

## **INSTRUCTIONS – 7-OB REPORT**

### **Submittal Instructions**

Grantees of the Independent Living Services for Older Individuals who are Blind (OIB) program must complete and submit their annual RSA 7-OB Report online through RSA's website (<https://rsa.ed.gov>).

To register with RSA's Management Information System (MIS), go to <https://rsa.ed.gov> and click on *Info for new users*. The link provides instructions for obtaining an agency-specific username and password. Further instructions for completing and submitting the RSA 7-OB Report online are provided upon completion of the registration process.

OIB grantees submitting the RSA 7-OB Report online are not required to mail signed copies of the 7-OB Report to RSA. Grantees must submit the 7-OB report in the MIS with an authorized signature and date. The signed lobbying certification form must be submitted by mail, fax, or electronically with the authorized signature and date.

The RSA 7-OB Report must be submitted to RSA no later than 90 days after the end of the reported Federal fiscal year (FFY) (i.e., December 30).

### **Part I: Funding Sources and Expenditures in Support of the OIB program**

NOTE: References to Title VII below are to Title VII of the Rehabilitation Act, as amended by Title IV of the Workforce Innovation and Opportunity Act.

#### **A. Funding Sources and Amounts in Support of the OIB Program for the Reported Federal Fiscal Year (FFY)**

1. Title VII-Chapter 2 Federal Grant Award for Reported FFY – Enter the total amount of your Title VII-Chapter 2 grant award for the reported FFY. Amount must agree with 10d of the Federal Financial Report form (SF-425).
2. Title VII-Chapter 2 Carryover from the Previous FFY – Enter the amount of Title VII- Chapter 2 grant funds carried over from the previous FFY. Enter zero, if none.
3. TOTAL Title VII Chapter 2 Funds – The sum of A1 + A2. Total will be automatically populated.
4. Title VII-Chapter 1, Part B – Enter the total amount of Federal Title VII-Chapter 1 Part B (State Independent Living Services) funds made available for support of the OIB program in the reported FFY.

5. Other Federal Funds Available for Expenditure in the Reported FFY - Enter the total amount of any other Federal funds available for expenditure to support the OIB program for the reported FFY. "Other" Federal funds may include, but are not limited to, such funds as SSA reimbursement, Title XX Social Security Act funds, and Older Americans Act funds, including the carryover of such funds that are available for expenditure in the reported FFY.
6. TOTAL FEDERAL FUNDS - Sum of A3 + A4 + A5. Total will be automatically populated.
7. STATE FUNDS (excluding in-kind contributions) - Enter the total amount of State funds available for expenditure in the OIB program. Include funds from State appropriations as well as funds from other State sources that were available to support the OIB program for the reported FFY.
8. In-kind Contributions - Enter the total dollar amount of fairly evaluated and documented in-kind contributions from state, local, and public agencies, as well as non-profit and for profit organizations. These can include but are not limited to services, materials, equipment, buildings, or office space that was used in support of the OIB program.
9. OTHER NON-FEDERAL FUNDS - Enter the total amount of funds from other non-Federal sources including local and community funding, non-profit or for-profit agency funding, etc. Do not include in-kind contributions. State funds should be reported in A7 above.
10. TOTAL NON-FEDERAL FUNDS and In-kind Contributions - Sum of A7 + A8 + A9 above. Total will be automatically populated.
11. TOTAL OF ALL FUNDS AVAILABLE FOR EXPENDITURE IN THE REPORTED FFY - Sum of A6 + A7 + A9. Do not include in-kind contributions reported in A8. Total will be automatically populated.

## **B. OIB Program Expenditures in Reported FFY**

In this section, report allowable expenditures made in support of the OIB program in the reported FFY. For the purpose of this data collection, the term "expenditures" means charges made by a non-Federal entity to the Federal OIB award (2 C.F.R. § 200.34).

In this data collection, expenditures are to be reported under two categories, (1) administrative costs, and (2) direct service costs. Within these categories, funds expended from the Title VII-Chapter 2 federal OIB grant award and from non-Federal funds used to meet the match requirement in accordance with 34 C.F.R. § 367.31(b) and §367.61 are reported separately from allowable OIB expenditures made from other federal and non-federal sources. However, OIB grantees remain responsible for tracking specific information related to the expenditure of OIB funds from each source. For example, specific information on expenditures made from the OIB federal award and from non-federal sources used in meeting the match requirement must be reported on the SF-425.

1. Funds expended for administrative costs in the reported FFY - Enter the total amount of funds expended for administrative costs, including administrative support staff and general overhead costs, during the reported FFY. Do not include expenditures for direct services provided by agency staff or the expenditures of contract or sub-grantee staff that provide direct services under contracts or sub-grants. For example, if an administrator spends a portion of his or her time providing administrative services and the remainder providing direct services, include only the expenditures for administrative services.

A. Administrative expenditures from (1) Title VII-Chapter 2 OIB federal grant award funds, including allowable carryover funds from the previous FFY, and (2) non-federal sources used in meeting the match requirement as reported on line 10j of the SF-425.

B. Administrative expenditures from all other allowable sources as identified in Part I.A. above.

C. Total Administrative Expenditures (Sum of 1A + 1B)

2. Funds expended for direct program services during the reported FFY - Enter the total funds expended for direct program services during the reported FFY. Amount reported must equal the total funds expended for services in Part IV - F.

A. Direct service expenditures from (1) Title VII-Chapter 2 OIB federal grant award, including allowable carryover funds from the previous FFY, and (2) non-federal sources used in meeting the match requirement as reported on the SF-425.

B. Direct Service expenditures from all other allowable sources as identified in Part IA above.

C. Total direct services expenditures (Sum of 2A + 2B)

3. Total funds expended for the program during the reported FFY (Sum of B1C + B2C).

## **Part II: Program Staffing**

Base all full-time equivalent (FTE) calculations on the number of hours per week considered full time for the position. Record all FTEs assigned to the OIB program during the reported FFY irrespective of whether salary is paid with Title VII-Chapter 2 funds.

### **A. Full-time Equivalent (FTE) Program Staff**

Record the FTE administrative and support staff and direct service staff, including State agency staff and contract/subgrant staff, for the OIB program. If a staff member provides both administrative and support functions and direct services, report the percentage of FTE devoted to administrative and support activities under "Administrative & Support" and the percentage of FTE devoted to direct services under "Direct Services." For example, assuming a full-time 40 hour work week, if 20% (8 hours per week) of a staff person's time was spent on administrative and support functions related to this program, and 80% (32 hours per week) of the staff person's time was spent in providing direct services for this program, the reported FTE for that staff person would be 0.2 for administrative and support functions and 0.8 for direct services.

1. FTE State Agency staff assigned to the OIB program

A. Administrative and Support: Under "Administrative & Support," enter the FTE of all administrative and support staff (e.g. management, program directors, supervisors, readers, drivers for staff, etc.) assigned to the OIB program from the State agency.

B. Direct Service: Under "Direct Service", enter the FTE of all State agency direct service staff (e.g. rehabilitation teachers, IL specialists, orientation and mobility specialists, social workers, drivers for individuals receiving services, etc.) assigned to the OIB program from the State agency.

C. Total: The total State agency FTE (A1C) is the sum of the "Administrative & Support" FTE (A1A) and "Direct Service" FTE (A1B). Total will be automatically populated.

2. FTE Contract/Subgrant: FTE assigned to the OIB program through a contract or subgrant.

A. "Administrative & Support": Under "Administrative & Support" (A2a), enter the FTE of all administrative and support staff (e.g. management, program directors, supervisors, readers, drivers for staff, etc.) assigned to the OIB program through contract/subgrant.

B. Direct Service: Under "Direct Service" (A2b), enter the FTE of all direct service staff (e.g. rehabilitation teachers, IL specialists, orientation and mobility specialists, social workers, drivers for individuals receiving services, etc.) assigned to the OIB program through contract/subgrant.

C. Total: The Total Contract/subgrantee FTE (A2c) is the sum of the "Administrative & Support" FTE (A2a) and the "Direct Service" FTE (A2b). Total will be automatically populated.

3. Total FTE: The system will generate the FTE totals for Administrative and Support and for Direct Service, as well as the total FTE for the program.

#### **B. Employees with Disabilities**

Record the number of employees with disabilities and their corresponding FTEs that are represented in the categories below. Individuals reported here should include both agency and contract/subgrant staff.

1. Employees with Disabilities, other than employees with blindness or severe visual impairments.

In B1, enter the total number of employees with disabilities, excluding those employees with blindness or severe visual impairments. Employees with blindness or severe visual impairments are reported separately in B2 and B3 below.

2. Employees with Blindness or Severe Visual Impairments who are Age 55 and Older.

In B2, enter the total number of employees who are blind or who have severe visual impairments *and* are age 55 and older.

3. Employees with Blindness or Severe Visual Impairments who are under age 55.

In B3, enter the total number of employees who are blind or have a severe visual impairment and are under age 55.

4. Total Employees with Disabilities: Total is the number of employees reported in B1, B2, and B3. Total in B4 will be automatically populated.

### **Part III: Data on Individuals Served**

Provide data in each of the categories below on the number of individuals for whom one or more services were provided (program participants) during the reported FFY.

#### **A. Individuals Served**

1. Enter the number of program participants carried over from the previous FFY who received services in this reported FFY (i.e. an individual who received services in September (or any other month) of the previous FFY and continued to receive additional services in the reported FFY).
2. Enter the number of program participants who began receiving services during the reported FFY irrespective of whether they have completed all services.
3. TOTAL individuals served during the reported FFY (Sum of A1 + A2). Total will be automatically populated.

#### **B. Age at Application**

Categories 1 through 4 - The total number of program participants served in each respective age category (B1 through B4).

5. The sum of age categories B1 through B4. This total must agree with the total reported in A3. Total will be automatically populated.

#### **C. Gender**

1. Female: Enter the total number of individuals receiving services who self-identified as female.
2. Male: Enter the total number of individuals receiving services who self-identified as male.
3. Gender not Self-Identified: Enter the total number of Individuals who did not self-identify gender.
4. Sum of C1 + C2 + C3. This number must agree with the total reported in A3 above. Total will be automatically populated.

#### **D. Race**

Race Categories 1 through 7 - Enter the number of individuals served in the reported FFY for each of the seven race categories (D1 through D7). Self-identification is required to the greatest extent possible. It is generally expected that the information recorded will reflect the individual's own identification of race from these categories. Observer identification is not required. If the individual refuses to

self-identify, record in item 6 (individual did not self-identify race). An individual should be reported in only one of the seven categories. Item 7 should be used to report individuals served who identified two or more races. The multi-race category (item 7) should not be used to report an individual who identifies only one of the five races listed and also identifies that they are of Hispanic or Latino ethnicity. Hispanic or Latino ethnicity is recorded in section E, regardless of race.

1. American Indian: Enter the number of individuals served who are American Indian/Alaska Native. American Indian/Alaska Native means a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

2. Asian: Enter the number of individuals served who are Asian. Asian means a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

3. Black or African American: Enter the number of individuals served who are Black or African American. Black or African American means a person having origins in any of the black racial groups of Africa.

4. Native Hawaiian or Other Pacific Islander: Enter the number of individuals served who are Native Hawaiian or Other Pacific Islander. Native Hawaiian or Other Pacific Islander means a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

5. White: Enter the number of individuals served who are White. White means a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

6. Individual Did Not Self-Identify Race: Enter the number of individuals served who did not self-identify race or refused to self-identify race.

7. Two or More Races: Enter the number of individuals served who report two or more races (for multi-race individuals).

8. Total: Sum of items D1 + D2 + D3 + D4 + D5 + D6 + D7. This number must agree with the total reported in A3 above. Total will be automatically populated.

## **E. Ethnicity**

1. Enter the number of individuals served who reported that they are Hispanic or Latino. Hispanic or Latino means a person of Cuban,

Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**F. Degree of Visual Impairment**

1. Enter the number of individuals served who are totally blind (e.g., have light perception only or no light perception).
2. Enter the number of individuals served who are considered legally blind, excluding those recorded in F1.
3. Enter the number of individuals served who have severe visual impairment.
4. Total - Sum of F1 + F2 + F3. The number must agree with the total in A3 above. Total will be automatically populated.

**G. Major Cause of Visual Impairment**

Enter only one major cause of visual impairment for each individual served during the reported FFY. Below are the most common causes of visual impairment among older individuals.

1. Macular Degeneration: Enter the number of individuals served who have macular degeneration as the major cause of visual impairment. Macular degeneration (AMD) is a progressive disease of the retina wherein the light-sensing cells in the central area of vision (the macula) stop working and eventually die.
2. Diabetic Retinopathy: Enter the number of individuals served who have diabetic retinopathy as the major cause of visual impairment. Diabetic retinopathy is damage to the blood vessels of the light-sensitive tissue at the back of the eye (retina) caused by diabetes.
3. Glaucoma: Enter the number of individuals served who have glaucoma as the major cause of visual impairment. Glaucoma is a group of eye diseases causing optic nerve damage that involves mechanical compression or decreased blood flow.
4. Cataracts: Enter the number of individuals served who have cataracts as the major cause of visual impairment. A cataract is a clouding of the natural lens of the eye resulting in blurred vision, sensitivity to light and glare, distortion, and dimming of colors.
5. Other Cause of Visual Impairment: Enter the number of individuals served whose major cause of visual impairment is not listed above.
6. Total - Sum of G1 + G2 + G3 + G4 +G5. This number must agree with the total reported in A3 above. Total will be automatically populated.



## **H. Other Age-Related Impairments**

Older individuals who are blind may have one or more other age-related impairments or disorders that impact their ability to carry out customary daily life activities in the home and community. Listed below are age-related impairments (other than visual impairments) that are common among older individuals. Enter the total number of individuals served in each of the categories listed in H1 through H5. Individuals may report one or more non-visual impairments/conditions.

1. **Hearing Impairment:** Hearing impairment occurs when there is a problem with or damage to one or more parts of the ear, and may be a conductive hearing loss (outer or middle ear) or a sensorineural hearing loss (inner ear) or a combination. Presbycusis is the gradual hearing loss that occurs with aging.

2. **Mobility Impairment:** Older individuals may have difficulty with gross motor behavior, such as moving around in the environment, or with fine motor skills, such as writing. Conditions such as Osteoporosis (loss of mass and quality of bones), osteoarthritis (inflammation and deterioration of joints), and sarcopenia (age-related loss of skeletal muscle mass and strength) may contribute to frailty and injury in older individuals. Other conditions that contribute to loss of mobility and independence include disorders in the central nervous system that control movement such as in Parkinson's disease.

3. **Communication Impairment:** Older individuals may have impairments in expressive communication, receptive communication, or both as a result of stroke, dementia, or other conditions.

4. **Cognitive or Intellectual Impairment:** Cognitive impairments, such as dementia and Alzheimer's disease, impact parts of the brain that control thought, memory, and executive functioning. In addition, individuals with intellectual disabilities (e.g., Down syndrome), should also be included in this category.

5. **Mental Health Impairment:** Older individuals may have impairments or disorders that affect their mental health such as: Mood disorders (e.g., depression, bipolar disorder, anxiety, and seasonal affective disorder); Sundown syndrome, which affects individuals with dementia or Alzheimer's; and psychosis or a personality disorder.

## **I. Type of Residence**

1. **Private Residence:** Enter the number of individuals served who live in a private residence (house or apartment).

2. Senior Independent Living Facility: Enter the number of individuals served who live in senior independent living housing in which minimal support is provided.

3. Assisted Living Facility: Enter the number of individuals served who live in assisted living facilities (e.g., housing that provides personal care and services that meet needs beyond basic provision of food, shelter, and laundry).

4. Nursing Home/Long-term Care Facility: Enter the number of individuals served who live in nursing homes/long-term care facilities (e.g., any facility that provides care to one or more persons who require nursing care and related medical services of such complexity to require professional nursing care under the direction of a physician on a 24 hour a day basis).

5. Homeless: Enter the number of individuals served who are homeless

6. Total: Sum of I1 + I2 + I3 + I4 +I5. This number must agree with the total reported in A3 above. Total will be automatically populated.

#### **J. Source of Referral**

1. Eye Care provider: Enter the number of individuals served referred by an eye care provider (e.g., ophthalmologist or optometrist).

2. Physician/Medical provider: Enter the number of individuals served referred by a medical provider other than an eye care provider.

3. State VR Agency: Enter the number of individuals served referred by a state vocational rehabilitation (VR) agency.

4. Government/Public or Private Social Services Agency: Enter the number of individuals served referred by a government/public or private social services agency, not listed elsewhere, that provides assistance to consumers related to eligibility and securing entitlements and benefits, counseling, elder law services, or assistance with housing.

5. Veterans Administration: Enter the number of individuals served referred by the Veterans Administration

6. Senior Program: Enter the number of individuals served referred by a senior program defined as a community-based educational recreational, or socialization program operated by a senior center, nutrition site, or senior club.

7. Assisted Living Facility: Enter the number of individuals served referred by an assisted living facility defined as housing that

provides personal care and services which meet needs beyond basic provision of food, shelter and laundry.

8. Nursing Home/Long-term Care Facility: Enter the number of individuals served referred by a nursing home/long-term care facility defined as any facility that provides care to one or more persons who require nursing care and related medical services of such complexity to require professional nursing care under the direction of a physician on a 24 hour a day basis.

9. Independent Living Center: Enter the number of individuals served referred by an independent living center (ILC) defined as a consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agency that is designed and operated within a local community by individuals with disabilities, and provides an array of independent living services.

10. Family Member or Friend: Enter the number of individuals referred by a family member or friend.

11. Self-referred: Enter the number of individuals who were self-referred.

12. All other sources: Enter the number of individuals referred from all other sources aside from those listed above, including Faith based organizations.

13. Total: The sum of J1 through J12. This number must agree with the total reported in A3 above. Total will be automatically populated.

## **Part IV: Types of Services Provided and Funds Expended**

Provide data related to the number of older individuals who are blind receiving each type of service and funds expended for each type of service.

Total expenditures for direct program services in Part I B2 must equal the total funds spent on services in Part IV. In other words, the amount reported in Part I B2 must equal the sum of the expenditures reported in Part IV F. Salary or expenditures associated with direct service staff or contractors providing direct services should be included in the expenditure of services provided in A1, B1, C1, D1, and E1.

### **A. Clinical/Functional Vision Assessments and Services**

1. Expenditures: Enter the total expenditures, including expenditures from Title VII-Chapter 2 Federal grant funds and all other sources of program funding for clinical and/or functional vision assessments and services, whether purchased or provided directly.

2. Persons Served: Enter the total number of program participants who received clinical vision screening or vision examinations from qualified or certified professionals such as ophthalmologists or optometrists, and/or who received functional vision assessments or low vision evaluations to identify strategies for enhancing visual performance both without and with optical and low vision devices and equipment. Assessment areas may include functional visual acuity and fields, efficiency of vision in the performance of everyday tasks, and evaluation for low vision aids or equipment. Functional vision assessments are typically provided by skilled professionals or those who are certified or have a master's degree in low vision rehabilitation. Do not include evaluations for orientation and mobility, which should be included in C3.

3. Persons Served: Enter the total number of program participants who received surgical or therapeutic treatment to prevent, correct, or modify disabling eye conditions. Include prescription optics in this service category. Nonprescription optics should be reported in B2.

### **B. Assistive Technology devices and services**

As defined in Section 3(4) of the Assistive Technology Act of 2004 (Pub. L. 108-364), "assistive technology device means any item, piece of equipment, or product system whether acquired commercially, modified, or customized that is used to increase, maintain, or improve functional capabilities of individuals with disabilities." Assistive technology devices may include such items as canes, slates, insulin

gauges, CCTVs, computers, adaptive software, magnifiers, adaptive cooking items, adaptive recreational items, handwriting guides, brailers, large button telephones, etc. Assistive technology services may include the evaluation of assistive technology needs of an individual, services related to acquisition of technology, loan programs, maintenance and repair of assistive technology, training or technical assistance for the individual or professionals related to the use of assistive technology, programs to expand the availability of assistive technology, low vision services related to the use of optical aids and devices, and other services related to the selection, acquisition, or use of an assistive technology device.

1. Expenditures: Enter the total amount of expenditures, including expenditures from Title VII-Chapter 2 federal grant funds and all other sources of program funds, for the provision of assistive technology devices and services.

2. Persons Served (unduplicated count): Enter the total number of program participants who received one or more assistive technology devices and services.

### **C. Independent Living and Adjustment Training Services**

1. Expenditures: Enter the total amount of expenditures, including expenditures from Title VII-Chapter 2 federal grant funds and all other sources of program funding for the provision of services and adjustment training leading to independent living. Evaluation and assessment services (excluding those included in A2 or B3) leading to the planning and implementation of services and training should be included in these costs.

2. Total Persons Served (unduplicated count): Enter the unduplicated count of persons receiving one or more independent living and adjustment training services.

3. Number of Persons Reported in C2 who received the following services:

a. Persons Served – Orientation and Mobility Training: Enter the total number of individuals who received orientation and mobility (O & M) services or travel training (i.e. learning to access public or private transportation and to travel safely and as independently as possible in the home and community with or without the use of mobility aids and devices).

b. Persons Served – Communication Skills Training: Enter the total number of individuals who received communication skills training. This category includes, for example, training in reading and writing braille; training in the use of the telephone (including mobile phones); training in the use of readers, newspaper reading services, radio and talking book services; and

training in other communication skills and technologies. This category also includes training in keyboarding and computer literacy. Training in the use of specialized computer software (e.g., screen reading software) and adaptive equipment should be reported under assistive technology services (see B2 above).

c. Persons Served - Daily Living Skills Training: Enter the total number of individuals who received daily living skills training. This category includes, for example, training in the use of blindness and low vision alternative techniques for telling time, food preparation, grooming and dress, household chores, medical management, shopping, and recreational activities.

d. Persons Served - Advocacy Training: Enter the total number of individuals who participated in advocacy training including consumer organization meetings.

e. Persons Served - Adjustment Counseling and/or Peer Support Services: Enter the total number of individuals who received adjustment counseling and/or peer support services (individual or group) to assist them in adjusting to visual impairment and blindness.

f. Persons Served - Information and Referral Services: Enter the total number of program participants who received information and referral to other service providers, programs, and agencies (e.g., senior programs, public and private social service programs, faith-based organizations, consumer groups, etc.) to enhance adjustment, independent living, and integration into the community. Do not include individuals who received only information and referral and for whom no other services were provided (e.g., non-participants, the general public, and other service providers).

g. Persons Served - Other Independent Living Services: Enter the total number of individuals served who were provided any other independent living service not listed above.

#### **D. Supportive Services**

Supportive services are services provided to individuals with disabilities so that they can access other program services. Under this category, report the number of individuals who received reader services, transportation, personal attendant services, interpreters, or other support services while actively participating in the program or attaining independent living goals.

1. Expenditures: Enter the total amount of expenditures, including expenditures from Title VII-Chapter 2 federal grant funds and all

other sources of program funding, for the provision of supportive services.

2. Total unduplicated count of Persons Served – Supportive Services: Enter the total number of individuals who received supportive services as described above.

#### **E. Community Awareness Activities and Information and Referral**

1. Expenditures: Enter the total amount of expenditures, including expenditures from Title VII-Chapter 2 Federal grant funds and all other sources of program funding, used to support community awareness activities/events and providing information and referral services to individuals for whom this was the only service provided (e.g. health fair for seniors, training for other professionals, telephone inquiries, and general inquiries about services for older individuals who are blind).

#### **F. TOTAL DIRECT EXPENDITURES**

Sum of A1 + B1 + C1 + D1 + E1. The total must agree with the direct service expenditures reported in Part 1 B2.

### **Part V: Program Performance Measures and Outcome Data**

The revised GPRA measures for the Independent Living Services for Older Individuals who are Blind program are listed below. Grantees must report the data necessary to calculate program performance on these measures as outlined in the instructions below following the list of measures.

#### **Program Measures**

**Objective:** To restore, improve, or maintain the independence of older individuals whose functional capabilities have been lost or diminished as a result of vision loss or blindness.

#### **A. Assistive Technology Devices and Services**

**Measure A:** The percentage of individuals receiving assistive technology devices and services who demonstrated improvement in one or more functional capabilities during the reported FFY consistent with the objectives for receiving such devices and services.

#### **B. Independent Living and Adjustment Training Services**

**Measure B:** The percentage of individuals receiving one or more independent living and adjustment training services who demonstrated improvement in functional capabilities during the reported FFY.

#### **C. Independence in the Home and Community**

**Measure C1:** The percentage of individuals completing a plan of services who reported feeling that they are more confident in their ability to maintain their current living situation.

**Measure C2:** The percentage of individuals completing a plan of services who reported an increased ability to engage in their customary daily life activities in the home and community.

**D. Efficiency Measure:** (Measure will be calculated by RSA using MIS data reported in PARTS I and III)

Objective: To provide cost effective supports and services to increase the independence of older individuals who are blind so that they may remain in the community and to prevent or delay the need for an increasing level of care, particularly for those individuals who are at risk of entering institutions.

**D. Measure:** The average annual cost per individual served through the program during the reported FFY.

#### **Instructions for Reporting of Performance Data in Part V:**

For measures A, Assistive Technology Devices and Services, and B, Independent Living and Adjustment Training Services, data is reported for individuals whose change in functional capabilities was assessed during the reported FFY, following the receipt of one or more services provided through the program.

For measures under C, Independence in the Home and Community, data is reported for individuals completing a plan of services during the reported FFY. For the purpose of this measure, "a plan of services" is a set of services provided through the OIB program designed to meet an individual's goals. Please note that for the purpose of the items reported under C, an individual who has completed his or her plan of services does not need to have formally exited the program.

Grantees are not required to report data for efficiency measure D in Part V. The average annual cost per individual served through the program during the reported FFY will be calculated by RSA based on data reported in Part 1, B3 and Part III, A3.

#### **A. Assistive Technology Devices and Services**

1. From the unduplicated number of persons served that received assistive technology devices and services reported in revised PART IV B2, enter the number of unduplicated individuals receiving assistive technology devices and services for whom change in functional capabilities was assessed during the reported FFY.

2. From the unduplicated number of persons reported in A1 above, enter the unduplicated number of individuals receiving assistive technology devices and services who demonstrated improvement in one or more functional capabilities, during the reported FFY. Note: An individual who maintained but did not improve their capabilities may be reported



here if the individual's goal was to prevent further decline in their capabilities.

3. The percentage of individuals receiving assistive technology devices and services who demonstrated improvement in one or more functional capabilities during the reported FFY consistent with the objectives for receiving such devices and services. (A2 divided by A1).

#### **B. Independent Living and Adjustment Training Services**

1. From the unduplicated number of individuals receiving independent living and adjustment training services reported in revised PART IV C9, during the reported FFY, enter the unduplicated number of individuals receiving independent living and adjustment training services for whom change in functional capabilities was assessed during the reported FFY.

2. From the unduplicated number of persons reported in B1 above, enter the unduplicated number of individuals receiving independent living and adjustment training services who demonstrated improvement in one or more functional capabilities. Note: An individual who maintained but did not improve their capabilities may be reported here if the individual's goal was to prevent further decline in their capabilities.

3. The percentage of individuals receiving one or more independent living and adjustment training services who demonstrated improvement in functional capabilities during the reported FFY (B1 divided by B2).

#### **C. Independence in the Home and Community**

Responses to items C1 through C3 below are based on individuals who completed their plan of services during the reported FFY. Note: For the purpose of these measures, an individual who has completed his or her plan of services does not need to have formally exited the program. For example, an individual who has completed individualized services but continues to participate in ongoing peer support activities provided through the program.

1. Total: Enter the total number of individuals completing a plan of services during the reported FFY. Note: This means a specific set of services designed for individual to meet his or her goals.

2. Engage in customary daily life activities: Enter the number of individuals completing a plan of services during the reported FFY who reported an increased ability to engage in their customary daily life activities in the home and community.

3. The percentage of individuals completing a plan of services who reported an increased ability to engage in their customary daily life activities in the home and community. (C2 divided by C1)

4. Maintain living situation: Enter the number of individuals completing a plan of services during the reported FFY who reported feeling that they are more confident in their ability to maintain their current living situation.

5. The percentage of individuals completing a plan of services who reported feeling that they are more confident in their ability to maintain their current living situation (C4 divided by C1).

**D. Efficiency Measure (To be calculated by RSA MIS from data reported in PARTS I and III)**

1. Total funds expended for direct program services provided in the reported FFY (as reported in PART I B2)

2. Number of individuals receiving services during the reported FFY (as reported in PART III A3)

3. The average annual cost per individual served through the program during the reported period (D1 divided by D2).

**Part VI: Training and Technical Assistance**

On July 22, 2014, the Workforce Innovation and Opportunity Act (WIOA) was enacted and included a new requirement under Section 751A that the RSA Commissioner shall conduct a survey of designated State agencies that receive grants under section 752 of the Rehabilitation Act of 1973, as amended by Title IV of WIOA, regarding training and technical assistance needs in order to determine funding priorities for such training and technical assistance. Enter a brief description of training and technical assistance needs that you may have to assist in the implementation and improvement of the performance of your Independent Living Services for Older Individuals Who Are Blind program (for example, financial management, reporting requirements on the 7-OB, program management, data analysis and program performance, law and applicable regulations, provision of services and service delivery, promising practices, resources and information, outreach, etc.).

**Part VII: Narrative**

See descriptions of items to be included in the narrative on the 7-OB form.

**Part VIII: Signature Instructions**

**SIGN AND PRINT THE NAME, TITLE AND TELEPHONE NUMBER  
OF THE IL-OIB PROGRAM DIRECTOR.**