individuals who are receiving employment retention services could be in any open category that we have. In terms of a consumer seeking financial assistance for college or training, the services that an individual is requesting does not impact their priority category assignment, it is the designation that they require multiple services over an extended period which can influence their priority category assignment.
- 8.) With new eligibility forms coming, will we have to go back and redo the ones we have done to reflect the change?
- No, the agency will not be redoing current eligibility worksheets. Once the priority categories are updated, the agency will develop a new worksheet that reflects those redefined categories. Then, the agency will implement those definitions and provide counselors with an updated worksheet at that time and counselors will use that form, moving forward.
- 9.) I just want a clarification. People who already have a rehabilitation plan prior to the order of selection going into effect will still be served, is that correct?
- Yes, you are correct. Individuals who have a signed implemented plan in place will continue to receive services.
- 10.) Considering various disabilities in terms of functional limitations, and although it's not disability based, I can clearly see where visual impairment and blindness would be likely to meet at least four of the functional limitations. But, given the kinds of limitations that go along with blindness, I could certainly see

it landing frequently in the most significant category provided our category assignments get approved.

- Thank you! Your comment is received.

11.) What would be the reason not to follow RSA recommendation of the three options and do you see a benefit to one or the other?

- One of the reasons that RSA recommended three is, they felt administratively it would be easier to administer three categories instead of four. It is an individual preference of each state agency to define their priority categories based on the three criteria presented in this session using the definition of significant disability.

12.) Just to be clear, VR counselors determine the category?

- That is correct. Regulations found at 34 CFR 361.13(c) require that certain functions be reserved solely to the staff of the Designated State Unit and that these functions may not be delegated to any other agency or individual (34 CFR 361.13(c)(2)). At a minimum, these “non-delegable” responsibilities relate to decisions affecting eligibility, the nature and scope of services, and the provision of those services (34 CFR 361.13(c)(1)(i)); the determination to close the record of services of an individual who has achieved employment outcomes (34 CFR 361.13(c)(1)(ii))

13.) If there are three categories instead of four, does that mean waitlists are going to be longer? In theory we're not changing the number of providers; is it going to be comparable to what it is now?

- The agency probably would have the same number of consumers on the waitlist; however, the numbers on the waitlist for the different categories would change based on whether there are three or four categories. The number on the waitlist would depend on the number of applicants.
- OVR is not sure about what is being asked about the number of providers, but OVR does not control changes in the numbers of providers.

Additional and Online Comments

14.) Thank you for the opportunity to make comment in regard to this regulation. With the order of selection as outlined, I am curious as to how many consumers with multiple disabilities that according to this statement would be prioritized are enrolled on Medicaid? I am asking because in regard to hearing technology, according to the expanded benefits for adults, I would assume that a large portion of these patrons could possibly be Medicaid recipients and could receive medical equipment coverage through that program thereby leaving more resources for those that are not Medicaid recipients. At a minimum this should be tracked.

- Thank you for your comment. The Office of Vocational Rehabilitation does explore comparable benefits, including but not limited to Medicaid,

Medicare, private health insurance, and other community resources, with all consumers. This ensure that potential alternative funding sources are given full and appropriate consideration in accordance with federal regulations.

15.) I just wanted to say thank you all for your time and for answering questions.

- Thank you for your comment.

16.) As a previous OVR Counselor I think raising the number from 3 to 4 areas of functional capacities to meet the Most Significant Disability eligibility would eliminate a lot of consumers if that were the only Category open to services.

- OVR will document all submitted comments from this meeting and those submitted via email. The public comment period started May 21st, 2025, and it will end June 27th, 2025. The collected public comments will appear in the minutes from this hearing and will be [published on the OVR website](#) no later than June 27th, 2025, at noon (EST).

After public comment, Susie Edwards, Deputy Director, thanked the public for their participation and comments. She reiterated that minutes from the hearing would be up published on the OVR website no later than June 27th, 2025, at noon (EST). She noted the public comment period started May 21st, 2025, and it will end June 27th, 2025.

Adjournment

Susie Edwards thanked the participants and adjourned the public forum at 11:00 AM.