**SUPPORTING STATEMENT**

**REHABILITATION PLAN AND AWARD (FORM OWCP-16)**

**OMB NO. 1240-0045**

**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) the agency responsible for administration of the Longshore and Harbor Workers’ Compensation Act (LHWCA), 33 USC 901 *et seq*., and the Federal Employees’ Compensation Act (FECA), 5 USC 8101 *et seq*. Both of these acts authorize OWCP to pay for approved vocational rehabilitation services to eligible workers with work-related disabilities. In order to decide whether to approve a rehabilitation plan, OWCP must receive a copy of the plan, supporting vocational testing materials and the estimated cost to implement the plan, broken down to show the fees, supplies, tuition and worker maintenance payments that are contemplated. OWCP also must receive the signatures of the worker and the rehabilitation counselor to show that the worker agrees to follow the proposed plan, and that the proposed plan is appropriate. Form OWCP-16 is the standard format for the collection of this information. The regulations implementing these statutes allow for the collection of information needed for OWCP to determine if a rehabilitation plan should be approved and payment of any related expenses should be authorized. (20 CFR 10.518, 10.519, 702.506 and 702.507).

1. **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-16 serves to document the agreed upon plan for rehabilitation services submitted by the injured worker and vocational rehabilitation counselor, and OWCP’s award of payment from funds provided for rehabilitation. Form OWCP-16 summarizes the costs of the rehabilitation plan to enable OWCP to make a prompt decision on funding. Items 1 through 11 are completed by the Rehabilitation Counselor from information in the records. Items 14 through 16 are completed by the OWCP Rehabilitation Specialist, and Item 17 is completed by the District Director.

If Form OWCP-16 were not utilized, OWCP would have to spend time verifying that proposed plans did not include requests for payment for services not authorized by either the FECA or the LHWCA. In addition, the form requires documentation of changes to, and extensions of, vocational rehabilitation plans, and minimizes the potential for waste, fraud and abuse by requiring pre-approval by OWCP.

1. **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.**

Use of a standard format for the submission of plans for approval enables OWCP to evaluate the estimated costs associated with each plan in a timely manner and initiate the vocational rehabilitation effort for disabled workers as quickly and efficiently as possible. The current Form OWCP-16 has been posted on the Internet at <http://www.dol.gov/owcp/dfec/regs/compliance/OWCP-16.pdf>, and may be filled in online and printed out by the respondent. However, since the form must be accompanied by a number of attachments and must be signed by both the worker and the rehabilitation counselor submitting the proposed plan, electronic submission of Form OWCP-16 has not previously been considered to be practicable.

However, OWCP/DFEC has developed an alternative to mailing of documents. This application, known as The Employee Compensation Operations and Management Portal (ECOMP) is internet based, and a user the ability to submit a completed form electronically into a case record. There is no cost involved to the general public. At the present, as most of these forms are either mailed or faxed, this method of electronic submission is rarely used; only 16 were received during the period FY2014-2016.

Reference: [https://www.ecomp.dol.gov/#](https://www.ecomp.dol.gov/%23)

**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**

Information collected by the form is not duplicative of information available elsewhere. The respondent is the only source of the expenses data that is needed to process the request for payment.

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

This information collection has been streamlined to obtain the minimum information needed for OWCP to evaluate a proposed rehabilitation plan while imposing the minimum burden on respondents, and does not have a significant economic impact on a substantial number of small entities.

**6. Describe the consequence to 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.**

Please refer to the discussion in Nos. 1 and 2 on page 1. The information collected from respondents is the minimum necessary to evaluate whether a rehabilitation plan satisfies the requirements in the FECA and the LHWCA for vocational rehabilitation. Payment of plan expenses cannot be made by OWCP without the information collected.

**7. Explain any special circumstances**.

There are no special circumstances for conducting 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.**

No outside consultations have taken place concerning the use of Form OWCP-16. However, OWCP has been evaluating rehabilitation plan requests for over 30 years and has had sufficient experience with Form OWCP-16 to maximize its utility. OWCP has not received any complaints about the manner in which the form has been used. Should any complaints or suggestions for improvement be received, they will be carefully evaluated and appropriate action will be taken.

A Federal Register Notice inviting public comment was published on 7/22/2020. No comments were/not received.

**9.** **Explain any decision to provide any payment or gift to respondents, other than re-numeration of contractors or grantees.**

There are no gifts or payments to respondents other than payments made to contractors for supplies and services rendered in connection with an approved rehabilitation plan, and to those workers entitled to receive maintenance allowances during vocational rehabilitation.

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

The Privacy Act applies to this clearance request. All information submitted using Form OWCP-16 is fully protected by the Privacy Act in the following systems of records: (FOR FECA), DOL/GOVT-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).

**11.** **Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, 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.**

It is estimated that 3,913 forms will be filed with OWCP annually. Based upon prior experience with the use of this form, it is estimated that it will require 30 minutes for the respondent to read the instructions, fill in the information, and return the form with attachments. This estimate is considered reasonable since the information is readily available to the respondent. One-half hour X 3,913 forms = 1,956.5 hours. There is no cost for the burden hours because the respondents are contractors and are remunerated for all services and expenses by OWCP.

Estimated Annualized Respondent Hour and Cost Burdens

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Form | No.  of Respondents | No. of Responses per Respondent | Total Number of Responses | Avg. Burden per Response  (In hrs.) | Total Burden  Hours | Avg. Hourly Wage | Total Burden  Costs |
| OWCP-16 | 3,176 | 1 | 3,176 | 30/60 | 1,588 | N/A | N/A |

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

All operation and maintenance costs are reimbursed to the contractor. Since the contractors are the respondents under this request and all of their costs are reimbursed there are no additional costs to the respondents.

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

The OWCP Rehabilitation Specialists who review the form are on the average GS-12, step 6. The hourly rate for these employees is $40.34(2017-RUS). It takes an average of ten minutes to review the OWCP-16 Form; this is 0.17 of an hour. There are approximately 3913 forms received each year.

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

**Review Cost**: $.17 hr. X 3,176 X $40.34 = $ 26,834.57 or $21,780.37

**Mailing Cost**: $.49 + $. 03 (postage/envelope) X 3,176 = $1,651.52

**Total Processing Cost**: $21,780.37 + $1,651.52 =23,432 (rounded)

Reimbursement to contractors is made at $90.00 per hour at ½ hour per form X 3,176 forms = $142,920.

**Total Federal Costs**: Processing + Reimbursement to contractors ($166,052) + Annual ECOMP Contract Pricing Hosting ($319,757) = $485,809. 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.**

Over the last three fiscal years (FY 2014 - 2016), open rehabilitation cases have averaged 3,913 per year, which is 677 less than the number reported (4,590) for the previous submission in 2014. This reported reduction in Rehabilitation Plans is due to the miscalculation of this number in the 2014 Supporting Statement. As a result of this adjustment in the total number of Rehabilitation Plans, burden hours have decreased 338 hours, from the previous submission of 2,295 to 1,957. As previously indicated in item 12, there are no costs for burden hours as the respondents are contractors and are remunerated for their services and expenses by OWCP.

Revisions of the form itself include the following changes:

Text changes and/or adjustments were made in items 3, 11 and 14 for greater clarity for respondents. Items 7, 8, 9 and 10 were expanded to allow for additional space for completion. A statement to add clarification regarding routine use provisions was added to Block 12.

Finally, the Accommodation Statement was revised.

This revision requires respondents to be registered users of the web portal to electronically upload documents into a case record.   The time to input this information is minimal, less than one minute, and therefore does not impact the current burden estimates.

**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 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.