

**Request for Approval under the "Generic Clearance for Improving
Customer Experience: OMB Circular A-11, Section 280
Implementation"
(OMB Control Number: 1225-0093)**

TITLE OF INFORMATION COLLECTION: Federal Black Lung Program
Customer Experience Survey

PURPOSE OF COLLECTION: Identify pain and positive points of our customers. Will also give the Black Lung Program an understanding of if our claimants are utilizing the C.O.A.L. (Claimant Online Access Link) and telemedicine. If not, what is the barrier.

TYPE OF ACTIVITY: (Check one)

- ☐ Customer Research (Interview, Focus Groups)
- ☒ Customer Feedback Survey
- ☐ User Testing

ACTIVITY DETAILS

1. How will you collect the information? (Check all that apply)

- ☐ Web-based or other forms of Social Media
- ☐ Telephone
- ☐ In-person
- ☒ Mail
- ☒ Other, Explain If customer request a call they will receive a call back and their concerns and/or comments will be documented.

2. Who will you collect the information from?

Information will be collected from claimants who received a Proposed Decision and Order from the period of 12/01/2021-03/10/2022. The DEIA Coordinator will send out 500 surveys. The survey will be randomly selected with an equal number of approvals/denials and an equal representation of all the Black Lung offices.

3. How will you ask a respondent to provide this information?

The respondent will be asked to complete the survey form and mail it back in the pre-paid business return envelope provided within 60 days.

4. What will the activity look like?

-The Survey will consist of 8 questions in which the customer will have the option to select from Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, or N/A.

-A Question about the C.O.A.L Portal (Claimant Online Access Link) will give the Black Lung Program a better understanding of the percentage of claimants that use the portal and if not why. This question gives respondents multiple options to select from.

-A question about telemedicine asking if the approved customers are using this service and if there is something we can do to increase their participation.

-Space for Other General Comments or Suggestions for improving our Service

-Question asking if in their interactions with the Federal Black Lung program, have they experienced difficulties due to different factors.

-Yes or no question asking if they would like to talk to a Federal Black Lung Representative

5. Please provide your question list.

Please make sure that all instruments, instructions, and scripts are submitted with the request.

6. When will the activity happen?

The survey will be mailed as soon as possible after approval. An email will be sent to Black Lung staff letting them know the survey is being sent out to customers in case they receive calls about the survey. A post regarding the survey will be made on the DCMWC website.

7. Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?

[] Yes [X] No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Claimants (completing and mailing survey)	500	10 Minutes	83.33
Totals	500	10 Minutes	83.33

CERTIFICATION:

I certify the following to be true:

1. The collections are voluntary;
2. The collections are low-burden for respondents (based on considerations of total burden hours or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
3. The collections are non-controversial and do not raise issues of concern to other Federal agencies;
4. Any collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the near future;
5. Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
6. Information gathered is intended to be used for general service improvement and program management purposes
7. Upon agreement between OMB and the agency aggregated data may be released as part of A-11, Section 280 requirements only on performance.gov. Summaries of customer research and user testing activities may be included in public-facing customer journey maps.
8. Additional release of data will be coordinated with OMB.

Name: Kenny Lowe, DEIA Coordinator

All instruments used to collect information must include:

OMB Control No. 1225-0093

Expiration Date: 02/29/2024