

SUPPORTING STATEMENT

REHABILITATION ACTION REPORT (FORM OWCP-44)

OMB NO. 1240-0008

A. Justification

1. Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collections. Attach a copy of the appropriate section of each statute and of each regulation mandating or authorizing the collection of information.

The Office of Workers' Compensation Programs (OWCP) administers the Federal Employees' Compensation Act (FECA) and the Longshore and Harbor Workers' Compensation Act (LHWCA). These acts provide vocational rehabilitation services to eligible workers with disabilities. Section 8104(a) of the FECA and § 939(c) of the LHWCA provide that eligible injured workers are to be furnished vocational rehabilitation services, and § 8111(b) of the FECA and § 908(g) of the LHWCA provide that persons undergoing such vocational rehabilitation receive maintenance allowances as additional compensation. Form OWCP-44 is used to provide prompt notification of key events in the vocational rehabilitation process that may require OWCP action related to claims and benefits. This information may be used to decide if maintenance allowances should continue to be paid. **See**

<https://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=c131552afa82be329e42e2c9d62a41c8&rgn=div5&view=text&no=20:1.0.1.2.2&idno=20>

<https://www.dol.gov/owcp/dlhwc/lslaws.htm>

2. Indicate how, by whom, and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection.

Form OWCP-44 is submitted to OWCP by contractors hired to provide vocational rehabilitation services. Form OWCP-44 gives prompt notification of key events that may require OWCP action in the vocational rehabilitation process. For example, when a disabled worker returns to work, benefits must be promptly adjusted to

avoid an overpayment. All items are completed by the rehabilitation counselor from information in his or her records.

If Form OWCP-44 were not utilized, delays in acting would cause waste of government funds and additional paperwork. The form minimizes the potential for waste, fraud, and abuse by requiring involved personnel in OWCP to take appropriate action toward an expeditious return to remunerative work, to reduce wage-loss compensation, or to terminate wage-loss compensation and close the case.

3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g. permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also, describe any consideration of using information technology to reduce burden.

In accordance with the Government Paperwork Elimination Act, Form OWCP-44 is electronically interactive and is posted on the Internet at <https://www.dol.gov/general/forms>

The rehabilitation counselor may complete the form online and send it by secure email or print out a paper copy and mail or fax it to OWCP.

As the form may be accompanied by a number of attachments and must be signed by the Rehabilitation Counselor, electronic submission of Form OWCP-44 was not previously considered to be practicable.

However, to improve upon the capabilities for the public to submit DFEC documents, OWCP has developed an alternative to mailing of documents. This application, known as The Employee Compensation Operations and Management Portal (ECOMP) is internet based, and allows the users the ability to submit a completed form electronically into their respective case record. This application is available to the claimant, employing agency, and medical provider, as appropriate. There is no cost involved to the general public. While most of these forms are still submitted either via fax or mail, an average of 300 forms were submitted electronically via ECOMP during FY2014-2016. See

<https://www.ecomp.dol.gov/#>

4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item A. 2 above.

The information requested in this collection is not duplicative of any information available elsewhere. The vocational rehabilitation counselor is the only source of the required information.

5. If the collection information impacts small businesses or other small entities, describe any methods used to minimize burden.

The information collection does not have a significant economic impact on a substantial number of small entities.

6. Describe the consequence of Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.

If this information were not collected OWCP would be unaware when specific points in the rehabilitation process that have an effect on the payment of compensation have been reached. The purpose of Form OWCP-44 is to assist the claims examiner and OWCP rehabilitation specialist to make an informed decision on formal rehabilitation services for the disabled worker.

7. Explain any special circumstance.

There are no applicable special circumstances for this information collection.

8. If applicable, provide a copy and identify the date and page number of publication in the Federal Register of the agency's notice, required by 5 CFR 1320.8 (d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the agency in response to these comments.

This form has been in use since 1993. Development of the form arose from OWCP's need to respond expeditiously to return-to-work and claims adjudication issues concerning injured workers. During this period, there were no complaints from our contractors about the manner in which the form has been used. If any

complaints or suggestions for improvement are received, they will be carefully evaluated and appropriate action will be taken.

A Federal Register Notice inviting public comment was published on October 18, 2017(82FR48533). No comments were received.

9. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.

There is no gift or payment to respondents other than remuneration to contractors for services and expenses.

10. Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulations, or agency policy.

The information collected by these forms is maintained in FECA claim files, which are fully protected under the Privacy Act. The applicable Privacy Act system of records for DFEC is DOL/GOV-1, 77 Fed. Reg. 1728 (Jan. 11, 2012): for LHWCA, DOL/OWCP 3 and DOL/OWCP 4, 81 Fed. Reg. 25859-61 (April 29, 2016). A Privacy Act Statement has been added to this form associated with this information collection. See

<https://www.dol.gov/sol/privacy/dol-govt-1.htm>.

<https://www.dol.gov/sol/privacy/dol-owcp-3.htm>

<https://www.dol.gov/sol/privacy/dol-owcp-4.htm>

All Rehabilitation Action Reports that are submitted are fully protected by the Privacy Act in the following systems of records: DOL/GOVT-1 (FECA); and DOL/OWCP-3 and DOL/OWCP 4 (LHWCA).

11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private. This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.

There are no questions of a sensitive nature contained on the form.

12. Provide estimates of the hour burden of the collection of information. The statement should:

Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated. Unless directed to do so, agencies should not make special surveys to obtain information on which to base burden estimates. Consultation with a sample of potential respondents is desirable. If the burden on respondents is expected to vary widely because of differences in activity, size, or complexity, show the range of estimated burden and explain the reason for the variance. Generally, estimates should not include burden hours for customary and usual business practices.

Based upon experience with this form, it is estimated that 4,066 forms will be filed annually and that it will require 10 minutes for each respondent (Rehabilitation Counselor) to read instructions, fill in the basic claims information and return the form to OWCP. This estimate is considered to be reasonable since the minimal identifying information requested has been provided to the respondent by OWCP and is thus readily available to them from the case materials they have for the claimant in question.

Because contractors are remunerated for all services and expenses including this information collection, there is no annualized cost of the burden hours to respondents.

The burden estimate is based on the number of forms (4,066) times the length of time to complete the form (10 minutes) divided by 60 = 678 hours.

$4,066 \times 10 \text{ min} / 60 \text{ min per hour} = 678 \text{ hours.}$

13. Annual Costs to Respondents (capital/start-up & operation and maintenance)

Because respondents are reimbursed for all services and expenses, there are no operation and maintenance costs connected with this information collection. As a no cost option is available for claimants, the Agency has discounted the average per response cost by 78 percent the 2014 percentage U.S. households with a high speed Internet connection, according to the Census Bureau. $\$0.52 \times 22\% = \0.114 . 4,066 responses at $\$0.1144 = \465.00

14. Provide estimates of annualized cost to the Federal government.

The average OWCP Rehabilitation Specialist who reviews the form is a GS-12, step 6. The average hourly rate for the Rehabilitation Specialist is \$40.34(2017-RUS). It takes an average of ten minutes to review the form. There are approximately 4,066 forms received annually.

Reference:

https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2017/RUS_h.pdf

Review Cost: $\$40.34 \times 10 \times 1/60 = \$6.72 \times 4,066 = \$27,324.$

Mailing Cost: $(\$0.49 \times + \$0.03 \text{ (postage/envelope)}) \times 4,066 = \$2,114.$

Total Processing Cost: $\$27,324 + 2,114 = \$29,438$

Reimbursement to contractors: $\$90 \text{ per hour} \times 0.167 \text{ hour or } (.17) \times 4,066 = \$62,210$

Total Federal Costs: Total Processing (\$29,438) + Reimbursement to contractors (\$62,210) = \$91,648 + Annual ECOMP Contract Pricing Hosting (\$319,757) = \$411,405. Please note that the annual ECOMP contract pricing is used for several OWCP forms and until we can separate the cost of the contract amongst the programs that utilize the contract, all other ICRs will reference this ICR for the cost of the contract.

15. Explain the reasons for any program changes or adjustments.

As indicated in item 12, since the last clearance three years ago, the responses from the respondents decreased from 4,775 to 4,066, which is an adjustment of 709 responses. Accordingly, the burden hours decreased from 796 to 678, an adjustment of 118 hours. We attribute the reduction due to the decrease in the number of claims filed since the last submission. The agency believes this most recent data accurately reflects the actual average number of responses and has made a corresponding change to the estimates. The OWCP-44 form was updated prior to the last clearance in 2014. As such, there have been no requested or completed changes to the form's structure since that time.

16. For collections of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and

ending dates of the collection information, completion of report, publication dates, and other actions.

This information will not be published.

17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.

The expiration date will be displayed on the form.

18. Explain each exception to the certification statement identified in ROCIS.

There are no exceptions to the certification.

B. Collections of Information Employing Statistical Methods

Statistical methods are not used in these collections of information.