Information Collection

For

Annual Report

Independent Living Services For

Older Individuals Who Are Blind (OIB) Program

Summary of Public Comments and Responses

U.S. Department of Education

Office of Special Education and Rehabilitative Services

Rehabilitation Services Administration

1. **Introduction**

The U.S. Department of Education (Department) appreciates each stakeholder’s suggestions and comments on this Information Collection Request (ICR) for the Rehabilitation Services Administration (RSA) 7-OB Form, published in the *Federal Register* on May 14, 2019. RSA received comments on various aspects of the proposed revisions to the RSA 7-OB Form from 17 individuals and organizations, including State agencies responsible for the Independent Living Services for Older Individuals Who Are Blind (OIB) program and the OIB Training and Technical Assistance grant. In response, you will find comments categorized into general topics (e.g., Funding Sources and Expenditures). Similar comments are summarized together, followed by the Department’s “response” to each summary of comments.

1. **Comments and Responses**
2. **Part I – Funding Sources and Expenditures**

Comments: We received five comments related to funding sources and expenditures. Three commenters requested clarification on where to report voluntary client contributions to the OIB program because they said the data are required for the financial section. Two commenters requested that we retain section B (total expenditures and encumbrances allocated to administrative, support staff, and general overhead costs) and C (total expenditures and encumbrances for direct program services) from the current RSA 7-OB and that we do not ask to identify which source paid for the cost because the breakdown is not included on the SF-425.

Department Response: We appreciate the comments received and agree to add voluntary client contributions in the instructions to IA- 9. While we understand the concerns raised by the two commenters regarding expenditures, we disagree that the expenditures section should remain the same as in the current RSA 7-OB form. We will maintain the instructions as they appear in the proposed information collection to increase fiscal accountability.

1. **Part II – Program Staffing**

Comments: We received 10 comments related to full-time equivalent (FTE) and employees with disabilities. Eight commenters requested either a definition for FTE or a method to calculate FTE; in addition, two of the eight commenters identified an error in the instructions for employees with disabilities related to “corresponding FTEs.” Two commenters requested keeping the current RSA 7-OB requirement for employees with disabilities, as they believe a more accurate response is obtained with numbers rather than FTEs.

Department Response: We appreciate the comments received and have updated, for consistency, the definition of FTE on the RSA 7-OB form and instructions to conform with the definition of FTE in the vocational rehabilitation form RSA-2 (Annual Vocational Rehabilitation Program/Cost Report). Further, we deleted the reference to “corresponding

FTEs” in the instructions for employees with disabilities and, for this group, the Department will capture number of employees rather than FTEs.

1. **Part III – Data on Individuals Served**

Comments: We received 23 comments related to Data on Individuals Served.

* Individuals Served – one commenter requested clarification on whether participants carried over from a previous year need to be in an active service status.
* Age at Application – three commenters expressed concern with the age grouping 85 and older and requested that we maintain the current RSA 7-OB age groupings.
* Gender – one commenter asked if gender is based on self-identification.
* Race – one commenter suggested that, for the total to match A3 (total individuals served), one needs to include the number from the Ethnicity category.
* Race and Ethnicity – one commenter suggested maintaining the race/ethnicity categories on the current 7-OB report, otherwise the change will produce a large number of individuals who “Did Not Self-Identify Race” responses.
* Major Cause of Visual Impairment – one commenter suggested expanding on the four major causes of vision loss to increase better data collection.
* Other Age-Related Impairments – 15 commenters suggested keeping this section as it is currently reported on the 7-OB because the listings have been reduced. One commenter requested adding “Other Impairment” line to the list. Many commenters identified an error in the instructions that ask for a total that must match A (total individuals served). One commenter recommended adding a “No Other Impairments” line to the list. One commenter asked if Other Age-Related Impairments should be a self-report. One commenter asked if a person can be counted in multiple categories.

Department Response: We appreciate the many comments received on this section. Regarding Individuals Served, participants carried over from a previous fiscal year who received additional services in the reported fiscal year need to be counted in the current fiscal year. RSA does not use the term “active status;” therefore, we will leave this issue for each state to decide. Regarding Age at Application, Race and Ethnicity, Major Cause of Visual Impairment, and Other Age-Related Impairments: States that wish to do so may collect data on additional categories or more narrowly-focused categories, but for RSA purposes, they must only report the data based on the categories in the RSA 7-OB. We have attempted to reduce burden in this information collection by narrowing the scope of the data collected. With regard to Gender, it is based on self-identification, which is clearly stated on the form and instructions. Regarding the questions on Race and Ethnicity, RSA followed the OMB-approved categories for collecting this information, in which race is collected separately from ethnicity. Regarding Other Age-Related Impairments, the Department agrees with the commenter that adding a line for “Other Impairments” is appropriate and has made this change on the RSA 7-OB form and instructions. The error in the instructions that was identified by commenters has been corrected by deleting the “Total” line on H6, since an individual can be counted as having more than one age-related impairment. The Department disagrees with adding a “No Other Impairments” line to the list of Other Age-Related Impairments.

1. **Part IV – Types of Services Provided and Funds Expended**

Comments: We received 18 comments related to Types of Services Provided and Funds Expended.

* A2 and A3 – one commenter asked if these items require an unduplicated count.
* A2 – one commenter noted that this section covers assessment but not training, which is important. Another commenter said this section completely omits low vision services. One commenter wanted clarification on who is considered a skilled professional (e.g., master’s degree, CLVT or CVRT certification?).
* B – Assistive Technology Devices and Services – one commenter requested a definition for “unduplicated count”.
* C – Independent Living and Adjustment Training Services – One commenter suggested moving assistive technology services from IV-B to IV-C. One commenter suggested including recreation and social activity training. One commenter wanted to know if advocacy services include any individual training.
* E – Community Awareness and Information and Referral – one commenter suggested keeping the fields from the current 7-OB on outreach events and the number of Information and Referral-only clients because it is valuable to know what information expenditures cover. One commenter stated that it is difficult to track how much is spent on this section and that it would reduce data collection burden and eliminate inaccurate data if these questions were removed. One commenter wanted to know if outreach activities count as direct services.

Department Response: We appreciate the many comments received on this section. Regarding items A2 and A3, each item is an unduplicated count, and we added language to clarify this issue. Also, A2 is specifically referring to assessments, not low vision services. In addition, regarding A2, any assessment that is part of a training program can be captured under training in section C. Further, we have modified the language in the instructions for A2 to clarify who is considered a skilled professional. Regarding Assistive Technology Devices and Services, an unduplicated count is defined as a participant who is counted only once, no matter how many services or devices the participant receives during a reported fiscal year. Also, the Department disagrees with moving Assistive Technology Devices and Services from IV-B to IV-C. Regarding adding a category for recreation and other services, States may collect data on other types of independent living services, but for RSA’s purposes, they must only report the data based on the categories on the approved RSA 7‑OB form. Regarding the question on advocacy services, these services can include individual training in addition to group training. Regarding Community Awareness and Information and Referral in IV E, States may collect data on specific types of community awareness and information and referral services, but for RSA purposes, they must only report the data based on the categories in the approved RSA 7-OB form. The Department disagrees with removing this section, as suggested by one commenter, because we believe it is important to get a sense of how much is being spent on community awareness activities, even though it is difficult to know how many individuals are reached with these activities with any degree of accuracy. Finally, these community awareness activities would count as direct services rather than administrative costs.

1. **Part V – Program Performance Measures and Outcome Data**

Comments: We received 18 comments related to Program Performance Measures and Outcome Data.

* General Comments – one commenter asked if Part V requires an unduplicated count. Three commenters asked if the numbers in IV-B and IV-C of unduplicated individuals served need to match the numbers entered in V-A and V-B.
* A – Assistive Technology Devices and Services and B – Independent Living and Adjustment training Services – one commenter identified a typographical error in the instructions for B1; the proposed instructions referenced IV-C9 and the commenter pointed out the reference should be IV-C2. Five commenters asked if the individuals served in V-A1 and V-B1 need to have completed their plan of service and asked if this measure applies only to closed cases. One commenter asked when consumers should be assessed (before they finish their plan or in the fiscal year they received the service).
* C – Independence in the Home and Community – one commenter suggested removing this question entirely as it is difficult to collect the data since it is self-reported. Another commenter suggested that people who show improvements or maintained skills that would prevent further decline should be included in C2 and C4.
* D – Efficiency Measures – one commenter said that the numbers being used to calculate the cost per individual will be inaccurate and suggest changing D2 to the number of closed clients as reported by the program.

Department Response: We appreciate the many comments received on this section. Regarding General Comments, all measures in Part V require an unduplicated count. An unduplicated count is defined as a participant who is counted only once, no matter how many direct services the participant receives during a reported fiscal year. However, the numbers in IV-B and IV-C of unduplicated individuals served do not need to match the numbers entered in V-A and V-B, because the latter numbers are subsets of the former. Regarding Assistive Technology Devices and Services and Independent Living and Adjustment Training Services, the Department has corrected the error in the instructions for B1 by changing the reference from C9 to C2. Under V-A1 and V-B1, participants can still be active (still receiving services) or they can have completed their plan of services (after receiving services during the reported fiscal year). In either case, the individual would have had to receive a service during the reported fiscal year in order to be counted. The Department agrees with the commenter that individuals in C2 who maintained but did not improve their capabilities should be reported if the individual’s goal was to prevent further decline in their capabilities; therefore, the Department has revised the instructions by adding the note in A2 to C2. However, the Department does not agree that this change should be included in C4 because it is hoped that provision of program services would help an individual feel more confident; if the individual had no increase in confidence, this would not be a positive outcome. Regarding Independence in the Home and Community, the Department disagrees with removing the measures entirely, even though we recognize the inherent weaknesses involved in self-reported information. Regarding the Efficiency Measure, the Department disagrees with changing D2 to the number of closed clients as reported by the program. We will retain the measure in the proposed form as we believe it is important to have a measure of efficiency.

**Part VII – Narrative**

Comments: We received three comments related to the Narrative.

* A – Implementation – one commenter suggested this question is redundant from year to year and suggested asking about any changes in the way the program is implemented.
* E – Capacity-Building Activities – one commenter requested a better explanation for this item; they were not sure what was being asked – referrals? expanded services? One commenter suggested that we include question E on the current 7-OB report, which requests information on challenges or problems in implementing the program.

Department Response: We appreciate the comments received on this section. Regarding Implementation, we have updated VII-A to include any updates from the prior year’s report. Regarding VII-E on capacity-building, we added some language to clarify what should be described. Regarding adding VII-E from the current 7-OB report, the Department agrees with the commenter and is now requesting this information in the narrative under Part VI.

1. **Other**

Comments: We received 12 comments related to the timeline for data collection for the new report. Many commenters expressed concern that they would be asked to begin collecting data starting October 1, 2019. Some commenters expressed concern related to their data management systems and the challenge a new information collection will pose on the vendors of case management systems who would be tasked with making the changes. A few commenters said it will take from 10 to 12 weeks up to 12 months to make the needed changes to their case management systems.

Department Response: We appreciate the comments received on this topic. If the form is approved early in fiscal year 2020, it is our expectation that grantees will have sufficient time to modify their case management system to collect this information and report using the new form for fiscal year 2020.