

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

DEPUTY COMMISSIONER FOR ADULT CAREER AND CONTINUING EDUCATION SERVICES Tel. (518) 474-2714 Fax. (518) 474-8802

August 29, 2012

U.S. Department of Education 400 Maryland Avenue SW., LBJ Washington, DC 20202-4537 Attn: Darrin A. King

Regarding: Federal Register, Advanced Notice of Proposed Information Collection Requests; Office of Special Education and Rehabilitative Services; Annual Vocational Rehabilitation Program/Cost Report (Rehabilitation Services Administration (RSA)-2); OMB Control Number 1820-001, and Case Service Report (Rehabilitation Services Administration (RSA)-911); OMB Control Number 1820-0508 as published in the Federal Register, July 2, 2012.

Electronically mailed to <a href="https://www.iceacherter.com">ICDocketMgr@ed.gov</a>

Dear Mr. King:

In response to the Advanced Notice of Proposed Information Collection Requests: Annual Vocational Rehabilitation Program/Cost Report (RSA-2) and Case Service Report (RSA-911) as published in the Federal Register, July 2, 2012, the following comments are offered on behalf of New York State Education Department (NYSED). NYSED administers both the Vocational Rehabilitation and Independent Living programs through the Office of Adult Career and Continuing Education Services – Vocational Rehabilitation (ACCES-VR). We are responding to your request for public comment regarding the proposed changes.

<u>Primary and Secondary Disability for Physical Impairments (elements #24 and 26):</u> Proposed Change: Replace current impairment codes with the six digit disability code from the current version of the International Classification of Disease (ICD).

Presently, vocational rehabilitation (VR) collects data about physical impairments for the RSA-911 report by assigning codes in 1 of 16 categories to classify physical impairments (9 codes for sensory/communicative impairments and 7 for physical impairments) and assigning an additional code from 1 of 38 categories that identify the causes/sources of impairments. It is being proposed that these impairment codes be replaced with the six digit disability code from the current version of the International Classification of Disease (ICD).

While we recognize that the current disability impairment codes need to be improved, we believe it is premature to change the system to the ICD codes. These codes have too great a degree of specificity to be meaningful to VR. There are approximately

70,000 ICD-10 codes, as compared to the 54 codes presently used by VR. The on-line training tool that provides information about "how to code" is comprised of 22 chapters.

Vocational rehabilitation counselors do not have the clinical expertise to assign ICD codes and will likely need to gather additional medical reports by qualified health professionals. This could impede access to and eligibility for VR services for consumers. Furthermore, this level of detail is not required by Federal Regulation or policy.

We recommend that alternative options for VR data codes be explored. Perhaps an abbreviated list of ICD codes for VR purposes or other system might be more relevant for collecting data.

<u>Primary and Secondary Disability for Mental Health Impairments (elements #25 and 27):</u> Proposed Change: Replace current impairment codes with codes from the Diagnostic and Statistical Manual of Mental Disorders (DSM) codes.

Presently, VR uses three codes to report data about mental health impairments for the RSA-911 report. It is being proposed that these impairment codes be replaced with Diagnostic and Statistical Manual of Mental Disorders (DSM) codes. VR would need to gather information on the first three digits of the five digit DSM code, at minimum.

We support using a more comprehensive system to code impairments, but requiring VR to have a DSM code for reporting purposes could negatively impact the timeliness of VR services to individuals seeking services. These codes are not required by regulation or in policy, and are not always readily available. VR counselors do not have the authority to assign DSM codes, and would need to seek additional medical information. The requirement to have these codes could delay the application process and eligibility determination.

We recommend that the current impairment codes could be expanded to provide additional information, without requiring VR to obtain a medical code that does not improve services our employment outcomes, but is used solely for data purposes.

## Benefits Counseling (elements #228-234):

Proposed Change: New data element for reporting purposes.

Benefits counseling can be provided to individuals many times throughout the VR process and can include several levels of advisement, depending on each individual's situation. RSA should clearly identify what specific data is to be reported within this category of benefit counseling (i.e., is it the number of referrals for advisement, advisement provided for a fee, advisement provided by VR, when in the process advisement is provided, etc.). VR will need to develop a process to capture this data.

Customized employment services are individually negotiated and designed services, supports and job opportunities for an individual with a significant disability that lead to an employment outcome of customized employment. This proposed definition of customized employment services overlaps with several other VR services, such as job placement and supported employment. Customized employment is not defined in the Rehabilitation Act or discussed in Federal Regulations. Although it is a promising practice, it is not evidence based.

We caution RSA in using this nomenclature and recommend waiting until the law and regulations define customized employment before identifying data elements to collect about this service.

## <u>At Closure - Number of Jobs; Occupation; Hours Worked; Weekly Earnings (elements # 251-256)</u>

Proposed Change: New data element for number of jobs, and new definition for reporting occupation, hours worked and weekly earnings.

Presently VR records data about employment outcomes by reporting the occupation, number of hours worked and weekly earnings. There is no delineation about primary or secondary jobs. The proposed change to report only information about a "primary" job will provide skewed and inaccurate information about employment outcomes for individuals with disabilities. It will not reflect the actual hours worked, or wages earned, and will negatively impact VR's performance standards. For example, a person who works two part time jobs, such as one job for 20 hours a week and another job for 15 hours a week, is actually working 35 hours a week, but VR would only report that the individual is working 20 hours a week, if that is the primary job. Furthermore, both jobs could be consistent with the Individualized Plan for Employment (such as cashier).

We recommend that if data is going to be collected about whether an individual has more than one job, that data also be collected about the actual number of hours worked and wages earned for an individual with a disability.

Thank you for allowing us the opportunity to provide comment on your Advanced Notice of Proposed Information Collection Requests, RSA-911 Report. We look forward to working with you to make the data collected as relevant as possible, while maintaining the efficiency and integrity of services to individuals with disabilities seeking employment.

Sincerely,

Kevin G. Smith