

Before the  
Federal Communications Commission  
Washington, DC 20554

In the Matter of NDBEDP PN Comments  
CG DOCKET #10-210

#### INTRODUCTION

These comments, in response to the Federal Communications Commission's (FCC's) Consumer and Governmental Affairs Bureau, are provided on behalf of The American Council of the Blind of Texas (ACBT), a statewide nonprofit organization that represents the interests and concerns of blind and visually impaired people throughout the state of Texas.

ACBT has hundreds of members from across Texas who belong to 14 local chapters and state affiliates. Being the state's leading blindness organization, ACBT represents members from all walks of life including teachers, government employees, attorneys, food service workers, entrepreneurs, students, information technologists, and seniors.

ACBT, its chapters and affiliates fully concur and support the comments submitted by the American Council of the Blind national organization and wishes to restate and affirm its assenting position on the following key issues and recommendations.

The implementation of the National Deaf-Blind Equipment Distribution Program (NDBEDP), in pilot form has opened a new door for deaf-blind members of ACB of Texas; but, more importantly, we recognize that there are many more deaf-blind Texans needing access to devices to meet their communication needs for daily activities.

ACBT strongly supports continuance of the NDBEDP at the end of the pilot project. The program has provided many deaf-blind individuals with supports to facilitate communication, access to information and leveled the communication playing field. With the increased number of young children who have combine vision and hearing loss as well as seniors who are developing a combination of both vision and hearing loss later in life, there will be an ongoing number of individuals in need of assistance under the NDBEDP going forward.

As does our national organization, we recommend a central location provide administrative support for invoice processing, reviewing documents for program eligibility, fulfillment of reporting obligations, and conducting annual audits. .

We feel that the outreach, assessment and training components should be provided by a nationwide sole provider. A single purveyor would allow for: uniformity of adherence to program rules; centralized tracking of consumer information; uniformity of assessment; and ability to meet a consumers communication and reading media needs with greater efficiency.

The selected entity should be allowed to contract with providers of service who can meet the cultural, linguistic and learning media styles of their consumers. The outreach, assessment and training areas need to be provided by individuals skilled in the various ways deaf-blind people communicate. Just because a person is blind, deaf or deaf-blind and uses technology he or she may not be able to assess and train individuals who differ linguistically or have different reading media needs braille verses large print verses speech output.

We recommend that a database of trainers skillsets be maintained by the national provider. ACBT supports the certification and re-certification every five (5) years of the national provider and any and all contracting agencies.

Contracting agencies should be required to provide as part of their certification process: credentials of training staff including knowledge of technology, American Sign Language, literacy in Braille, knowledge of learning styles, ability to ascertain consumers combine vision and hearing loss as it relates to various situations and make recommendations and justification of how the items would assist the client in improving his or her situation; listing of adaptive hardware and software available for viewing by the client including the version of software; if multiple options are available for a type of device, clients should be able to interact with different hardware or software options during the assessment process, for example, different types of Braille displays, notetakers, CCTV, screen magnification, screen reader, visual or vibrating signal devices.; at what venues outreach has been done and how many consumers, caregivers, educators or rehabilitation professionals were provided with information; how many people applied for NDBEDP services reason for application denial; the length of time from application to assessment; the length of time from assessment to receipt of equipment; length of time from receipt of equipment to the start of training; number of hours each client received training; upon completing training, clients should participate in a quality assurance survey done by a third-party impartial individual or organization who has no conflict or perceived conflict of interest in the survey outcomes these answers should be provided to the certifying body and be reviewed as part of the application for re-certification. This should be done by a culturally competent individual who can match the communication style and needs of the deaf-blind consumer; no technology providers should be allowed to market their products specifically to a consumer during their assessment process; the national provider should be required to obtain all equipment directly from the company who manufactures or sells the adaptive products in the USA; individuals who sell, distribute, repair or resell adaptive devices or products as a vendor, contractor or stand to benefit financially either personally or in a perceived manor should not be allowed to assess a consumer for his or her needs under the NDBEDP and if services must be contracted out it should be provided by a person skilled in communicating and training individuals who are deaf-blind; there may be no financial connection between any vendor and the national provider of the NDBEDP or any of the contracting agencies FUNDING  
ACB of Texas concurs with ACB national that \$500,000 should be sufficient for continued nationwide outreach. This amount should be allowed for the first two (2) years of the program and be re-assessed at that point. It is felt that it may be best to have individuals doing outreach in specific geographic areas. These individuals need to be able to meet the diverse cultural and linguistic needs of the deaf-blind community.

One of our ACBT members had to wait until year two of the pilot project to have his application processed and reviewed since there was not enough funding for our geographic area in year one. With the money being allocated through a nationwide program, this funding disparity may not have occurred. Going forward, \$10-million may not indeed be enough to meet the demand under the program.

ACBT supports reimbursement of costs for equipment within 15-days of the order being placed for equipment. The national provider should have to document that the equipment was received within 30-days of placing an order and if not said funds should be returned back to the Commission. Related services and supports should be paid within 15 days of being submitted at the end of each month. The two outlined procedures above would assist in tracking funds, prevent the request of funds well in advance of needing funds and reduce the fraud or abuse of funding. The longer period of time between billing cycles the greater the chance there will be of abuse. A centralized web-based claims tracking system would be beneficial. The web-based system would enable easy access to report creating and tracking of data trends associated with the evolution of the NDBEDP.

15% may not reflect actual costs associated with the administration of the NDBEDP. Reimbursement of actual expenses associated directly with the program should be compensated to a rate that does not pose a financial hardship to an entity. Administrative costs which can be directly identified as being associated with the NDBEDP should be reimbursed. Additionally, an entity should not receive any administrative payments if they have not provided any services to consumers. With a centralized reporting system, an entity should bill costs associated with the web-based service as administrative in the future. However, additional federal appropriations should be requested for the initial process for set up, and training associated with the system. This is to cover the one-time costs associated with such a project through the design, development, testing and training of staff. Future staff and costs should be billed according to their job duties.

ACBT believes that defining individuals as deaf-blind based on the Helen Keller National Center Act is appropriate. We concur with the Commission that in addition, a consumers functional abilities as well as their limitations faced when using mainstream verses accessible devices when using telecommunications, advanced telecommunications and Internet access in various settings and environments be looked at as well. The following documents should be accepted as verification of deaf-blindness if said documents provide supporting information: Social Security determination letter; Individualized Plan for Employment Individualized Education Plan Individualized Service Plan Letter from a vocational rehabilitation agency Medical doctor.

ACBT believes that a broader view of income should be accepted as eligible for service. For example, in New York State, individuals with disabilities who are working and receiving the Medicaid Buy-In for Working People with Disabilities may earn as a single individual \$59,000 and \$79,000 respectively. It is for this reason that higher income levels over the 400% FPG should be able to receive coverage of only adaptive devices such as magnification software for

an existing computer, Purchase of a braille display, notetaker, screen enlargement software, or reading machine. More mainstream devices such as a laptop, pc, smartphone. should be purchased by the consumer when their income exceeds the 400% FPG but is below the above figures.

Income should be designated based on federal tax documents or Social Security Documents. Individuals residing together in the same household often may live together but have no mutual right to each others finances. NDBEDP funds should be able to be used for initial Internet connectivity if this would pose a financial hardship to the consumer. An alternative option would be to allow funding through their states program for consumers with disabilities to cover such costs.

**INDIVIDUALIZED ASSESSMENT OF COMMUNICATION NEEDS** In addition to qualified technology specialists, a Certified Rehabilitation Therapist should be consulted when needed. Both the qualified assistive technology specialists and Certified Rehabilitation Therapists should be skilled in the communication methods of the consumer.

Currently coverage of trainers travel is covered, but, consumer travel is not covered. This is of concern since some items of possible assistance to a person may not be portable. Therefore, how can the client provide input into his/her assessment if he/she has not actually seen and used a piece of equipment? It is for this reason that partnering with regionalized or state-based programs would be of assistance to provide onsite use of products in a centralized location serving a given geographic area. In cases where a consumer feels that the equipment being shown does not meet their specific needs, the consumer should have the ability to research further options. It is critical that the program be flexible as to where the assessment is being done.

Consumers should be able to explore various options as it relates to technology. So, If there are items that are not able to be brought to the consumer the consumer should be allowed to go to the items that are not portable. In a situation where a consumer needs to travel to a location, careful assessment should be done as to if the consumer is also able to receive any services under vocational rehabilitation. Consumers in need of a SSP when traveling to training or for an assessment should also be provided with such services.

The American Council of the Blind of Texas supports the NDBEDP and the access it will continue to bring to people who are deaf-blind. We hope that in the future uniformity will assure that every deaf-blind person is receiving the highest quality assessment and training. We feel that better communication can and should occur during the application process regarding the status of the application and that the number of hours of training should be expanded according to the complexity of the equipment and what the person needs to be able to understand to make full use of and maximally benefit from the equipment provided.

It is certainly true that without the benefits of the equipment our deaf-blind members received under the NDBEDP, their lives would not be as rich or as fully productive as they are now, allowing them a greater ability to communicate more effectively with the outside world.

Larry Johnson,  
Board Member

American Council of the Blind of Texas