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Friday  
April 16, 1999

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**Part IV**

**Department of  
Education**

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**National Institute on Disability and  
Rehabilitation Research; Notice of Final  
Funding Priorities and Notice Inviting  
Applications for New Awards; Notices**

## DEPARTMENT OF EDUCATION

**National Institute on Disability and Rehabilitation Research; Notice of Final Funding Priorities for Fiscal Years 1999–2000 for a Center and Certain Projects**

**SUMMARY:** The Secretary announces final funding priorities for one Rehabilitation Research and Training Center (RRTC) and two Disability and Rehabilitation Research Projects (DRRPs) under the National Institute on Disability and Rehabilitation Research (NIDRR) for fiscal years 1999–2000. The Secretary takes this action to focus research attention on areas of national need. These priorities are intended to improve rehabilitation services and outcomes for individuals with disabilities.

**EFFECTIVE DATE:** These priorities take effect on May 17, 1999.

**FOR FURTHER INFORMATION CONTACT:** Donna Nangle. Telephone: (202) 205–5880. Individuals who use a telecommunications device for the deaf (TDD) may call the TDD number at (202) 205–2742. Internet: Donna\_Nangle@ed.gov

Individuals with disabilities may obtain this document in an alternate format (e.g., Braille, large print, audiotape, or computer diskette) on request to the contact person listed in the preceding paragraph.

**SUPPLEMENTARY INFORMATION:** This notice contains final priorities under the Disability and Rehabilitation Research Projects and Centers Program for one RRTC related to health and wellness for persons with long-term disabilities, and two DRRPs related to: health care services for persons with disabilities; and medical rehabilitation services for persons with disabilities. The final priorities refer to NIDRR's proposed Long-Range Plan (LRP). The LRP can be accessed on the World Wide Web at: <http://www.ed.gov/legislation/FedRegister/announcements/1998-4/102698a.html>

These final priorities support the National Education Goal that calls for every adult American to possess the skills necessary to compete in a global economy.

The authority for the Secretary to establish research priorities by reserving funds to support particular research activities is contained in sections 202(g) and 204 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 762(g) and 764).

**Note:** This notice of final priorities does not solicit applications. A notice inviting applications is published in this issue of the **Federal Register**.

**Analysis of Comments and Changes**

On February 1, 1999 the Secretary published a notice of proposed priorities in the **Federal Register** (64 FR 4936). The Department of Education received seven letters commenting on the notice of proposed priority by the deadline date. Technical and other minor changes—and suggested changes the Secretary is not legally authorized to make under statutory authority—are not addressed.

**Rehabilitation Research and Training Centers****Priority 1: Health and Wellness for Persons With Long-Term Disabilities**

**Comment:** Two commenters asked if the RRTC is required to address each of the disabilities identified in the priority equally.

**Discussion:** Applicants must address the disabilities identified in the introduction and may propose to address additional disabilities. Applicants have the discretion to determine the emphasis that they propose to place on the disabilities addressed by the RRTC.

**Changes:** The Introduction has been revised to clarify that the RRTC may address disabilities in addition to those identified in the Introduction.

**Comment:** Two commenters indicated that NIDRR should specify the alternative therapies that the RRTC should address.

**Discussion:** NIDRR prefers to provide applicants with the discretion to propose alternative therapies to investigate. The peer review process will evaluate the merits of the proposals.

**Changes:** None.

**Comment:** One commenter indicated that the RRTC should be required to carry out "population-based" research and utilize emerging dissemination methodologies that utilize technology. The same commenter and a second commenter indicated that the RRTC should be required to explore theories on health behaviors, readiness to change, and barriers to change.

**Discussion:** NIDRR prefers to provide applicants with the discretion to propose specific research approaches, theoretical perspectives, and dissemination techniques. The peer review process will evaluate the merits of the proposals.

**Changes:** None.

**Comment:** The RRTC should investigate the economics of promoting health and wellness.

**Discussion:** An applicant could propose to investigate the economics of

health and wellness under the second or third required activity. The peer review process will evaluate the merits of the proposal. NIDRR has no basis to require all applicants to investigate the economics of health and wellness.

**Changes:** None.

**Comment:** Two commenters questioned the extent to which the RRTC was expected to address the needs of adults or children, or both?

**Discussion:** The RRTC is required to address the needs of persons with long-term disabilities, regardless of their age. Adults are more likely to experience long-term disabilities. However, the RRTC is expected to address the needs of children who meet the definition of long-term disabilities included in the priority. Applicants have the discretion to propose to emphasize certain age groups.

**Changes:** None.

**Comment:** The RRTC should be required to develop and test innovative health promoting techniques, strategies, or programs.

**Discussion:** The priority requires the RRTC to identify and evaluate best practices in health promotion activities. Having met the requirement to identify and evaluate best practices in health promotion, an applicant could propose to develop new health promoting techniques, strategies, or programs. The peer review process will evaluate the merits of the proposal. NIDRR believes that it is not feasible for the RRTC to also develop and test innovative health promoting techniques, strategies, or programs.

**Changes:** None.

**Comment:** The priority appears to limit the scope of the RRTC to certain disabilities that are identified in the priority. NIDRR should clarify why these disabilities were selected.

**Discussion:** The priority requires the RRTC to include selected disabilities, but does not limit the RRTC to addressing only those disabilities. Applicants have the discretion to propose to address other disabilities in addition to those identified in the priority. The disabilities identified in the priority were selected because of their prevalence and impact on the health and wellness of persons with long-term disabilities.

**Changes:** None.

**Comment:** The RRTC should include a special emphasis on women with disabilities.

**Discussion:** An applicant could propose to emphasize the health promotion and wellness needs of women with disabilities, and the peer review process will determine the

merits of the proposal. NIDRR has no basis to require all applicants to emphasize the health promotion and wellness needs of women with disabilities.

*Changes:* None.

*Comment:* What is included in the requirement for the project to coordinate with the RRTC on Managed Care for Persons With Disabilities?

*Discussion:* NIDRR requires coordination activities in order to avoid duplication of effort and improve the quality of the research that a project carries out. Applicants have the discretion to propose how they will coordinate with other entities carrying out related research.

*Changes:* None.

#### Priority 2: Health Care Services for Persons With Disabilities

*Comment:* The second required activity could be read to authorize a very wide range of initiatives. NIDRR should clarify the intent of the second required activity.

*Discussion:* The second required activity is based on the findings of the first required activity to analyze the access of persons with disabilities to the continuum of health care services and identify successful service delivery strategies and barriers to access to the continuum. NIDRR recognizes that the range of activities that an applicant could propose to do is very broad. This broad discretion is necessary in order to provide applicants with the necessary authority to follow-up the findings from the first required activity.

*Changes:* None.

#### Priority 3: Medical Rehabilitation Services for Persons With Disabilities

*Comment:* The priority should be revised to provide applicants with the discretion to propose to address underserved populations instead of referring specifically to certain emergent disabilities.

*Discussion:* NIDRR believes that the cost and complexity of treatment of the emergent disabilities identified in the priority merit requiring all applicants to address them. However, applicants are not limited to addressing only those disabilities included in the priority, and have the discretion to address other populations.

*Changes:* None.

#### Rehabilitation Research and Training Centers

Authority for the RRTC program of NIDRR is contained in section 204(b)(2) of the Rehabilitation Act of 1973, as amended (29 U.S.C. 764(b)(2)). Under this program the Secretary makes

awards to public and private organizations, including institutions of higher education and Indian tribes or tribal organizations for coordinated research and training activities. These entities must be of sufficient size, scope, and quality to effectively carry out the activities of the Center in an efficient manner consistent with appropriate State and Federal laws. They must demonstrate the ability to carry out the training activities either directly or through another entity that can provide that training.

The Secretary may make awards for up to 60 months through grants or cooperative agreements. The purpose of the awards is for planning and conducting research, training, demonstrations, and related activities leading to the development of methods, procedures, and devices that will benefit individuals with disabilities, especially those with the most severe disabilities.

#### Description of Rehabilitation Research and Training Centers

RRTCs are operated in collaboration with institutions of higher education or providers of rehabilitation services or other appropriate services. RRTCs serve as centers of national excellence and national or regional resources for providers and individuals with disabilities and the parents, family members, guardians, advocates or authorized representatives of the individuals.

RRTCs conduct coordinated, integrated, and advanced programs of research in rehabilitation targeted toward the production of new knowledge to improve rehabilitation methodology and service delivery systems, to alleviate or stabilize disabling conditions, and to promote maximum social and economic independence of individuals with disabilities.

RRTCs provide training, including graduate, pre-service, and in-service training, to assist individuals to more effectively provide rehabilitation services. They also provide training including graduate, pre-service, and in-service training, for rehabilitation research personnel and other rehabilitation personnel.

RRTCs serve as informational and technical assistance resources to providers, individuals with disabilities, and the parents, family members, guardians, advocates, or authorized representatives of these individuals through conferences, workshops, public education programs, in-service training programs and similar activities.

RRTCs disseminate materials in alternate formats to ensure that they are accessible to individuals with a range of disabling conditions.

NIDRR encourages all Centers to involve individuals with disabilities and individuals from minority backgrounds as recipients of research training, as well as clinical training.

The Department is particularly interested in ensuring that the expenditure of public funds is justified by the execution of intended activities and the advancement of knowledge and, thus, has built this accountability into the selection criteria. Not later than three years after the establishment of any RRTC, NIDRR will conduct one or more reviews of the activities and achievements of the Center. In accordance with the provisions of 34 CFR 75.253(a), continued funding depends at all times on satisfactory performance and accomplishment.

#### Priorities

Under 34 CFR 75.105(c)(3) the Secretary gives an absolute preference to applications that meet the following priority. The Secretary will fund under this competition only applications that meet this priority.

#### Priority 1: Health and Wellness for Persons With Long-Term Disabilities

##### Introduction

Chapter Four of NIDRR's proposed LRP (63 FR 57190-57219) focuses on maximizing health and function for persons with disabilities. Health maintenance for persons with disabilities includes not only access to care for routine health problems and appropriate specialty care including medical rehabilitation, but also participation in health promotion and wellness activities.

The National Center for Health Statistics defined long-term disabilities as "long-term reduction in activity resulting from chronic disease or impairment." For the purpose of this priority, long-term disabilities include, but are not limited to, cerebral palsy, multiple sclerosis, post-polio, amputation, and spinal cord injury. This center will assess the health maintenance and promotion practices of persons with long-term disabilities. NIDRR expects this research to clarify whether specialized assessment and health promotion activities are required for persons with long-term disabilities, and how health promotion activities affect the incidence of secondary conditions.

For the purpose of this priority, health promotion strategies include alternative

therapies (e.g., therapeutic massage, acupuncture), stress management practices, physical exercise, nutrition, and other activities designed to promote healthy lifestyle and social well-being. These strategies are vitally important in maintaining health and wellness. NIDRR expects the RRTC, through its training and dissemination activities, to encourage self-directed health promotion activities.

#### Priority

The Secretary will establish an RRTC for the purpose of developing strategies for health maintenance and reducing secondary conditions for persons with long-term disabilities. The RRTC must:

(1) Evaluate health assessment definitions, policies and practices, and measurement methodologies and instruments, and describe their impact on health promotion activities for persons with long-term disabilities;

(2) Evaluate the impact of selected health maintenance strategies on the incidence and severity of secondary conditions and other outcomes such as function, independence, general health status, and quality of life;

(3) Identify and evaluate best practices in health promotion activities for persons with long-term disabilities;

(4) Provide training on: (i) research methodology and applied research experience; and (ii) knowledge gained from the Center's research activities to persons with disabilities and their families, service providers, and other parties, as appropriate;

(5) Develop informational materials based on knowledge gained from the Center's research activities, and disseminate the materials to persons with disabilities, their representatives, service providers, and other interested parties;

(6) Involve individuals with disabilities and, if appropriate, their representatives, in planning and implementing its research, training, and dissemination activities, and in evaluating the Center;

(7) Conduct a conference on the findings of the RRTC and publish a comprehensive report on the final outcomes of the conference. The report must be published in the fourth year of the grant; and

(8) Coordinate with other entities carrying out related research or training activities.

In carrying out these purposes, the RRTC must coordinate with health and wellness research and demonstration activities sponsored by the National Center on Medical Rehabilitation Research, the Department of Veterans

Affairs, and the Centers for Disease Control and Prevention.

#### Disability and Rehabilitation Research Projects

Authority for Disability and Rehabilitation Research Projects (DRRPs) is contained in section 204(a) of the Rehabilitation Act of 1973, as amended (29 U.S.C. 764(a)). DRRPs carry out one or more of the following types of activities, as specified in 34 CFR 350.13–350.19: research, development, demonstration, training, dissemination, utilization, and technical assistance. Disability and Rehabilitation Research Projects develop methods, procedures, and rehabilitation technology that maximize the full inclusion and integration into society, employment, independent living, family support, and economic and social self-sufficiency of individuals with disabilities, especially individuals with the most severe disabilities. In addition, DRRPs improve the effectiveness of services authorized under the Rehabilitation Act of 1973, as amended.

#### Priorities

Under 34 CFR 75.105(c)(3) the Secretary gives an absolute preference to applications that meet the following priorities. The Secretary will fund under this competition only applications that meet these priorities.

#### *Research Priorities in Health Care and Medical Rehabilitation Services for Persons With Disabilities*

##### Introduction

Chapter 4 of NIDRR's proposed LRP (63 FR 57202) discusses the health care service and medical rehabilitation service needs of persons with disabilities. The demand for these services is expected to continue to grow in the coming decades because of increased potential for survival after trauma and disease, prevalence of disability related to the general aging of the population, and the incidence of persons with disabilities acquiring secondary disabilities or chronic conditions. NIDRR proposes to establish a research agenda that examines access to the continuum of health care services, and changes in medical rehabilitation service systems, including demands that new populations of persons with disabilities are placing on medical rehabilitation service systems.

There has been insufficient research on the access of persons with disabilities to the continuum of health care services. Access to this continuum, including primary, acute, and long-term health care services over the course of

a lifetime, bears directly on quality of life issues. By developing new knowledge about access to the continuum of health care services for persons with disability, NIDRR expects the DRRP on health care services to contribute to persons with disabilities maintaining their health and decreasing the occurrence of secondary conditions.

Medical rehabilitation service systems are changing in response to a number of factors. One major factor is the rise of managed care as the dominant form of organization and payment for health care services, including medical rehabilitation services. In addition, as discussed in the proposed LRP, new populations of persons with disabilities are emerging and placing new demands on medical rehabilitation service systems. NIDRR expects the DRRP on medical rehabilitation services to generate new knowledge about these changes in order to assist service providers and consumers to achieve desired rehabilitation outcomes. For the purpose of the proposed priority, emergent disabilities include, but are not limited to, AIDS, Attention Deficit Hyperactivity Disorder, violence-induced neurological damage, repetitive motion syndromes, childhood asthma, drug addiction, and environmental illnesses.

#### *Priority 2: Health Care Services for Persons With Disabilities*

The Secretary proposes to fund a DRRP to improve the continuum of health care services for persons with disabilities over their lifetime. The DRRP must:

(1) Analyze the access of persons with disabilities to the continuum of health care services and identify successful service delivery strategies and barriers to access to the continuum; and

(2) Based on paragraph (1), develop strategies to improve access to the continuum of health care services.

In carrying out the purposes of the priority, the project must:

- Address the health care needs of persons with disabilities of all ages; and
- Coordinate with the RRTC on

Managed Care for Persons with Disabilities.

#### *Priority 3: Medical Rehabilitation Services for Persons With Disabilities*

The Secretary proposes to establish a DRRP to improve medical rehabilitation services for persons with disabilities, especially those with emergent disabilities. The DRRP must:

(1) Describe the changes taking place in the delivery of medical rehabilitation services including, but not limited to, those related to the setting where

services are provided, length of stay, qualifications of personnel, and payment systems; and

(2) Develop a methodology to analyze the impact of these changes on outcomes;

(3) Identify the nature and extent of the need for medical rehabilitation services by persons with emergent disabilities;

(4) Analyze persons with emergent disabilities' access to medical rehabilitation services; and

(5) Identify strategies to improve access by persons with emergent disabilities to medical rehabilitation services.

**Electronic Access to This Document**

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<http://ocfo.ed.gov/fedred.htm>

<http://www.ed.gov/news.html>

To use the pdf you must have the Adobe Acrobat Reader Program with Search, which is available free at either of the preceding sites. If you have questions about using the pdf, call the U.S. Government Printing Office at (202) 512-1530 or, toll free at 1-888-293-6498.

Anyone may also view these documents in text copy on an electronic bulletin board of the Department. Telephone: (202) 219-1511 or, toll free, 1-800-222-4922. The documents are located under Option G—Files/Announcements, Bulletins and Press Releases.

**Note:** The official version of this document is the document published in the **Federal Register**.

**APPLICABLE PROGRAM REGULATIONS:** 34 CFR Part 350.

**Program Authority:** 29 U.S.C. 760-762. (Catalog of Federal Domestic Assistance Number 84.133A, Disability and Rehabilitation Research Projects, and 84.133B, Rehabilitation Research and Training Centers)

Dated: March 13, 1999.

**Judith E. Heumann,**

*Assistant Secretary for Special Education and Rehabilitative Services.*

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**DEPARTMENT OF EDUCATION**

[CFDA Nos.: 84.133A and 84.133B]

**National Institute on Disability and Rehabilitation Research; Notice Inviting Applications for New Awards Under the Disability and Rehabilitation Research Project and Centers Program for Fiscal Year (FY) 1999**

**NOTE TO APPLICANTS:** This notice is a complete application package. Together with the statute authorizing the programs and applicable regulations governing the programs, including the Education Department General Administrative Regulations (EDGAR), this notice contains information, application forms, and instructions needed to apply for a grant under these competitions.

This program supports the National Education Goal that calls for all Americans to possess the knowledge and skills necessary to compete in a global economy and exercise the rights and responsibilities of citizenship.

The estimated funding levels in this notice do not bind the Department of Education to make awards in any of these categories, or to any specific number of awards or funding levels, unless otherwise specified in statute.

**APPLICABLE REGULATIONS:** The Education Department General Administrative Regulations (EDGAR), 34 CFR Parts 74, 75, 77, 80, 81, 82, 85, 86, and 350.

**Program Title:** Disability and Rehabilitation Research Project and Centers Program.

**CFDA Numbers:** 84.133A and 84.133B.

**Purpose of Program:** The purpose of the Disability and Rehabilitation Research Project and Centers Program is to plan and conduct research, demonstration projects, training, and related activities, including international activities, develop methods, procedures, and rehabilitation technology, that maximize the full inclusion and integration into society, employment, independent living, family support, and economic and social self-sufficiency of individuals with disabilities, especially individuals with the most severe disabilities. In addition, the purpose of the Disability and Rehabilitation Research Project and Centers Program is to improve the effectiveness of services authorized under the Act.

**Eligible Applicants:** Parties eligible to apply for grants under this program are States, public or private agencies, including for-profit agencies, public or private organizations, including for-profit organizations, institutions of higher education, and Indian tribes and tribal organizations.

**Program Authority:** 29 U.S.C. 762.

APPLICATION NOTICE FOR FISCAL YEAR 1999 DISABILITY AND REHABILITATION RESEARCH PROJECTS, CFDA NO. 84-133A

Funding priority	Deadline for transmittal of applications	Estimated number of awards	Maximum award amount (per year)*	Project period (months)
84.133A-7—Health Care Services for Persons with Disabilities ...	June 3, 1999 .....	1	\$250,000	36
84.133A-11—Medical Rehabilitation Services for Persons with Disabilities.	June 3, 1999 .....	1	200,000	36

\* **Note:** The Secretary will reject without consideration or evaluation any application that proposes a project funding level that exceeds the stated maximum award amount per year (See 34 CFR 75.104(b)).  
*Applications Available:* April 19, 1999.

**Health Care and Medical Rehabilitation Services Projects Selection Criteria:** The Secretary uses the following selection criteria to evaluate applications for a project on health care services for persons with disabilities and a project on medical

rehabilitation services for persons with disabilities under the Disability and Rehabilitation Research Project and Centers Program.

(a) *Importance of the problem* (9 points total).

(1) The Secretary considers the importance of the problem.

(2) In determining the importance of the problem, the Secretary considers the following factors: