

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES
REHABILITATION SERVICES ADMINISTRATION
WASHINGTON, DC 20202

POLICY DIRECTIVE
RSA-PD-20-01
DATE: January 7, 2020

ADDRESSEES: State Vocational Rehabilitation Agencies

SUBJECT: Announcement of OMB Approval for Form RSA-7-OB, Independent Living Services for Older Individuals who are Blind Program (ILOIB) Annual Report

POLICY:

Through this Policy Directive (PD), the Rehabilitation Services Administration (RSA) is transmitting a copy of the revised RSA-7-OB form for the ILOIB program. The Office of Management and Budget (OMB) has approved an extension with changes to this information collection (OMB control number 1820-0608) until December 31, 2022.

Background

The ILOIB program provides independent living services to persons age 55 or older who are blind or visually impaired. RSA uses this form to meet the specific data collection requirements of Chapter 2 of Title VII of the Rehabilitation Act of 1973, as amended by Title IV of the Workforce Innovation and Opportunity Act (WIOA), and implementing regulations at 34 C.F.R. Part 367. Each designated State agency (DSA) that administers the ILOIB program is required to submit the RSA-7-OB form annually to the RSA Commissioner on or before December 31.

The recently approved RSA-7-OB form and instructions have streamlined and clarified some of the items in the previous information collection. In addition, this form collects data on five program measures that will assist RSA with more accurate measurement of the performance of the ILOIB program. Training will be provided in the near future to help agencies implement this revised information collection.

Implementation Timeline

For Federal fiscal year (FFY) 2020, DSAs should continue to use the previously approved RSA-7-OB form to collect and report data no later than December 31, 2020. Beginning with FFY 2021, which begins on October 1, 2020, DSAs must use the revised RSA-7-OB form and instructions (see attached); these data must be reported to RSA by December 31, 2021.

Electronic Submission

DSAs administering the ILOIB program must submit the RSA-7-OB form electronically through the RSA-7-OB portal on RSA's website at <https://rsa.ed.gov>. RSA recommends that staff responsible for reporting this data visit RSA's website to ensure their user account is active and that they have access to the RSA-7-OB form in the portal. Instructions for users are available online.

CITATIONS IN LAW:

Chapter 2 of Title VII of the Rehabilitation Act of 1973, as amended by Title IV of WIOA

CITATIONS IN REGULATIONS:

34 C.F.R. Part 367

EFFECTIVE DATE:

October 1, 2020

EXPIRATION DATE:

December 31, 2022

INQUIRIES TO:

James Billy: James.Billy@ed.gov

/s/

Mark Schultz

Delegated the authority to perform
the functions and duties of the Assistant
Secretary for Special Education and
Rehabilitative Services

Attachments

cc: Council of State Administrators of Vocational Rehabilitation
National Council of State Agencies for the Blind

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 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 31).

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 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 funds - 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 utilized 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, voluntary client contributions, etc. Do not include in-kind contributions. State funds should be reported in A7 above.
10. Total non-Federal funds - Sum of A7 + A9 above; do not include In-kind contributions reported in A8. 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 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. Total will be automatically populated.

2. Funds expended for direct 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 line 10j of the SF-425.
 - b. Direct service expenditures from all other allowable sources as identified in Part I - A above.
 - c. Total direct services expenditures - Sum of 2a + 2b. Total will be automatically populated.

3. Total funds expended for the program during the reported FFY - Sum of B1c + B2c. Total will be automatically populated.

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. Report the number of hours per week that define FTE for State Agency staff and for Contract/Subgrant staff (e.g. 40 hours, 35 hours, etc.).

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, Independent Living (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 through 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, independent living 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 & 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 that are represented in the categories below. Individuals reported here should include both agency and contract/subgrant staff.

1. Employees with disabilities other than with blindness or severe visual impairments - Enter the total number of employees with disabilities, excluding those 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 - Enter the total number 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 - Enter the total number who are blind or have a severe visual impairment and are under age 55.

4. Total employees with disabilities - Enter 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 individuals 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. Self-identifies as female - Enter the total number of individuals receiving services who self-identify as female.

2. Self-identifies as male - Enter the total number of individuals receiving services who self-identify as male.

3. Did not self-identify gender - Enter the total number of Individuals receiving services who did not self-identify gender.

4. Total - Sum of C1 + C2 + C3. This total must agree with the total reported in A3 above. Total will be automatically populated.

D. Race

Categories 1 through 7 - Enter the number of individuals served in the reported FFY for each of the 7 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 only be reported in one of the 7 categories. Item 7 should be used to report individuals served who identify two or more races. The multi-race category (item 7) should not be used to report an individual who identifies only 1 of the 5 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 or 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 through D7. This total must agree with the total reported in A3 above. Do not include the Ethnicity sum from E1. 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, excluding those recorded in F1 and F2.

4. Total - Sum of F1 + F2 + F3. The total 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 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 through G5. This total must agree with the total 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 H-6. 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. 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.

6. Other impairment - Enter other impairments not captured in H1 - H5 above.

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 which 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 through I5. This total must agree with the total 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-referral - 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 total must agree with the total in A3 above. Total will be automatically populated.

Part IV: Types of Services Provided and Funds Expended

Provide data related to the number of program participants 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 - F. 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. Total expenditures from all sources of program funding - 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 - Vision Screening/Vision Examination/Low Vision Evaluation (unduplicated count): Enter the total number of individuals who received clinical vision screening or vision examinations from qualified or certified professionals such as ophthalmologists, optometrists, or low vision specialists (i.e., one individual may receive multiple services during the reported FFY but should only be counted one time). 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 professionals 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 IV - C3.

3. Persons served - Surgical or therapeutic treatments to prevent, correct, or modify disabling eye conditions (unduplicated count): Enter the total number of individuals who received surgical or therapeutic treatment to prevent, correct, or modify disabling eye conditions, including prescription optical devices (i.e., one individual may receive multiple services during the reported FFY but should only be counted one time). Nonprescription optical aids and devices should be reported in IV - 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, closed circuit televisions, computers, adaptive software, magnifiers, adaptive cooking items, adaptive recreational items, handwriting guides, braille devices, 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. Total expenditures from all sources of program funding - 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 - Provision of assistive technology devices and/or services (unduplicated count): Enter the unduplicated count of individuals who received one or more assistive technology devices and services (i.e., one individual may receive multiple assistive technology devices and services during the reported FFY but should only be counted one time).

C. Independent Living and Adjustment Training Services

1. Total expenditures from all sources of program funding - Enter the total 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 IV - A2 or IV - B2) leading to the planning and implementation of services and training should be included in these costs.

2. Persons served - Independent living and adjustment training services (unduplicated count): Enter the unduplicated count of individuals who received one or more independent living and adjustment training services (i.e., one individual may receive multiple independent living and adjustment training services during the reported FFY but should only be counted one time).

3. Number of persons reported in IV - 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 (IV - 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 individuals (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 who received 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 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. Persons served - supportive services (unduplicated count): Enter the unduplicated count of individuals who received supportive services as described above (i.e., one individual may receive multiple supportive services during the reported FFY but should only be counted one time).

E. Community Awareness Activities and Information and Referral

1. Expenditures - Enter the total 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 through E1. The total must agree with the direct service expenditures reported in Part 1 - B2c.

Part V: Program Performance Measures and Outcome Data

The revised GPRA measures for the OIB 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 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.

Measure D - 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." 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 I, 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 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 (Denominator).

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 (Numerator).

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 X 100). The percentage is calculated by RSA MIS.

B. Independent Living and Adjustment Training Services

1. From the unduplicated number of individuals receiving independent living and adjustment training services reported in IV C2, 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 (Denominator).

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 (Numerator).

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 (B2 divided by B1 X 100). The percentage is calculated by RSA MIS.

C. Independence in the Home and Community

Responses to items C1 through C5 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 would be included.

1. Total: Enter the total number of individuals completing a plan of services during the reported FFY (Denominator). Note: This means a specific set of services designed for the 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 (Numerator).
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 X 100). The percentage is calculated by RSA MIS.
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 (Numerator).
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 X 100). The percentage is calculated by RSA MIS.

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

1. Total funds expended for direct services provided during the reported FFY (as reported in I B2c)
2. Number of individuals receiving services during the reported FFY (as reported in 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 your training and technical assistance needs related to the implementation and improvement of the performance of your OIB 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 OIB PROGRAM DIRECTOR.

The certifying official (either the Program Director or a designated officer) must be the individual listed in G5.

ED(RSA)-7-OB Form
OMB No. 1820-0608
Expiration Date: 12/31/2022

UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

REHABILITATION SERVICES ADMINISTRATION

Washington D.C. 20202

FISCAL YEAR _____

ANNUAL REPORT

INDEPENDENT LIVING SERVICES FOR

OLDER INDIVIDUALS WHO ARE BLIND (OIB) Program

GRANTEE

GRANT NO.

**Title VII Chapter 2, of the Rehabilitation Act, as amended by Title IV
of the Workforce Innovation and Opportunity Act (WIOA)
Sections 751(b) and 752(h) (2) (A) of the Rehabilitation Act, as amended
by the Workforce Innovation and Opportunity Act (WIOA)**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a currently valid OMB control number. The valid OMB control number for this collection is 1820-0608. Public reporting burden for this collection of information is estimated to average five hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain a benefit under Section 752(h) (2) of the Rehabilitation Act of 1973, as amended by Title IV of the Workforce Innovation and Opportunity Act (WIOA) and the implementing regulations at 34 C.F.R. § 367.31(c). If you have comments or concerns regarding the status of your individual submission of this form, please contact the program office, Roseann Ashby, U.S. Department of Education, 400 Maryland Ave, S.W., PCP Room 5151, Washington, D.C. 20202-5176.

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PART I: FUNDING SOURCES AND EXPENDITURES IN SUPPORT OF THE OIB PROGRAM

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 \$ _____
- 2. Title VII-Chapter 2 carryover from previous FFY \$ _____
- 3. Total Title VII-Chapter 2 Funds (A1 + A2) \$ _____
- 4. Title VII-Chapter 1, Part B Funds \$ _____
- 5. Other Federal funds available for expenditure in the reported FFY \$ _____
- 6. Total Federal funds (A3 + A4 + A5) \$ _____
- 7. State funds (excluding in-kind contributions) \$ _____
- 8. In-kind contributions \$ _____
- 9. Other non-Federal funds \$ _____
- 10. Total non-Federal funds (A7 + A9) \$ _____
- 11. Total of all funds available for expenditure in the reported FFY (A6 + A7 + A9) \$ _____

B. OIB Program Expenditures in Reported FFY

- 1. Funds expended for administrative costs in the reported FFY
 - a. Administrative expenditures from (1) Title VII-Chapter 2 Federal grant award funds and (2) non-Federal sources used in meeting the match requirement \$ _____
 - b. Administrative expenditures from all other allowable sources as identified in Part I - A above \$ _____
 - c. Total administrative expenditures (1a + 1b) \$ _____
- 2. Funds expended for direct services during the reported FFY

- a. Direct service expenditures from (1) Title VII-Chapter 2 Federal grant award and (2) funds from non-Federal sources used in meeting the match requirement \$ _____
- b. Direct service expenditures from all other allowable sources as identified in Part I - A above \$ _____
- c. Total direct service expenditures (2a + 2b) \$ _____
3. Total funds expended for the program during the reported FFY (B1c + B2c) \$ _____

PART II: PROGRAM STAFFING

A. Full-time Equivalent (FTE) Program Staff

FTE (full time equivalent) is the number of hours per week considered full time for the positions reported below. Please report the number of hours per week that define FTE for:

State Agency Staff _____; Contract/Subgrant Staff _____
(e.g., 40 hours, 35 hours, etc.).

Type of staff	Administrative & Support (a)	Direct Service(b)	Total (c)
1. FTE State agency	(a)	(b)	(c)
2. FTE through contract/subgrant	(a)	(b)	(c)
3. Total FTE (A1 + A2)	(a)	(b)	(c)

B. Employees with Disabilities

Employees with Disabilities (agency and contract/subgrant staff)	Number of Employees
1. Employees with disabilities other than blindness or severe visual impairments	
2. Employees with blindness or severe visual impairments who are age 55 and older	
3. Employees with blindness or severe visual impairments who are under age 55	
4. Total employees with disabilities (B1 + B2 + B3)	

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. Number of individuals who began receiving services in the previous FFY and continued to receive services in the reported FFY _____
- 2. Number of individuals who began receiving services in the reported FFY _____
- 3. Total individuals served during the reported FFY (A1 + A2) _____

B. Age at Application

- 1. 55-64 _____
- 2. 65-74 _____
- 3. 75-84 _____
- 4. 85 & over _____
- 5. Total - B1 + B2 + B3 + B4 _____

C. Gender

- 1. Individual self-identifies as female _____
- 2. Individual self-identifies as male _____
- 3. Individuals who did not self-identify gender _____
- 4. TOTAL - C1 + C2 + C3 _____

D. Race

- 1. American Indian or Alaska Native _____
- 2. Asian _____
- 3. Black or African American _____
- 4. Native Hawaiian or Other Pacific Islander _____
- 5. White _____

- 6. Individual did not self-identify race _____
- 7. Two or more races _____
- 8. Total - D1 + D2 + D3 + D4 + D5 + D6 + D7. Do not include the sum of E1. _____

E. Ethnicity

- 1. Hispanic or Latino _____

F. Degree of Visual Impairment

- 1. Totally blind (light perception only or no light perception) _____
- 2. Legally blind (excluding totally blind) _____
- 3. Severe visual impairment _____
- 4. Total - F1 + F2 + F3 _____

G. Major Cause of Visual Impairment

- 1. Macular degeneration _____
- 2. Diabetic retinopathy _____
- 3. Glaucoma _____
- 4. Cataracts _____
- 5. Other cause of visual impairment _____
- 6. Total - G1 + G2 + G3 + G4 + G5 _____

H. Other Age-Related Impairments

- 1. Hearing impairment _____
- 2. Mobility impairment _____
- 3. Communication impairment _____
- 4. Cognitive or intellectual impairment _____
- 5. Mental health impairments _____
- 6. Other impairment _____

I. Type of Residence

- 1. Private residence (house or apartment) _____
- 2. Senior independent living facility _____
- 3. Assisted living facility _____
- 4. Nursing home/long-term care facility _____
- 5. Homeless _____
- 6. Total - I1 + I2 + I3 + I4 + I5 _____

J. Source of Referral

- 1. Eye care provider (ophthalmologist, optometrist) _____
- 2. Physician/medical provider _____
- 3. State VR agency _____
- 4. Government/public or private social service agency not listed elsewhere _____
- 5. Veterans Administration _____
- 6. Senior program _____
- 7. Assisted living facility _____
- 8. Nursing home/long-term care facility _____
- 9. Independent living center _____
- 10. Family member or friend _____
- 11. Self-referral _____
- 12. Other sources _____
- 13. Total - J1 through J12 _____

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.

A. Clinical/Functional Vision Assessments and Services

- 1. Total expenditures from all sources of program funding \$ _____
- 2. Total unduplicated count of persons served - Vision screening/vision examination/low vision evaluation _____
- 3. Total unduplicated count of persons served - Surgical or therapeutic treatments to prevent, correct, or modify disabling eye conditions _____

B. Assistive Technology Devices and Services

- 1. Total expenditures from all sources of program funding \$ _____
- 2. Total unduplicated count of persons served - Provision of assistive technology devices and/or services _____

C. Independent Living and Adjustment Training Services

- 1. Total expenditures from all sources of program funding \$ _____
- 2. Total unduplicated count of persons receiving independent living and adjustment training services _____
- 3. Number of persons receiving the following services:
 - a. Orientation and mobility training _____
 - b. Communication skills training _____
 - c. Daily living skills training _____
 - d. Advocacy training _____
 - e. Adjustment counseling and/or peer support services (individual or group) _____
 - f. Information and referral services _____

g. Other independent living services _____

D. Supportive Services

1. Total expenditures from all sources of program funding \$ _____

2. Total unduplicated count of persons served - Supportive services (reader services, transportation, personal attendant services, support service providers, interpreters, etc.) _____

E. Community Awareness Activities and Information and Referral

1. Total expenditure from all sources of program funding _____

F. TOTAL DIRECT EXPENDITURES - Sum of A1 + B1 + C1 + D1 + E1, total must agree with the direct service expenditures reported in Part 1, B2c _____

PART V: PROGRAM PERFORMANCE MEASURES AND OUTCOME DATA

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 (To be calculated by RSA MIS from 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.

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

Provide the following data for each of the performance measures below. This will assist RSA in reporting results and outcomes related to the program.

PROGRAM PERFORMANCE DATA

A. Assistive Technology Devices and Services

A1. Enter the unduplicated number of individuals receiving assistive technology devices and services for whom change in functional capabilities was assessed during the reported FFY (Denominator).

A2. 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 (Numerator). 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.

A3. 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). The percentage is calculated by RSA MIS.

B. Independent Living and Adjustment Training Services

B1. 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 (Denominator).

B2. Enter the unduplicated number of individuals receiving independent living and adjustment training services who demonstrated improvement in one or more functional capabilities (Numerator). 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.

B3. The percentage of individuals receiving one or more independent living and adjustment training services who demonstrated improvement in functional capabilities during the reported FFY (B2 divided by B1). The percentage is calculated by RSA MIS.

C. Independence in the Home and Community

C1. Enter the total number of individuals completing a plan of services during the reported FFY (Denominator).

C2. Enter the number of individuals completing a plan of services during the reported FFY that reported an increased ability to engage in their customary daily life activities in the home and community (Numerator). Note: An individual who maintained but did not improve their ability to engage in customary daily life activities may be reported here if the individual's goal was to prevent further decline in their capabilities.

C3. 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). The percentage is calculated by RSA MIS.

C4. Enter the number of individuals completing a plan of services who reported feeling that they are more confident in their ability to maintain their current living situation as a result of services they received (Numerator).

C5. 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). The percentage is calculated by RSA MIS.

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

D1. Total funds expended for direct program services during the reported FFY (as reported in PART I B2) (Denominator).

D2. Number of individuals receiving services during the reported FFY (as reported in PART III A3) (Numerator).

D3. The average annual cost per individual served through the program during the reported FFY.

PART VI: TRAINING AND TECHNICAL ASSISTANCE NEEDS

Enter a brief description of your training and technical assistance needs, based on challenges you have experienced in implementing the program, and how such training and technical assistance might assist in the implementation and improvement of the performance of the OIB program in your State.

Part VII: NARRATIVE

- A. Briefly describe the agency's method of implementation for the OIB program (i.e., service delivery provided in-house, through sub-grantees/contractors, or a combination) incorporating outreach efforts to reach underserved and/or unserved populations. Include any updates from the prior year's report. List all sub-grantees/contractors.
- B. Briefly summarize results from your recent evaluations or satisfaction surveys conducted for your program.
- C. Briefly describe the impact of the OIB program, citing examples from individual cases (without identifying information) in which

services contributed significantly to increasing independence and quality of life for the individual(s).

- D. Briefly describe the community awareness/outreach efforts and information and referral activities conducted with Title VII-Chapter 2 funds and other funds and the outcome of those activities.
- E. Briefly describe capacity-building activities, including collaboration with other agencies and organizations (other than with sub-grantees) and the outcome of these activities on expanding or improving the program.

PART VIII: SIGNATURE

Sign and print the name, title and telephone number of the IL-OIB Program Director below.

I certify that the data herein reported are statistically accurate to the best of my knowledge.

Name (Printed) _____

Title _____

Telephone Number _____

Email _____

Date _____

Name (Signature) _____

Note: The report must be signed by a certifying official (the Program Director or a designated official) who is authorized to legally bind the non-Federal entity. By signing the report electronically, the grantee's certifying official certifies the following statement: "By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise." (2 C.F.R. § 200.415 and U.S. Code, Title 18, Section 1001).