2022 7-OB Q&A Document

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# Part I Funding Sources and Expenditures in Support of the OIB Program

Q1: What should and should not be included in this section?

A1: Please remember to only report funds that you’re spending/making available to the OIB Program in this section.

Q2: Regarding Question A4: Is this reporting the amount billed?

A2: The amount billed for OIB services that occurred in the reported FFY.

Q3: Are AAA Funds In-Kind (A8) or Other Federal Funds (A5)?

A3: AAAs receive funds from multiple funding sources. All 16 AAAs are set up a little differently from each other. Some are under the county, some are non-profits, and some are part of a council of governments. So depending on their structure they might receive funds from the county, apply for grants, etc. They all receive Older American Act funds. These funds are both federal and state. They also received quite a bit of stimulus funds as a result of COVID. (From Karen Klein) Federal Funds cannot be counted as In-Kind (A8).

Q4: Regarding Question A5: Does this include Covid Care Funds?

A4: Yes, this includes any other federal funds expended directly on the OIB program in the reported FFY.

Q5: Regarding question A8: If we do a cash match for OIB, does that go under A8 or A9?

A5: As long as they are not federal funds, they would be listed in A8. In-kind contributions.

# Part II Program Staffing

## Full-time Equivalent (FTE) Program Staff

Q1: How should we count the number of staff reported in this section?

A1: Please use the FTE definition of 40 hours per week. Only OIB staff/OIB hours should be reported.

# Part III Data on Individuals Served

# Part IV Types of Services Provided and Fund Expended

## Clinical/Functional Vision Assessments and Services

Q1: What types of services count?

A1: Screenings or evaluations from qualified or certified professionals including, but not limited to, functional visual acuity and fields, efficiency of vision in the performance of everyday tasks, and evaluation for low vision aids or equipment.

## B. Assistive Technology Devices and Services

Q1: For the Assistive Technology Devices and Services section, should we include our AAA grant funding which is used to purchase adaptive equipment for seniors with low vision? Also for Assistive Technology Devices and Services, should we include the grant funding we received from the Howard's Fund to help a specific consumer purchase a laptop?

A1: Yes, both of those expenditures should be reported in Part IV, B1. The instructions state to report total expenditures from the OIB grant "and all other sources of program funds". Keep in mind that Part IV F and Part 1 B2c must match, so those assistive technology funds should also be reported in Part 1 B2.

Q2: What is the definition of AT/what can be counted in this section?

A2: “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.” The best way to determine what may count is considering whether the product is made for the mainstream public, or specific to persons with disabilities. If it is made for the latter, it most likely can be included. For example, a computer is made for the mainstream public and would not be considered, but JAWS software is made specifically for the blind so they can access their computer, and would be considered AT.

Q3: Can you provide a list of AT devices and services?

A3: Yes. The following is a semi-comprehensive list of AT devices specific to persons with vision impairment.

* Stand magnifiers
* Hand magnifiers
* CCTVs (portable or handheld)
* Lighting and/or contrast-enhancing devices
* Absorptive filter sunshades
* Monocular
* Reading stands
* Typoscopes
* Signature guides
* Writing guides
* Braille materials (i.e. slate & stylus, Brailler machine, Braille paper, Braille reading materials, Braille labeler, etc)
* Bump dots
* Talking book players
* Victor Reader devices
* Voice recorders
* Large print materials (bold paper, bold pens, etc)
* OCR devices (i.e. Orcam, Pearl camera, etc)
* Adaptive telephone (i.e. Blindshell phone, etc)
* Assistive Technology computer software (i.e. ZoomText, JAWS, Fusion, GuideConnect, etc)
* Use of Assistive Technology software to access the computer
* Adaptive typing software (i.e. TypeAbility, etc)
* Accessible apps for the blind (i.e. GPS apps, Seeing AI, etc)
* Accessible personal management devices (i.e. Accessible Pharmacy, ScripTalk, accessible thermometers, glucose meters, iBill, etc.)
* Accessible labeling systems (i.e. PenFriend, WayAround, etc)
* Accessible kitchen equipment (i.e. talking thermometer, black & white cutting board, braille measuring cups, etc)
* Adaptive mobility aids (i.e. white cane & cane tips, SunuBand, accessible GPS, talking compass, etc)

## C. Independent Living and Adjustment Training Services

Q1: Can you provide a list of services that would be counted under Orientation & Mobility?

A1: Yes. This is a training service that is provided by a qualified professional (someone with a Masters and/or certification in this area). The following is a semi-comprehensive list of O&M services:

* Directional terms (i.e. parallel/perpendicular, clockface directions, cardinal directions, etc)
* Human guide skills
* Basic O&M skills (i.e. selection of white cane & tips, self protective techniques, squaring off, search patterns, locating dropped objects, clues & landmarks, etc)
* White cane skills (i.e. diagonal technique, trailing, constant contact technique, two point touch technique, etc)
* Indoor travel skills (i.e. familiarization techniques, navigating doorways, stairs, elevators, route planning and execution, etc)
* Outdoor travels skills (i.e. residential travel, intersection crossing skills, maintaining orientation, veer recovery, negotiating obstacles, soliciting assistance, analyzing intersections, address system, etc)
* Use of public transportation
* Dog guide preparation (i.e. Juno walk, applying to guide dog school, etc)

Q2: Can you provide a list of services that would be counted under Communication Skills training?

A2: Yes. The following is a semi-comprehensive list:

* Audio and electronic information systems (i.e. Colorado Talking Book Library, BARD, Audio Information Network, NFB Newsline, etc)
* Adaptive notetaking strategies (i.e. voice recorders, large print, braille, etc)
* Accessing paperwork (i.e. OCR, use of a reader, tablet stands, etc)
* Learning Braille
* Accessible writing (i.e. signature guides, etc)
* Adaptive use of telephone (i.e. accessible phone, sending/receiving & reading texts using phone accessibility features, learning VoiceOver or TalkBack, etc)
* Touch typing
* Accessing a keyboard (i.e. large print keyboard, nonvisual techniques of accessing a standard one, etc)

Q3: Can you provide a list of services that would be counted under Daily Living Skills training?

A3: Yes. This category includes adaptive skills and techniques related to blindness or low vision and is sometimes referred to as Vision Rehabilitation Therapy. The following is a semi-comprehensive list:

* Adaptive access of home maintenance & safety items (i.e. safely use tools, use of keys, perform household chores, access utilities, adjust thermostat, etc)
* Medical management (i.e. accessible pill boxes, accessible labeling of medications, use of Accessible Pharmacy or ScripTalk, talking glucometer, talking blood pressure monitor, talking thermometer, talking scale, etc)
* Adaptive caregiving techniques (humans or animals)
* Adaptive labeling (i.e. identifying clothing, accessing dials on appliances, food identification, etc)
* Adaptive cleaning techniques (i.e. safe handling of chemicals, pouring laundry detergent, determining if surfaces are clean, etc)
* Adaptive meal preparation and cooking techniques (i.e. pouring liquids, measuring techniques, knife safety, stove/oven safety, determining doneness, accessing recipes, etc)
* Adaptive financial management techniques (i.e. identifying bills/coins, check writing, accessing bank account, using ATM accessibility features, etc)
* Adaptive time management (i.e. talking watch or alarm clock or timer, large print calendar, electronic calendar, etc)
* Adaptive hygiene management (i.e. techniques for hair care, skin care, dental care, etc)

Q4: Can you provide a list of “Other OIB IL services”?

A4: Yes. This is a long list, defined in federal regulations [34 CFR 367.5](https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-367/subpart-A/section-367.5). Please refer there for details (Item #10)

# Part V: Program Performance Measure and Outcome Data

Q1: For sections A and B, I wanted clarification on “ Assessment”. By assessment – would this be an assessment by a certified VR professional or medical professional only, or would a low vision lab appointment with an OIB specialist such as myself count as an assessment as well?

A1: The first point of clarification is that this is referring to a post assessment, not a pre assessment. I believe that most programs only use the term assessment to refer to the assessment at the beginning of services, however, taken in context, I think the term “assessment” is referring to how we evaluate if there has been change after providing some services. We can’t evaluate if there is change in functioning until after services have been provided. This is likely not a formal assessment, but should be documented in the case notes to back up the indication that there was or was not a change in functioning. For example, the individual was not able to cook as they couldn’t set the controls on the stove or microwave (pre assessment). Now the individual is preparing food independently using the microwave (post assessment). So an assessment was provided because we know the outcome. In the next question, we can say that functional improvement happened for one or more activities. (From Kendra Farrow)

Q2: In the 7-OB instruction of the Performance Data Section C, which is reported for individuals completing a plan of services during FFY. – it included a caveat that an individual who has completed his or her plan of services does not need to have formally exited the program. How can outcomes be measured if the case is still open? If the case is still open at the time of reporting and the services have been completed, but the case is not closed, should the agency have an assessment tool for independence in the home and community?

A2: So basically, what we are trying to say here is that sometimes people complete their plan of services. They received their independent living services, their assistive technology, and learned their communications tools, etc., but they might want to continue to have some social involvement with the program. That may go on for several years. They may want to talk to other peers who are older blind individuals. So that is fine, but when they are done with services (e.g., completing a plan of services, which may mean different things to different agencies), then the individual should be asked to self-report, "Do you feel more confident…?" It is not an evaluation that you have to do, but you do have to ask the individual how they feel. Do they feel confident that they can maintain their current living situation?

# Part VI Training and Technical Assistance Needs

Q1: How should this question be answered?

A1: Please limit the answer to 1-2 paragraphs.

# Part VII Narrative

Q1: How should these questions be answered?

A1: Please limit each answer to 1-2 paragraphs. Include one story or one example for how OIB services have impacted consumers in Part VII C. Send your narrative in an email or word document, not in a PDF. We cannot enter graphs/charts/images into the RSA portal; narratives need to be all text.