

April 14, 2009

DIRECTIVE:	JOB CORPS PROGRAM INSTRUCTION NO. 08-26
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TO: ALL JOB CORPS NATIONAL OFFICE STAFF
ALL JOB CORPS REGIONAL OFFICE STAFF
ALL JOB CORPS CENTER DIRECTORS
ALL JOB CORPS CENTER OPERATORS
ALL NATIONAL TRAINING AND SUPPORT CONTRACTORS
ALL OUTREACH, ADMISSIONS, AND CTS CONTRACTORS

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National Director
Office of Job Corps

SUBJECT: Reasonable Accommodation, Case Management, and CIS Disability Data

1. Purpose. To clarify the difference between health case management and reasonable accommodation for students with disabilities and provide updated information about disability and reasonable accommodation data collection in the Center Information System (CIS).

2. Background. The National Office of Job Corps began collecting and analyzing disability-related data from centers in January 2002. In 2004, to ease the reporting burden on center staff, to allow the program to collect more detailed data about students with disabilities, and to allow centers to create and manage accommodation plans using CIS, the Job Corps Data Center developed disability data collection and disability accommodation screens in CIS.

Since 2004 information has been gathered on how to make the system more user friendly, and additional information has been learned about reasonable accommodation from a legal/regulatory perspective. Therefore, the disability data collection and disability accommodation screens in CIS are currently being revised. This revision may take some time to complete, so information to clarify the difference between reasonable accommodation and case management is being provided as an interim step. In addition, a minor change to the disability data collection entry requirements is being required. These interim steps will ensure the program is more accurately collecting and reporting information about students with disabilities. It will also decrease the amount of staff time being devoted to creating and maintaining accommodation plans, as some information being entered as part of these plans is actually health case management and is already captured using other methods (e.g., student health record, chronic care management plans [CCMPs], other center/regional health forms, case notes).

a. **Reasonable Accommodation.**

The Policy and Requirements Handbook (PRH) requires that all applicants and students with disabilities be provided the opportunity to request and receive reasonable accommodation in accordance with Section 188 of the Workforce Investment Act of 1998, Section 504 of the Rehabilitation Act of 1973, and their implementing regulations.

Accommodations are any changes to the environment or in the way things are customarily done that give a person with a disability¹ an opportunity to participate in the application process, job, program, or activity that is equal to the opportunity given to similarly situated people without disabilities. Reasonable accommodation may involve providing an appropriate service or product; modifying or adjusting a job, work/academic environment, policy, program, or procedure; or any other action that removes those barriers for the person with a disability.

Below are examples of accommodations provided by Job Corps centers:

- (1) Change to a policy/procedure (schedule adjustment) – A student who is diabetic may need to have a schedule adjustment that allows him or her to come to wellness each day 30 minutes before lunch.
- (2) Change to a policy/procedure – A student with an anxiety disorder may have a pass to leave class 5 minutes before it ends, may be able to have a certain seat in the classroom, and may be able to shower before or after other students in the dormitory.
- (3) Change to a policy/procedure – A student with a learning disability may be provided double time during testing.
- (4) Change to a policy/procedure – A student with Attention Deficit/Hyperactivity Disorder (ADHD) may have testing accommodations that allow him or her to test in a private setting.
- (5) Change to a policy/procedure – A student with a physical condition limiting mobility may be provided an elevator pass.
- (6) Change to a policy/procedure – A student with a seizure disorder may be provided a bottom bunk.

¹ The regulations implementing Section 188 of the Workforce Investment Act of 1998 (WIA) and Section 504 of the Rehabilitation Act of 1973 (Section 504) define such a disability as “a physical or mental impairment that substantially limits one or more of [a person’s] major life activities.” Whether a particular person has an impairment that satisfies this definition, and whether a specific accommodation is appropriate for a particular person, must be determined on a case-by-case basis.

- (7) Change to a policy/procedure – A student on the autism spectrum may be exempted from attending large assemblies (due to sensory difficulties) and instead allowed to watch the assembly later via videotape.
- (8) Providing an appropriate service – A student who is deaf may be provided a sign language interpreter.
- (9) Providing an appropriate service – A student who is blind may be provided a mobility coach to assist in learning to navigate the center.
- (10) Modifying or adjusting a job, work/academic environment – A student with a vision or motor impairment may use voice dictation software to type instead of a keyboard.
- (11) Modifying or adjusting a job, work/academic environment – A student with a print disability (i.e., a form of a learning disability such as dyslexia) may need center informational and instructional materials in an alternate format such as audio tape.

Additional information about reasonable accommodation and examples of common accommodations are available in the reasonable accommodation section of the Job Corps Disability Web site.

b. Case Management of Health Needs.

The Case Management Society of America defines case management as:

"a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes."

The PRH requires case management of health needs in Chapter 6, Section 6.10, R1.b.4: "Students identified as having chronic health problems during the cursory or entrance physical shall be monitored as directed by the center physician or other appropriate center health care provider."

In Job Corps, case management of health needs is accomplished using several methods. Several CCMPs and Mental Health Chronic Care Management Plans (MHCCMPs) have been developed to provide a systematic approach for the treatment of chronic and other diseases/disorders. These plans are available in Information Notices 06-17 and 08-02. Regions and centers may also use a variety of forms/tool to case manage health needs.

Below are examples of health case management provided by Job Corps centers:

- (1) A student who is a diabetic will be monitored in the wellness center for medication compliance, blood sugar levels, and knowledge of his chronic condition. This is done during scheduled wellness hours.
- (2) A student with a prosthesis is followed in the wellness center for maintenance of the skin under the prosthesis. This is done during the scheduled wellness hours. This student is 16 and it is necessary, because of continuing growth, for him to see his own health care provider to monitor the fit of the prosthesis once a quarter. These appointments can be scheduled after the training day.
- (3) A student with a depressive disorder will be monitored for changes in behavior that might signal the increase of symptoms. Medications will be monitored by the wellness staff during scheduled wellness hours. If there is a concern, a visit with the center mental health consultant (CMHC) can occur.
- (4) A student with an anxiety disorder will meet with the CMHC to discuss the timing and nature of anxiety symptoms. Medications will be monitored by the wellness staff during scheduled wellness hours. A referral to TEAP specialist for substance use evaluation will be made. A plan to monitor changes in behavior and program participation that might indicate an increase in symptoms will be developed with the student.
- (5) A student with bipolar mood disorder will be monitored for variations in mood, sleep and activity level that may indicate signs of a relapse. Medications and side effects will be monitored, including serum levels and urinalysis, if relevant. Referrals to the CMHC and center physician/consulting psychiatrist will be made as needed. The student will be educated about signs of relapse, management of stress, sleep hygiene, decreasing risky behaviors, and managing symptoms in an employment setting.

c. **Relationship Between Reasonable Accommodation and Case Management of Health Needs**

A case management plan may or may not include reasonable accommodations as part of the plan. A student with a reasonable accommodation plan must have a disability and may or may not have a case management plan. A reasonable accommodation plan cannot be used as a substitute for a case management plan. The reasonable accommodation plan should be individualized and should not contain a student's disability, diagnosis, medications, or health history; its purpose is to inform staff of the specific accommodations the student must be provided.

The following chart provides some examples of case management and reasonable accommodation for specific conditions/disorders. *Note: Health case management and reasonable accommodation plans must **always** be individualized for each student; therefore, the **examples** provided are not meant to be inclusive of the needs of all students with the described condition/disorder. Also, it should not be assumed a student with the described condition/disorder will or will not need a case management or reasonable accommodation plan based solely on the information provided.*

Condition/Disorder	Health Case Management	Reasonable Accommodation
Mild Asthma	<ul style="list-style-type: none"> • Offer student medical identification bracelet • Provide education regarding self-management • Discuss trade selection and impacts on condition • Discuss lifestyle changes such as smoking cessation and avoidance of secondhand smoke • Educate student and staff about the condition 	<ul style="list-style-type: none"> • This student would likely not have an accommodation plan. If the condition worsened to the point where it became disabling, an accommodation plan could be created
Mobility Impairment/ Wheelchair User	<ul style="list-style-type: none"> • Monitor skin condition weekly 	<ul style="list-style-type: none"> • Provide elevator pass • Modify work station in career technical classroom • Add grab bars to shower in dormitory • Repair ramp to entrance of career technical building to allow student access to the building • Provide buddies for assistance with tray in cafeteria line and for safety during emergency/evacuation
Seizure Disorder	<ul style="list-style-type: none"> • Offer student medical identification bracelet • Restrict driving until seizures controlled for an interval of time specified by the state motor vehicle administration • Discuss trade selection; approval subject to center physician's approval • Develop and distribute response plan to center staff in case of a seizure • Monitor blood level of medication quarterly • Educate regarding self-management if seizure occurs 	<ul style="list-style-type: none"> • Provide bottom bunk in dormitory
Asperger's Syndrome	<ul style="list-style-type: none"> • Establish a symptom action plan for current and/or recurring behaviors and symptoms which may include sensory and motor difficulties • Educate student about self-care plans to monitor and cope with Asperger's symptoms with a focus on personal 	<ul style="list-style-type: none"> • Use visual supports to aid understanding such as videotapes of instruction • Notify student ahead of time about a change in schedule • Provide earplugs or noise-cancelling headsets for managing transitions

	<p>strengths</p> <ul style="list-style-type: none"> • Educate staff and students about Asperger's to increase positive interactions • Educate staff about Asperger's and behavioral techniques • Encourage participation in social skills training • Refer to CMHC as needed • Monitor medication for co-existing mental health conditions, if applicable 	<p>between classes, during lunch, or for use in other noisy environments</p> <ul style="list-style-type: none"> • Use computer for writing assignments to include Web diagramming software • Allow testing in a private or small group setting • Provide written copies of notes • Break instructions down into chunks or provide digital voice copy
Gender Identity Disorder (Transgender)	<ul style="list-style-type: none"> • Collaborate with student to identify housing, educational, and social strategies to facilitate success in the program • Screen for co-occurring mental health disorders • Work with counselor to develop support plan to prevent psychological issues from occurring or dominating student's ability to function in program • Refer to CMHC, center physician, and/or consulting psychiatrist as needed • Provide medication monitoring, if applicable • Refer to physician regarding medical concerns • Offer information on resources in community 	<ul style="list-style-type: none"> • This disorder is currently not recognized as a disabling condition; therefore, the student would not have an accommodation plan
Schizophrenia	<ul style="list-style-type: none"> • Give student information about the course and management of Schizophrenia, including the importance of compliance with medication and the management of stress • Monitor medication and side effects • Assist student in identifying early warning signs preceding relapse and develop response plan • Refer to CMHC, center physician, and/or consulting psychiatrist as needed 	<ul style="list-style-type: none"> • Allow flexible training schedule – breaks when symptoms exacerbate or when feeling stressed • Allow student to have a quiet secluded place to complete assignments and tests • Identify “quiet place” in the dorm that student can use when feeling stressed or does not want social interactions • Consider single room or fewer roommates when possible
Learning Disabilities	<ul style="list-style-type: none"> • This student would likely not have a health case management plan 	<ul style="list-style-type: none"> • Provide copies of notes • Provide study guides • Allow extra time to complete assignments • Chunk instruction and assignments into smaller segments • Provide graph paper in math • Allow use of a calculator • Provide videotape of classroom instruction • Allow use of a digital voice recorder

		<ul style="list-style-type: none"> • Allow small group testing • Allow use of reading software to access written materials • Allow use of writing software to create written materials
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3. References. Reasonable accommodation and disability data collection processes are already required by the PRH and Job Corps directives. Current references related to the provision of reasonable accommodation at the center level and disability data collection include:

- a. PRH Chapter 1—Requires centers to engage applicants who request reasonable accommodation or provide information indicating reasonable accommodation may be necessary in an interactive process to determine accommodation needs.
- b. PRH Chapter 6 Section 6.11, R7.b—Requires centers to develop written reasonable accommodation policies and procedures.
- c. Appendix 605—Provides definitions and documentation requirements related to reasonable accommodations for applicants and students with disabilities.
- d. Program Instruction 06-27—Reminds center and outreach staff about requirements related to reasonable accommodations and requires all Job Corps staff to use the reasonable accommodation guidelines section of the Job Corps Disability Web site to ensure that reasonable accommodation obligations are being met.
- e. PRH Chapter 6, Section 6.11, R7.c —Requires center to have a method to accurately collect and submit all required disability data.
- f. Program Instruction 04-02, Computer Information System (CIS) Disability Data Collection Screen—Provides information about entering disability data in CIS.

4. Action. In the CIS disability data collection data entry screen, the following choices have been deleted from the *accommodation* field as they are not reasonable accommodations, but rather case management, and should not be included in data collected about reasonable accommodation:

- a. Mental Health Counseling/Treatment
- b. Psychotropic/Psychiatric Management
- c. Chronic Illness Treatment/Management
- d. Drug/Alcohol-related

Disability coordinators should continue entering data as they normally would, the only difference being fewer choices in the *accommodation* field. For accommodations currently being provided and not captured in the remaining choices, the disability coordinator should select

“other.” When the CIS revisions are complete, the drop-down choices will be more inclusive of the accommodations being provided in the Job Corps setting.

From this point forward, accommodation plans should only be created for students actually receiving accommodations. For those students only being case managed, this information should be created and shared using another method.

Technical assistance related to the CIS change or determining the difference between case management **and reasonable accommodation** is available from your regional disability coordinator. Regional disability coordinator contact information is available on the home page of the Job Corps Disability Web site. The Regional disability coordinators will also provide additional information and related training through upcoming webinars or regional conference calls. Center disability coordinators will receive information by e-mail about scheduled training.

When the CIS changes are complete this information will be provided through a CIS Release Note and supported with a Program Instruction that provides additional guidance to center staff.

Addressees are to ensure that this Program Instruction is distributed to all appropriate staff, especially disability coordinators.

5. Expiration Date. Until superseded.

6. Inquiries. Inquiries should be directed to Carol Abnathy at (201) 693-3283 or abnathy.carol@dol.gov, or Johnetta Davis at (202) 693-8010 or davis.johnetta@dol.gov.