NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

2019 to 2023 Comprehensive Services Contract Guidelines

Effective 1/1/2019
Version 1.0

Comprehensive Services Contract Guidelines
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GENERAL INFORMATION
1.0

1.01 Introduction

These Comprehensive Services Contract Guidelines provide requirements, procedures and other information needed by contractor and NYSCB staff as they implement the Comprehensive Services Contract.

1.02 Format of the Comprehensive Services Contract Guidelines

The Comprehensive Services Contract Guidelines contain the following sections:

1. General Information
2. Adaptive Living Program (ALP)
3. Vocational Rehabilitation Services (Orientation & Mobility, Vision Rehabilitation Therapy and Social Casework)
4. Pre-Employment Services (Pre-Vocational Services for Young Adults, Academic Instruction, Vocational Skills Training, Work Readiness, Work Experience)
5. Additional Services
6. Forms

1.03 Information Applicable to All Contract Components

The following apply to all components of the contract, except ALP Services. ALP participants will have little or no direct involvement with NYSCB during the assessment and service process. See the ALP section for further information.

1.04 Baseline Evaluation

When a participant is referred for a service that requires a baseline evaluation, the counselor will first authorize the baseline evaluation for that service. After the baseline evaluation, a baseline evaluation meeting will be held and a determination will be made regarding authorizing services. If the participant has received services previously, the counselor will determine whether a new baseline evaluation is needed.

1.05 Baseline Evaluation Process

Participants that are referred for Orientation and Mobility (O&M), Vision Rehabilitation Therapy (VRT), Social Casework and Prevocational Training will participate in a baseline evaluation to determine their current abilities and readiness level for any additional training needs. Participants may be asked to demonstrate their skill level and their understanding and knowledge of concepts involved in training during the initial meeting. The counselor will first authorize baseline and at the conclusion, a meeting will be held to discuss training needs and goals. If the participant has already had a baseline evaluation, the counselor will determine whether an additional baseline evaluation is needed.

1.06 Baseline Evaluation Time Frames

1. The contractor must notify the referring counselor of the acceptance of the referral within 21 days of the receipt of the referral for the baseline evaluation.

2. The baseline report must be completed and submitted to the referring counselor with a start date for services within 45 days of receiving the referral.

3. The baseline meeting must be held prior to the authorization of services. Service goals will not be considered approved and the outcome will not be considered successful until a meeting occurs.

4. The meeting will be scheduled by the contractor and will include the contractor, the counselor and the participant. The purpose of this meeting is to review the baseline information, gather input from all participants, verify that all areas of training identified will meet the needs of the participant and support their employment goal and reach agreement on the service intensity. This meeting may occur in person or via teleconference. Attempts to schedule this meeting should be documented, and if unsuccessful the contractor should contact the senior counselor for assistance.

5. At the conclusion of the meeting, any necessary revisions to the report will be made by the contractor. The contractor will include the date of the meeting, a summary of the meeting and the service intensity and frequency in the report. The report will then be submitted to the counselor for approval.

6. The counselor will approve the baseline report and authorize the agreed upon services.

7. Extensions of these time frames may be granted with district office supervisory staff approval. These requests should only be made when absolutely necessary. The request should be provided in writing and detail the basis of the extension request. District office supervisors will only grant extension request substantiated by the participant's circumstances.

1.07 Services Process and Time Frames

1. The contractor must notify the referring counselor of a start date of services within 45 days of the receipt of the referral for the baseline evaluation. The service start date must be within 59 days of the receipt of the referral for the baseline evaluation.

2. Upon completion of services, the contractor will arrange a meeting between the contractor, the counselor and the participant to discuss goal achievement and any

next steps. This meeting should occur within 21 days of completion and should encompass all levels of each service authorized. The meeting may occur in person or via teleconference. Reasonable attempts to schedule this meeting should be documented, and if unsuccessful the contractor should contact the senior counselor for assistance.

3. Reports for each authorized level of service will be submitted to the referring counselor within 30 days of the completion of services.

1.08 Rejection of Referrals

The contractor has the option to reject a referral for services if, in the opinion of the contractor, the referred individual will not benefit from the requested service(s); however, severity of disability is not a reason for rejection. The contractor should notify NYSCB of the rejection as soon as possible, but not longer than 30 days after the completion of the baseline evaluation. If a referral is rejected, the contractor must provide the reason for not accepting the referral, as well as a description of the service(s) the participant might benefit from as a prerequisite or an alternative to the service(s) requested.

1.09 Cancellation of Referrals

If services do not commence within 45 days of the receipt of the referral for a service, NYSCB may cancel the referral for purposes of obtaining services from another provider.

1.10 Time Frames Reference Guide

Within 21 calendar days of the receipt of the baseline evaluation referral

- the contractor will accept or reject the referral.

Within 45 calendar days of the receipt of the referral for the baseline evaluation

- the contractor will conduct the baseline evaluation,
- the contractor will submit the report to the referring counselor, and
- the contractor will provide a start date for services (the start date must fall within 59 days of receipt of the referral for the baseline evaluation).

Within 59 calendar days of the receipt of the referral for the baseline evaluation

- the contractor will schedule and hold the meeting,
- the referring counselor will complete the NYSCB determination section of the evaluation report after any necessary revisions are made as a result of the meeting,
- the referring counselor will authorize all agreed upon levels of services, and
- the contractor will begin providing services to the participant.

Within 21 calendar days of the completion of services

- the contractor will schedule and hold the final services meeting.

Within 30 calendar days of the completion of services

- the contractor will submit progress reports to the referring counselor.

1.11 Missed Appointments – Vocational Rehabilitation Services

Participants receiving vocational services have been notified by their counselors of their responsibilities to participate in services. Participants should give notice to the provider as soon as possible if they are unable to keep scheduled appointments. For outcome services provided in the community, when a participant fails to appear for the appointment, the service provider should notify the counselor that the participant did not cancel and did not appear and document the date and time in a case note in the progress report.

1.12 General Documentation, Reporting and Meeting Requirements (additional requirements are included in some of the specific services sections)

1. Contractors are responsible for completing reports accurately and meeting submission deadlines.

2. Contractors should note that NYSCB is unable to accept reports or attachments to reports that contain handwritten information as these are not accessible to those using screen reading software.
3. VR report forms are automatically loaded into the participants electronic case file when an authorization is approved by NYSCB. Print copies of all forms are available at the end of this document. The contractor will use the report to accept or reject the referral.

4. After the baseline evaluation is completed, the contractor will arrange a meeting with the counselor and the participant to finalize service goals and service intensity. This discussion can take place in person or by telephone. Reasonable attempts to schedule this meeting should be documented, and if unsuccessful the contractor should contact the senior counselor for assistance.

5. At the conclusion of the meeting, the baseline report will be completed and submitted to the referring counselor.

6. During service provision, the contractor will document participant progress toward goal achievement. At the conclusion of services, the Progress Report will be submitted to the counselor. The following information should be included in the comments section of the report: the final results achieved by the participant,

comments about goal achievement, any challenges to goal achievement and other information that will assist the counselor and the participant in planning for future services and employment.

7. The contractor will arrange a final meeting between the service provider, the counselor and the participant to discuss goal achievement and finalize the outcome level achieved and discuss any appropriate next steps. This discussion can take place in person or by telephone. Reasonable attempts schedule this meeting should be documented, and if unsuccessful the contractor should contact the senior counselor for assistance.

1.13 Responsibilities of the NYSCB Counselor (Additional responsibilities are included in some of the specific services sections.)

The NYSCB counselor is the service coordinator for participants receiving vocational rehabilitation (VR) services. The counselor will work in partnership with the contractor to meet the requirements outlined in these Guidelines.

1. Prior to the referral, the counselor will discuss the purpose of the service with the participant including the participant's responsibility to actively participate in services.

2. The counselor will make the referral based on the participant's needs and vocational plans, by completing the VR Plan Authorization, and a Vendor Referral Form.

3. The counselor will provide the contractor with all relevant information about the participant pertinent to the service being referred for. This information may include: work history; education and training history; previous vocational training and competencies; adaptive technology related skills; medical information including low vision reports and information about secondary disabilities; cultural or language issues; education and vocational goals and rehabilitation needs. This information should be attached or copied to the Vendor Referral Form. This information will enable the contractor to provide services and training in accordance with the participant's needs and vocational goal.

4. The counselor will actively participate in the baseline meeting set up by the contractor and will let the contractor know if the report and service goals are accepted.

5. At the conclusion of the baseline meeting, the counselor will authorize the agreed upon services.

6. As the service coordinator, the counselor will maintain contact with the participant and the contractor regarding the participant's progress during service provision at least quarterly and will participate in the final meeting held at the completion of services. During this meeting, the counselor, contractor and participant will discuss and agree upon the goals achieved and approve any recommended revisions to the goals. The counselor will review the submitted reports and enter a successful or unsuccessful outcome.

1.14 Responsibilities of the Contractor (Additional responsibilities are included in some of the specific services sections.)

The contractor will provide baseline evaluation and other contracted services in accordance with these guidelines. The contractor will work in partnership with the counselor to meet the requirements outlined in these guidelines.

1. Upon referral of the participant by the counselor, the contractor will conduct a baseline evaluation.to determine the participant's specific needs within the skill areas identified in the referral. The contractor will have the participant demonstrate all of the skills in each level when conducting the baseline evaluation.

2. The contractor will complete and submit the baseline report, detailing in the comments section of the report the specific needs that were identified during the baseline evaluation and the goals that have been established to address those needs. If services are not recommended, the contractor will document the reason in the report.

3. The contractor will arrange a meeting between the contractor, the counselor and the participant to finalize training goals and agree upon service intensity and frequency. Reasonable attempts to schedule this meeting should be documented, and if unsuccessful the contractor should contact the senior counselor for assistance.

4. The contractor will make appropriate revisions to the baseline report and will enter the date the meeting was held and the outcome of the meeting.

5. The contractor will provide services in a timely manner in accordance with the agreed upon goals and level of service intensity and frequency.

6. For those services that have multiple levels, at the beginning of each level of service the contractor will review the goals met previously, reinstruct as necessary and integrate the skills into the current training. At the conclusion of services, the contractor will review the skills learned and reinstruct as necessary.

7. The contractor will maintain communication with the counselor informing the counselor of achievement, recommended revisions to the service goals and/or problems in the participant's service program at least quarterly.

8. The contractor will arrange a final service meeting to include the contractor, the counselor and the participant at the conclusion of all authorized levels of services. Reasonable attempts to schedule this meeting should be documented, and if unsuccessful the contractor should contact the senior counselor for assistance.

9. The contractor will complete required forms, reports and other case documentation in accordance with the guidelines and timeframes in these Guidelines.

1.15 CIS Overview of the Electronic Case Folder (ECF) and Procedures for Contract Outcome Services

Contract outcome services (except for ALP services) are authorized through the Electronic Case Management System (CIS) used by NYSCB and contractor staff. When a service is authorized to a contractor, the contractor staff can view certain forms in the participant's ECF and are able to report progress using Progress Reports that are located in the ECF.

Contractor staff can view the following forms in the participant's ECF:

1. Demographic form
2. Authorizations to their agency
3. Service specific progress reports for services authorized to their agency
4. Vendor referral forms completed by the NYSCB counselor, and
5. If low vision services are authorized, the Low Vision Evaluation Form.

The following information outlines the authorization, referral and reporting procedures.

1. NYSCB counselors authorize contract outcome services using the VR Plan Authorization form. These services are typically authorized after an individual has been determined eligible for vocational rehabilitation (VR) services.

2. Some assessments can be authorized using the VR Diagnostic Authorization during the application/intake process, before a determination of eligibility is made.

3. When an authorization is approved by the NYSCB counselor:
   a. An email notification is sent to contract agency staff who have the "contract assignee" role. The contract assignee will determine who in their agency will have access to the participant's ECF. The contract assignee will need

to alert staff who may already be providing services to the participant of referrals for additional services.

b. Service specific progress reports will automatically load into the participant's ECF.
c. Contract agency staff will accept or reject the referral by entering the appropriate selection into the Agency Determination field on the Progress report. The counselor will receive an email notification when the Agency Determination field is completed.
d. Contract agency staff will enter the documentation specified in the service guidelines in the appropriate sections of the progress report.
e. Contractors should note that NYSCB is unable to accept reports or attachments to reports that contain handwritten information as these are not accessible to those using screen reading software.
f. When services are completed, contract agency staff will change the Agency Determination field to Outcome Achieved/Outcome Not Achieved, complete the remaining fields on the first page of the report and enter the Agency Signature Date. The counselor will receive an email notification alerting them that the report has been submitted for review/approval.
g. Once agreement is reached and the counselor accepts the report and fills out the NYSCB Determination field, the outcome will be considered successful and will be reflected in the contractor's Reconciliation Report in CIS.

1.16 Dispute Resolution

If the provider is unable to come to agreement regarding an outcome of service with the counselor, the provider should first contact the senior counselor to discuss the outcome. If an agreement cannot be reached, the senior counselor or the provider may contact the district manager, who will then investigate the dispute and if necessary, assist in arriving at a resolution.

1.17 Quality Assurance

NYSCB will conduct quality assurance reviews with all Comprehensive Services Contract providers on a regularly scheduled basis. The reviews will cover all contracted services and will measure provider performance against contractual standards and contract guidelines. The quality assurance review includes an off-site review of randomly selected participant case files, a participant satisfaction survey and on-site meetings with direct service staff and administration. A report detailing the results of the review and any recommendations for improvement is shared with the provider and the NYSCB district office(s) in the provider's catchment areas.

1.18 Recoupment for ALP and Vocational Rehabilitation Cases

NYSCB will seek to recoup payment for cases that, upon quality assurance review, are found to contain egregious violations of or be seriously below the standards in the Comprehensive Services Contract Guidelines.

NYSCB will identify the criteria for determining an egregious violation of contract standards and what constitutes services seriously below standards.

The recoupment provision is not designed to address widespread or general performance needing improvement. The recoupment provision will address only individual outcomes where the problem is most serious. This could be:

1. Cases where service quality is so poor or lacking that there could be, or was harm to the participant (e.g., failing to serve a referred participant).

2. Cases where contract or guidelines were not followed, leading to circumvention, intentionally or not, of the normal contract and payment process (e.g. requesting payment for services prior to completion of services, serving someone who is not eligible for services).

1.19 Method of Determining When Payment Should Be Recouped and Recouping Payment:

This section outlines the methods for determining payment recoupment. NYSCB will identify any cases meeting the criteria during quality assurance reviews and will do the following:

1. Notify the agency of the suspected finding at the exit interview and discuss if possible.

2. Submit the details and attendant documentation of the suspected finding to the director of field operations for review and approval of recoupment.

3. Notify the agency in writing of the review findings and the director of field operations' decision. In the event the director of field operations approves the recoupment:
   a. If the case is still in the current year, status will be changed to "unsuccessful," with no adjustment to outcome target number.
   b. If the case is from a previous year, the fiscal support unit will bill the agency accordingly.

4. Conduct follow-up quality assurance activity within six months or less, as warranted. The agency may request an appeal of the decision by writing to the associate commissioner within 30 days of receipt of the director of field operations' decision.

1.20 Closure Type Reduction for ALP-2E and ALP-3 Cases:

All ALP-2E and ALP-3 cases are reviewed by NYSCB home office staff. It is presumed that all ALP-2 cases will at least meet minimum service delivery standards.

NYSCB will downgrade, immediately upon review, the outcome for ALP cases that are found to:

1. contain egregious violations of the Comprehensive Services Contract Guidelines, or
2. be seriously below NYSCB contract standards.

1.21 Providing Written Communications in the Participant's Preferred Format

To communicate effectively in writing with participants, it is important that participants receive written materials in a format that is accessible to them. The participant's preferred format should be entered into the Demographic form in the participant's Electronic Case File (ECF). Once identified, all written communications must be sent to the participant in this format.

1.22 Communications with Participants Who Are Deaf/Blind

To communicate effectively with participants who are deaf/blind, it may be necessary to secure the services of a certified interpreter. Contractor staff must consider whether the services of a certified interpreter are needed in order for a participant who is deaf/blind to participate in services. NYSCB will pay for interpreter services for VR cases; it is the responsibility of the contractor for ALP services. Consideration of this need should be given during all aspects of the participant's involvement with the contractor.

1.23 Communications with Participants Whose Primary Language is Other Than English

To communicate effectively with participants whose primary language is other than English, it may be necessary to secure the services of a foreign language interpreter. Contractor staff must consider whether the services of a foreign language interpreter are needed for a participant who does not speak English to participate in services. NYSCB will pay for interpreter services for VR cases; it is the responsibility of the contractor for

ALP services. Consideration of this need should be given during all aspects of the participant's involvement with the contractor.

1.24 Informed Choice

Throughout these guidelines, reference is made to providing participants with opportunities for informed choice as they develop goals and receive services. This section provides information about the concept of informed choice and how to apply it during goal development and service provision.

Each participant who is referred for NYSCB services must be given the opportunity to make informed choices about the selection of their goal, objectives and plan for services and the types of services and service providers. The opportunity to make informed choices continues throughout the rehabilitation process.

Informed choice is a decision-making process in which the participant is provided with relevant information on potential service providers and goals, and selects, in partnership with the NYSCB counselor or contractor, a goal, objectives, services and service providers. Through informed choice, the participant participates fully in considering and choosing options for training and services to obtain his or her goal.

1.25 Confidentiality of Information

The contractor will safeguard the confidentiality of all information relating to all participants who receive services under the Comprehensive Services Contract, or whose names are provided to the contractor, pursuant to the Master Contract, and shall maintain the confidentiality of all such information in conformity with the provisions of applicable State and Federal laws and regulations. An individual's records shall not be released without the written consent of the individual, or as otherwise required pursuant to applicable State or Federal laws and regulations.

NYSCB requires the use of a Release of Confidential Information when requesting or providing oral or written information regarding a participant. In addition, special releases are required for providing or obtaining oral or written information about participants with special circumstances (e.g. HIV, substance abuse). Refer to section 10.0 of these guidelines, **Forms**, for associated Release of Confidential Information forms.

This provision applies to ALP participants as well as to individuals in the VR program.

1.26 Personnel Standards

Contractors should submit credentials for all newly hired service providers to the nearest NYSCB District Manager in accordance with the standards in Appendix C: Personnel

Standards, of the Comprehensive Services Contract. The district manager will forward the credentials to NYSCB director of field operations.

1.27 Approval of Programs

If providing any contract service in the format of a program, a curriculum for the program must be submitted to and approved by NYSCB senior management. All program curriculum must be submitted for approval at the start of a contract even if previously approved in a prior contract cycle.

ADAPTIVE LIVING PROGRAM (ALP) 2.0

Services
ALP 1 Assessment
ALP 2 Outcome
ALP 2-E Outcome
ALP 3 Outcome
Applicable Forms
ALP Intake Form
ALP Assessment Form
ALP Individualized Service Plan (ISP)
ALP ISP Report

ADAPTIVE LIVING PROGRAM (ALP): GENERAL INFORMATION

2.01 Program Description

The goal of the Adaptive Living Program (ALP) is to make a comprehensive package of rehabilitation services available to individuals who are legally blind, over the age of 55 and not seeking or engaged in competitive employment. The ALP Program includes the evaluation of an individual's service needs within the framework of their personal goals, abilities, and resources, and the provision of appropriate types and amounts of services to promote individual achievement of rehabilitation goals. It is the intent of NYSCB that individuals identified and served will achieve the highest level of self-confidence, self-sufficiency and independence allowed by each individual's life circumstances and interests in accordance with their established goal and NYSCB policy. Each person's accomplishments will be measured by whether the participant has achieved the goals identified in their Individualized Service Plan (ISP).

The Adaptive Living Program consists of four components:

ALP-1: Assessment, eligibility recommendation, and service plan development.

ALP-2: Rehabilitation services provided to an older individual to assist him/her to achieve a greater level of safety and confidence in their living environment.

ALP 2-E: Enhanced rehabilitation services provided to an older individual who requires services in excess of the typical ALP-2 program in order to achieve their goals.

ALP-3: Rehabilitation services provided to an older individual who meets eligibility criteria for ALP-2E, has significant needs AND primary responsibility for managing the home.

The contractor is responsible for developing and implementing program strategies that result in the contractually specified number of participants reaching the identified outcomes. It is expected that participants served under this portion of the contract will:

1. Participate fully in planning an individualized program which will help them acquire appropriate services;
2. Learn new ways to perform specified daily activities;
3. Be assisted to make use of their residual vision and/or learn to do tasks using other senses such as hearing or touch; and
4. Obtain access to the available social and community supports needed to enable them to live more satisfying and self-sufficient lives.

2.02 NYSCB and Contractor Division of Responsibilities:

Participants served under this program will have very limited, if any, contact with NYSCB staff; the majority of their interactions will be with contractor staff. For individuals served under ALP, the contractor determines eligibility for services and develops the individualized service plan. All outreach, assessment, goal development, and service delivery will be conducted and managed by contractor staff. Contractors can begin to provide needed services to individuals served under ALP after a referral is made or the contractor reserves the participant through the NYSCB Consumer Information System (CIS).

2.03 Outreach and Referrals

If referral numbers are too low to achieve the outcomes, contractors will be expected to conduct outreach efforts to inform potential candidates in the service region about the program and encourage them to apply. It is anticipated that NYSCB will regularly furnish contractor agencies with information about individuals who are newly identified as legally blind, to assist with contractor outreach efforts.

In areas where more than one contractor serves a given region, the contractor must provide the individual with information to choose available agencies. If a participant prefers services from another agency, the contractor who made the original contact with the individual must refer the participant to the preferred agency.

NYSCB expects that contractors will contact NYSCB home office staff:

To discuss problems with a participant referral.
To develop ways to enhance program quality.

2.04 ALP Outcome #1

An agreed upon number of participants will complete an assessment which will provide information necessary for NYSCB to determine eligibility for service and result in a comprehensive, mutually agreed upon written statement of the anticipated outcomes of service participation [Individualized Service Plan (ISP)].

2.05 Definition of Terms Used in Outcome Statement

Assessment: A comprehensive evaluation of individual participant's needs, interests, abilities, and preferences, which will be consistent among all contractor agencies across the state, and will give all participants an opportunity to receive services targeted to their specific circumstances. It is intended to be a pre- service assessment. In conducting

this evaluation, contractors must, at a minimum, complete the NYSCB ALP Assessment Tool in CIS.

2.06 Standards for Service Delivery

1. In addition to evaluating needs, the assessment will evaluate the participant's interests, abilities, and preferences.
2. The assessment will provide the information necessary to determine the level of service for which a participant is eligible.
3. The result of assessment will be an individualized plan for service delivery, (ISP), identifying the participant's goals of participation and the services that will be delivered.
4. Participants' informed choice will be reflected in the individualized goals developed as a result of the assessment process.
5. Individualized plans for service delivery will, when appropriate, integrate the services that the contractor directly provides with appropriate community linkages.
6. In some cases, a participant may complete an assessment with one contractor, but choose to receive services from a second contractor. The assessment results must be shared with the second contractor who will initiate the services and may not repeat the assessment process.
7. Participants appropriate for employment services will be referred back to NYSCB. These individuals, however, cannot be counted as achieving ALP Outcome #1, even if the assessment has already been completed.

2.07 Role of NYSCB

1. Refer potentially eligible individuals, who come to the attention of NYSCB, to contractor for assessment and information gathering;
2. Coordinate the transfer of participants from the contractor that identified the individual to the contractor selected to provide services.

2.08 Role of the Contractor

1. Conduct outreach activities to identify individuals who may be appropriately served under ALP.
2. Screen individuals referred by NYSCB to rule out those who are clearly not eligible.
3. Obtain information that documents that the participant is legally blind. The following methods can be used to obtain documentation of legal blindness. The contractor should provide assistance to the participant in obtaining documentation using one of the following methods:

a. Obtain a NYSCB Medical Eye Report (Form 3451) from an ophthalmologist, or
b. Obtain a NYSCB Report of Legal Blindness/Request for Information with Part A completed (OCFS 4599) from an ophthalmologist or optometrist, or obtain a letter from an ophthalmologist or optometrist that states that the individual is legally blind, or
c. Obtain documentation that the individual is receiving SSDI or SSI because of legal blindness, or
d. Obtain school records signed by an M.D. or O.D. that documents that the individual is legally blind or
e. Obtain records from a medical clinic, hospital or other medical facility that documents that the individual is legally blind, including a doctor's script. A doctor's progress/case note that does not clearly specify legal blindness will not be accepted

4. Complete the Demographic Information form found in CIS.
5. Complete the ALP Intake Form in CIS. For individuals who will be served under the ALP program, determine if the individual is eligible to receive services using all of the following criteria:
   a. Individuals must be legally blind, age 55 or older, legal residents of New York State and not seeking or engaged in competitive employment.
   b. The individual does not meet the criteria for VR eligibility, but has significant responsibility for caring for him/herself and/or the living environment, although the individual may receive assistance with some tasks.
   c. The assessment has established a need for the individual to achieve a greater degree of safety, confidence, and/or personal independence in their daily life activities.
   d. Individuals residing in nursing homes are presumed to have little or no responsibility for caring for themselves and/or their living environments and are therefore not eligible. Individuals residing in other congregate housing settings may be eligible as long as they meet all of the eligibility criteria and have significant responsibility for caring for themselves and/or their surroundings. Individuals in short term physical rehabilitation programs with the goal of returning to their home environment may be eligible for ALP-2 services.
   e. Individuals may not have received NYSCB services within the previous 24 months, unless a waiver due to exceptional circumstances, such as a change in residence, the loss of a key support person, or a substantial additional loss of vision, is granted by NYSCB home office staff.
6. Using the Assessment Tool for the Adaptive Living Program in CIS, conduct an assessment and gather information needed by NYSCB to determine whether the participant is eligible for ALP-2, ALP-2E or ALP-3 by assessing the participant's rehabilitation needs and interests, available supports, the basis for eligibility, and

other pertinent information. If the participant is not eligible, declines services, or cannot be reached, indicate circumstance in a narrative statement.

7. Individuals served under ALP-2E need services beyond the typical level of ALP-2 services and these needs must be identified during the assessment. Individuals served under ALP-3 need services beyond the level of ALP-2E services. To qualify for ALP-3 services, the individual must have significant needs AND primary responsibility for managing the home.
8. Complete the ALP Individualized Service Plan (ISP) in CIS. Provide a copy of the ISP, in participant's preferred format, to individuals eligible for services under the ALP program.
9. Provide services. At the completion of services, complete the ISP Progress Report in CIS.

2.09 Criteria for Determining that a Person Has Achieved ALP Outcome #1:

For a person to be reported as having achieved ALP Outcome #1, each of the following criteria must be met:

1. The participant has had input into and agrees with the individualized goals which resulted from this assessment.
2. The participant's needs, abilities, interests, and preferences have been evaluated and incorporated into the preparation of the ISP.
3. The person meets the eligibility criteria for services under ALP-2, ALP-2E or ALP-3.
4. The ISP includes the participant's goals and the services to be provided.

2.10 ALP-2 Services, ALP-2 E (Enhanced) Services and ALP-3 Services Outcomes

Participants who meet the definition of eligibility for ALP services will demonstrate, in a manner acceptable to NYSCB, that at the time they complete services they are able to use the skills and/or access supports identified in their Individualized Service Plan (ISP).

2.11 Definitions of Terms

1. **Eligibility for ALP-2 Services**: The participant is age 55 or older, a resident of New York State, legally blind, not residing in a nursing home and able to benefit from ALP services.

2. **Eligibility for ALP-2 E (Enhanced) Services**: The participant must meet the eligibility criteria for ALP-2, and must have an ISP which outlines a need for a lengthier and/or more intensive service program due to either an extensive array of service needs; or disability issues, such as multiple disabilities, that will expand the amount of required services.

3. **Eligibility for ALP-3 Services**: The participant must meet the eligibility criteria for ALP-2E and have significant needs and primary responsibility for managing the home.

4. **Demonstrate in a manner acceptable to NYSCB**: The specified result is verifiable, based on documentation required by NYSCB.

5. **Individualized Service Plan**: A mutually written individualized service plan, which clearly outlines the goals of program participation upon which the participant and contractor have agreed to work.

6. **Skills/Supports**: Those abilities and resources which enable individuals to meet their personal goals relating to increased safety, confidence, and/or independence within their communities and living environments.

2.12 Differentiating ALP Programs

All participants receiving ALP services will participate in an ALP-1 assessment and will meet, at a minimum, ALP-2 eligibility criteria.

For a participant receiving ALP-2E services, the assessment results shall indicate that the participant needs and will receive services that are in addition to a standard ALP-2 program to achieve the goals identified in their ISP. Services provided under this outcome are intended to have significantly greater intensity and/or variety than those services provided to participants receiving ALP-2 services.

For a participant receiving ALP-3 services, ALP-2E eligibility will be met and the participant will have significant needs and primary responsibility for managing the home. Services provided under this outcome are intended to have significantly greater intensity and/or variety than those services provided to participants receiving ALP-2 and ALP-2E services.

2.13 Services Provided Under ALP-2 E and ALP-3:

Orientation and Mobility to allow a participant to travel safely in their greater neighborhood (or beyond if capabilities permit) including street crossings, cane travel, etc.

Vision Rehabilitation Therapy to achieve either a much broader scope of goals than a standard ALP-2 program would permit, or intensive levels of achievement within a few goal areas.

Social Casework Services provided to a participant to resolve significant needs in the areas of adjustment to blindness, access to community resources, access to health and housing resources, etc.

2.14 Standards for Services Delivery for ALP-2 E and ALP-3

1. Services include vision rehabilitation therapy, orientation and mobility instruction, assistive equipment, transportation, low vision exams and devices, community linkages and necessary social casework.
2. Services and equipment (including low vision exams and devices and assistive equipment items) must directly address the needs identified and prioritized in the ISP. Assistive equipment refers to those aids, appliances and devices that assist individuals who are blind to perform certain functions or activities. Medical restoration devices (prosthetic or orthotic appliances) are not available under this outcome.
3. It is expected that participants who achieve an ALP-2 and ALP-2E outcome will be more secure in their daily routines as a result of training and learning to call upon family, neighborhood, or community resources to assist them. It is not expected that they will have total self-direction in going about their daily activities and managing their homes. Participants who achieve an ALP-3 outcome will have achieved the skills and abilities needed to independently maintain the home and is functioning in that capacity.
4. An ISP may be amended, with the approval of both the participant and the contractor staff, if it appears that specific goals in the original service plan are no longer appropriate or achievable. An amended plan should be prepared to account for alternative goals. The case file should also reflect the reasons for the modification.
5. A participant may not receive ALP services for a second time for a period of two years from the date of closure, unless a NYSCB staff member determines that the individual, due to exceptional circumstances, requires training not addressed previously. Examples of these circumstances include moving to a new home, the loss of a spouse, or significant loss of vision. A re assessment and a new individualized service plan (ISP) are required. Minor needs, such as marking a new appliance, will not be covered as stand-alone services under this contract.
6. Individuals whose only need is for community connections may not be counted as achieving this outcome, unless the needs involve substantial intervention and eligibility has been approved by a NYSCB staff member prior to initiation of services.
7. Individuals whose only purpose in applying is to obtain a low vision exam and appropriate devices are not eligible for services under the ALP program. The provision of low vision exams and devices must be related to the achievement of specified functional goals or tasks, and provided with accompanying training to integrate the use of the devices into the participant's daily routine.

8. Whenever a choice of service provider is available, participants must be given the opportunity to choose which provider they prefer to access for services.
9. In the provision of low vision services, devices should be provided by the low vision provider who performs the low vision exam.
10. Sign language or foreign language interpreter service, and/or transportation must be provided under the ALP program when those services are deemed necessary to achievement of the participant's goals.

2.15 Role of NYSCB

1. Review the Individualized Service Plan Progress Report (or Amendment) for all ALP-2E's and ALP-3 cases. Factors that may determine an outcome for ALP-2E and ALP-3 cases include:

    a. Number of service delivery hours;
    b. Costs associated with low vision aids and assistive devices;
    c. Intensity of service details outlined in the ISP Progress Report.

2. Determine if exceptional circumstances exist to waive the 24-month requirement required before the participant is again eligible to receive services.

2.16 Role of the Contractor

1. Determine from the ISP what services are needed to assist the participant to achieve their goals.
2. Determine whether the participant meets eligibility criteria for ALP-2, ALP-2E or ALP-3.
3. Notify participant of anticipated dates of service initiation.
4. Arrange for and initiate a coordinated set of services.
5. Monitor services and participants' progress toward goals.
6. Maintain individualized case records to document services and equipment delivered and the participant's progress toward goal achievement.
7. With participant participation, determine when goals have been reached and terminate services.
8. Complete the ISP Progress Report.
9. Upon completion of the participant's services, the ISP Progress Report must include clear documentation of the full range of services provided; including the enhanced services that made it possible for the participant to achieve their individualized goals.

2.17 Criteria for Determining That a Person Has Achieved an ALP Outcome

For a person to be reported as having achieved an ALP Outcome, each of the following criteria must be met:

1. The participant agrees that all original or amended service goals identified in their ISP have been achieved and that no further services or equipment are needed.
2. The participant was offered the opportunity to express a choice of service providers, wherever they are available, and those preferences were incorporated into the ISP.
3. The participant has not been referred for NYSCB services during the 24 months prior to this referral, unless an exception, due to unusual circumstances, has been approved by a NYSCB staff member.
4. Documentation exists which shows that the services and equipment delivered enhanced participant achievement of specific goals as outlined in their ISP. Low vision devices and equipment should be listed on or attached to the ISP progress report.
5. In addition, for ALP-2E and ALP-3 outcomes, the ISP Progress Report must document the reason for determining that the individual met the ALP outcome criteria.

VOCATIONAL REHABILITATION SERVICES 3.0

Services	Applicable Forms
Orientation & Mobility (O&M)	O&M Baseline Report
	O&M Level 1 Report
	O&M Level 2 Report
	O&M Level 3 Report
Vision Rehabilitation Therapy (VRT)	VRT Baseline Report
	VRT Level 1 Report
	VRT Level 2 Report
	VRT Level 3 Report
Social Casework (SCW)	SCW Baseline Report
	SCW Level 1 Report
	SCW Level 2 Report

3.01 Description

Participants with a goal of employment need to develop or improve basic skills that are essential to successfully seeking and maintaining employment. Failure to acquire these skills seriously undermines the success of vocational training and job placement efforts. Vision Rehabilitation Therapy, Orientation and Mobility, and Social Casework program services are designed to provide participants in the vocational rehabilitation program with comprehensive and integrated training in basic life skills to prepare them for participation in training, post-secondary education, work experiences, and competitive or supported employment.

Individuals referred for services must:

1. be eligible for vocational rehabilitation services;
2. have a goal of competitive, integrated employment;
3. have a need to improve basic skills before vocational training is completed or employment can be realistically achieved;
4. be referred by a NYSCB counselor; and
5. participate in a baseline evaluation of their current skill level in the requested areas of service.

Participants referred will receive training in any or all of the following vocational rehabilitation areas to enable them to successfully function as employed persons: safe travel/orientation and mobility, vision rehabilitation therapy, and social casework. As a result of training, participants are expected to achieve and demonstrate competence in those skill areas specified in the referral at a level that will allow them to function independently enough to obtain and maintain employment.

3.02 Baseline Evaluation

Prior to receiving Vision Rehabilitation Therapy, Orientation and Mobility Instruction, or Social Casework Services, an individual will participate in a baseline evaluation to

1. determine a participant's readiness for each service;
2. establish a baseline, or current level of function, through demonstration of existing skills against which future progress can be measured;
3. set goals that have been mutually agreed upon by the participant, the contractor, and the counselor; and
4. provide information about the amount of time services may take to assist the NYSCB counselor and the participant in their vocational planning.

3.03 VRT, O&M, Social Casework Baseline Outcome Statement

Individuals referred by a NYSCB counselor will receive separate baseline evaluations in the areas of Orientation & Mobility, Vision Rehabilitation Therapy, and Social Casework

as specified in the NYSCB referral materials. The baseline evaluation will be conducted by appropriate personnel who meet the contract standards. The relevant form must be used to determine: (1) The participant's understanding of the concepts involved in the training; (2) the participant's desire to participate in training and motivation to achieve the goals set; (3) The participant's present level of functioning; (4) the participant's training needs; (5) the level of service intensity agreed upon; and (6) an estimated length of time to complete the training.

3.04 Terms Used in the Baseline Outcome Statement

1. **NYSCB referral materials**: Referral information, provided by the NYSCB counselor, that may be in the Vendor Referral Form or in supporting documents such as medical or vision reports, reports from previous services, or other background information that will allow the contractor to provide an appropriate baseline evaluation.

2. **Present level of functioning**: skills in which the participant demonstrates their current ability to function sufficiently to engage in vocational activities.

3. **Level of service intensity**: Service Intensity refers to the approximate number of hours per session and frequency of training required to achieve the proposed goals – twice weekly is preferred, but no less than once per week.

3.05 Time Frame for Completing the Baseline Evaluation and Training Services.

Refer to section 1.10, **Time Frames Reference Guide**, in the General Information section of these guidelines for completion time frames.

3.06 Integrated Service Delivery

NYSCB counselors should work with contractors to coordinate and integrate services whenever possible. Service delivery should occur in traditional, one on one settings between a participant and either a rehabilitation teacher, orientation and mobility instructor or a social caseworker.

3.07 Service Intensity

A paramount goal of NYSCB is to enable participants receiving services in the skill areas of safe travel/orientation and mobility, vision rehabilitation therapy, and social casework Level 1 to develop these skills as quickly as possible to achieve an employment outcome. Therefore, it is expected that participants will be seen twice weekly but no less than once weekly. Alternate schedules must be worked out at the time of the meeting.

Participants should be engaged in other services concurrently to allow them to fully participate in the rehabilitation process.

3.08 Determining Appropriate Service Levels

Participants referred for VRT and O&M should be able to demonstrate all of the skills in Level 1 and all skills relevant to achievement of their vocational goal in Levels 2 and 3.

O&M and VRT goals for youth between the ages of 10 and 13 who are participating in the VR program should be limited to Levels 1 and 2. These levels may be repeated with different goals and greater complexity being added at each advancement.

It should be noted that all participants have entered the VR program with a long-term goal of entering or returning to employment and need to be able to function as independently as possible. These participants should have achieved the level of independence required in Level 3 in both O&M and VRT.

3.09 Criteria for Determining that a Participant Has Achieved the Baseline Outcome

A participant is determined to have achieved the baseline outcome if the participant and the NYSCB counselor agree that the following conditions have been met:

1. The participant's current skill level was established in the areas identified in the referral materials.
2. Service goals have been established to meet the participant's needs.
3. The participant had input into the establishment of the goals.
4. Service intensity and completion timeframes have been established
5. The required meeting has taken place and the goals and service intensity have been agreed upon.

3.10 Baseline Documentation/Reporting Requirements

Refer to section 1.12, **General Documentation, Reporting and Meeting Requirements**, in the General Information section of these guidelines for documentation and reporting requirements.

In addition, for VRT, O&M and Social Casework baseline, the contractor will document the findings, the participant's goals, and the strategies that will be used to accomplish those goals using the appropriate Baseline Report (VRT, O&M, Social Casework).

Achievements, challenges encountered and other information that may be helpful in planning vocational rehabilitation services should be fully documented in the comments section of the report.

3.11 VRT, O&M, Social Casework Training Outcome Statement

Individuals referred by a NYSCB counselor will demonstrate that they have acquired adaptive skills in the requested areas, which will assist them to achieve the goals agreed upon.

3.12 Scope of Services

Upon completion of O&M, VRT and Social Casework Services the participant will be able to function at a level of independence that allows them to be fully engaged in vocational training, post-secondary education, or employment. Each skill in each level of these three services will have been evaluated and training will have been provided to allow the participant to progress smoothly toward achieving their vocational goal.

At the completion of training, participants will be able to demonstrate independently all the skills that were evaluated. It is not expected that all participants will attain the same level of skill or independence, but that they will have achieved a level that will enable them to reach their vocational goal.

Adaptive equipment and transportation to support the skill areas are to be included as part of these services. (See complete information on purchase of adaptive equipment in section 3.16, Adaptive Equipment.)

Orientation and Mobility and Vision Rehabilitation Therapy continue to be divided into three levels. In most cases, services must be provided sequentially. In general, Level 1is a prerequisite to receiving Level 2 services. Level 1 and 2 services are prerequisites to receiving Level 3 services. When a participant has previously received services and a need specific to a service level is identified by the participant, the counselor may refer for a specific level only.

Social Casework is divided into two outcomes, Social Casework 1 and Social Casework 2 with the latter being a therapeutic intervention based on needs identified during the provision of other services.

3.13 Orientation and Mobility Service Categories

At the completion of services, the participant must be able to demonstrate skills in the following areas:

O & M Level 1 Skills

1. Basic O&M concepts
2. Utilize senses for for safe indoor travel

3. Pre-cane/Safety skills
    a. Sighted guide
    b. Hand trailing
    c. Protective techniques
    d. Seating
    e. Doorways
    f. Search Patterns
    g. Object Retrieval
    h. Communication Skills
4. Safe and independent travel skills in their home including emergency exits and stairs.
5. Orientation skills, i.e.: use of landmarks and clues, use of mental/tactile maps, etc.

<u>O & M Level 2 Skills</u>

1. Knowledge of basic cane skills including folding and unfolding, maintaining and storing of a cane
2. Safe and independent indoor travel in:
    a. Community settings
    b. School or workplace
    c. Stores and places of personal importance
    d. Unfamiliar environments
3. Safe and independent travel within familiar outdoor environments
    a. Street Crossings
    b. Residential Settings
    c. Business Environments
4. Ability to travel safely and independently
5. Utilize appropriate cane techniques such as two-point touch, constant contact, ascending/descending stairs, etc.
6. Safe and independent street crossing skills including intersection analysis, lull, through and surge crossings.
7. Utilize senses for independent outdoor travel including using residual vision, auditory, olfactory, haptic/tactile, etc.

<u>O & M Level 3 Skills</u>

1. Ability to independently access transportation to and from work, school and activities including contingent means of transportation
2. Access and travel routes of interest
3. Utilize technology for orientation and mobility tasks.
4. Ability to independently utilize contingent means of transportation (other public transportation, cab, driver, etc.).

3.14 Vision Rehabilitation Therapy Service Categories

At the completion of services, the participant must be able to demonstrate skills in the following areas:

Vision Rehabilitation Level 1 (Basic) Skills

1. Self-Care Skills
    a. Bathing, showering
    b. Dental care, hair care, nail care, use of antiperspirants, scents
    c. Select clothing
    d. Dressing
    e. Manage basic healthcare needs (bandages, OTC medications)
    f. Identify/differentiate medications

2. Communication Skills
    a. Sign documents
    b. Make and receive phone calls on a land line
    c. Access and record calendar dates and appointments
    d. Tell time
    e. Use of basic electronics such as music player, TV remote
    f. Access and identify personal items
    g. Locate and differentiate the position of dots in the Braille cell

3. Home Management Skills
    a. Use outlets, change batteries, use keys
    b. Utilize adaptive techniques for basic cleaning tasks (countertops, tables, sinks, spills)
    c. Set home appliances accurately (dishwasher, washer/dryer, thermostat)

4. Eating Skills
    a. Locating items on table, plate
    b. Demonstrate appropriate eating skills
    c. Cut food

5. Meal Planning and Preparation Skills
    a. Set cooking appliances accurately (microwave, stove, oven)
    b. Use of microwave and/or toaster oven
    c. Prepare hot or cold snack
    d. Prepare hot or cold beverage
    e. Pour safely and accurately

6. Financial Skills
    a. Identify bills and coins
    b. Writing checks
    c. Use a calculator

Vision Rehabilitation Level 2 (Intermediate) Skills

1. Self-Care Skills
    a. Manage medications for self
    b. Monitor basic health needs (weight, temperature, blood pressure, glucose, monitoring)
    c. Maintain clothing (laundering, folding, ironing, mending, complex sewing)

2. Communication Skills
    a. Use of basic functions on computer or tablet to access email, internet searches
    b. Use a qwerty keyboard to accurately type up to 10 wpm
    c. Write and read grade one Braille

3. Home Management Skills
    a. Utilize adaptive cleaning techniques throughout residence (dishes, countertops, bathroom cleaning)
    b. Use of tools for minor household repairs

4. Meal Planning and Preparation Skills
    a. Access recipes/package directions
    b. Complex cold food preparation (measuring, slicing, chopping, spreading)
    c. Cook with stovetop and oven
    d. Use of small kitchen appliances
    e. Time and test doneness of food

5. Financial Skills
    a. Create a personal budget
    b. Organize bills and track payments
    c. Balance checkbook

Vision Rehabilitation Level 3 (Independent) Skills

1. Self and Family Care Skills
    a. Prepare formula and/or other special dietary meals
    b. Feed infant, disabled child, adult
    c. Diapering
    d. Bath, dress and groom child or adult

e. Manage medical needs of family (self is covered in prior goal)
f. Manage safety needs of self and family
g. Provide homework help

2. Communication Skills
   a. Begin Contracted Braille (Grade 2)
   b. Use a qwerty keyboard to accurately type up to 20wpm
   c. Use a telephone and/or computer for business communication
   d. Use smartphone/tablet for email, texting and creating/maintaining contacts
   e. Use of smartphone/tablet for notetaking, recording instructions/lectures

3. Organizational Skills
   a. Create and maintain a system for all aspects of financial management including ATM, mobile banking
   b. Use smartphone/tablet for scheduling tasks, appointments and reminders
   c. Use smartphone/tablet applications for identification purposes

4. Meal Planning and Preparation
   a. Use of apps for accessing recipes, food information, identification of color, money, labeled products, etc.
   b. Adjusting recipes/portioning
   c. Establish and maintain a system for food storage and labeling

5 Pre-occupational/Worksite Skills
   a. Create and maintain a system for following an established schedule
   b. Create and maintain a system for planning and organizing tasks
   c. Label equipment/files
   d. Utilize accommodations/equipment
   e. Select and prepare clothing for an employment interview
   f. Create and maintain an appropriate work wardrobe
   g. Use of apps for work-related tasks

3.15 Social Casework Service Categories

Social Casework Level 1 services are intended to enable the participant to utilize resources that will assist in the areas of adjustment to vision loss; finance; health; self-advocacy and participation in activities with family, peers, community and work. Participants receiving this service should exit with the demonstrated ability to manage all areas of need addressed during the baseline evaluation. Participants referred for Social Casework Level 1 may have goals in the following areas:

1. What entitlements/benefits does the participant have? Do they have the resources to manage financial obligations? (SNAP, SSI, etc.)
2. Participant understands and is able to comply with prescribed medications/treatment Provide detailed medical/psychiatric history. Include disabilities that the participant is dealing with (diabetes, hypertension, etc.)
3. Participant can identify, establish and maintain social supports with appropriate interpersonal skills and boundaries. Describe family and other social supports.
4. Participant understands self-advocacy and can express ideas and needs.
5. Participant employs appropriate coping mechanisms in dealing with vision loss and concurrent disabilities. Describe the participant's coping skills with vision loss including issues with impulse control, judgement, insight. What successful coping mechanisms has the participant used in the past? What challenges remain?
6. Participant can identify barriers that affect work readiness. Other barriers include social, economic and behavioral, medical, physical, psychiatric and transportation.

Social Casework Level 2 Services– Brief Therapeutic Intervention

Through individual, time-limited, in-person services, the participant can identify and develop strategies to overcome issues that are interfering with progress toward achieving their vocational goal.

Social Casework Level 2 may be recommended at any time in the vocational rehabilitation process when the counselor and the participant agree that an immediate, short-term therapeutic intervention is necessary to address behaviors or conditions that are significantly impeding the participant's progress toward an educational or vocational goal. This intervention may address mental, social, emotional, behavioral, developmental, and addictive disorders, conditions and disabilities.

This service may be recommended in the final report of Social Casework Level 1 or in a separate communication with the counselor. A recommendation for this service may also result from an indication by a vision rehabilitation professional of a need for therapeutic intervention beyond the scope of Social Work Level 1 or a need that has arisen during the provision of other services in the vocational rehabilitation process. Social Casework Level 2 may not be used to replace adjustment to vision loss services delivered under Social Casework Level 1.

Social Casework Level 2 may be authorized when it is expected that the participant's needs can be addressed within 6-12 hours over a period of no longer than 12 weeks.

A full consideration of comparable benefits should be completed prior to authorizing Social Casework Level 2.

In all cases, social casework services provided must be explicitly related to the resolution of issues that are interfering with the participant's achievement of personally defined education and/or employment goals mutually agreed upon between the NYSCB counselor and the participant. If the need for long term personal counseling or psychotherapy is identified, the contractor should assist in the transition to these services.

3.16 Adaptive Equipment

Adaptive equipment refers to those aids, appliances, and devices that assist individuals who are blind to perform certain functions or activities but which are not micro-computer based. The recommendation of adaptive equipment will be directly related to achievement of the goals specified in the baseline evaluation.

An item's cost is not related to the designation of conventional vs. non-conventional equipment. Non-conventional equipment items are typically electronic or micro-chip based items that may require additional evaluation of current skill level or training.

Items considered to be conventional include but are not limited to:

1. Braille writer
2. White cane
3. Lock-lid sauce pan
4. Slate and stylus
5. Talking clock
6. Tape or digital recorder
7. Large print phone

Items considered to be non-conventional include but are not limited to:

1. Computerized Braille displays
2. Portable computerized Braille note takers
3. Screen enlarging software or hardware
4. Speech synthesis software or hardware
5. Closed Circuit Television (CCTV)
6. Screen reading software packages
7. One-handed keyboards or specialized input devices

The purchase of conventional adaptive equipment is the responsibility of the contractor. The contractor should assure that each participant obtains those standard items that are needed to function at a level of independence that will enable them to engage in activities related to training for or obtaining employment.

Non-conventional equipment may be authorized separately if the counselor agrees the equipment is necessary for the participant to achieve his/her goals and the participant meets the criteria specified in the NYSCB policy for the purchase of equipment.

Low vision and/or audiological services, if needed, will be authorized by the NYSCB counselor in accordance with NYSCB policy. NYSCB will make payments for these services directly to the provider.

3.17 Criteria for Determining that a Participant Has Achieved the Service Outcome

A participant is determined to have achieved the service outcome if the participant and the NYSCB counselor agree that the following conditions have been met:

1. All goals established during the baseline evaluation or documented revised goals have been met.
2. The services provided have been consistent with the participant's interests, capabilities, and needs.
3. The services have been sufficient to allow the participant to master the basic life skills he or she needs to seek and maintain employment and/or participate in an educational program.
4. Adaptive equipment and/or low vision aids provided, if authorized, were consistent with the participant's needs and goals.
5. Reinstruction was provided as determined by a review of skills following training.
6. The services provided met all of the participant's needs.

3.18 Documentation/ Reporting Requirements for VRT, O&M and Social Casework Services

Refer to section 1.12, **General Documentation, Reporting and Meeting Requirements**, in the General Information section of these guidelines for documentation and reporting requirements.

For Social Casework Level 2, the report should summarize the work done in the sessions, the result of the intervention, and recommendations for transition to long-term community-based services if needed.

3.19 Authorizing Additional Outcome Services

If a participant has not completed all levels of vision rehabilitation therapy or orientation and mobility service, they may be re-referred in order to complete the higher level of that service. It is expected that the previously completed baseline evaluation will be utilized for this service unless there is a documented change in the participant's situation that justifies the need for a baseline evaluation. For example, if a participant

previously completed Level 1 Indoor Mobility, they can be referred at a later date for Level 2 Outdoor Mobility. Payment will not be made a second time for Level 1 or for a new baseline evaluation, without a policy exception which must be approved by the district manager. However, referral for Level 2 or 3 can be made if the circumstances of the case warrant it.

Participant's may require additional time to complete keyboarding and/or Braille training in Level 3. If a participant has completed all other goals in Level 3 and the counselor has accepted the outcome, the contractor may request a Level 3 authorization if the counselor, the contractor and the participant are confident that the required level of proficiency can be attained.

PRE-EMPLOYMENT SKILLS 4.0 – 8.0

Section	Services	Applicable Forms
4	Pre-Vocational Skills for Young Adults	Pre-Vocational Skills Baseline - Report
		Pre-Vocational Training Skills Report
5	Academic Instruction	Academic Instruction (ESL) Report
		Academic Instruction (ABE/HSE) Report
		Academic Instruction (College Preparation) Report
		Academic Instruction Report
6	Vocational Skills Training	Vocational Skills Training - Baseline Report
		Vocational Skills Training Report
7	Work Readiness Skills	Work Readiness Skills – Baseline Report
		Work Readiness Skills Training Report
8	Work Experience Training	Work Experience Training Employer Agreement Form
		Work Experience Report

4.01 Pre-Vocational Skills for Young Adults

Pre-Vocational Skills services prepare students and youth ages 10 through 21 to function more independently in their communities and to eventually enter the workforce. Pre-vocational programs can vary in theme, scope and subject. It is expected that students and youth will go through different developmental stages as they participate in a variety of pre-vocational skills programs.

Pre-employment transition services (Pre-ETS) include the pre-vocational skills needed to obtain competitive integrated employment. Pre-ETS services are provided to students who are enrolled in an educational program and are between the ages of 14 to 21 (up to the 22nd birthday). Pre-ETS services focus on providing students with information, support and experiences that facilitate the exploration of their vocational interests, strengths and abilities. Students can participate in any of the five required services incorporated in NYSCB pre-vocational programming:

1. Job exploration counseling
2. Work based learning experiences
3. Counseling on opportunities for enrollment in comprehensive transition or post-secondary educational programs at institutions of higher education
4. Instruction in self-advocacy; which may include peer mentoring
5. Workplace readiness training to develop social skills and independent living

Federal regulations make a distinction between students and youth. During their years in transition services, students and youth will be encouraged to participate in pre-vocational services that teach them the skills necessary to become fully prepared to engage in employment:

1. Communications (e.g. Braille, keyboarding, knowledge of assistive technology devices, knowledge of note-taking methods)
2. Daily living skills (e.g. meal preparation, cleaning, clothing care, bill paying, personal care)
3. Travel skills (e.g. indoor and outdoor travel skills, knowledge of safety techniques, cane use)
4. Low vision, (e.g. knowledge and use of magnifiers, low vision aids and techniques)
5. Adjustment to vision loss (e.g. emotional and social impact of vision loss)
6. Career exploration and work readiness skills (e.g. knowledge of job search tools and techniques, interviewing skills, including ability to discuss disability in interview settings, appropriate work behavior)
7. Self-advocacy skill development (e.g. knowledge of self, knowledge of rights and responsibilities, explain accommodations needed, mentoring opportunities)
8. Work experience training

The NYSCB counselor will work with agency staff to plan for the individual participant's needs.

Although pre-vocational services are most often delivered in group settings, it is expected that pre-vocational skills training will meet the needs of the individual participant.

Students and youth may participate in pre-vocational skills training multiple times throughout the course of the participant's time in transition services if new training objectives are identified. The counselor and the provider will make the determination if a new baseline evaluation report is required.

Three milestones have been developed and can be incorporated into pre-vocational training programs to provide a number of opportunities for youth to explore strengths and interests in a systematic manner. Many of the activities included in the milestones can be incorporated into existing pre-vocational programs.

4.02 Pre-Vocational Skills for Young Adults - Baseline

Prior to the start of the pre-vocational training, an individual will participate in a baseline evaluation to:

1. determine a participant's readiness level for a pre-vocational training program,
2. establish a baseline of skill levels against which future progress can be compared,
3. determine which training milestone the student/youth should complete, and
4. provide an estimate of the time needed to complete the training to assist the NYSCB counselor and the participant in vocational planning.

4.03 Pre-Vocational Skills for Young Adults - Baseline Outcome

Young adults (age 10 to 21), referred by a NYSCB counselor, will participate in a baseline evaluation to determine their knowledge of, and skill levels in, vocational clarification, job seeking, and job-related social behaviors. The baseline evaluation must indicate all areas in which knowledge and skills are lacking and define a training program that will address those areas. The baseline evaluation must also gauge the level of parental and family support necessary and available for the attainment of the vocational aspirations of the young adult. A recommendation for the specific milestone in which the student/youth should participate should be included.

4.04 Time Frame for Completing the Baseline Evaluation

Refer to section 1.10, **Time Frames Reference Guide**, in the General Information section of these guidelines for completion time frames.

4.05 Conducting Pre-Vocational Skills for Young Adults - Baseline

Using the NYSCB Pre-Vocational Skills - Baseline Report, the contractor will identify individualized objectives for each student/youth that can be met by the contractor's pre-vocational program. The objectives will be determined by identifying the student's/youth's strengths and needs and their experiences, interests and personal and family factors that may affect future employment outcomes. The contractor will include a recommendation for a pre-vocational program that addresses specific skills or indicates that a pre-vocational program is not recommended at this time.

4.06 Who Conducts Pre-Vocational Skills for Young Adults - Baseline

Pre-Vocational Skills - Baseline will be provided by the contractor staff who will conduct the Pre-Vocational Training Program.

4.07 Criteria for Determining that a Participant Has Achieved the Pre-Vocational Skills – Baseline Outcome

For a participant to be reported as having achieved this outcome, each of the following criteria must be met:

1. The participant's pre-vocational skills training needs have been identified to determine whether pre-vocational skills training is appropriate
2. The findings and recommendations from the baseline evaluation have been discussed with the participant, the participant's parent or guardian and the NYSCB counselor
3. A Pre-Vocational Skills – Baseline Services Report identifying the type of pre-vocational skills program and milestone the participant can benefit from or an explanation of why the participant will not benefit from a pre-vocational skills training program at this time, has been provided to the NYSCB counselor.

A pre-vocational skills baseline evaluation must be completed prior to scheduling a pre-vocational program and NYSCB must agree that the outcome was achieved.

4.08 Pre-Vocational Skills for Young Adults Outcome Statement

Students and youth (age 10 - 21), referred by a NYSCB counselor will achieve the pre-vocational skills necessary to seek employment and participate in a work experience or

part-time work by the time they reach 21. Pre-Vocational skills are those specific skills necessary for vocational clarification, job seeking, on-the-job behavior and skills, and life-related activities which support the person in securing and retaining a job. The development of pre-vocational skills includes the provision of services to parents to gain their support as their student/youth prepares to go to work.

4.09 Pre-Vocational Milestones

Three milestones have been developed and can be incorporated into the pre-vocational training programs to provide a number of opportunities for students and youth to explore strengths and interests in a systematic manner.

Although approximate ages have been provided for the milestones, age itself may not be the determining factor of what milestone the individual participates in, but where the student/youth is on the continuum of skills. Pre-vocational programs may either be repeated or increased in complexity at successive levels.

The milestones should include the following elements:

Milestone A – Getting Started (approximately ages 10-13)

1. Ability to use appropriate procedures to access community resources and services specifically designed for individuals with visual impairments
    a. Knows own personal needs and accommodations needed in relation to vision and asks for adult assistance when necessary
    b. Spends time with friends in the neighborhood, in homes and in recreational facilities or has been involved in a NYSCB socialization skills program
    c. Visits school and community libraries and uses these facilities for pleasure and to complete school assignments
    d. Explains visual needs to unfamiliar adults or peers
    e. Shows ability to work with others

2. Ability to manage daily living skills using functional low vision and blindness techniques
    a. Can prepare a simple meal for himself/herself (e.g., sandwich, soup and beverage for lunch)-this can be accomplished in a group setting
    b. Knows how to use an alarm clock and understands the value of punctuality (takes responsibility for arriving at and leaving places on time)
    c. Completes a few basic household cleaning chores (e.g., clearing dishes, making a bed)
    d. Has a system and can identify coin and paper currency
    e. Has had preliminary mobility services and additional training if needed

3. Ability to use technology
    a. Is aware of the technology used in school and/or accommodations needed to complete tasks
    b. Has regular access to a computer/tablet either at home or at school
    c. Uses a land line or cell phone
    d. Has basic keyboarding skills

4. Ability to develop the skills and acquire the necessary training that would facilitate job entry, independent living and other life pursuits
    a. Takes notes and “reads” own class notes
    b. Earns money through an allowance, chores around the home or jobs for neighbors or other adults
    c. Actively participates in a group activity
    d. Is working to develop assertiveness skills and self-advocacy skills
    e. Identifies activities at which they are successful
    f. Can discuss what family members and adult friends do at their jobs
    g. Begins learning about different career opportunities and career interest inventories to understand their strengths, weaknesses and interests
    h. Identifies several jobs which interest them and learns about these jobs through talking with adults, reading books, online
    i. Participates in a volunteer position or job shadow experience
    j. Has a basic understanding of the vocational rehabilitation process. (What is a feasible vocational goal? What responsibilities do individuals have in the VR process?)

Possible activities:

a. Have the students interview workers in a store
b. Encourage job shadowing at various jobs
c. Provide opportunities for independent problem solving
d. Have activities that encourage participants to read and follow directions
e. Tour an adaptive technology center with students to discover what types of technology are available
f. Have the students discuss their disability and the accommodations they use/need
g. Have the students access and use Career Connect maintained by the American. Foundation for the Blind (AFB) and /or Career Zone.
h. Complete career interest inventories and career assessments
i. As a group, prepare and serve lunch

Referrals for Orientation and Mobility Training and Vision Rehabilitation Therapy should be completed when necessary.

Milestone B –Continued Career Exploration (approximately ages 14-16 years old)

1. Ability to use appropriate procedures to access community resources and services specifically designed for individuals with visual impairments
   a. Can work through peer conflicts and manage the stress of being a teenager
   b. Effectively communicates individual needs and accommodations used /self-advocacy Understands the need for photo identification
   c. Obtains working papers

2. Ability to manage daily living skills using functional low vision and blindness techniques (taking care of oneself and one's possessions)
   a. Can draw up a beginning budget
   b. Has a bank account for savings and can make deposits and withdrawals
   c. Writes and reads back a shopping list
   d. Understands the importance of making eye contact
   e. Can listen and to respond at the right time

3. Ability to use technology
   a. Has knowledge of the technology that is individually used and the reason why it is used (can explain their disability)
   b. Demonstrates the ability to navigate the internet
   c. Can conduct online research when given a specific task

4. Ability to develop the skills and acquire the necessary training that would facilitate job entry, independent living and other life pursuits
   a. Knows how to complete applications and the beginning stages of developing a resume or portfolio
   b. Continues with career exploration via job shadowing, mentors, worker interviews, etc., and possible work experiences
   c. Completes career assessments and can identify interests, values and personal qualities
   d. Participates in mock interviews
   e. Conducts research/obtains information about employers/companies
   f. Understands and can demonstrate appropriate interview behavior/work attire
   g. Knows how to ask questions and properly request adaptations needed to do the job
   h. Understands the importance of being responsible, dependable (arriving on-time and taking the appropriate length of time for lunches/breaks)
   i. Prepares an initial resume
   j. Knows how to complete applications

k. Has practiced interview techniques (arriving early, shaking hands, making eye contact, etc.)
l. Understands transportation that is available to travel independently
m. Practices writing cover letters, thank you notes

5. Ability to understand career and post-secondary options and requirements
   a. Understands the wide range of career pathways available
   b. Understands the concepts of regional labor market realities and projections
   c. Knows how to access supports and services after leaving secondary school
   d. Understands the different types of financial support services for post-secondary options
   e. Has knowledge of the application/enrollment process
   f. Has knowledge about the types of academic and occupational training needed to succeed in the workplace
   g. Has basic knowledge of Career Centers and understands how to access them

Possible Activities/Discussion Topics:
a. How do the students and youth plan to access information and express/provide information after they leave high school/when they are at work? Are there gaps? Are they proficient in note taking? Money skills?
b. Are the parents on board? Is there a need for a parent orientation night?
c. Encourage use of Career Connect maintained by the American Foundation for the Blind and/or Career Zone
d. Obtain picture identification cards at motor vehicle bureau
e. Discuss debit and credit cards and making purchases without cash
f. Discuss on-line grocery services
g. Participate in job shadow opportunities
h. Have the youth practice asking for assistance in stores
i. Have the student/youth look at applications for post-secondary options
j. Have the student/youth participate in mock interviews and write “thank you” notes

<u>Milestone C – “Moving Toward Mastery” (approximately ages 16-21)</u>

1. Ability to use appropriate procedures to access community resources and services specifically designed for individuals with visual impairments
   a. Demonstrates a proactive approach in researching, obtaining and maintaining community linkages, resources and benefits

2. Ability to manage daily living skills using functional low vision and blindness techniques (taking care of oneself and one’s possessions)

a. Can prepare a simple meal
b. Can do own laundry
c. Travels independently, can access areas of need including medical facilities, grocery store, library and other places of interest

3. Ability to use basic technology
   a. Has knowledge of the technology that is individually used and the reason why it is used (can explain their disability)
   b. Uses appropriate technology to complete school work

4. Ability to develop the skills and acquire the necessary training that would facilitate job entry, independent living, college and other life pursuits
   a. Demonstrates independent travel skills – begins to anticipate post high school travel routes
   b. Has knowledge of the job searching process and resources available to assist them
   c. Understand the value of cover letters and thank you notes
   d. Demonstrates job-seeking skills by attempting to find one's own job or work experience
   e. Completes a resume
   f. Writes a paragraph or essay explaining their future goals
   g. Demonstrates ability to problem solve
   h. Sets up and completes a minimum of 2 informational interviews
   i. Knows what type of transportation best fits their needs and practices (para-transit, public transportation)
   j. Has well developed organization skills (for managing information and resources at school or work)
   k. Personal papers/files
   l. Labeling and locating personal items
   m. Keeping an appointment calendar and or activity schedule
   n. Has demonstrated basic soft work skills during work and volunteer experiences

5. Ability to understand career and post-secondary options and requirements
   a. Understands the wide range of career pathways available
   b. Understands the concepts of regional labor market realities and projections
   c. Knows how to access supports and services after leaving secondary school
   d. Knows how to complete applications for FAFSA and other financial resources
   e. Has knowledge of the application/enrollment process

f. Has knowledge about the types of academic and occupational training needed to succeed in the workplace
g. Has basic knowledge of Career Centers and understands how to access them

Possible Activities:
a. Create a list of references/resources that the participant can use in the future to advocate for themselves
b. Encourage student/youth to write/edit his or her own IPE
c. Practice interviewing/role playing
d. Visit a local college and discuss college requirements
e. Encourage student/youth to find his or her own work experience
f. Visit a career center and learn about employment supports and services offered
g. Completes a career portfolio (including a vocational evaluation if applicable, summary of all previous work experiences, an outline of goals for after high school graduation including career goals and the steps that are needed to reach the goals)

4.10 Standards for Service Delivery: Pre-Vocational Skills for Young Adults

1. Pre-vocational skills training should be viewed as a normal progression in the vocational development of a transition-aged student or youth. Milestone training should be attuned to the developmental level of the participant.
2. Pre-vocational skills training programs should develop those work skills which will eventually lead to long term job placement. They should provide background information (e.g. career information and job leads) and skills (e.g. social and advocacy skills and job seeking skills) which allow the participant to be successful in a work experience or part-time work.
3. Pre-vocational skills training should address the individual needs of the participant. It should be offered as a complement to the participant's transition goals, as developed by the NYSCB counselor with the participant.
4. Programs should make every effort to build in contact between the participant and successfully employed blind individuals.
5. Program effectiveness should be viewed in the context of how well this program prepared students and youth for successful work experiences.
6. Pre-vocational skills training programs should demonstrate innovative ways of addressing student and youth vocational development, including preparation for work and involvement in community activities. They should address the needs of students and youth of all work abilities. The programs should work cooperatively with schools, employers and parents.
7. All programs are encouraged to incorporate visits to local work sites.
8. Program components should be offered during hours when the student/youth and/or parent are available to participate (e.g. after school, evenings, weekends).

9. All curricula must be pre-approved by NYSCB's coordinator of Children and Transition Services and by NYSCB senior management.
10. Curriculum should be shared with the participant and their parent or guardian before the program begins.
11. All students and youth should complete the Milestone C pre-vocational program with a resume and practice in interviewing skills

4.11 Responsibilities of the NYSCB Counselor and the Contractor: Pre-Vocational Skills for Young Adults

Refer to sections 1.13, **Responsibilities of the NYSCB Counselor** and 1.14, **Responsibilities of the Contractor** in the General Information section of these guidelines for roles and responsibilities.

Counselor
Prior to the referral for pre-vocational skills training, the counselor and participant will discuss the purpose of training and develop a collaborative, team approach.

Contractor
1. Upon referral of the participant by the NYSCB counselor, the contractor will interview the referred participant and family, if appropriate, and clearly describe pre-vocational skills training to verify that the participant wishes to participate and that the parents (or guardian) are supportive.

2. After completion of the Pre-Vocational Skills – Baseline Report, recommend the appropriate milestone program for the participant. The report must verify that the results of the baseline evaluation were discussed with the participant.

3. Review progress with the participant, family, if appropriate, and NYSCB counselor on a regular basis.

4. Provide participants with opportunities for employer visits, exploration of training opportunities, and contact with individuals who are blind and are successfully employed in a wide variety of occupations.

5. Include information about the participant's performance on practice job interviews in the Pre-Vocational Skills Training Report if applicable.

6. Attach a copy of the participant's resume to the Pre-Vocational Skills Training Report.

5.01 Academic Instruction - Baseline

Prior to receiving academic instruction services, an individual will participate in an academic instruction baseline evaluation that will:

1. provide testing and a background education history interview to determine a participant's readiness for Academic Instruction services,
2. establish a baseline of skill against which future progress can be compared, and
3. provide information about the amount of time services may take, in order to assist the NYSCB counselor and the participant in their development of a vocational goal.

5.02 Academic Instruction Outcome Statement

Individuals referred by a NYSCB counselor will receive preliminary services in the specified area(s) of academic skills outlined in the referral material. For those individuals who require academic training, the contractor will develop a plan of service that includes goals, timeframes, and intensity of service needed.

5.03 Terms Used in the Baseline Outcome Statement

1. **The baseline evaluation includes**: an evaluation of the individual's current level of functioning, and a recommendation for further instruction, if necessary, in those areas in which mastery is needed in order to achieve the individual's academic goals.

2. **Plan of service**: outlines goals to be achieved, including an estimate of the length of service and the frequency/intensity of the service needed to successfully complete the plan.

3. **Academic skills**: include, but are not limited to: Adult Basic Education, English as a Second Language, High School Equivalency, College Preparatory and/or Academic Tutoring, and Test Preparation (e.g. SAT, exit examinations at Community Colleges, placement examinations).

5.04 Time Frame for Completing a Baseline Evaluation

Refer to section 1.10, **Time Frames Reference Guide**, in the General Information section of these guidelines for completion time frames.

5.05 Conducting Academic Instruction - Baseline

For English as a Second Language, the instructor can determine the appropriate evaluation tool. Some useful evaluation tools are: The Gates MacGinitie Reading Test, Wide Range Assessment Test (WRAT), and the Tests of Adult Basic Education (TABE). The evaluation tool should cover listening, oral, reading and writing skills, and when possible be administered in the student's preferred language. The instructor must document the evaluation tool used on the Preliminary services report as well as the measurement of progress towards the outcome for that evaluation tool.
For Adult Basic Education or High School Equivalency, it is preferred that the instructor should use the Tests of Adult Basic Education (TABE) and the TABE Complete Battery. If another evaluation tool is used, the instructor must document the tool on the report. ABE - baseline should also address whether deficits are due to lack of education vs. learning or language disability. ABE outcomes would include Basic Survival Level – up to 4th grade reading and 3rd grade math levels and Functional Literacy Level – 6th to 8th grade reading and math levels.

For the College Preparatory evaluation, each item in the evaluation guidelines listed in the Progress Report should be reviewed and discussed.

Regardless of which evaluation a tool is used, the instructor must be sure that the tool provides sufficient information to address all the factors identified in the outcome statement.

5.06 Who Conducts Academic Instruction - Baseline

The Academic Instruction baseline evaluation must be conducted by a master's level teacher unless a waiver of this requirement is given by the local NYSCB district manager. The NYSCB district manager may approve another professional, with or without a master's degree, to provide the service if that district manager believes the person to be qualified to provide the evaluation. The district manager will send notification of any waivers to the contractor and to the NYSCB home office in writing. Recommendation can also include a request for additional testing if learning or language disabilities are suspected and need to be diagnosed.

5.07 Criteria for Determining that a Participant Has Achieved the Academic Instruction Baseline Outcome

For a participant to be reported as having achieved this outcome, each of the following criteria must be met:

1. The participant's academic instruction needs were evaluated in order to determine whether academic instruction services are appropriate.
2. The findings and recommendations from the academic instruction evaluation have been discussed with the participant and the NYSCB counselor. Time frames must also be included for length of time anticipated to reach goals.
3. An Academic Instruction Evaluation Report identifying the academic instruction the participant can benefit from or an explanation of why the participant will not benefit from academic instruction at this time, was provided to the NYSCB counselor.

5.08 Academic Instruction Outcome

Individuals referred by a NYSCB counselor, will achieve a level of academic competence that enables them to participate in the mutually agreed upon plan of service, or IPE.

5.09 Terms Used in the Outcome Statement

1. Academic instruction may include education programs adapted for individuals who are legally blind in the areas of Adult Basic Education, English as a Second Language, High School Equivalency, College Preparatory and Academic Tutoring. The goal of academic tutoring must be to improve, enhance or supplement academic or educational achievement levels.
2. Academic instruction will not include any form of college level instruction.

New or revised academic instruction programs must have curricula submitted to NYSCB senior management for approval prior to being offered to participant's or NYSCB staff.

5.10 Standards for Service Delivery: Academic Instruction Services

1. Instruction methods and materials must be adapted to individuals who are blind. materials must be provided in the participant's preferred format. All programs should include lab opportunities for guided study.
2. Adult Basic Education programs should include components applicable in a variety of work settings.
3. English as a Second Language (ESL) programs must ensure that participants have an opportunity to practice language skills outside of class, especially if a participant lives in a community where little or no English is spoken. Lab time is a required element, as well as the expectation that guided practice occurs sufficient times during the week and for the number of hours agreed upon by instructor, participant and NYSCB counselor at the end of the evaluation. ESL programs should be limited as necessary to assist participants to achieve an employment outcome. ESL for successful job interviewing can be an additional element as

can instruction to assist the participant to take part in community-based conversation.

4. High School Equivalency training will be provided to participants who have already achieved the prerequisites needed for participation in a high school equivalency program.
5. College Preparatory programs must be designed to provide sufficient challenge to build independent study skills and knowledge in the use of academic resources, leading to realistic expectation for students entering college.
6. Academic Tutoring – Tutoring for high school, college or vocational students experiencing academic difficulty must be based on the student's specific academic curriculum.
7. Test Preparation must be directly related to the participant's stated vocational goal.

5.11 Criteria for Determining that a Participant Has Achieved the Academic Instruction Outcome

For a participant to be reported as having achieved this outcome, each of the following criteria must be met:

1. The participant and the NYSCB counselor must agree that a level of academic competence has been achieved that enables the participant to engage in services toward a selected or anticipated vocational goal.
2. The participant has achieved measurable increases in specific academic skills or competencies.
3. The participant and the NYSCB counselor agree that all original or revised goals have been achieved
4. An Academic Instruction Final Report describing the services provided and the goals achieved by the participant was provided to the NYSCB counselor.

6.01 Vocational Skills Training

Vocational Skills Training prepares participants to enter competitive employment in an integrated community-based setting. The training may advance participants' vocational skills to a level of proficiency that will enable the participant to attain market-based levels of productivity. Vocational Skills Training may be of two types: 1) training to acquire competitive proficiencies in areas of communication like keyboarding, Braille, and computer applications or training in foundation skills in a business sector such as office administration, service careers, or manufacturing; 2) training to meet current and future needs of a specific employer/group of employers or a particular business sector. Business sectors should be identified from data obtained from the NYS Department of Labor on jobs in demand for the geographic area in which participants expect to obtain employment.

Vocational Skills Training is typically provided in a group setting.
Curriculum for new vocational skills training programs must be submitted to and approved by NYSCB senior management. Changes to curriculum must also be submitted for approval. No referrals can be made to a program unless it has been reviewed and approved.

6.02 Vocational Skills Training - Baseline

Prior to receiving vocational skills training, an individual will participate in a vocational skills training baseline evaluation to:

1. determine a participant's readiness for Vocational Skills Training services,
2. establish a baseline of skill against which future progress can be compared, and;
3. provide information about the amount of time services may take, in order to assist the NYSCB counselor and the participant in their vocational planning.

6.03 Vocational Skills Training - Baseline Outcome

Individuals referred by a NYSCB counselor, will be evaluated in the specified area(s) of vocational skills outlined in the referral material. The evaluation must indicate whether the individual possesses those pre-requisite skills necessary to successfully complete a vocational training program leading to employment. If the individual is found to possess those pre-requisite skills, a plan must be developed to complete that training, including an estimate of the length of service and the frequency of service needed to successfully complete the plan.

6.04 Vocational Skills Training - Baseline Standards

1. The Vocational Skills Training - Baseline must include the individual's baseline level of functioning.
2. For all training programs the evaluation must test the hard skills typically required in the occupations for which training occurs.
3. The evaluation must identify both positive and negative characteristics exhibited by the participant. If remediation is needed prior to or in conjunction with training, the evaluation should identify remediation activities.
4. An approved training evaluation instrument should be used to evaluate all referred participants.
5. A plan of training must be included as part of any baseline report and must include an estimate of the length of training and the frequency of training needed to successfully complete that program.

6.05 Time Frame for Completing the Baseline Evaluation

Refer to section 1.10, **Time Frames Reference Guide**, in the General Information section of these guidelines for completion time frames.

6.06 Conducting Vocational Skills Training - Baseline

Vocational Skills Training – Baseline will be conducted by the staff who provide the vocational skills training. Currently, Vocational Skills Training - Baseline has been developed to evaluate a participant's readiness to enter vocational training leading to employment in clerical/technology related occupations.

If a contractor intends to offer vocational training leading to employment in a service or industrial related occupation, the contractor should prepare evaluation guidelines and a curriculum for the training and submit both to NYSCB senior management for review and approval.

Evaluations leading to employment with a particular employer/group of employers or within a specific business sector also should be prepared by the agency conducting the training and submitted for approval.

6.07 Criteria for Determining that a Participant Has Achieved the Vocational Skills Training - Baseline Outcome

1. The participant's readiness to enter vocational training leading to employment has been evaluated using NYSCB guidelines or those developed by the agency and approved by NYSCB.
2. The findings and recommendations from the baseline evaluation have been discussed with the participant and the NYSCB counselor in a three-way meeting or teleconference.
3. A Vocational Skills Training - Baseline Report identifying the type of vocational training the participant can benefit from or an explanation of why the participant will not benefit from a vocational skills training at this time, has been provided to the NYSCB counselor.

6.08 Vocational Skills Training Outcome

An agreed upon number of individuals, referred by a NYSCB counselor, will achieve the vocational skills necessary to obtain or maintain employment in the occupation(s) identified in their IPE's.

6.09 Terms Used in the Outcome Statement

Vocational skills' training is a hands-on, experiential learning for occupations that have been identified as in-demand by the New York State Department of Labor. This training is provided to participants to prepare them for a specific occupational goal for entry or reentry into gainful employment consistent with the individual's interests and capabilities as identified in their mutually agreed upon Individualized Plan of Employment (IPE).

6.10 Standards for Service Delivery: Vocational Training Services

1. Prior to the contractor developing a new vocational training program, it is critical to obtain input regarding the development of the program and confirmation of the usefulness of the program from local employers. The training curriculum must be approved by NYSCB senior management. All program curriculum must be submitted for approval at the start of a contract even if previously approved.

2. Vocational training programs should have demonstrated evidence of long term placement prospects and strong linkages with employers in the region to increase the likelihood of employment after the training has been completed.

3. The intensity of the training program should allow for substantial skill development, but should also allow participants to obtain skills within a reasonable amount of time.

6.11 Responsibilities of the NYSCB Counselor and the Contractor: Vocational Training Services

Refer to section 1.13, **Responsibilities of the NYSCB Counselor** and section 1.4, **Responsibilities of the Contractor** in the General Information section of these guidelines for roles and responsibilities.

6.12 Criteria for Determining that a Participant Has Achieved the Vocational Skills Training Outcome

For a participant to be reported as having achieved this outcome, each of the following criteria must be met:

1. The participant and the NYSCB counselor agree that the level of competency in specific vocational skills needed to obtain or maintain employment in service, clerical, industrial or technology-related occupations has been achieved.

2. The participant and the NYSCB counselor agree that vocational skills have been developed that are consistent with the participant's interests and capabilities and the vocational goal as identified in the referral materials.
3. The participant has achieved measurable increases in specific vocational skills or competencies.
4. The participant and the NYSCB counselor agree that all original or revised plan goals have been achieved.

7.01 Work Readiness Skills – Baseline and Training

Certain individuals, at the time they apply to NYSCB or are found eligible for NYSCB services, demonstrate a need to learn basic skills that will assist them in making a successful adjustment to the workplace. For these individuals, simply getting a job is not enough if they do not have the skills that will allow them to keep the job.

The Work Readiness Skills - Baseline and Training outcomes have been developed to provide these individuals with assistance in developing the “soft” skills that will enable them to make a satisfactory adaptation to the needs and expectations of any workplace in which they find themselves.

Skills learned in Work Readiness Training can be reinforced through a Work Experience Training following completion of Work Readiness Training.

7.02 Work Readiness Skills - Baseline

Prior to receiving Work Readiness Skills Training, an individual will participate in a Work Readiness Skills baseline evaluation to:

1. determine a participant’s ability to actively participate in Work Readiness Training;
2. establish a baseline of skill levels against which future progress can be compared; and
3. provide an estimate of when the training will be completed, in order to assist the NYSCB counselor and the participant in vocational planning.

7.03 Work Readiness Skills - Baseline Outcome

Individuals referred by a NYSCB counselor will be evaluated to determine their knowledge of, and skill levels in, strategies that will allow them to successfully balance the demands of a job with necessary activities in their personal lives. The evaluation must indicate any areas in which knowledge and skills are lacking and define a training program that will address those areas.

Individuals referred for Work Readiness- Baseline must have discussed the need for this service with their NYSCB counselor and have been referred for the service by their counselor. Recommendations from contractors about who may be expected to benefit from this service must be discussed with the NYSCB counselor before discussing the program with the participant.

7.04 Time Frame for Completing a Baseline Evaluation

Refer to section 1.10, **Time Frames Reference Guide**, in the General Information section of these guidelines for completion time frames.

7.05 Conducting Work Readiness Skills - Baseline

Using the NYSCB Work Readiness Skills Training - Baseline Report, the contractor will identify individualized objectives for each referred individual that can be met by the contractor's Work Readiness Program. The objectives will be determined by evaluating the individual's strengths and needs, as well as their experiences, interests, and personal and family factors that may affect future employment outcomes. The contractor will include a recommendation for a Work Readiness program that addresses specific skills or indicate that a Work Readiness Program is not recommended at this time.

7.06 Who Conducts Work Readiness Skills - Baseline

Work Readiness Skills - Baseline will be conducted by the Contractor staff who conduct the Work Readiness Training Program.

7.07 Responsibilities of the NYSCB Counselor and the Contractor: Work Readiness Skills - Baseline

Refer to section 1.13, **Responsibilities of the NYSCB Counselor** and section 1.14, **Responsibilities of the Contractor** in the General Information section of these guidelines for roles and responsibilities.

In addition, upon referral of the participant by the NYSCB counselor, the contractor staff will interview the referred participant and clearly describe the evaluation process and expectations for participant participation.

7.08 Criteria for Determining that a Participant Has Achieved the Work Readiness Skills - Baseline Outcome

For a participant to be reported as having achieved this outcome, each of the following criteria must be met:

1. The participant's Work Readiness Skills have been evaluated to determine whether training is required.
2. The findings and recommendations from the evaluation have been discussed with the participant and the NYSCB counselor.
3. A Work Readiness Skills - Baseline Report identifying the type of Work Readiness Skills program the participant can benefit from or an explanation of why the participant will not benefit from a Work Readiness Skills training program at this time has been provided to the NYSCB counselor.

Note: Work Readiness Skills - Baseline must be completed prior to scheduling a Work Readiness program, and NYSCB must agree that the outcome was achieved.

7.09 Work Readiness Skills Training

Work readiness training programs must have a curriculum that is pre-approved by NYSCB senior management. The curriculum must specify the training topics, training schedule, and the staff positions that will be involved in the evaluation and delivering the training. The training program must also include direct involvement by local businesspeople. Additionally, should the Baseline report to identify individualized work readiness needs for a specific participant, the results of the Baseline Report must discuss those needs, how those needs will be addressed within and in addition to the training program, and provide an estimate of the time needed to complete the training. All program curriculum must be submitted for approval at the start of a contract even if previously approved.

7.10 Work Readiness Skills Training Outcome Statement

Individuals referred by a NYSCB counselor will achieve the work readiness skills necessary to obtain and maintain competitive employment in an integrated setting, including but not limited to: understanding and demonstrating appropriate communication skills for work, understanding employer expectations, understanding how personal issues can affect employment success, demonstrating interviewing skills and developing a basic resume. The curriculum for this program must be pre-approved by NYSCB senior management before individuals can be referred for this service.

Individuals referred for a Work Readiness Skills Training must have discussed the need for this service with their NYSCB counselors, and have been referred for the service by their counselors. A suggestion by a contractor about who may be expected to benefit from this service must be discussed with the NYSCB counselor first, before discussing it with the participant.

7.11 Standards for Service Delivery: Work Readiness Skills Training

1. To obtain NYSCB sponsorship of individuals in a Work Readiness Skills Training Program, the contractor must develop a curriculum for the program and obtain the approval of NYSCB senior management for the curriculum.
2. Work Readiness Skills Training programs should develop those work skills that will assist an individual in obtaining and maintaining long-term employment.
3. Work Readiness Skills Training curricula must include a training schedule that requires trainees to show up on time (preferably in the morning hours), stay for the entire program, and be actively engaged in the training.
4. The curriculum for each program must include the following components:

- Communication Skills
  a. Listening skills
  b. Non-verbal Communication (body language)
  c. Disability Disclosure
  d. Being an effective team member
  e. Working effectively with others (dealing with conflict, differences of opinion, etc.)
  f. Forms/levels or workplace communication
  g. Learning and understanding workplace culture

- Personal Management
  a. Understanding your responsibilities as an employee
  b. Work Ethic (dependability, integrity, honesty, initiative, motivation, etc.)
  c. Balancing work and family/private life
  d. Benefits advisement – understanding impact of earnings on benefits; economic empowerment
  e. Personal Appearance
  f. Self-concept/motivational skills/understanding personal skills and abilities
  g. Conveying a positive attitude
  h. Self-Advocacy
  i. Managing Stress
  j. Goal setting/time management

- Introduction to Job Seeking Skills
  a. Interviewing skills
  b. Development of a basic resume
  c. Mock interviews with hiring managers from local businesses
  d. Introduction to Career Center system and services available locally

e. Employer contact – each program must also include an experiential component that brings participants in contact with real employers with the purpose of developing a real understanding of work settings and employer's expectations. These experiences should ideally take place in the employment setting. NYSCB will also consider mock interviews and informational interviews where the participant would discuss with the employer skills needed for a specific job, as fulfillment of this requirement.

5. A meeting must be arranged by the contractor to include the counselor, the participant and the provider to determine if the individual is ready to move directly to placement services, to discuss a work experience or other training needed before moving to placement, or to agree that the participant no longer wants to pursue employment at this juncture.

Because of the importance of work readiness skills in enabling an individual to obtain and maintain a job, attendance and punctuality are highly important. Participants must attend at least 80% of sessions and complete all assignments for the agency to receive the full outcome payment.

In general, a training outcome will be considered to be successful if one of the following is true:

1. The participant successfully completes the course and is ready to participate in Placement Services.
2. The participant successfully completes the course, and areas needing further remediation before Placement Services can be authorized are identified and shared with the participant and NYSCB counselor.
3. The participant successfully completes the course but informs the NYSCB counselor that he or she is no longer interested in becoming employed.

8.01 Work Experience Training

Work experience training is an opportunity for a participant with little or no work experience, for a participant who has a substantial gap in employment, for a participant who is changing careers; or for a participant who has recently completed vocational training or education, to attempt work in the most integrated setting possible. Whenever possible the work experience setting should be appropriate to the participant's work goal.

Work experience training is an opportunity for a participant to learn and use workplace skills and behaviors. Work experiences should only be of sufficient duration to reach the goals specified by the counselor on the referral form. Work experiences that conclude earlier than the agreed-upon term can be considered successful if the experience provides the counselor with the information sought in the referral.

A work experience training can be helpful in providing information to the counselor in three areas:

1. Determining whether a participant has chosen an appropriate vocational goal
2. Determining whether a participant has the skills or can develop the skills for a particular job
3. Determining whether a particular job can be accomplished with adaptive equipment or reasonable accommodations

Work experience training may be paid or unpaid. When work experience is paid, remuneration should be at minimum wage. If there appear to be circumstances which warrant a higher wage, the contractor must propose the higher wage to the counselor prior to discussion with the participant. The district manager must approve any work experience paid at higher than minimum wage. When work experience is unpaid, the participant may be reimbursed for reasonable cost of transportation to and from work. Participants who have been accepted for placement services may not be referred for Work Experience Training.

8.02 Work Experience Training Outcome

An agreed upon number of NYSCB participants, referred by a NYSCB counselor, will participate in a time-limited experience which: (1) provides the participant with an understanding of the work environment, work-related behaviors, and work skills; and (2) provides NYSCB with information on how the participant performed in the work setting and recommendations for employment or continued work skill building.

8.03 Terms Used in the Outcome Statement

1. Time Limited: Duration should be sufficient for the participant to acquire general work skills and experience, and for others to evalaute how the participant performs in a work setting. A work experience should be of sufficient duration to meet the goals specified by the counselor in the referral documentation. Work experiences should be for a minimum 20 hours/week and should not exceed three months. A senior counselor or district manager may approve an extension of the work experience if information gathered during a three-month period is insufficient to reach a conclusion about the participant's abilities or if an extension of the work experience is likely to result in employment at the same work site. Participants may require more than one work experience to prepare for competitive, community-based employment. These work experiences should be varied in nature, complexity and/or setting to determine an appropriate job match for the participant. The total of all work experiences for a participant during one case opening may not exceed 1040 hours.

(Exception: After-school work experiences can be fewer than 20 hours/week).

2. Work environment: The physical, cultural and psychological aspects of a work setting.

3. Work-Related Behaviors: Behaviors which impact on the individual's ability to successfully function on a job, including, but not limited to, time management skills, communication skills, organization skills, ability to follow directions, and ability to work collaboratively.

8.04 Standards for Service Delivery: Work Experience Training

1. A Work Experience Training Agreement will be developed between the contractor and the employer for each participant served through this outcome. A copy of the agreement will be sent to the NYSCB counselor when it is finalized. This agreement is required regardless of whether the employer is community-based or the employer is a department within the contractor agency itself. (A sample agreement is included in the Forms section of this document.)
2. The objective of this outcome is to provide opportunities for the participant to develop work skills in real-life integrated employment settings. To this end, the contractor is required to provide the minimum amount of training needed to evaluate the participant's ability to adjust, learn and function in a work setting. The work experience outcome is meant to provide generalized experience in the workplace. While work experience that matches the participant's employment goal is preferred, the work need not be consistent with the individual's IPE goal.
3. Participants are expected to be employed for at least 20 hours/week, unless the NYSCB senior vocational rehabilitation counselor has provided a waiver for fewer hours based on participant need.
4. The contractor must visit work site regularly during the course of the work experience to observe and provide feedback to the participant about their performance along with recommendations for improvement.
5. Work Experience Training is meant to be novel and teach new skills. The physical setting of a WET should not be repeated within the same business setting over multiple experiences.

8.05 Responsibilities of the NYSCB Counselor and the Contractor: Work Experience Training

Refer to section 1.13, **Responsibilities of the NYSCB Counselor** and section 1.14, **Responsibilities of the Contractor** in the General Information section of these guidelines for roles and responsibilities.

Additional responsibilities of the counselor and contractor are listed below:

Additional Counselor Responsibilities

1. During the discussion with the participant of the purpose of a work experience, discuss the types of work experiences the participant would like to pursue.

2. Include a vendor referral form and a completed Expectations for Work Experience Training Form identifying specific information the counselor expects to learn as a result of the participant's participation in a work experience.

8.06 Additional Contractor Responsibilities

1. Upon referral of the participant by the NYSCB counselor, meet with the participant to determine the appropriate work experience for the participant.
2. Arrange for a work experience, develop a Work Experience Training Agreement which includes information on how benefits will be covered with the employer, and forward a copy to the NYSCB counselor prior to the commencing the work experience.
3. Monitor the participant's progress throughout the work experience, make recommendations for improvement and address any problems that arise with the participant, the employer and the counselor in a timely fashion.

8.07 Criteria for Determining that a Participant Has Achieved the Work Experience Training Outcome

For a participant to be reported as having achieved this outcome, each of the following criteria must be met:

1. Each concern or area identified by the counselor in the referral for Work Experience Training has been evaluated.
2. The work experience established for the individual meets the standards for this service as outlined in these guidelines.
3. The findings and recommendations from the Work Experience have been discussed with the participant and the NYSCB counselor and a conference was held to discuss the information as it relates to ongoing vocational planning.
4. A Work Experience Training Final Report, which includes required information about the job and the participant’s performance, and which addresses the initial concerns posed by the counselor, has been provided to NYSCB.

8.08 Work Experience Training (Professional Level)

For participants that have an advanced education, certificate, or skills in a specific field but have little hands-on experience or recent employment, the NYSCB counselor may refer for a Professional Level Work Experience Training. The expectation upon referral would be for the provider to develop a work experience at a higher level of responsibility or skill requirement to meet this need. The experience must match the IPE goal.

The counselor and provider should discuss this option before the initial referral for Work Experience Training is made. If a professional level position is located, a Pro-WET level will be authorized by the counselor in addition to the regular Work Experience Training outcome.

Professional opportunities exist in a variety of settings. The responsibilities and skills necessary for a professional level job should be reviewed to see if they qualify. For example, an experience in management of employees at a business would qualify but working the cash register at the same business would not be considered professional level experience. Also, working in a law or medical office would qualify, while cleaning the same office would not. The final decision on what constitutes a professional setting will come from the NYSCB counselor with assistance from their supervisor if necessary.

It is important that expectations are agreed upon by the counselor and provider in advance of the experience development. The participants for whom this experience is intended for is not limited but could include students who are exiting high school to pursue a specific field, a worker who has advanced skills but is changing fields, or recent college graduates lacking hands on experience in their field of study.

PROVISION OF ADDITIONAL SERVICES

9.0

	Services
1	Orientation and Mobility Service
2	Vocational Rehabilitation Therapy Services
3	Social Casework Services
4	Outreach/Case Finding

9.01 Orientation and Mobility Services

Orientation and Mobility (O&M) as an additional service can be authorized to provide brief instruction to, from or around a work site, training site or a neighborhood if, without the service, the participant would find it difficult to engage in that work or training to meet their vocational goal.

Participants receiving this instruction should have already been trained in O&M and demonstrated an understanding of basic O&M skills. The additional instruction is intended to provide the participant with an extra measure of safety when traveling a difficult or complicated route on a regular basis.

Authorization of additional O&M services will be provided in hourly sessions for a maximum of twenty hours.

9.02 Vision Rehabilitation Services

Vision Rehabilitation Therapy (VRT) as an additional service can be authorized to provide a time limited service which is necessary to meet an immediate need which develops on a participant's work or training site or in their home if, without the service, the participant would find it difficult to engage in that work or training to meet their vocational goal.

Participants receiving this service should have already been trained in VRT, and have successfully completed that training. The additional instruction is intended to meet a specific and limited need, which could not have been foreseen at the time of the original training.

Authorization of additional VRT services will be provided in hourly sessions for an individual NYSCB participant for a maximum of twenty hours.

9.03 Social Casework Services

Social Casework as an ancillary service can be authorized by a NYSCB counselor on a fee for service basis only if it is not a part of the service component the participant is receiving or when it is the only service that a participant requires. Social Casework as an ancillary service is meant to provide a time limited service to address a problem in the participant's life which prevents them from participating fully in either a training program or on a job. If the problem cannot be addressed within the maximum amount of time allowed, the Social Casework hours authorized should be used to locate and

refer the participant to a community resource which can provide the service. Social Casework services will not be provided by NYSCB if the NYSCB counselor is already aware of such a community resource. Social Casework services can only be provided to address a vocational related problem.

Authorization of Social Casework as an ancillary service will be provided by NYSCB in hourly sessions for an individual NYSCB participant for a maximum of twenty hours.

9.04 Outreach/Case Finding

Individuals of working age (generally 18-55) who are legally blind may be unaware of the vocational rehabilitation services available to them through the New York State Commission for the Blind. These individuals may be eligible for vision rehabilitation, vocational training, and job services that will enable them to enter the workforce and become more active participants in their communities. Entering the workforce will make it possible for them to rely less on benefits and become more independent economically.

NYSCB places particular emphasis on outreach to traditionally underserved populations, as identified in the Statewide Assessment.

To provide this service, the contractor will engage in outreach efforts to identify individuals who are eligible for vocational rehabilitation services. Payment for Outreach/Case Finding will be made to the contractor when all requirements have been met and all documentation has been submitted.

Requirements for Outreach/Case Finding

The individual identified must be:
1. Previously unknown to NYSCB
2. Legally blind
3. Eligible to work in the United States,
4. Interested in obtaining employment

In addition, the following must take place prior to approval of payment:
1. Completion of an intake interview with the assigned NYSCB counselor, and
2. The applicant is determined eligible for VR services by the NYSCB counselor

Required Documentation
1. Completed application for services (including information identifying the agency submitting the application)
2. Completed eye report
3. Any other pertinent information about the individual

4. A request to issue an authorization for the “Outreach/Case Finding Service.”

In addition, agencies can request payment for Outreach/Case Finding for individuals who meet the criteria for the Job Save Program, are determined eligible for VR services and who have not previously received services from NYSCB. These individuals are not yet legally blind but are expected to be legally blind within a year, are currently employed and at risk of losing their job due to issues related to their visual impairment and are not currently nor have been served by ACCES-VR.

The NYSCB counselor will issue an Authorization for “Outreach/Case Finding Service” after determining the eligibility of the applicant and that they have not previously received services from NYSCB. After the agency completes their section of the authorization, the counselor will submit the authorization for payment.

Comprehensive Services Contract Guideline Forms 10.0

Adaptive Living Program (ALP) Intake
Assessment Tool for the ALP
ALP Individualized Service Plan
ALP Individualized Services Plan Progress Report

Orientation and Mobility - Baseline Report
O&M Level 1 Report
O&M Level 2 Report
O&M Level 3 Report

Vision Rehabilitation Therapy - Baseline Report
VRT Level 1 Report
VRT Level 2 Report
VRT Level 3 Report

Social Casework - Baseline Report
SCW Level 1 Report
SCW Level 2 Report

Pre-Vocational Skills - Baseline Report
Pre-Vocational Training Skills Report

Academic Instruction - Baseline (ESL) Report
Academic Instruction - Baseline (ABE/HSE) Report
Academic Instruction – Baseline (College Preparation) Report
Academic Instruction Report

Vocational Skills Training – Baseline Report
Vocational Skills Training Report

Work Readiness Skills - Baseline Report
Work Readiness Skills Training Report

Work Experience Report
WET Employer Agreement

Prohibition on Re-disclosure of HIV or AIDS Related Information
Prohibition on Re-disclosure of Information Concerning Individuals with a Disability of Alcoholism or Substance Abuse

New York State Office of Children and Family Services
Commission for the Blind
Intake Form for Adaptive Living Program

Participant:

Name: (Last, First, MI)

Case Number:

SSN:

Cycle:

Date of Birth:

Gender:

Person Completing Intake:

Referral Information:

Source of Referral:

□Eye Care Provider (Ophthalmologist, Optometrist)
□Physician/Medical Provider
□Government or Social Services Agency
□Family Member or Friend
□Senior Center
□Independent Living Center
□Nursing Home or Long-Term Care Facility
□State VR Agency
□Self-Referral
□Veteran's Administration
□Faith-Based Organization
□Other
□Assisted Living Facility

First Contact Date:

Residential Address:

Mailing Address:

Telecom

Home Phone:

Cell Phone:

TDD(Y/N)?

E-mail:

Communication

Primary Language (choose 1):

□English
□African Languages
□Chinese
□German
□Haitian Creole
□Polish
□Urdu
□Vietnamese
□Spanish
□Arabic
□French
□Greek
□Hebrew
□Portuguese
□Hindi
□Italian
□Japanese
□Korean
□Other
□Russian

Other Languages (please choose from options listed above and not the language indicated as primary):

Preferred Communication Medium:

□ Regular Print
□ Braille
□ E-mail
□ Large Print
□ Taped
□ Electronic

Manual Communication Mode:

□ Signed English
□ Tactile Sign
□ Other
□ American Sign Language
□ Tangible Symbols

Race/Ethnicity (Y/N to as many as applicable):

□ White
□ Asian
□ Native Hawaiian or Pacific Islander
□ Black or African American
□ American Indian or Alaska Native
□ Hispanic or Latino

Other Information:

Highest Level of Education Completed:

□ No Formal Schooling
□ Elementary Education (grade 1-8)
□ Secondary Education, no high school diploma (grade 9-12)
□ High School Equivalency Certificate
□ Post-Secondary Education (less than bachelor's degree)
□ Bachelor's Degree or Higher
□ Master's degree or higher

Type of Living Arrangement at Time of Intake:

□ Live Alone
□ Live with Spouse
□ Live with Personal Care Assistant

Setting of Residence at Time of Intake:
□ Private (House or Apartment) □ Senior Living/Retirement Community
□ Assisted Living Facility

Major Cause of Visual Impairment as Reported by the Individual:
□ Macular Degeneration □ Diabetic Retinopathy □ Glaucoma
□ Cataracts □ Other

Non-Visual Impairments/Conditions at Time of Intake as Reported by the Individual:
□ Diabetes □ Hearing Impairment □ Cancer
□ Cardiovascular Disease and Strokes □ Depression/Mood Disorder
□ Alzheimer's Disease/Cognitive Impairment □ Other Major Geriatric Concerns
□ Bone, Muscle, Skin, Joint and Movement Disorders

Onset of Significant Vision Loss (when loss began to affect performance of daily activities):
□ Less than 1year before IL services □ 1-3 years □ 4-6 years
□ 7-9 years □ 10 years or more

Do you have documentation of legal blindness?
□ Yes □No

Blind Registry Number: _____

Services Received
Have Service Been Provided: □ Yes □No
For Fiscal Year: _____

ILOB Services (HKNC Specialized Senior Services)	Provided_____
Low Vision screening/evaluation:	□ Yes □No
Low-Vision:	□ Yes □No
Orientation and Mobility Training:	□ Yes □No
Daily Living Skills Training- Financial:	□ Yes □No
Daily Living Skills Training- Personal:	□ Yes □No
Daily Living Skills Training- Meal:	□ Yes □No
Daily Living Skills Training- Home:	□ Yes □No
Daily Living Skills Training- Family Care:	□ Yes □No
Communications Training:	□ Yes □No
Counseling:	□ Yes □No
Community Integration:	□ Yes □No
Assistive Devices:	□ Yes □No

Agency Representative: _____

Date: _____

Assessment Tool for the Adaptive Living Program

Section I.

Name Cycle Number:

Address: Date of Birth:

Telephone:

Date of Assessment: Person Completing:

Would you have any difficulty if you needed to contact someone quickly in an emergency?

Describe way of contacting:

Emergency Contact Name:
Phone:

GENERAL BACKGROUND

Services are available to help you be safer and more independent in your household activities. To determine which program would best meet your needs, we will ask you questions about your household responsibilities. It is also important for us to know if you are working or would be interested in employment.

EACH QUESTION MUST BE ANSWERED IF APPLICABLE TO PARTICIPANT

1. a. Are you currently employed?
1. b. If, yes, what kind of work do you do?
1. c. Are you having difficulty on the job because of impaired eyesight?
Describe:

2. a. If you are not working now, would you be interested in a program which would help you to become employed in the future?
2. b. Optional: if the answer to 2.a. is "Yes" -
Do you know the kind of work you would want to do?
2. c. Optional: if the answer to 2.a. is "Yes" -
If you worked in the past, what kinds of jobs did you have?

Note: If the person is working, or is interested in working, notify the NYSCB office immediately. The vocational rehabilitation (VR) program provides a range of services

necessary for the person to become employed and can include the provision of Rehabilitation Teaching and Orientation and Mobility services to address daily living and mobility skills needs.

3. Residence Type:

4. a. Are you primarily responsible for household activities?

4. b. Does anyone else help with these tasks?

4. c. If yes, who helps you?
What do they do?
How often?

4. d. Are you satisfied with this arrangement?

4. e. Which of these household activities do you want to do on your own?

5. What is the nature of your eye condition?

6. When did your vision problem(s) begin?

7. When was your last vision examination?

8. What is the name of your eye doctor?
Did he/she ever tell you that you are legally blind?

9. Do you know what legal blindness means?

10. Are you currently receiving, or might you soon receive, treatment for your vision that may change your sight? Describe:

11. Describe what your eyesight is like now (for instance - no light perception, can only see shadows or vague images, difficulty distinguishing colors, parts of visual field missing, vision changes throughout the day):

Note to interviewer: If person's vision is NLP in both eyes, check here □
You do not need to ask questions 12 through 16.

12. Do you have trouble recognizing people or objects at a distance?
Describe:
13. Do you have problems with brightly-lit areas, dimly lit areas, or glare?
Describe:

14. Do you have problems reading printed material (newspapers, books, dials, labels, price tags, etc.)?
    Describe:

15. What kind of print is easiest for you to read?

16. a. Do you have any optical devices that you are using to help you see better?

16. b. If yes, when did you get them?
    What do you use them for?

Personal Care

Outcome of Assessment can be indicated by entering a number from 1 - 4 in the first text field. The numbers indicate the following outcomes:

1. Training Needed / Goal Set
2. Training Needed / Training Declined
3. No Training Needed
4. Task Not Applicable

Task	Outcome of Assessment
1. Hygiene, such as bathing and brushing teeth	
2. Grooming, such as nail care, dressing, applying make-up and shaving	
3. Medication Management, such as identification, organization, timing, etc.	
4. Labeling, such as clothing	
5. Are there any other needs not listed? If so, please specify:	

Communication Skills

Outcome of Assessment can be indicated by entering a number from 1 - 4 in the first text field. The numbers indicate the following outcomes:

1. Training Needed / Goal Set
2. Training Needed / Training Declined
3. No Training Needed
4. Task Not Applicable

Task	Outcome of Assessment
1.Handwriting, such as signature	
2.Time telling, such as having trouble telling the time	
3.Telephone Use, such as misdialing numbers and difficulty obtaining phone numbers	
4. Braille Labeling/Instruction	
5. Note taking, such as making lists, keeping track of appointments and keeping notes	
6. Electronic Devices	
7. Are there any other needs not listed? If so, please specify:	

Section II: Mobility

Outcome of Assessment can be indicated by entering a number from 1 - 4 in the first text field. The numbers indicate the following outcomes:

1. Training Needed / Goal Set
2. Training Needed / Training Declined
3. No Training Needed
4. Task Not Applicable

Task	Outcome of Assessment
Indoor Mobility	
1. Protective techniques	
2. Emergency Exit	
3. Home Orientation	
4. Sighted Guide	
5. Cane Travel	
Outdoor Mobility	
6. Stairs	
7. Curbs	

8. Accessing places of personal importance	
9. Public Transportation	
10. Cane Travel	
11. Street Crossings	
12. Are there any other needs not listed? If so, please specify:	

Section III: Meal Management:

Homemaking Core Area 1
Outcome of Assessment can be indicated by entering a number from 1 - 4 in the first text field. The numbers indicate the following outcomes:

1. Training Needed / Goal Set
2. Training Needed / Training Declined
3. No Training Needed
4. Task Not Applicable

Task	Outcome of Assessment
1. Eating meals:	
a. Locating items on table	
b. Cutting food	
c. Pouring	
2. Identifying items in refrigerator, cupboards, and drawer	
3. Preparing cold beverage or snack	
4. Preparing hot beverage or snack	
5. Using microwave and/or toaster oven	
6. Using stove and/or oven	
7. Using small kitchen appliances	
8. Measuring ingredients	
9. Chopping, peeling, slicing	
10. Using recipes	
11. Are there any other needs not listed? If so, please specify:	

Section IV. Home Management:

Homemaking Core Area 2

Outcome of Assessment can be indicated by entering a number from 1 - 4 in the first text field. The numbers indicate the following outcomes:

1. Training Needed / Goal Set
2. Training Needed / Training Declined
3. No Training Needed
4. Task Not Applicable

Task	Outcome of Assessment
1. Light cleanup jobs, such as wiping up spills and dusting	
2. Clean sinks, countertops, and bathroom fixtures	
3. Sweep, mop, and vacuum	
4. Identify and organize clothing items	
5. Set controls on washer and dryer	
6. Set thermostat	
7. Thread needle, mend and sew clothing	
8. Ironing	
9. Use of other household appliances	
10. Are there any other needs not listed? If so, please specify:	

Section V. Financial Management:

Homemaking Core Area 3

Outcome of Assessment can be indicated by entering a number from 1 - 4 in the first text field. The numbers indicate the following outcomes:

1. Training Needed / Goal Set
2. Training Needed / Training Declined
3. No Training Needed
4. Task Not Applicable

Task	Outcome of Assessment
1. Identify coins	
2. Distinguish different bill denominations	
3. Keep track of bills and other payments	
4. Write checks or use other methods to pay bills	

5. Balance a checkbook or use other record-keeping system to keep track of budget and expenditures	
6. Handle banking activities	
7. Are there any other needs not listed? If so, please specify:	

Section VI. Family Care:

Homemaking Core Area 4

These questions are appropriate for persons who take care of a child or children. They are also appropriate for persons who take care of an adult or a child who has a physical or mental disability. Do not complete this section if inapplicable.

Describe whom the person takes care of and any special circumstances:

Outcome of Assessment can be indicated by entering a number from 1 - 4 in the first text field. The numbers indicate the following outcomes:

1. Training Needed/Goal Set
2. Training Needed/Training Declined
3. No Training Needed
4. Task Not Applicable

Task	Outcome of Assessment
1. Prepare formula, baby or pureed food, or other specially prepared food	
2. Feed an infant, toddler, disabled child, or adult	
3. Diaper an infant, child or adult	
4. Dress the child or adult	
5. Bathe the child or adult	
6. Attend to medical needs	
7. Help transfer to toilet or bath	
8. Other medical/safety responsibilities not listed? If so, please specify:	

Section VII: Conclusion

1. Do you want to talk with someone to help you with the vision changes you've experienced?

2. Would you be interested in a referral to a low vision specialist at this time?

3. If you are interested in a referral to a low vision specialist, are you also interested in obtaining low vision aids and low vision training?

4. Are you interested in learning about other services and activities available in the community that might assist you in maintaining your independence?

General Resources Applied For:

Examiner's Observation:

Please comment on any noticeable aspects of the participant's demeanor, home environment, or other factors that might impact upon the rehabilitation process. (Examples- seems confused, cries easily, home is cluttered, etc.)

Completed Date:

New York State Office of Children and Family Services
Commission for the Blind

ALP Individualized Service Plan

Case Number: Cycle Number:
Participant: Registry #:

Provider Agency:

Case Manager:

Projected Start Date:

Goals

□ Goal #1: Improve personal care skills

□ Goal #2: Improve communication skills

□ Goal #3: Improve independent travel skills

□ Goal #4: Improve meal management skills

□ Goal #5: Improve home management skills

□ Goal #6: Improve financial management skills

□ Goal #7: Improve family care skills

□ Goal #8: Improve adjustment to vision loss

□ Goal #9: Determine the extent of vision loss

□ Goal #10: Maximize residual vision

□ Goal #11: Increase involvement in community activities

Services

□Service 1: Daily Living Skills Training - Personal

□Detail: Hygiene □Detail: Grooming

□Detail: Medication Management

□Detail: Labeling

This service will contribute to achievement of Goal(s) #:

□Service 2: Daily Living Skills Training - Meal

□ Detail: Locating Items on the Table

□ Detail: Cutting Food

□ Detail: Pouring

□ Detail: Identifying items in refrigerator, cupboards and drawers

□ Detail: Prepare cold beverage or snack

□ Detail: Prepare hot beverage or snack

□ Detail: Using microwave and/or toaster oven

□ Detail: Using stove and/or oven

□ Detail: Using small kitchen appliances

□ Detail: Measuring Ingredients

□ Detail: Chopping, Peeling, Slicing

□ Detail: Using Recipes

□ Detail: Other

This service will contribute to achievement of Goal(s) #:

□Service 3: Daily Living Skills Training - Home

□ Detail: Lights cleanup jobs, such as wiping up spills and dusting

□ Detail: Clean sinks, countertops, and bathroom fixtures

□ Detail: Sweep, mop and vacuum

□ Detail: Identify and organize clothing items

□ Detail: Set controls on washer or dryer

□ Detail: Set thermostat

□ Detail: Thread needle, mend and sew clothing

□ Detail: Ironing

□ Detail: Use of other household appliances

□ Detail: Other

This service will contribute to achievement of Goal(s) #:

□Service 4: Daily Living Skills Training - Financial

□ Detail: Identify Coins

□ Detail: Distinguish different bill denominations

□ Detail: Keep track of bills and other payments

□ Detail: Write checks or use other methods to pay bills

□ Detail: Balance a checkbook or use other record-keeping system to keep track of budget and expenditures

□ Detail: Handle banking activities

□ Detail: Other

This service will contribute to achievement of Goal(s) #:

□Service 5: Daily Living Skills Training - Family Care

□ Detail: Prepare formula, baby or pureed food, or other specially prepared food

□ Detail: Feed and infant, toddler, disabled child or adult

□ Detail: Diaper and infant, child or adult

□ Detail: Dress the child or adult

□ Detail: Bathe the child or adult

□ Detail: Attend to medical needs

□ Detail: Help transfer to toilet or bath

□ Detail: Other

This service will contribute to achievement of Goal(s) #:

□Service 6: Communication Skills Training

□Detail: Handwriting

□Detail: Time-Telling

□Detail: Telephone

□Detail: Braille Labelling/Instruction

□Detail: Electronic Devices

□Detail: Other

This service will contribute to achievement of Goal(s) #:

□Service 7: Orientation and Mobility Training

□Detail: Protective Techniques

□Detail: Emergency Exit

□Detail: Home Orientation

□Detail: Sighted Guide

□Detail: Cane Travel: Indoor

□Detail: Stairs

□Detail: Curbs

□Detail: Accessing Places of personal importance

□Detail: Use of public transportation

□Detail: Cane Travel-Outdoor

□Detail: Street Crossings

□Detail: Other

This service will contribute to achievement of Goal(s) #:

□Service 8: Counseling

□Detail: Counseling

□Detail: Other

This service will contribute to achievement of Goal(s) #:

□Service 9: Low Vision screening/evaluation

□Detail: Low Vision Exam

This service will contribute to achievement of Goal(s) #:

□Service 10: Low-Vision

□Detail: Low Vision Aids

This service will contribute to achievement of Goal(s) #:

□Service 11: Community Integration

□Detail:

This service will contribute to achievement of Goal(s) #:

□ Service 12: Assistive Devices

□ Detail:

This service will contribute to achievement of Goal(s) #:

Comments:

I understand that:

NYSCB is sponsoring the services that I will receive from (AGENCY NAME). AGENCY will provide information to NYSCB about my progress toward achieving my goals. If I have questions, I can contact AGENCY at AGENCY PHONE CONTACT. I am not interested in pursuing employment at this time. My progress will be reviewed regularly. I understand that I am required to maintain satisfactory progress in training. My responsibilities are: to cooperate in carrying out this plan; be prepared for lessons; attend scheduled sessions with instructors and service providers; give adequate notice of the need for cancelled appointments and to provide notification of any changes which may affect my program, such as changes in my address, telephone number, health, or vocational interests. I agree that available medical insurance or other benefits will be used to cover the costs of services to which they might apply.

A copy of this plan has been provided to me on_____ in _____ format.

Level of ALP Services to be authorized:

□ ALP-2

□ ALP-2E

□ ALP-3

New York State Office of Children and Family Services
Commission for the Blind

Individualized Service Plan Progress Report

Case Number: Cycle Number:

Participant: Registry #:

Projected Start Date:

Goals

□ Goal #1:

Achieved: □ Yes □ No

Progress notes as of:

Entered by:

Attach reports from service providers:

□ Goal #2:

Achieved: □ Yes □ No

Progress notes as of:

Entered by:

Attach reports from service providers:

□ Goal #3:

Achieved: □ Yes □ No

Progress notes as of:

Entered by:

Attach reports from service providers:

Services

□Service 1:

□Detail:

This service will contribute to achievement of Goal #:

□ Completed □ Not Completed □ Deactivated

Progress notes as of:

Entered by:

Attach reports from service providers:

Number of Training Hours:

□Service 2:

□Detail:

This service will contribute to achievement of Goal #:

□ Completed □ Not Completed □ Deactivated

Progress notes as of:

Entered by:

Attach reports from service providers:

Number of Training Hours:

□Service 3:

□Detail:

This service will contribute to achievement of Goal #:

□ Completed □ Not Completed □ Deactivated

Progress notes as of:

Entered by:

Attach reports from service providers:

Number of Training Hours:

Total Amount Spent
Low Vision Aids:
Assistive Devices:
Audiological Aids:
Room & Board:
Transportation:

Number of Goals Achieved:
Number of Services Completed:
Total Number of Training Hours:

Program Outcomes/Performance Measures

1) If the individual received Assistive Devices and training and the individual regained or improved abilities previously lost or diminished as a result of vision loss select "Y". If the individual did not receive this service, or if they did not experience improvements after receiving this service select "N".
□ Yes □No

2) If the individual received O&M (orientation and mobility) services and the individual gained or maintained their ability to travel safely and independently in their residence or communities as a result of services select "Y". If the individual did not receive this service, or if they did not experience improvements after receiving this service select "N".
□ Yes □No

3) If the individual received Communications Skills Training and the individual gained or successfully restored or maintained ability to engage in customary life activities as a result of services select "Y". If the individual did not receive this service, or if they did not experience improvements after receiving this service select "N".
□ Yes □No

4) If the individual received Daily Living Skills training and the individual gained or successfully restored or maintained ability to engage in customary life activities as a result of services select "Y". If the individual did not receive this service, or if they did not experience improvements after receiving this service select "N".
□ Yes □No

5) To maintain their current living situation as a result of services, the individual reported feeling that they have:

Greater control and are more confident	□ Yes	□No
No change in feelings of control and confidence	□ Yes	□No
Less control and are less confident	□ Yes	□No
Experienced changes in lifestyle for reasons unrelated to vision loss	□ Yes	□No

6) Individual was served and died before achieving functional gain or experiencing changes in lifestyle as a result of services they received.

□ Yes □No

Type of Closure: □ ALP-2

□ ALP-2E

□ ALP-3

Closed Case on: _____

New York State Office of Children and Family Services
Commission for the Blind

O&M - Baseline Report

Authorization No.

Part I.

Instructions: Complete this section using identifying information from Section I of the Initial Authorization

Participant Name:	Case No.
Counselor:	NYSCB D.O.

Service Outcome		
Agency Determination	Accepted/Rejected	Outcome Achieved/ Outcome Not Achieved
NYSCB Counselor Determination	Successful Outcome/ Unsuccessful	
Service Period	From	To
Total Hour Units Rendered		

Agency Name: _____

Agency Signature: _____ Date: _____

Attachments:
Attachment Notes

Part II.

OUTCOME KEY

1 – Training Needed/Goal Set
2 – Training Needed/Training Declined
3 – No Training Needed

O&M - Baseline - Basic Skills and Indoor Mobility (Level 1)

Instructions: Skills must be evaluated in all areas. Enter the numeric code from the Outcome Key to indicate the status for each of the guideline objectives. Provide comments regarding the participant's abilities and/or level of need in each area.

Baseline Level 1 Guidelines

Outcome Code Date

1. Participant understands basic O&M concepts and the purpose of training:
   Comments:

2. Participant demonstrates the ability to utilize senses for safe indoor travel:
   Comments:

3. Participant demonstrates pre-cane/safety skills including:
   a. Sighted guide
   b. Hand trailing
   c. Protective techniques
   d. Seating
   e. Doorways
   f. Search patterns
   g. Object retrieval
   h. Communication skills
   Comments:

4. Participant demonstrates safe and independent travel skills in their home including emergency exits and stairs.
   Comments:

5. Participant demonstrates orientation skills, i.e.: use of landmarks and clues, use of mental/tactile maps, etc.
   Comments:

6. Participant had input into establishment of goals.
   a. Yes
   b. No
   Comments:

7. In the comments section below enter:

Estimated Hours of service to be provided:
Frequency of training _____ times per_____

Session length:
Comments:

Instructor Name: _____
Hours: _____

O&M - Baseline - Outdoor and Community Access Mobility (Level 2)

Instructions: Skills must be evaluated in all areas. Enter the numeric code from the Outcome Key to indicate the status for each of the guideline objectives. Provide comments regarding the participant's abilities and/or level of need in each area.

Baseline Level 2 Guidelines

Outcome Code Date

1. Participant demonstrates knowledge of basic cane use including folding and unfolding, maintaining and storing of a cane.
   Comments:

2. Participant demonstrates safe and independent indoor travel in:
   a. Community settings
   b. School or workplace
   c. Stores and places of personal importance
   d. Unfamiliar environments
   Comments:

3. Participant demonstrates safe and independent travel within familiar outdoor environments
   a. Street crossings
   b. Residential settings
   c. Business environments
   Comments:

4. Participant demonstrates ability to travel safely and independently.
   Comments:

5. Participant can utilize appropriate cane techniques such as two-point touch, constant contact, ascending/descending stairs, etc.
   Comments:

6. Participant demonstrates safe and independent street crossing skills including intersection analysis, lull, through and surge crossings.
   Comments:

7. Participant can utilize senses for independent outdoor travel including using residual vision, auditory, olfactory, haptic/tactile, etc.
   Comments:

8. Participant had input into establishment of goals.
   a. Yes
   b. No
   Comments:

8. In the comments section below enter:
   Estimated Hours of service to be provided:
   Frequency of training _____ times per_____
   Session length:
   Comments:

Instructor Name: _____
Hours: _____

O&M - Baseline - Independent Travel for Training (Level 3)

Instructions: Skills must be evaluated in all areas keeping in mind that training is to be provided for primary and contingent transportation to work/school. Enter the numeric code from the Outcome Key to indicate the status for each of the guideline objectives. Provide comments regarding the participant's abilities and/or level of need in each area.

Baseline Level 3 Guidelines

Outcome Code Date

1. Participant demonstrates the ability to independently access transportation to and from work, school and activities including contingent means of transportation
   Comments:

2. Participant can access and travel routes of interest.
   Comments:

3. Participant can utilize technology for orientation and mobility tasks.
   Comments:

4.. Participant demonstrates ability to independently utilize contingent means of transportation (other public transportation, cab, driver, etc.).
Comments:

5. Participant had input into the establishment of the goals.
   a. Yes
   b. No
   Comments:

6. In the comments section below enter:
   Estimated Hours of service to be provided
   Frequency of training _____ times per_____
   Session length:
   Comments:

7. Indicate the date that the meeting was held with the participant and the NYSCB referring counselor: __/__/____

   Summarize the meeting, indicate changes in goals and/or the intensity and frequency of training in the space provided below:
   Comments:

Instructor Name: _____
Hours: _____

New York State Office of Children and Family Services
Commission for the Blind

O&M Level 1 Report

Authorization No.

Part I.

Instructions: Complete this section using identifying information from Section I of the Initial Authorization

Participant Name:	Case No.
Counselor:	NYSCB D.O.

Service Outcome		
Agency Determination	Accepted/Rejected	Outcome Achieved/ Outcome Not Achieved
NYSCB Counselor Determination	Successful Outcome/ Unsuccessful	
Service Period	From	To
Total Hour Units Rendered		

Agency Name: _____

Agency Signature: _____ Date: _____

Attachments:
Attachment Notes

Part II.

OUTCOME KEY

1 – Goal Achieved
2 – Goal Not Achieved
3 – Goal Eliminated/Withdrawn
4 – Progress Made

Part II
O&M Level 1 - Basic Skills and Indoor Mobility

Instructions: Enter the numeric code from the Outcome Key to indicate the status of training for each of the guideline objectives. Training must be provided in all areas identified during the baseline evaluation unless the objective is eliminated or withdrawn. Provide comments on the participant's progress toward the achievement of each objective. If additional needs are identified during training, provide comments in the appropriate guideline section(s).

O&M Level 1 Guidelines

Outcome Code Date

1. Participant understands basic O&M concepts and the purpose of training:
   Comments:

2. Participant demonstrates the ability to utilize senses for safe indoor travel.
   Comments:

3. Participant demonstrates pre-cane/safety skills

   a. Sighted guide
   b. Hand trailing
   c. Protective techniques
   d. Seating
   e. Doorways
   f. Search patterns
   g. Object retrieval
   h. Communication skills

   Comments:

4. Participant demonstrates safe and independent travel skills in their home including emergency exits and stairs.
   Comments:

5. Participant demonstrates orientation skills, i.e.: use of landmarks and clues, use of mental/tactile maps, etc.
   Comments:

6. Other – Enter any additional skills taught during O&M Level 1
   Comments:

7. Identify equipment purchased in support of these goals (enter information in the comments section below or attach a typed list to this report).
   Comments:

Instructor Name: _____
Hours: _____

New York State Office of Children and Family Services
Commission for the Blind

O&M Level 2 Report

Authorization No.

Part I.

Instructions: Complete this section using identifying information from Section I of the Initial Authorization

Participant Name:	Case No.
Counselor:	NYSCB D.O.

Service Outcome		
Agency Determination	Accepted/Rejected	Outcome Achieved/ Outcome Not Achieved
NYSCB Counselor Determination	Successful Outcome/ Unsuccessful	
Service Period	From	To
Total Hour Units Rendered		

Agency Name: _____

Agency Signature: _____ Date: _____

Attachments:
Attachment Notes

Part II.

OUTCOME KEY

1 – Goal Achieved
2 – Goal Not Achieved
3 – Goal Eliminated/Withdrawn
4 – Progress Made

O&M Level 2 - Outdoor and Community Access Mobility

Instructions: Enter the numeric code from the Outcome Key to indicate the status of training for each of the guideline objectives. Training must be provided in all areas identified during the baseline evaluation unless the objective is eliminated or withdrawn. Training will also include a review of the goals previously met and reinstruction should occur when required. Skills learned in previous level should be integrated into this level's training program. Provide comments on the participant's progress toward the achievement of each objective. If additional needs are identified during training, provide comments in the appropriate guideline section(s).

O&M Level 2 Guidelines

Outcome Code Date

1. Participant demonstrates knowledge of basic cane use including folding and unfolding, maintaining and storing of a cane.
   Comments:

2. Participant demonstrates safe and independent indoor travel in:
   a. Community settings.
   b. School or workplace
   c. Stores and places of personal importance
   d. Unfamiliar environments
   Comments:

3. Participant demonstrates safe and independent outdoor travel within familiar outdoor environments
   a. Street crossings
   b. Residential settings
   c. Business environments
   Comments:

4. Participant demonstrates the ability to travel safely and independently.
   Comments:

5. Participant can utilize appropriate cane techniques such as two-point touch, constant contact, ascending/descending stairs, etc.
   Comments:

6. Participant demonstrates safe and independent street crossing skills including intersection analysis, lull, through and surge crossings.
   Comments:

7. Participant can utilize senses for independent outdoor travel including using residual vision, auditory, olfactory, haptic/tactile, etc.
   Comments:

8. Other-Enter any additional skills taught during O&M Level 2
   Comments:

9. Identify equipment purchased in support of these goals (enter information in the comments section below or attach a typed list to this report).
   Comments:

Instructor Name: _____
Hours: _____

New York State Office of Children and Family Services
Commission for the Blind

O&M Level 3 Report

Authorization No.

Part I.

Instructions: Complete this section using identifying information from Section I of the Initial Authorization

Participant Name:	Case No.
Counselor:	NYSCB D.O.

Service Outcome		
Agency Determination	Accepted/Rejected	Outcome Achieved/ Outcome Not Achieved
NYSCB Counselor Determination	Successful Outcome/ Unsuccessful	
Service Period	From	To
Total Hour Units Rendered		

Agency Name: _____

Agency Signature: _____ Date: _____

Attachments:
Attachment Notes

Part II.

OUTCOME KEY

1 – Goal Achieved
2 – Goal Not Achieved
3 – Goal Eliminated/Withdrawn
4 – Progress Made

O&M Level 3 - Independent Travel for Training

Instructions: Enter the numeric code from the Outcome Key to indicate the status of training for each of the guideline objectives. Training must be provided in all areas identified during the baseline evaluation unless the objective is eliminated or withdrawn. Training will also include a review of the goals previously met and reinstruction should occur when required. Skills learned in previous level should be integrated into this level's training program. Provide comments on the participant's progress toward the achievement of each objective. If additional needs are identified during training, provide comments in the appropriate guideline section(s).

O&M Level 3Guidelines

Outcome Code Date

1. Participant demonstrates the ability to independently access transportation to and from work, school and activities including contingent means of transportation.
   Comments:

2. Participant can access and travel routes of interest.
   Comments:

3. Participant can utilize technology for orientation and mobility tasks.
   Comments:

4. Participant demonstrates the ability to independently utilize contingent means of transportation (other public transportation, cab, driver, etc.).
   Comments:

5. Other-Enter any additional skills taught during O&M Level 3.
   Comments:

6. Identify equipment purchased in support of these goals (enter information in the comments section below or attach a typed list to this report).
   Comments:

Instructor Name: _____
Hours: _____

New York State Office of Children and Family Services
Commission for the Blind

VRT – Baseline Report

Authorization No.

Part I.

Instructions: Complete this section using identifying information from Section I of the Initial Authorization

Participant Name:	Case No.
Counselor:	NYSCB D.O.

Service Outcome		
Agency Determination	Accepted/Rejected	Outcome Achieved/ Outcome Not Achieved
NYSCB Counselor Determination	Successful Outcome/ Unsuccessful	
Service Period	From	To
Total Hour Units Rendered		

Agency Name: _____

Agency Signature: _____ Date: _____

Attachments:
Attachment Notes

Part II.

Outcome Key
1 – Training Needed/Goal Set
2 – Training Needed/Training Declined
3 – No Training Needed

VRT - Baseline Level 1

Instructions: Skills must be evaluated and demonstrated by the participant in all level areas. Enter the numeric code from the Outcome Key to indicate the status for each of the guideline objectives. Provide comments regarding the participant's abilities and/or level of need in each area.

Baseline Level 1 Guidelines

Outcome Code Date

1. Participant demonstrates the ability to manage the following Self-Care skills:
   a. Bathing, showering
   b. Dental care, hair care, use of antiperspirants, scents
   c. Select clothing
   d. Dressing
   e. Manage basic healthcare needs (bandages, OTC medications)
   f. Identify/differentiate medications
   Comments:

2. Participant demonstrates the ability to manage the following Communication skills independently:
   a. Sign documents
   b. Make and receive phone calls on a land line
   c. Access and record calendar dates and appointments
   d. Tell time
   e. Use of basic electronics such as music player, TV remote
   f. Access and identify personal items
   g. Locate and differentiate the position of dots in the Braille cell
   Comments:

4.. Participant demonstrates the ability to manage the following home management skills independently:
   a. Use outlets, change batteries, use keys
   b. Utilize adaptive techniques for basic cleaning tasks (countertops, tables, sinks, spills)
   c. Set home appliances accurately (dishwasher, washer/dryer, thermostat)
   Comments:

5.. Participant demonstrates the ability to manage the following eating skills independently:
   a. Locate items on table, plate
   b. Demonstrate appropriate eating skills

c. Cut food
Comments:

6. Participant demonstrates the ability to manage the following Meal Planning and Preparation skills independently:
   a. Set cooking appliances accurately (microwave, stove, oven)
   b. Use of microwave and/or toaster oven
   c. Prepare hot or cold snack
   d. Prepare hot or cold beverage
   e. Pour safely and accurately
   Comments:

7. Participant demonstrates the ability to manage the following Financial skills independently:
   a. Identifying bills and coins
   b. Writing checks
   c. Use a calculator
   Comments:

8. Participant had input into the establishment of the goals.
   a. Yes
   b. No
   Comments:

9. In the comments section below enter:

Estimated hours of service to be provided:
Frequency of training _____ times per_____
Session length: _____
Comments:

Instructor Name: _____
Hours: _____

VRT Baseline Level 2

Instructions: Skills must be evaluated and demonstrated by the participant in all level areas. Enter the numeric code from the Outcome Key to indicate the status for each of the guideline objectives. Provide comments regarding the participant's abilities and/or level of need in each area.

Baseline Level 2 Guidelines

Outcome Code Date

1. Participant demonstrates the ability to manage the following Self-Care skills independently:
   a. Manage medications for self
   b. Monitor basic health needs (weight, temperature, blood pressure, glucose monitoring)
   c. Maintaining clothing (laundering, folding, ironing, mending, complex sewing)

   Comments:

2. Participant demonstrates the ability to manage the following Communication skills independently:
   a. Use of basic functions on computer or tablet to access email, internet searches
   b. Use a qwerty keyboard to accurately type up to 10 wpm
   c. Write and read grade one Braille

   Comments:

3. Participant demonstrates the ability to manage the following home management skills independently:
   a. Utilize adaptive cleaning techniques throughout residence (dishes, countertops, bathroom cleaning)
   b. Use of tools for minor household repairs

   Comments:

4. Participant demonstrates the ability to manage the following Meal Planning and Preparation skills independently:
   a. Access recipes/package directions
   b. Complex cold food preparation (measuring, slicing, chopping, spreading)
   c. Cook with stovetop and oven
   d. Use of small kitchen appliances
   e. Time and test doneness of food

   Comments:

5. Participant demonstrates the ability to manage the following Financial skills independently:
   a. Create a personal budget
   b. Organize bills and track payments
   c. Balance checkbook
   Comments:

6. Participant had input into the establishment of the goals.
   a. Yes
   b. No
   Comments:

7. In the comments section below enter:

Estimated hours of service to be provided:
Frequency of training _____ times per_____
Session length:
Comments:

Instructor Name: _____
Hours: _____

VRT Baseline Level 3

Instructions: Skills must be evaluated and demonstrated by the participant in all level areas. Enter the numeric code from the Outcome Key to indicate the status of for each of the guideline objectives. Provide comments regarding the participant's abilities and/or level of need in each area.

Baseline Level 3 Guidelines

Outcome Code Date

1. Participant demonstrates the ability to manage the following Self and Family Care skills independently:
   a. Prepares formula and/or other special dietary meals
   b. Feed infant, disabled child, adult
   c. Diapering
   d. Bath, dress and groom child or adult
   e. Manage medical needs of family (self is covered in prior goal)
   f. Manage safety needs of self and family
   g. Provide homework help
   Comments:

2. Participant demonstrates the ability to manage the following Communication skills independently:
   a. Begin Contracted Braille (Grade 2)
   b. Use a qwerty keyboard to accurately type up to 20wpm
   c. Use telephone and/or computer for business communication
   d. Use smartphone/tablet for email, texting and creating/maintaining contacts
   e. Use smartphone/tablet for notetaking, recording instructions/lectures
   Comments:

3. Participant demonstrates the ability to manage the following Organizational skills independently:
   a. Create and maintain a system for all aspects of financial management including ATM, mobile banking
   b. Use smartphone/tablet for scheduling tasks, appointments and reminders
   c. Use smartphone/tablet applications for identification purposes
   Comments:

4. Participant demonstrates the ability to manage the following Meal Planning and Preparation skills independently:
   a. Use of apps for accessing recipes, food information, identification of color, money, labeled products, etc.
   b. Adjusting recipes/portioning
   c. Establish and maintain a system for food storage and labeling

Comments:

5. Participant demonstrates the ability to manage the following Pre-occupational/Worksite skills independently:
   a. Create and maintain a system for following an establish schedule
   b. Create and maintain a system for planning and organizing tasks
   c. Label equipment/files
   d. Utilize accommodations/equipment
   e. Select and prepare clothing for an employment interview
   f. Create and maintain an appropriate work wardrobe
   g. Use of apps for work-related tasks

   Comments:

6. Participant had input into the establishment of the goals.
   a. Yes
   b. No

   Comments:

7. In the comments section below enter:

   Estimated hours of service to be provided:
   Frequency of training _____ times per_____
   Session length:
   Comments:

8. Indicate the date that the meeting was held with the participant and the NYSCB referring counselor: __/__/____

Summarize the meeting, indicate changes in goals and/or the intensity and frequency of training in the space provided below:
Comments:

Instructor Name: _____
Hours: _____

New York State Office of Children and Family Services
Commission for the Blind

VRT Level 1 Report

Authorization No.

Part I.

Instructions: Complete this section using identifying information from Section I of the Initial Authorization

Participant Name:	Case No.
Counselor:	NYSCB D.O.

Service Outcome		
Agency Determination	Accepted/Rejected	Outcome Achieved/ Outcome Not Achieved
NYSCB Counselor Determination	Successful Outcome/ Unsuccessful	
Service Period	From	To
Total Hour Units Rendered		

Agency Name: _____

Agency Signature: _____ Date: _____

Attachments:
Attachment Notes

Part II.

OUTCOME KEY

1 – Goal Achieved
2 – Goal Not Achieved
3 – Goal Eliminated/Withdrawn
4 – Progress Made

VRT Level 1

Instructions: Enter the numeric code from the Outcome Key to indicate the status of training for each of the guideline objectives. Training must be provided in all areas identified during the baseline evaluation unless the objective is eliminated or withdrawn. Provide comments on the participant's progress toward the achievement of each objective. If additional needs are identified during training, provide comments in the appropriate guideline section(s).

VRT Level 1 Guidelines

Outcome Code Date

1. Participant demonstrates the ability to manage the following Self Care skills:
   a. Bathing, showering
   b. Dental care, hair care, use of antiperspirants, scents
   c. Select clothing
   d. Dressing
   e. Manage basic healthcare needs (bandages, OTC medications)
   f. Identify/differentiate medications
   Comments:

2. Participant demonstrates the ability to manage the following Communication skills independently:
   a. Sign documents
   b. Make and receive phone calls on a land line
   c Access and record calendar for dates and appointments
   d. Tell time
   e. Use of basic electronics such as a music player, TV remote.
   f. Access and identify personal items
   g. Locate and differentiate positions of dots in the Braille cell
   Comments:

3. Participant demonstrates the ability to manage the following home management skills independently:
   a. Use outlets, change batteries, use keys
   b. Utilize adaptive techniques for basic cleaning tasks (countertops, tables, sinks, spills)
   c. Set home appliances accurately (dishwasher, washer/dryer, thermostat)
   Comments:

4. Participant demonstrates the ability to manage the following Eating skills independently:

a. Locate items on table, plate
b. Demonstrate appropriate eating skills
c. Cut food
Comments:

5. Participant demonstrates the ability to manage the following Meal Planning and Preparation skills independently:
   a. Set cooking appliances accurately (microwave, stove, oven)
   b. Use of microwave and/or toaster oven
   c. Prepare hot or cold snack
   d. Prepare hot or cold beverage
   e. Pour safely and accurately
   Comments:

6. Participant demonstrates the ability to manage the following Financial skills independently:
   a. Identify bills and coins
   b. Writing checks
   c. Use a calculator
   Comments:

7. Other: Enter any additional skills taught during VRT Level 1.
   Comments:

8. Identify equipment purchased in support of these goals (enter information in the comments section below or attach a typed list to this report).
   Comments:

Instructor Name: _____
Hours: _____

New York State Office of Children and Family Services
Commission for the Blind

VRT Level 2 Report

Authorization No.

Part I.

Instructions: Complete this section using identifying information from Section I of the Initial Authorization

Participant Name:	Case No.
Counselor:	NYSCB D.O.

Service Outcome		
Agency Determination	Accepted/Rejected	Outcome Achieved/ Outcome Not Achieved
NYSCB Counselor Determination	Successful Outcome/ Unsuccessful	
Service Period	From	To
Total Hour Units Rendered		

Agency Name: _____

Agency Signature: _____ Date: _____

Attachments:
Attachment Notes

Part II.

OUTCOME KEY

1 – Goal Achieved
2 – Goal Not Achieved
3 – Goal Eliminated/Withdrawn
4 – Progress Made

VRT Level 2

Instructions: Enter the numeric code from the Outcome Key to indicate the status of training for each of the guideline objectives. Training must be provided in all areas identified during the baseline evaluation unless the objective is eliminated or withdrawn. Training will also include a review of the goals previously met and reinstruction should occur when required. Skills learned in previous level should be integrated into this level's training program. Provide comments on the participant's progress toward the achievement of each objective. If additional needs are identified during training, provide comments in the appropriate guideline section(s).

VRT Level 2 Guidelines

Outcome Code Date

1. Participant demonstrates the ability to manage the following Self-Care skills independently:
   a. Manage medications for self
   b. Monitor basic health needs (weight, temperature, blood pressure, glucose monitoring)
   c. Maintain clothing (laundering, folding, ironing, mending, complex sewing)

   Comments:

2. Participant demonstrates the ability to manage the following Communication skills independently:
   a. Use basic functions on computer or tablet to access email, internet searches
   b. Use a qwerty keyboard to accurately type up to 10 wpm
   c. Write and read grade one Braille

   Comments:

3. Participant demonstrates the ability to manage the following home management skills independently:
   a. Utilize adaptive cleaning techniques throughout residence (dishes, countertops, bathroom cleaning)
   b. Use of tools for minor household repairs

   Comments:

4. Participant demonstrates the ability to manage the following Meal Planning and Preparation skills independently:
   a. Access recipes/package directions
   b. Complex cold food preparation (measuring, slicing, chopping, spreading)
   c. Cook with stovetop and oven
   d. Use of small kitchen appliances

e. Time and test doneness of food
Comments:

5. Participant demonstrates the ability to manage the following Financial skills independently:
   a. Create a personal budget
   b. Organize bills and track payments
   c. Balancing checkbook
   Comments:

6. Other – Enter any additional skills taught during VRT Level 2
   Comments:

7. Identify equipment purchased in support of these goals (enter information in the comments section below or attach a typed list to this report).
   Comments:

Instructor Name: _____
Hours: _____

New York State Office of Children and Family Services
Commission for the Blind

VRT Level 3 Report

Authorization No.

Part I.

Instructions: Complete this section using identifying information from Section I of the Initial Authorization

Participant Name:	Case No.
Counselor:	NYSCB D.O.

Service Outcome		
Agency Determination	Accepted/Rejected	Outcome Achieved/ Outcome Not Achieved
NYSCB Counselor Determination	Successful Outcome/ Unsuccessful	
Service Period	From	To
Total Hour Units Rendered		

Agency Name: _____

Agency Signature: _____ Date: _____

Attachments:
Attachment Notes

Part II.

Outcome Key
1 – Goal Achieved
2 – Goal Not Achieved
3 – Goal Eliminated/Withdrawn
4 – Progress Made

VRT Level 3

Instructions: Enter the numeric code from the Outcome Key to indicate the status of training for each of the guideline objectives. Training must be provided in all areas identified during the baseline evaluation unless the objective is eliminated or withdrawn. Training will also include a review of the goals previously met and reinstruction should occur when required. Skills learned in previous level(s) should be integrated into this level's training program. Prior to the conclusion of training, all skills in all levels should be reviewed and reinstruction should occur when required. Provide comments on the participant's progress toward the achievement of each objective. If additional needs are identified during training, provide comments in the appropriate guideline section(s).

VRT Level 3 Guidelines

Outcome Code Date

1. Participant demonstrates the ability to manage the following Self and Family Care skills independently:
   a. Prepare formula and/or other special dietary meals
   b. Feed infant, disabled child, adult
   c. Diapering
   d. Bath, dress and groom child or adult
   e. Manage medical needs of family (self is covered in prior goal)
   f. Manage safety needs of self and family
   g. Provide homework help

   Comments:

2. Participant demonstrates the ability to manage the following Communication skills independently:
   a. Begin Contracted Braille (Grade 2)
   b. Use a qwerty keyboard to accurately type up to 20 wpm
   c. Use telephone and/or computer for business communication
   d. Use smartphone/tablet for email, texting and creating/maintaining contacts
   e. Use of smartphone/tablet for notetaking, recording instructions/lectures

   Comments:

3. Participant demonstrates the ability to manage the following Organizational skills independently:
   a. Establish and maintain a system for all aspects of financial management including ATM, mobile banking
   b. Use smartphone/tablet for scheduling tasks, appointments and reminders
   c. Use smartphone/tablet applications for identification purposes

   Comments:

4. Participant demonstrates the ability to manage the following Meal Planning and Preparation skills independently:
   a. Use of apps for accessing recipes, food information, identification of color, money, labeled products, etc.
   b. Adjusting recipes/portioning
   c. Establish and maintain a system for food storage and labeling
   Comments:

5. Participant demonstrates the ability to manage the following pre-occupational/worksite skills independently:
   a. Establish and maintain a system for following an established schedule
   b. Establish and maintain a system for planning and organizing tasks
   c. Label equipment/files
   d. Utilize accommodations/equipment
   e. Select and prepare clothing for an employment interview
   f. Establish and maintain an appropriate work wardrobe
   g. Use of apps for work-related tasks
   Comments:

6. Other – Enter any additional skills taught during VRT Level 3.
   Comments:

7. Identify equipment purchased in support of these goals (enter information in the comments section below or attach a typed list to this report).
   Comments:

Instructor Name: _____
Hours: _____

New York State Office of Children and Family Services
Commission for the Blind

Social Casework - Baseline Report

Authorization No.

Part I.

Instructions: Complete this section using identifying information from Section I of the Initial Authorization

Participant Name:	Case No.
Counselor:	NYSCB D.O.

Service Outcome		
Agency Determination	Accepted/Rejected	Outcome Achieved/ Outcome Not Achieved
NYSCB Counselor Determination	Successful Outcome/ Unsuccessful	
Service Period	From	To
Total Hour Units Rendered		

Agency Name: _____

Agency Signature: _____ Date: _____

Attachments:
Attachment Notes

Part II.

OUTCOME KEY

1 – Training Needed/Goal Set
2 – Training Needed/Training Declined
3 – No Training Needed

Social Casework - Baseline Report

Instructions: Skills must be evaluated in all areas. Enter the numeric code from the Outcome Key to indicate the status of the baseline evaluation for each of the guideline objectives. Provide comments regarding the participant's abilities and/or level of need in each area.

Social Casework - Baseline Guidelines

Outcome Code Date

1. What entitlements/benefits does the participant have? Do they have the resources to manage financial obligations (SNAP, SSI, etc.)?
   Comments:

2. Participant understands and is able to comply with prescribed medications/ treatment. Provide detailed medical/ psychiatric history. Include disabilities that participant is dealing with (diabetes, hypertension, etc.)
   Comments:

3. Participant can identify, establish and maintain social supports with appropriate interpersonal skills and boundaries. Describe family and other social supports.
   Comments:

4. Participant understands self-advocacy and can express ideas and needs.
   Comments:

5. Participant employs appropriate coping mechanisms in dealing with vision loss and concurrent disabilities. Describe the participant's coping skills with vision loss including issues with impulse control, judgment, insight. What successful coping mechanisms has the participant used in the past? What challenges remain?
   Comments:

6. Participant can identify barriers that affect work readiness. Other barriers include social, economic and behavioral, medical, physical, psychiatric and transportation.
   Comments:

7. Recommendations for other interventions/treatment. Participant and social worker will work towards identifying on-going therapeutic interventions for long term care.
   Comments:

8. Social Casework Level 2 is/is not recommended (enter response in the comment section below).
   Comments:

9. Participant had input into the establishment of the goals.
   Comments:

10. In the comments section below enter:
    Frequency of session: ____ times per ___
    Session length:

11. Indicate the date that the meeting was held with the participant and the NYSCB referring counselor: __/__/____

    Summarize the meeting, indicate changes in goals and/or of the intensity and frequency of training in the space provided below:
    Comments:

Instructor Name: _____
Hours: _____

New York State Office of Children and Family Services
Commission for the Blind

Social Casework Level 1 Report

Authorization No.

Part I.

Instructions: Complete this section using identifying information from Section I of the Initial Authorization

Participant Name:	Case No.
Counselor:	NYSCB D.O.

Service Outcome		
Agency Determination	Accepted/Rejected	Outcome Achieved/ Outcome Not Achieved
NYSCB Counselor Determination	Successful Outcome/ Unsuccessful	
Service Period	From	To
Total Hour Units Rendered		

Agency Name: _____

Agency Signature: _____ Date: _____

Attachments:
Attachment Notes

Part II.

OUTCOME KEY

1 – Goal Achieved
2 – Goal Not Achieved
3 – Goal Eliminated/Withdrawn
4 – Progress Made

Social Casework Level 1 Report

Instructions: Services must address the needs identified during the baseline evaluation. Enter the numeric code from the Outcome Key to indicate the status of the services for each of the guideline objectives. Provide comments on the participant's progress toward the achievement of each objective.

Social Casework Level 1 Guidelines

Outcome Code Date

Brief Psycho-Social summary of participant

1. What entitlements/benefits does the participant have? Do they have the resources to manage financial obligations? (SNAP, SSI, Etc.)
   Comments:

2. Participant understands and is able to comply with prescribed medications/treatment. Provide detailed medical/ psychiatric history. Include disabilities that participant is dealing with (diabetes, hypertension, etc.)
   Comments:

3. Participant can identify, establish and maintain social supports with appropriate interpersonal skills and boundaries. Describe family and other social supports.
   Comments:

4. Participant understands self-advocacy and can express ideas and needs.
   Comments:

5. Participant employs appropriate coping mechanisms in dealing with vision loss and concurrent disabilities. Describe participant's coping skills with vision loss including issues with impulse control, judgment, insight. What successful coping mechanisms has the participant used in the past? What challenges remain?
   Comments:

6. Participant can identify behaviors that affect work readiness. Other barriers include social, economic and behavioral, medical, physical, psychiatric and transportation.
   Comments:

7. Recommendations for other interventions/treatment. Participant and social worker will work towards identifying on-going therapeutic interventions for long term care.
   Comments:

8. Other - Enter any additional areas addressed during SCW Level 1.
   Comments:

9. Social Casework Level 2 is/is not recommended (enter response in the comment section below.)
   Comments:

Instructor Name: _____
Hours: _____

New York State Office of Children and Family Services
Commission for the Blind

Social Casework Level 2 Report

Authorization No.

Part I.

Participant Name:	Case No.
Counselor:	NYSCB D.O.

Service Outcome		
Agency Determination	Accepted/Rejected	Outcome Achieved/ Outcome Not Achieved
NYSCB Counselor Determination	Successful Outcome/ Unsuccessful	
Service Period	From	To
Total Hour Units Rendered		

Agency Name: _____

Agency Signature: _____ Date: _____

Attachments:
Attachment Notes

Part II.

OUTCOME KEY

1 – Goal Achieved
2 – Goal Not Achieved
3 – Goal Eliminated/Withdrawn
4 – Progress Made

Social Casework Level 2 Report

Instructions: Enter the numeric code from Key to indicate status of objective. Summarize the work done in the sessions, the result of the intervention and recommendations for transition to long-term community based services if needed.

Social Casework Level 2 Guidelines

Outcome Code Date

1. Summarize the work done in the sessions, the result of the intervention, and recommendations for transition to long-term community-based services if needed.
   Comments:

Instructor Name: _____
Hours: _____

New York State Office of Children and Family Services
Commission for the Blind

Pre-Vocational Skills - Baseline Report

Authorization No.

Part I.

Instructions: Complete this section using identifying information from Section I of the Initial Authorization

Participant Name:	Case No.
Counselor:	NYSCB D.O.

Service Outcome		
Agency Determination	Accepted/Rejected	Outcome Achieved/ Outcome Not Achieved
NYSCB Counselor Determination	Successful Outcome/ Unsuccessful	
Service Period	From	To
Total Hour Units Rendered		

Agency Name: _____

Agency Signature: _____ Date: _____

Attachments:
Attachment Notes

Part II.

OUTCOME KEY

1 – Training Needed/Goal Set
2 – Training Needed/Training Declined
3 – No Training Needed

Instructions: Skills must be evaluated in all areas. Enter the numeric code from the Outcome Key to indicate the status for each of the guideline objectives. Provide comments regarding the participant's abilities and/or level of need in each area.

Baseline Guidelines

Outcome Code Date

1. Has the student/youth received pre-vocational training in the past? (If yes, where and when and what did they think about the training?)
   Comments:

2. Are the student's/youth's self-care skills adequate? Do they have appropriate eating skills? Are hygiene and grooming skills sufficient? Can they prepare a simple cold sandwich or re-heatable lunch?
   Comments:

3. Does the student/youth have any travel skills? Can they independently use public transportation or travel in their community or around their school?
   Comments:

4. Can the student/youth describe their visual impairment and any other disabilities as well as functional implications (e.g., tires easily if physical labor is required, works best in good lighting, etc.)
   Comments:

5. Are the student's/youth's interpersonal skills adequate? Do they demonstrate the use of acceptable language in different social situations? Can they listen and respond at the right time? Does the student/youth require intense group or individual counseling?
   Comments:

6. Does the student/youth possess basic communication skills necessary for schoolwork, including note taking, time management, information retrieval? Have they had any experience in banking and budgeting money? How does the student/youth take notes and complete homework assignments?
   Comments:

7. Is the student/youth computer literate? Have the student/youth describe computer skills including typing skills and adaptations used. Can they use a word processing program? Can they e-mail for personal use? Can they search the internet for personal use?
   Comments:

8. Does the student/youth have vocational goals? If they do have a goal, are they taking any steps to achieve the goal (volunteering, taking courses in school, etc.)? If they have no goal, what types of activities do they think could assist them to further define their goals?
   Comments:

9. Does the student/youth know how to obtain vocational information? Have they ever been exposed to adults who are visually impaired? Can they answer the following questions: What job would you like to pursue? Where would you work? What skills or knowledge would you need? What adaptive equipment would you need to perform the job?
   Comments:

10. Does the student/youth have any knowledge of job seeking skills and/or career interest inventories and assessments? Ask the student/youth the process and steps they would take to find a job. Have they ever conducted research or gotten information about various employers or companies?
    Comments:

11. Has the student/youth ever earned money? Have they had "jobs" at home? Did they find their own job or get assistance from school, family members or a private agency for the blind?
    Comments:

12. Does the student/youth have knowledge of job appropriate behaviors? Are they aware of the importance of good attendance, punctuality, working cooperatively, following instructions?
    Comments:

13. Does the student/youth know the purpose of a resume? Do they have personal information needed for completing a resume? Do they have a final copy of a resume and have it saved for future changes (if appropriate)? Do they understand the purpose of job applications? Have they ever participated in a mock interview?
    Comments:

14. If the student/youth is under 18, parent or guardian must answer this question: Does the student have any medical or physical conditions?
    Comments:

15. Are the student's/youth's parents or guardian supportive of the pre-vocational program and their eventual employment? Do they allow the student/youth to travel? Independently?
Comments:

16. When is the student/youth available for training? After school? Saturdays or Sundays? School vacations? Summer?
Comments:

17. Does the student/youth want to work this year? Add comment if the student/youth has an area of interest where they would like to work or what they would like to do.
Comments:

18. Student/youth had input into the establishment of pre-vocational training goals.
Comments:

19. Based on the above information, a pre-vocational program is NOT recommended for the student/youth at this time (must provide an explanation in the comment section).
Comments:

20. Based on the above information, this student/youth should be referred for a pre-vocational program that includes the following milestones. Identify the recommended milestones in the comment section below:

    Milestone A: "Getting Started"
    Milestone B: "Continued Career Exploration"
    Milestone C: "Moving Towards Mastery"
    Comments:

21. Indicate the date that the baseline evaluation meeting occurred with the participant and the referring counselor: __/__/____

    Summarize the meeting, indicate changes in goals and/or of the intensity and frequency of training in the space provided below:
    Comments:

Instructor Name: _____
Hours: _____

New York State Office of Children and Family Services
Commission for the Blind

Pre-Vocational Skills Training Report

Authorization No.

Part I.

Instructions: Complete this section using identifying information from Section I of the Initial Authorization

Participant Name:	Case No.
Counselor:	NYSCB D.O.

Service Outcome		
Agency Determination	Accepted/Rejected	Outcome Achieved/ Outcome Not Achieved
NYSCB Counselor Determination	Successful Outcome/ Unsuccessful	
Service Period	From	To
Total Hour Units Rendered		

Agency Name: _____

Agency Signature: _____ Date: _____

Attachments:
Attachment Notes

Part II.

OUTCOME KEY

1 – Goal Achieved
2 – Goal Not Achieved
3 – Goal Eliminated/Withdrawn
4 – Progress Made

Milestone A – Getting Started

Instructions: Enter the numeric code from the Outcome Key to indicate the status of training for each of the guideline objectives. Training must be provided in all areas identified in the baseline evaluation unless the objective is eliminated or withdrawn. Provide comments on the participant's progress toward the achievement of each objective.

Milestone A Guidelines

Outcome Code Date

1. Ability to use appropriate procedures to access community resources and services specifically designed for individuals with visual impairments

   - Knows own personal needs and accommodations needed in relation to vision and asks for adult assistance when necessary
   - Spends time with friends in the neighborhood, in homes and in recreational facilities or has been involved in a NYSCB socialization skills program
   - Visits school and community libraries and uses these facilities for pleasure and to complete school assignments
   - Explains visual needs to unfamiliar adults or peers
   - Shows ability to work with others

   Comments:

2. Ability to manage daily living skills using functional low vision and blindness techniques:
   - Can prepare a simple meal for himself/herself (e.g., sandwich, soup and beverage for lunch)
   - Knows how to use an alarm clock and understands the value of punctuality (takes responsibility for arriving at and leaving places on time)
   - Completes a few basic household chores (e.g., clearing dishes, making a bed)
   - Has a system and can identify coin and paper currency
   - Has had preliminary mobility services and additional training if needed

   Comments:

3. Ability to use technology:
   - Is aware of the technology used in school and/or accommodations needed to complete tasks
   - Has regular access to a computer/tablet either at home or at school
   - Uses a land line or cell phone
   - Has basic keyboarding skills

   Comments:

4. Ability to develop the skills and acquire the necessary training that would facilitate job entry, independent living and other life pursuits:
   - Takes notes and "reads" own class notes.
   - Earns money through an allowance, chores around the home or jobs for neighbors or other adults
   - Actively participates in a group activity
   - Is working to develop assertiveness skills and self-advocacy skills
   - Identifies activities at which they are successful
   - Can discuss what family members and adult friends do at their jobs
   - Begins learning about different career opportunities and career interest inventories to understand their strengths, weaknesses and interests
   - Identifies several jobs which interest them and learns about these jobs through talking with adults, reading books and online
   - Participates in a volunteer position or job shadow experience
   - Has a basic understanding of the vocational rehabilitation process. (What is a feasible vocational goal? What responsibilities do individuals have in the vocational rehabilitation process?)

   Comments:

5. Possible activities:
   - Have the students interview workers in a store
   - Encourage job shadowing at various jobs
   - Provide opportunities for independent problem solving
   - Have activities that encourage participants to read and follow directions
   - Tour an adaptive technology center with students to discover what types of technology are available
   - Have the students discuss their disability and the accommodations they use/need
   - Have the student's access and use Career Connect maintained by the American Foundation for the Blind (AFB) and/or Career Zone.
   - Complete career interest inventories and career assessments
   - As a group, prepare and serve lunch

   Comments:

Instructor Name: _____
Hours: _____

Milestone B – Continued Career Exploration

Instructions: Enter the numeric code from the Outcome Key to indicate the status of training for each of the guideline objectives. Training must be provided in all areas identified in the baseline evaluation unless the objective is eliminated or withdrawn. Provide comments on the participant's progress toward the achievement of each objective.

Milestone B Guidelines

Outcome Code Date

1. Ability to use appropriate procedures to access community resources and services specifically designed for individuals with visual impairments:
   - Can work through peer conflicts and manage the stress of being a teenager
   - Effectively communicates individual needs and accommodations used /self-advocacy
   - Understands the need for photo identification
   - Obtains working papers

   Comments:

2. Ability to manage daily living skills using functional low vision and blindness techniques (taking care of oneself and one's possessions):
   - Can draw up a beginning budget
   - Has a bank account for savings and can make deposits and withdrawals
   - Understands transportation that is available to travel independently
   - Understands the importance of making eye contact
   - Can listen and to respond at the right time

   Comments:

3. Ability to use technology:
   - Has knowledge of the technology that is individually used and the reason why it is used (can explain their disability)
   - Demonstrates the ability to navigate the internet
   - Can conduct online research when given a specific task

   Comments:

4. Ability to develop the skills and acquire the necessary training that would facilitate job entry, independent living and other life pursuits
   - Knows how to complete applications and the beginning stages of developing a resume or portfolio
   - Continues with career exploration via job shadowing, mentors, worker interviews, etc., and possible work experiences

- Completes career assessments and can identify interests, values and personal qualities
- Participates in mock interviews
- Conducts research/obtains information about employers/companies
- Understands and can demonstrate appropriate interview behavior/work attire
- Knows how to ask questions and properly request adaptations that they need to do the job
- Understands the importance of being responsible, dependable (arriving on-time and taking the appropriate length of time for lunches/breaks)
- Prepares an initial resume
- Knows how to complete applications
- Has practiced interview techniques (arriving early, shaking hands, making eye contact, etc.)
- Practices writing cover letters, thank you notes

Comments:

5. Ability to understand career and post-secondary options and requirements
   - Understands the wide range of career pathways available
   - Understands the concepts of regional labor market realities and projections
   - Knows how to access supports and services after leaving secondary school
   - Understands the different types of financial support services for post-secondary options
   - Has knowledge of the application/enrollment process
   - Has knowledge about the types of academic and occupational training needed to succeed in the workplace
   - Has basic knowledge of Career Centers and understands how to access them

Possible Activities/Discussion Topics:

- How do the students and youth plan to access information and express/provide Information after they leave high school/when they are at work?
- Are there gaps?
- Are they proficient in note taking?
- Money skills?
- Are the parents on board?
- Is there a need for a parent orientation night?
- Encourage use of Career Connect and Career Zone
- Obtain picture identification cards at motor vehicle bureau
- Discuss debit and credit cards and making purchases without cash

- Discuss on-line grocery services
- Participate in job shadow opportunities
- Have the youth practice asking for assistance in stores
- Have the student/youth look at applications for post-secondary options
- Have the student/youth participate in mock interviews and write “thank you” notes

Comments:

Instructor Name: _____
Hours: _____

Milestone C – "Moving Toward Mastery"

Instructions: Enter the numeric code from the Outcome Key to indicate the status of training for each of the guideline objectives. Training must be provided in all areas identified in the baseline evaluation unless the objective is eliminated or withdrawn. Provide comments on the participant's progress toward the achievement of each objective.

Milestone C Guidelines

Outcome Code Date

1. Ability to use appropriate procedures to access community resources and services specifically designed for individuals with visual impairments:
   - Demonstrates a proactive approach in researching, obtaining and maintaining community linkages, resources and benefits

   Comments:

2. Ability to manage daily living skills using functional low vision and blindness techniques (taking care of oneself and one's possessions):
   - Can prepare a simple meal
   - Can do own laundry
   - Travels independently, can access areas of need including medical facilities, grocery store, library and other places of interest

   Comments:

3. Ability to use basic technology:
   - Has knowledge of the technology that is individually used and the reason why it is used (can explain their disability)
   - Uses appropriate technology to complete school work

   Comments:

4. Ability to develop the skills and acquire the necessary training that would facilitate job entry, independent living and other life pursuits:
   - Demonstrates independent travel skills; begins to anticipate post high school travel routes.
   - Has knowledge of the job searching process and resources available to assist them
   - Understand the value of cover letters and thank you notes
   - Demonstrates job-seeking skills by attempting to find one's own job or work experience
   - Completes a resume
   - Writes a paragraph or essay explaining their future goals
   - Demonstrates ability to problem solve
   - Sets up and completes a minimum of 2 informational interviews

- Knows what type of transportation best fits their needs and practices (para-transit, public transportation)
- Has well developed organization skills (for managing information and resources at school or work)
- Personal papers/files
- Labeling and locating personal items
- Keeping an appointment calendar and or activity schedule
- Has demonstrated basic soft work skills during work and volunteer experiences

Comments:

5. Ability to understand career and post-secondary options and requirements
   - Understands the wide range of career pathways available
   - Understands the concepts of regional labor market realities and projections
   - Knows how to access supports and services after leaving secondary school
   - Knows how to complete applications for FAFSA and other financial resources
   - Has knowledge of the application/enrollment process
   - Has knowledge about the types of academic and occupational training needed to succeed in the workplace
   - Has basic knowledge of Career Centers and understands how to access them

   Comments:

Possible Activities:

- Create a list of references/resources that the participant can use in the future to advocate for themselves
- Encourage student/youth to write/edit their own IPE
- Practice interviewing/role playing
- Visit a local college and discuss college requirements
- Encourage student/youth to find their own work experience
- Visit a career center and learn about employment options and supports offered
- Completes a career portfolio (including a vocational evaluation if applicable, summary of all previous work experiences, an outline of goals for after high school graduation including career goals and the steps that are needed to reach the goals).

Comments:

Instructor Name: _____
Hours: _____

New York State Office of Children and Family Services
Commission for the Blind

Academic Instruction - Baseline (ESL) Report

Authorization No.

Part I.

Instructions: Complete this section using identifying information from Section I of the Initial Authorization

Participant Name:	Case No.
Counselor:	NYSCB D.O.

Service Outcome		
Agency Determination	Accepted/Rejected	Outcome Achieved/ Outcome Not Achieved
NYSCB Counselor Determination	Successful Outcome/ Unsuccessful	
Service Period	From	To
Total Hour Units Rendered		

Agency Name: _____

Agency Signature: _____ Date: _____

Attachments:
Attachment Notes

Part II.

OUTCOME KEY

1 - LEVEL 1 (Poor to No Understanding)
2 - LEVEL 2 (Beginning Conversational Skills)
3 - LEVEL 3 (Intermediate Conversational Skills)
4 - LEVEL 4+ (See Comments)
5 - See Comments
6 - N/A

Academic Instruction – Baseline (ESL)

Instructions: Enter numeric code from Key to indicate status of goal. Provide any required explanation in the Comments section.

Outcome Code Date

1. English as a Second Language
   Student's current level: (See below)
   Comments:

2. Student's stated goal
   Comments:

3. Approximate Length of Time to Reach Goal
   Comments:

LEVEL 1 - student would be designated at Level 1 if during the evaluation they demonstrated poor to no understanding by inappropriate responses to oral questioning as well as only being able to communicate in their native language. Training involves basic conversation as it pertains to survival skills, e.g. telling time, travel (bus, subway), and food shopping. The basic grammar of simple present and past tenses is covered. Basic reading and writing skills are covered, e.g., alphabet, numbers, phone numbers, addresses and simple survival words.

LEVEL 2 - student would be designated at this level if during the baseline evaluation they were able to demonstrate beginning conversational skills and by responding appropriately to some of the oral questions. In addition, they demonstrate some basic English reading and writing skills. Training involves beginning conversational skills. Grammar covers tenses, complete sentence structure, spelling, reading and writing. Appropriate Level 1 skills are reinforced as well.

LEVEL 3 - student would be designated at this level if during the baseline evaluation they were able to demonstrate intermediate conversational skills and by responding appropriately to many of the oral questions. Likewise, they demonstrate some English reading and writing skills. Training covers intermediate conversational skills, guided paragraph writing, answering questions, and general letter writing involving survival skills like job applications. Appropriate Level 2 skills are reinforced as well.

(NOTE: Participants who function above Level 3 should be evaluated using an established tool. The instructor can determine the appropriate tool. Some useful tools

are: The Gates MacGinitie Reading Test, Wide Range Assessment Test (WRAT), and the Tests of Adult Basic Education (TABE).

The tool should cover listening, oral, reading and writing skills, and when possible be administered in the student's preferred language. The instructor must document the evaluation tool used for the baseline report as well as indicate the measurement of progress towards the outcome for that assessment tool in the comments section below,

Instructor Name: _____
Hours: _____

New York State Office of Children and Family Services
Commission for the Blind

Academic Instruction - Baseline (ABE/HSE) Report

Authorization No.

Part I.

Instructions: Complete this section using identifying information from Section I of the Initial Authorization

Participant Name:	Case No.
Counselor:	NYSCB D.O.

Service Outcome		
Agency Determination	Accepted/Rejected	Outcome Achieved/ Outcome Not Achieved
NYSCB Counselor Determination	Successful Outcome/ Unsuccessful	
Service Period	From	To
Total Hour Units Rendered		

Agency Name: _____

Agency Signature: _____ Date: _____

Attachments:
Attachment Notes

Part II.
OUTCOME KEY

1 – L (5/6 = N/A, 7/8 = 0.0-1.9)
2 – E (5/6 = 2.6-4.9, 7/8 = 1.6-3.9)
3 - M (5/6 = 4.6-6.9, 7/8 = 3.6-6.9)
4 - D (5/6 = 6.6-8.9, 7/8 = 6.6-8.9)
5 - A (5/6 = 8.6-12.9, 7/8 = 8.6-12.9)
6 - TABE Score (See Comments)
8 – High School Equivalency Score (See Comments)
9 - Score Not Available
10 - See Comments
11 - N/A

Academic Instruction – Baseline (ABE/HSE)

Instructions: Enter numeric code from Key to indicate status of goal. Provide any required explanation in the Comments section.

Outcome Code Date

1. Adult Basic Education or High School Equivalency
   Current levels (based on TABE)

   a. Total READING Score
   b. Total MATHEMATICS Score
   c. Total LANGUAGE Score
   d. Total BATTERY Score
   e. Projected High School Equivalency Score

   NOTE: Scores should be listed as a grade level. The above scores can be derived from administering the Tests of Adult Basic Education (TABE) and combining content areas to yield a "total score" (i.e., reading vocabulary and reading comprehension, when combined, yield a Total Reading Score). It also assumes that the "TABE Complete Battery" is being administered. (If a test other than the TABE is used or if the Complete Battery is not administered, please indicate in the comments section below along with the name of the alternate test used and the equivalent grade levels and/or points.
   Comments:

2. Student's Stated Academic Goal - Specify whether an overall grade level, competency in a particular area or obtaining a High School Equivalency Diploma.)
   Comments:

3. Approximate Length of Time to Reach Goal
   Comments:

Instructor Name: _____
Hours: _____

New York State Office of Children and Family Services
Commission for the Blind

Academic Instruction - Baseline (College Preparation) Report

Authorization No.

Part I.

Instructions: Complete this section using identifying information from Section I of the Initial Authorization

Participant Name:	Case No.
Counselor:	NYSCB D.O.

Service Outcome		
Agency Determination	Accepted/Rejected	Outcome Achieved/ Outcome Not Achieved
NYSCB Counselor Determination	Successful Outcome/ Unsuccessful	
Service Period	From	To
Total Hour Units Rendered		

Agency Name: _____

Agency Signature: _____ Date: _____

Attachments:
Attachment Notes

Part II.

OUTCOME KEY

1 - Yes
2 - No

Academic Instruction - Baseline (College Preparation)

Instructions: Enter numeric code from Key to indicate status of goal. Provide any required explanation in the Comments section.

Outcome Code Date

1. (For adults returning to school only.)
   Does the Student have at least 10th grade Reading skills?
   Comments:

2. (For adults returning to school only.)
   Does the Student have at least 10th grade Math skills?
   Comments:

3. (For adults returning to school only.)
   Does the student have at least a 10th grade vocabulary?
   Comments:

4. (For recent High School graduates only.)
   Did the student maintain at least a "C" academic average in High School (or numerical equivalent)?
   Comments:

5. Does the student have note-taking skills sufficient to identify, organize and retrieve information?
   Comments:

6. If No, will the College Preparatory Program address these deficits?
   Comments:

7. Does the student have Writing and Spelling skills sufficient to do college level work?
   Comments:

8. If no, will the College Preparatory Program address these deficits?
   Comments:

9. Does the student have Basic Keyboarding skills of at least 20 words per minute?
   Comments:

10. Does the student have Computer skills sufficient to do college level work?
    Comments:

11. If no, will the College Preparatory Program address these deficits?
    Comments:

12. Is the student deficient in any other area that would affect his/her success in college (i.e.: term paper writing skills, library research)? Please identify deficits in comments section.)
    Comments:

13. If yes, will the College Preparatory Program address these deficits?
    (Please identify deficits in comments section.)
    Comments:

Instructor Name: _____
Hours: _____

New York State Office of Children and Family Services
Commission for the Blind

Academic Instruction Report

Authorization No.

Part I.

Instructions: Complete this section using identifying information from Section I of the Initial Authorization

Participant Name:	Case No.
Counselor:	NYSCB D.O.

Service Outcome		
Agency Determination	Accepted/Rejected	Outcome Achieved/ Outcome Not Achieved
NYSCB Counselor Determination	Successful Outcome/ Unsuccessful	
Service Period	From	To
Total Hour Units Rendered		

Agency Name: _____
Agency Signature: _____ Date: _____

Attachments:
Attachment Notes

Part II.

OUTCOME KEY

1 – Achieved
2 – Not achieved

Academic Instruction

Instructions: Enter numeric code from Key to indicate status of goal. Provide any required explanation in the Comments section.

Outcome Code Date

Comments:

Instructor Name: _____
Hours: _____

New York State Office of Children and Family Services
Commission for the Blind

Vocational Skills Training - Baseline Report

Authorization No.

Part I.

Instructions: Complete this section using identifying information from Section I of the Initial Authorization

Participant Name:	Case No.
Counselor:	NYSCB D.O.

Service Outcome		
Agency Determination	Accepted/Rejected	Outcome Achieved/ Outcome Not Achieved
NYSCB Counselor Determination	Successful Outcome/ Unsuccessful	
Service Period	From	To
Total Hour Units Rendered		

Agency Name: _____

Agency Signature: _____ Date: _____

Attachments:
Attachment Notes

Part II.

OUTCOME KEY

1	Yes-The participant can benefit from training
2	No- The participant cannot benefit from training

Vocational Skills Training – Baseline

Instructions: These guidelines are intended to be used solely to evaluate a participant's readiness to enter vocational training leading to employment in clerical/technology related occupations. Enter numeric code from Key to indicate status of goal. Provide any required explanation in the Comments sections. If the vocational skills training is specific to an industry, describe the goals of the training and the skills needed for the participant to become proficient in the job. For these programs, add assessment guidelines below to specify the skills to be evaluated for the job.

Clerical/Tech Related and Other Occupation Guidelines

Outcome Code Date

1. Readiness for Training – Is this participant ready and available to commit to the training program. Knows the hours and length of time of program. Has addressed transportation, childcare and other personal issues. Has an anticipated goal of employment in the area or occupational field of training?
   Comments:
2. Keyboarding Skills – Does this participant type at least 20 words per minute as well as understand the functions and location of keys on a standard computer keyboard?
   Comments:
3. Note taking – Does this participant have note taking skills sufficient to identify, organize and retrieve information? (If yes, please identify method in the comments section).
   Comments:
4. Spelling/Reading – Does this participant have the spelling and reading skills sufficient to be successful in clerical/technology training? (Please state appropriate grade levels in the comments section).
   Comments:
5. Logical Sequencing – Does this participant have the ability to follow instructions containing multiple levels of complexity?
   Comments:
6. If the training is for a specific industry, describe the goals of the training in the comments section.
   Comments:
7. Enter the industry specific skills to be evaluated. Add a new guideline for each specific skill.
   Comments:

Instructor Name: _____
Hours: _____

New York State Office of Children and Family Services
Commission for the Blind

Vocational Skills Training Report

Authorization No.

Part I.

Instructions: Complete this section using identifying information from Section I of the Initial Authorization

Participant Name:	Case No.
Counselor:	NYSCB D.O.

Service Outcome		
Agency Determination	Accepted/Rejected	Outcome Achieved/ Outcome Not Achieved
NYSCB Counselor Determination	Successful Outcome/ Unsuccessful	
Service Period	From	To
Total Hour Units Rendered		

Agency Name: _____

Agency Signature: _____ Date: _____

Attachments:
Attachment Notes

Part II.

OUTCOME KEY

1	Achieved
2	Not Achieved

Vocational Skills Training

Instructions: Enter the numeric code from the Outcome Key to indicate the status of training for each of the guideline objectives. Training must be provided in all areas identified in the baseline evaluation unless the objective is not applicable. Provide comments on the participant's progress toward the achievement of each objective.

Outcome Code Date

Comments:

Instructor Name: _____
Hours: _____

New York State Office of Children and Family Services
Commission for the Blind

Work Readiness Skills - Baseline Report

Authorization No.

Part I.

Instructions: Complete this section using identifying information from Section I of the Initial Authorization

Participant Name:	Case No.
Counselor:	NYSCB D.O.

Service Outcome		
Agency Determination	Accepted/Rejected	Outcome Achieved/ Outcome Not Achieved
NYSCB Counselor Determination	Successful Outcome/ Unsuccessful	
Service Period	From	To
Total Hour Units Rendered		

Agency Name: _____

Agency Signature: _____ Date: _____

Attachments:
Attachment Notes

Part II.

OUTCOME KEY

1	Yes - the participant can benefit from training
2	No - the participant cannot benefit from training

Work Readiness Skills - Baseline

Instructions: These guidelines are intended to be used solely to evaluate a participant's need for work readiness training prior to participating in placement services leading to competitive integrated employment. For each of the areas where the participant can benefit from training, describe the objective to be met through the work readiness training program in the comments section below. In addition, enter a numeric code from the Outcome Key to indicate status of goal.

Communications Guidelines

Outcome Code Date

1. Listening skills
   Comments:

2. Non-verbal communication
   Comments:

3 Disability disclosure
   Comments:

4. Being an effective team member
   Comments:

5. Working effectively with others (conflict resolution)
   Comments:

6. Forms/levels of workplace communication
   Comments:

7. Learning and understanding workplace culture
   Comments:

Instructor Name: _____
Hours: _____

Instructions: These guidelines are intended to be used solely to evaluate a participant's need for work readiness training prior to participating in placement services leading to competitive integrated employment. For each of the areas where the participant can benefit from training, describe the objective to be met through the work readiness training program in the comments section below. In addition, enter a numeric code from the Outcome Key to indicate status of goal.

Personal Management Guidelines

Outcome Code Date

1. Understanding responsibilities as an employee
   Comments:

2. Need for a strong work ethic
   Comments:

3. Balancing work and family life
   Comments:

4. Understanding impact of earnings on benefits; economic empowerment
   Comments:

5. Personal appearance and hygiene
   Comments:

6. Self-concept/motivational skills
   Comments:

7. Conveying a positive attitude
   Comments:

8. Self-advocacy
   Comments:

9. Managing stress
   Comments:

10. Goal setting/ time management
    Comments:

Instructor Name: _____
Hours: _____
Instructions: These guidelines are intended to be used solely to evaluate a participant's need for work readiness training prior to participating in placement services leading to competitive integrated employment. For each of the areas where the participant can benefit from training, describe the objective to be met through the work readiness training program in the comments section below. In addition, enter a numeric code from the Outcome Key to indicate status of goal.

Introduction to Job Seeking Skills Guidelines

Outcome Code Date

1. Presentation- interview skills and disclosure
   Comments:

2. Development of Basic Resume
   Comments:

3. Informational interviews with local hiring managers
   Comments:

4. Introduction to Career Center and local services available
   Comments:

5. Indicate the date that the meeting including the participant and the NYSCB referring counselor was held: __/__/____

Summarize the meeting, indicate changes in goals and/or of the intensity and frequency of training in the space provided below:

Comments

Instructor Name: _____
Hours: _____

New York State Office of Children and Family Services
Commission for the Blind

Work Readiness Skills Training Report

Authorization No.

Part I.

Instructions: Complete this section using identifying information from Section I of the Initial Authorization

Participant Name:	Case No.
Counselor:	NYSCB D.O.

Service Outcome		
Agency Determination	Accepted/Rejected	Outcome Achieved/ Outcome Not Achieved
NYSCB Counselor Determination	Successful Outcome/ Unsuccessful	
Service Period	From	To
Total Hour Units Rendered		

Agency Name: _____

Agency Signature: _____ Date: _____

Attachments:
Attachment Notes

Part II.

OUTCOME KEY

1 – Goal Achieved
2 – Goal Not Achieved
3 – Goal Eliminated/Withdrawn
4 – Progress Made

Work Readiness Skills Training

Instructions: Enter the numeric code from the Outcome Key to indicate the status of training for each of the guideline objectives. Training must be provided in all areas identified in the baseline evaluation unless the objective is eliminated or withdrawn. Training will also include a review of the goals previously met and reinstruction should occur when required. Skills learned in previous level(s) should be integrated into this level's training program. Prior to the conclusion of training, all skills in all levels should be reviewed and reinstruction should occur when required. Provide comments on the participant's progress toward the achievement of each objective. If additional needs are identified during training, provide comments in the appropriate guideline section(s).

Communications Guidelines

Outcome Code Date

1. Listening skills
   Comments:

2. Non-verbal communication
   Comments:

3. Disability disclosure
   Comments:

4. Being an effective team member
   Comments:

5. Working effectively with others (conflict resolution)
   Comments:

6. Forms/levels of workplace communication
   Comments:

7. Learning and understanding workplace culture
   Comments:

8. Other - Enter any additional areas addressed related to Communications skills
   Comments:

Instructor Name: _____
Hours: _____
Instructions: Enter the numeric code from the Outcome Key to indicate the status of training for each of the guideline objectives. Training must be provided in all areas identified in the baseline evaluation unless the objective is eliminated or withdrawn. Training will also include a review of the goals previously met and reinstruction should occur when required. Skills learned in previous level(s) should be integrated into this level's training program. Prior to the conclusion of training, all skills in all levels should be reviewed and reinstruction should occur when required. Provide comments on the participant's progress toward the achievement of each objective. If additional needs are identified during training, provide comments in the appropriate guideline section(s).

Personal Management Guidelines

		Outcome Code	Date
1.	Understanding responsibilities as an employee Comments:		
2.	Need for a strong work ethic Comments:		
3.	Balancing work and family life Comments:		
4.	Understanding impact of earnings on benefits; economic empowerment Comments:		
5.	Personal appearance and hygiene Comments:		
6.	Self-concept/motivational skills Comments:		
7.	Conveying a positive attitude Comments:		
8.	Self-advocacy Comments:		
9.	Managing stress Comments:		

10. Goal setting/ time management
    Comments:
11. Other - Enter any additional areas addressed related to personal management skills
    Comments:

Instructor Name: _____
Hours: _____

Instructions: Enter the numeric code from the Outcome Key to indicate the status of training for each of the guideline objectives. Training must be provided in all areas identified in the baseline evaluation unless the objective is eliminated or withdrawn. Training will also include a review of the goals previously met and reinstruction should occur when required. Skills learned in previous level(s) should be integrated into this level's training program. Prior to the conclusion of training, all skills in all levels should be reviewed and reinstruction should occur when required. Provide comments on the participant's progress toward the achievement of each objective. If additional needs are identified during training, provide comments in the appropriate guideline section(s).

Introduction to Job Seeking Skills Guidelines

Outcome Code Date

1. Presentation- interview skills and disclosure
   Comments:

2. Development of Basic Resume
   Comments:

3. Informational interviews with local hiring managers
   Comments:

4. Introduction to Career Center and local services available
   Comments:

5. Other - Enter any additional areas addressed related to Job Seeking Skills
   Comments:

Instructor Name: _____
Hours: _____

New York State Office of Children and Family Services
Commission for the Blind

Work Experience Training Report

Authorization No.

Part I.

Instructions: Complete this section using identifying information from Section I of the Initial Authorization

Participant Name:	Case No.
Counselor:	NYSCB D.O.

Service Outcome		
Agency Determination	Accepted/Rejected	Outcome Achieved/ Outcome Not Achieved
NYSCB Counselor Determination	Successful Outcome/ Unsuccessful	
Service Period	From	To
Total Hour Units Rendered		

☐ Professional level Work Experience Training

Agency Name: _____

Agency Signature: _____ Date: _____

Attachments:
Attachment Notes

Part II.

OUTCOME KEY

1	Goal Completed
2	Needs further training
3	Not Applicable

Work Experience Training

Instructions: Enter the numeric code from the Outcome Key to indicate the status of training for each of the guideline objectives. Provide comments on the participant's progress toward the achievement of each objective. If additional needs are identified during training, provide comments in the appropriate guideline section(s).

Work Experience Training Guidelines

Outcome Code Date

1. Host company information - enter the following information into the comments section below:
   a. Name
   b. Address
   c. Supervisor
   d. Phone
   e. Fax
   f. Email
   Comments:

2. Participant Job Title and Job Tasks - enter the participant's job title and the participant's job tasks in the comments section below:
   Comments:

3. Participant Work Schedule - enter the participant's work schedule for each day of the week (see example) in the comments section below:
   Sunday - N/A
   Monday - 8:30-4:30
   Tuesday - 12:00-4:00
   Comments:

4. Accommodations/supports required - enter these in the comments section below:
   Comments:

5. Participant wage (justification is required and senior counselor/district manager approval is required for pay rates higher than minimum wage). Enter the participant wage in the comments section below:
   Comments:

6. Participant understood and adhered to attendance policies and work schedule:

Comments:

7. Participant demonstrated appropriate grooming and dress for the work setting:
Comments:

8. Participant demonstrated ability to plan and organize job tasks for productivity:
Comments:

9. Participant demonstrated ability to learn job tasks with instruction and repetition:
Comments:

10. Participant demonstrated ability to take notes about work tasks:
Comments:

11. Participant demonstrated ability to identify and use adaptive skills and equipment at work:
Comments:

12. Participant demonstrated ability to interact with coworkers and supervisors professionally and socially:
Comments:

13. Participants demonstrated ability to ask for assistance in a positive manner:
Comments:

14. Participant demonstrated ability to benefit from constructive criticism:
Comments:

15. Participant learned all hard skills needed to perform job tasks successfully:
Comments:

16. Participant learned problem-solving, time, management and teamwork skills:
Comments:

17. Participant was able to travel safety to/from/within the work site:
Comments:

18. Participant demonstrated improvement in other areas identified in referral materials:
Comments:

19. Please elaborate on the trainee's performance in the areas above, problem areas noted during training, other conclusions, and recommendations for future services:
Comments:

20. This Work Experience Training was a Professional Level outcome and was decided in advance with the NYSCB counselor? Yes____ No_____
Comments:

Instructor Name: _____
Hours: _____

New York State Office of Children and Family Services
Commission for the Blind
Work Experience Training (WET) Agreement

WET For:

Job Information:

Employer: _____
Employer Address: _____
Employer City: _____ State: _____ Zip: _____
Employer Contact: _____ Teleconference: _____
Participant's Job Title: _____
JobDuties:_____
_____
_____

Dates of WET:
Start: _____ End: _____
Total Hours: _____ From: _____ to _____

Understandings:

The employer is not an immediate relative (as identified in the NYSCB On-the-Job training policy) of the NYSCB participant.

The NYSCB participant will be placed on the employer's payroll. The employer will pay Worker's Compensations, Social Security and Unemployment Insurances during the WET period. All New York State Department of Labor Standards for wage, hours and safety will be met.

The counselor will make contact with the employer during the WET period.
All personal information regarding the NYSCB participant will be maintained in a confidential manner and released only in accordance with applicable regulations and guidelines.

Any changes to this agreement must be made by mutual agreement on the part of the NYSCB participant, the employer and the NYSCB counselor.

To be filled out by NYSCB counselor and/or designated agency representative.

NYSCB Counselor: _____Counselor Phone: _____
Counselor Signature: _____Date: _____

New York State Office of Children and Family Services
COMMISSION FOR THE BLIND

Prohibition on Redisclosure of HIV or AIDS Related Information

NOTE: This form **must be attached** to all disclosures of HIV and AIDS Related information.

This information has been disclosed to you from confidential records which are protected by State law. State law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or otherwise permitted by law. Any unauthorized further disclosure in violation of State law may result in a fine or jail sentence or both. **A general authorization for the release of medical or other information is NOT sufficient authorization for further disclosure.**

New York State Office Children and Family Services
COMMISSION FOR THE BLIND
RELEASE OF CONFIDENTIAL INFORMATION

_____ _____
Participant Name Identification Number

I hereby authorize the New York State Commission for the Blind to obtain or release the following information as necessary to effectively plan for and provide vocational rehabilitation services to me. I can change my mind about this release, except for actions already taken with my permission, by telling NYSCB in writing that I do not want any further information to be given out. My permission to release or obtain this information is only valid until _____ and cannot extend beyond one year from the date I sign this form. This permission will also end if my case is closed by NYSCB.

Type of Information: _____
_____

Purpose and reason information is needed: _____
_____

Name, Title, Agency and Address of person releasing this information:

_____

_____

Name, Title, Agency and Address of person receiving this information:

_____

_____

I understand that the specified information is privileged and confidential and for the exclusive use of those persons and agencies or facility employees involved in my rehabilitation program.

_____ _____

Participant Signature (parent/guardian if minor) Date

New York State Office of Children and Family Services
COMMISSION FOR THE BLIND

Prohibition on Redisclosure of Information Concerning Individuals with a Disability of Alcoholism or Substance Abuse

NOTE: This form **must be attached** to all disclosures of information concerning individuals with a disability of alcoholism or substance abuse.

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use to criminally investigate or prosecute any alcohol or drug abuse patient.

New York State Office Children and Family Services
COMMISSION FOR THE BLIND
RELEASE OF CONFIDENTIAL INFORMATION

_____ _____
Participant Name Identification Number

I hereby authorize the New York State Commission for the Blind to obtain or release the following information as necessary to effectively plan for and provide vocational rehabilitation services to me. I can change my mind about this release, except for actions already taken with my permission, by telling NYSCB in writing that I do not want any further information to be given out. My permission to release or obtain this information is only valid until _____ and cannot extend beyond one year from the date I sign this form. This permission will also end if my case is closed by NYSCB.

Type of Information: _____

_____

Purpose and reason information is needed: _____

_____

Name, Title, Agency and Address of person releasing this information:

_____

_____

Name, Title, Agency and Address of person receiving this information:

_____

_____

I understand that the specified information is privileged and confidential and for the exclusive use of those persons and agencies or facility employees involved in my rehabilitation program.

_____ _____
Participant Signature (parent/guardian if minor) Date

Appendices
11.0

Appendix A: Ancillary Service Standards

Appendix B: Rates for Ancillary Services

Appendix C: Personnel Standards

Appendix D: Children's Services and Independent Living Services

Appendix E: Rates for Children's and Independent Living Services

Appendix F: Contractor Service Delivery Regions

Appendix G: NYSCB Deaf Blind Services at Helen Keller National Center

Appendix H: NYSCB Outcome Rates

NYS Commission for the Blind
Comprehensive Service Contract Guidelines
Appendix A: Ancillary Service Standards

I. Low Vision Services
   Low Vision Aids & Devices *

II. Psychological Services

III. Physical/Occupational Therapy

IV. Braille Instruction

V. Interpreter Services
   A. Interpreter (Sign Language)
   B. Interpreter (Foreign Language)

VI. Consultation Services

VII. Job Coaching Services

VIII. Intensive Adaptive Skills Training

IX. Psychological Evaluation

X. Computer Software Training

XI. Strategic Technical Intervention

XII. Social Casework Services

XIII. Diabetes Education

XIV. Insulin Device Training

XV. Work Experience Training (Hourly)

XVI. Orientation & Mobility Instruction

XVII. Vision Rehabilitation Therapy

XVIII. Job Save Services

* Rates are posted at the Low Vision Fee Schedule On-Line by going to: Visionloss.ny.gov, choosing the tab on the left titled “Low Vision,” and then choosing, “Click Here for Low Vision Fee Schedule.”

I. Low Vision

1.1 Program Description: Low vision services are those services designed to maximize a participant's residual or subnormal vision. The evaluation of a participant's vision or acuity and the determination of necessary aids is only a part of the low vision service available to participants. Additional factors that affect the participant's functioning are considered in evaluating a participant's need for and acceptance of low vision services.

Based on the assessment of the participant's acuity and other factors the low vision specialist prescribes or recommends optical and non-optical aids and/or appliances to meet the individual needs of a participant. Low vision services may involve personnel from many fields in rehabilitation: ophthalmologists, optometrists, mobility instructors, nurses, teachers and counselors.

1.2 Program Standard: Low vision services include the assessment and identification of factors affecting the provision of those services. Such factors may include but are not limited to the following:

- Visual acuity
- Visual field restriction(s)
- Occupational choice
- Tasks to be performed
- Special lighting required
- Other medical factors or conditions

Optical aids, devices, equipment, and appliances may be recommended/prescribed to meet the particular visual needs of each participant.

Low vision services include the instruction of the participant in the use of low vision aids, devices, etc., and coordination with mobility and/or rehabilitation teaching activities, including adaptive electronic devices, follow-up on the use of prescribed/recommended aids, or devices.

An individual participant's ability to use low vision aids or devices may vary during periods of extended usages. Rest periods may extend the participant's endurance to use the aid or device. The low vision assessment shall, in so far as possible, evaluate endurance, i.e. how long a period of time, including necessary rest periods, the participant is able to use the devices prescribed by the low vision specialist. This is particularly important with regard to expensive electronic devices where cost benefit

decisions involving the participant, the low vision specialist, and the NYSCB counselor must be made.

Low vision services may be provided up to four sessions: an initial evaluation and three follow-up visits.

1.3 Personnel Standard: Low vision services can only be provided by low vision specialists. Minimum qualifications for specialists include:

- Ophthalmologists licensed to practice in New York State.
- Optometrists licensed to practice in New York State and approved by the New York State Optometric Association to provide low vision services.

II. Psychological Services

2.1 Program Description: Psychological Services are therapeutic services designed to ameliorate a psychiatric or psychological condition. Psychological Services are provided to a participant who possesses a psychiatric/psychological condition that is stable or slowly progressive. These services must be medically recommended and included as a part of the IPE.

2.2 Program Standard: Psychological Services may be provided to appropriate vocational rehabilitation participants who have a disability that could be removed or substantially modified. The service must be short term in duration (not to exceed 18 months). The specific therapy provided must be based upon recent (within three months) psychiatric or psychological recommendation. Progress must be reported on a monthly basis to the NYSCB counselor.

2.3 Personnel Standard: Psychological Service may only be provided by the following practitioners:

1. Psychiatrist licensed to practice in New York State. *
   OR,
2. Psychologist licensed to practice in New York State.

In addition, the psychologist must:

- be currently registered in accordance with Article 153 of the New York State Education Law, and;
- have completed three years of supervised experience in clinical psychology; and
- be currently engaged in professional practice, at least half of which is devoted to providing clinical psychology;
  OR,

3. Social worker licensed to practice in New York State and approved by the New York State Board of Social Work.

*Psychotherapy to alleviate or correct severe emotional trauma, psychotic, or serious neurotic disorders is only to be provided by a psychiatrist under the provisions of Sections 162 and 253 of the New York State Insurance Law.

III. Physical Therapy and Occupational Therapy

3.1 Program Description: Physical Therapy and Occupational Therapy services are those services designed to correct or substantially modify a physical condition. Services may be provided to a participant who has a physical condition which is stable or slowly progressive. The service must be medically recommended and included in the participant's IPE.

3.2 Program Standard: Physical Therapy and/or Occupational Therapy may be provided to appropriate vocational rehabilitation participants to reduce functional limitations resulting from disability. The service must be short term in duration (12 months or less). The specific therapy provided must be based upon current medical recommendation and progress is to be reported on a monthly basis to the NYSCB counselor. Justification for continued treatment beyond the initial term of therapy shall be based upon a written progress statement and recommendation included in a final report to the NYSCB counselor.

3.3 Personnel Standard: Physical Therapy can only be provided by a physical therapist licensed by the State of New York. Occupational Therapy can only be provided by an occupational therapist licensed by the State of New York.

IV. Braille Instruction

4.1 Program Description: Braille instruction is provided to individuals or groups of participants to enable them to, or enhance their ability to, read and write Braille. Braille may be introduced using a slate and stylus or a Braille writer.

4.2 Program Standard: Braille instruction may be provided to NYSCB participants based upon an evaluation of the participants need and ability to read and write Braille. The need for instruction must be documented and include such factors as:

- Participant’s current level
- anticipated achievement levels
- Medical factors

4.3 Personnel Standard: The Braille Instructor must possess, as a minimum, either:

- Certified/certifiable as a teacher of the visually impaired by the New York State Education Department; or
- NYSCB approval as a Vision Rehabilitation Therapist.

V. Interpreter Services

A. Interpreter (Sign Language)

5. A.1 Program Description: Sign Language interpreter services are provided to enable NYSCB staff and service providers to communicate effectively with NYSCB applicants and participants who have a significant hearing loss that prevents adequate speech discrimination. Many participants who are deaf or hard of hearing and severely visually impaired may require special communication modalities. Depending upon the age of onset of deafness, level of communication and other factors, the communication method is most likely to be one or more of the following:

- American Sign Language
- Sign Language Presented in English Word Order
- Manual Alphabet (Finger Spelling)
- Tactual Sign Language
- Print-On-Palm

Consistent with the code of ethics of Registry of Interpreters for the Deaf, the interpreter must:

- Keep all assignment related information confidential
- Always convey the content and spirit of the speaker and not edit or delete information
- Refrain from providing advice or interjecting personal opinions
- Only accept assignments for which he/she is qualified
- Only request appropriate and reasonable compensation

5. A.2 Program Standard: interpreter services are only available to allow effective communication with participants who have severe hearing and visual impairment and who can communicate utilizing one or more of the modalities mentioned in the program description above. The primary purpose of this service is to facilitate the exchange of information between the participant and counselor and assure the participant's active participation in the rehabilitation process.

5. A.3 Personnel Standard: Interpreter services shall be provided only by a person certified by the Registry of Interpreters for the Deaf (RID).

5. B. Interpreter (Foreign Language)

5. B.1 Program Description: Foreign language interpreter services are provided to NYSCB staff to communicate with participants who do not speak English. This service is provided to enable a participant to participate in the rehabilitation process and communicate in his/her “native language”. The service will be utilized during the interview process and counseling sessions.

5. B.2 Program Standard: Foreign language interpreter services are available to appropriate NYSCB staff to communicate with non-English speaking participants. These services are provided to enable a participant to participate in the rehabilitation process.

5. B.3 Personnel Standard: Foreign language interpreters must be conversant in both English and the foreign language which they interpret. The interpreter must possess a high school education or equivalent in addition to the conversational proficiency in two languages (English and another).

VI. Consultation Services

6.1 Program Description: Consultation Services are those services which describe issues on blindness, provide training in working with blind persons, provide assessments and recommendations about site-accessibility for blind persons, or provide assessment and recommendations about specialized equipment needed by blind persons. The purpose of this service is to ensure that community training, educational, and employment resources are rendered accessible to NYSCB participants to the greatest extent possible.

6.2 Program Standard: Consultation Services shall be provided by the contractor to the community resource upon authorization by the NYSCB district office. The NYSCB counselor, upon determination of need for Consultation Services by a potential service provider shall:

- Convene a case conference among the participant, NYSCB counselor, contractor, and community resource, to identify the goals of the consultation services.
- Provide for assessment of the community resource site by the contractor, when necessary.
- Provide for a written consultation plan prepared by the contractor and agreed to by all parties.
- Provide for implementation of the plan by the contractor.

The contractor will submit a report of the consultation service and of the goals attained, to the district office within one week of completion of the service.

6.3 Personnel Standard: Consultation Services shall be provided only by contractor staff members with a bachelor's degree and two years professional expertise in the field of

human services; exceptions are subject to the approval of the associate commissioner for the New York State Commission for the Blind.

VII. Job Coaching Services

7.1 Program Description: Job Coaching is a service option to enhance the ability of individuals, who may not have fared well in traditional rehabilitation and competitive work settings, to learn work-related behaviors and specific job skills in a real job.

7.2 Program Standard: Working in conjunction with the rehabilitation counselor, the job coach may appropriately perform the following activities;

1. conducting intake and assessment(s)
2. developing a job appropriate to the individual's interests and abilities
3. assisting in the development of an individual plan for the job site instruction
4. implementing the instruction plan for specific steps of jobs including:
   - job performance skills such as sequence, quality and quantity
   - job-related skills such as grooming, socializing with co-workers, accepting supervision, and/or managing one's paycheck
5. providing reinforcement for successful performance of job steps
6. performing assessments of work quality and quantity according to procedures and criteria established in the individual instruction plan or IPE
7. providing counseling regarding good work habits, job finding and job retention
8. providing written reports on each participant's job performance and work related skills
9. providing training as needed to work site supervisors to facilitate their supervision of persons with disabilities
10. providing advocacy
11. providing long-term follow-up for individuals participating in supported employment

Job coaching may be provided to an individual or to small groups (no more than eight individuals). The job coach will submit a written report after the first three (3) weeks of service and monthly thereafter.

7.3 Personnel Standard: Individuals serving as job coaches must meet the following personnel standards:

- ability to communicate effectively and to provide meaningful instruction
- ability to use effectively a variety of instructional techniques including shaping, reinforcing, and prompting

- for coaches who will be working with individuals who are deaf and blind and unable to understand most speech, the demonstrated ability to communicate effectively with the participant in the participant's preferred mode and level of communication (sign language, total communication, Braille, etc.)
- possess the following personal characteristics: sensitivity to disability-related issues; positive attitude; flexibility; creativity; patience; and sound judgment.

In addition, it is helpful if the individual has demonstrated work experience in the type of job for which they will be providing job coaching. Job coaches who will be working with individuals participating in supported employment must also demonstrate a commitment to the concept of supported employment.

VIII. Intensive Adaptive Skills Training

8.1 Program Description: Intensive Adaptive Skills Training is provided to young adults outside the school environment. The purpose of this service is to provide comprehensive, intensive training in a group setting to ensure that young adults acquire the necessary adaptive skills to pursue further education and employment.

8.2 Program Standard: Working in conjunction with the NYSCB rehabilitation counselor, the agency will define a specific short term intensive program to address one or more of the following:

- Spatial orientation
- Personal/self-care skills
- Communication skills
- Use of optical aids, devices
- Use of electronic and mechanical devices
- Career exploration/transitional employment

8.3 Personnel Standards: Staffing standards will vary depending upon the specific program design. Staff credentials must be submitted to NYSCB senior management for approval.

IX. Psychological Evaluation

9.1 The basic purposes for providing psychological testing: To assess an individual's cognitive, learning abilities and intellectual functioning, occupational interests, academic achievement and educational aptitude, perceptual and neuropsychological abilities, motor functioning and mental or emotional status to provide information about rehabilitation needs for the development of the employment plan.

The results of these or other related measures are included in a comprehensive psychological assessment to be utilized in planning for appropriate vocational rehabilitation services. The assessment also may contain references concerning adjustment, maladjustment, behavior and or psychological anomalies observed or revealed through testing.

9.2 Program Standard: Psychological evaluation must address, as a minimum, the seven areas listed above. The evaluation will include a comprehensive report and recommendations based upon the findings. The report will contain as a minimum, the following:

1. Specific test and measures used
2. Objective test results (raw data)
3. Norms utilized
4. Interpretation of results
5. Summary of findings
6. Recommendation

The psychologist must select appropriate testing instruments to address the specific condition of the visually impaired individual from among them and a variety of other measures, using his or her professional judgment to determine the relevancy for the individual participant.

9.3 Personnel Standard: Psychological evaluation shall only be provided by a psychologist licensed by the State of New York. The psychologist must:

- be currently registered to practice in accordance with Article 153 of the New York State Education Law, and
- have completed three years of training or supervised experience in test administration, and
- have a minimum of one year of experience in testing legally blind persons.

X. Computer Software Training

10.1 Program Description: Computer Software Training instruction is provided to NYSCB participants who have successfully completed baseline report and training at a NYSCB approved Adaptive Technology Center or at another NYSCB approved training source. This training is for the purpose of providing software specific instruction to NYSCB participants who require a thorough working knowledge of a particular software package for employment or educational purposes.

Participants receiving this service should already be trained on their adaptive equipment configuration, know how to use their computer, perform basic maintenance and assemble/disassemble their equipment.

10.2 Program Standard: Computer Software Training must be provided in hourly sessions to individuals or group of NYSCB participants. The following defines the expected outcomes for the various types of software training:

Word Processing:

1. Understanding of basic word processing concepts
2. Ability to create, save, print, edit, insert, delete, center, move underline and bold text
3. Ability to use a spell checker
4. Ability to utilize mail merge techniques
5. Ability to create labels
6. Ability to create and use a mailing list
7. Document conversion

Database:

1. Understanding of basic database concepts
2. Utilize functions and commands, plan, create and use files
3. Use sort and index functions
4. Programming techniques and command files
5. Debugging and error techniques
6. Creating and printing reports
7. Forms generation
8. Data screen generation
9. Data verification

Spread Sheet:

1. Understanding of spread sheet concepts
2. Ability to move around the spread sheet
3. Ability to utilize the command menu
4. Ability to enter labels, numbers and create formulas
5. Ability to create and print reports
6. Ability to create graphics
7. Ability to interface with various database
8. Ability to work with and define Macros

Communications

1. Understanding of basic communications concepts
2. Ability to set up and install software
3. Ability to define and set up systems defaults
4. Establishing communications
5. Ability to develop telephone lists
6. Ability to communicate information
7. Ability to end communications

10.3 Reports: If the training exceeds a two-week period in duration, a brief written interim report must be submitted to the NYSCB counselor who referred the participant within three days of the end of the second week of training. A final written report must be submitted within one week of the completion of training.
10.4 Personnel Standard: Instruction in Computer Software Training shall be provided by an individual with one year of experience with and thorough knowledge of microcomputers and competency in the following Computer Software categories:

1. Word processing
2. Data base
3. Spreadsheet
4. Communications

The instructor shall also be proficient in the specific software package for which the participant is receiving instruction. Additional experience in adaptive technology for visually impaired persons is recommended.

XI. Strategic Technical Intervention

11.1 Program Description: The Strategic Technical intervention service is meant to provide for supplementary job/education site technical support services. Participants receiving this service should already be trained on their adaptive equipment configuration and know how to use their computer. Types of technical service covered would include (but not be limited to): new software installation; highly specialized and computer specific job task training; technical trouble-shooting.

> NOTE: Before authorizing this service the NYSCB counselor must verify that the support required is not available through any other contractual mechanism.

11.2 Program Standard: Strategic Technical Intervention should be provided in hourly sessions to an individual NYSCB participant for a MAXIMUM of 20 hours. This type of service may encompass many areas. The following defines the expected outcomes for the examples noted above:

New Software Installation (use only when employer support for software installation is not adequate and returning the equipment to a central location for software installation is not an acceptable alternative):

1. Work with on-site technical liaison when available and assist with product integration into local environment
2. Install and test' software for viable functionality
3. Configure adaptive equipment configuration to new software requirements
4. Provide introduction to basic software functions and features to participant.
5. Ensure appropriate product registrations and support are activated.

Computer-Specific Job Task Training:

1. Work with on-site technical liaison when available and assist with product integration into local environment.
2. Provide introduction and assistance in accessing a very specific application or a limited set of program features (such as filling out a data entry screen).
3. Where needed, train job coaches or co-workers to enable continued assistance on the job to the participant after this service is completed.
4. Ensure appropriate product support is activated.

Technical Trouble Shooting

1. In cases where other technical support options are unavailable (products out of warranty, etc.), work with onsite technical liaison when available and assist with identifying and correcting error conditions in local environment.
2. Liaise with manufacturer of adaptive equipment and their technical support staff as needed.
3. Assist in providing equipment repair, substitution, and reprocurement options, as needed.
4. Resolve error conditions, provide adaptive equipment reconfiguration or new environment services as warranted, and return participant to viable functionality on-site as expeditiously as possible.

The NYSCB counselor and the contractor's technical staff providing this service should agree on expected outcomes for services not defined above prior to service provision.

Reports: A brief written report must be submitted to the NYSCB counselor who referred the participant, within one week of the completion of service, noting the service provided and the outcomes achieved.

11.3 Personnel Standard: experience with Computer Software and hardware, thorough knowledge of adaptive technology for visually impaired and legally blind individuals (one year minimum), Braille grades 1 and 2 desirable but not mandatory, experience with local area network hardware and software and mainframe terminal emulations, experience with modems and communication software.

XII. Social Casework Services

12.1 Program Description: Social casework services are a time-limited, short-term service intended to support or supplement the outcome-focused social casework services provided under this contract, or to be used when the longer-term services package is not necessary.

12.2 Program Standard: Social Casework can be authorized by a NYSCB counselor only if it is not a part of the service component the individual is receiving, or when it is the only service an individual requires. If the problem cannot be addressed within the maximum time defined in the NYSCB referral document, the Social Casework authorized hours should be used to locate and refer the individual to a community resource which can provide the service. Social Casework services will not be provided by NYSCB if the NYSCB counselor is already aware of such a community resource. Social Casework may be provided only to address a vocationally related problem.

12.3 Personnel Standard: Social Casework Level 1 may be provided only by individuals who possess a master's or bachelor's degree in social work (MSW or BSW), or a bachelor's or master's degree in a related social/human services field with a minimum of one year of social work or related experience. Social Casework Level 2 may be provided only by individuals who possess a master's degree and are licensed as either a LMSW or LCSW. A master's level mental health counselor would also be considered for providing this service.

Note- Social Case work performed in a group will receive a different rate.

XIII. Diabetes Education

13.1 Program Description: Diabetes Education is an instructional program for NYSCB participants who have diabetes to improve their ability to manage diabetes as independently as possible, following the guidelines of the American Diabetes Association.

13.2 Program Standard: As a result of attending this program an individual must gain the knowledge and skills to enable him or her to manage his or her diabetic condition. At a minimum, the program must address the following:

- What is diabetes
- Path physiology
- Self-treatment techniques
- Insulin Device Training
- Nutritional management
- Complications

The contractor must also: (1) identify the primary health care provider of the NYSCB participant, and (2) prepare a Plan of Continued Self-Care for the primary health care provider to use in assisting the NYSCB participant to self-manage their diabetic condition upon completion of their participation in the Diabetes Education Program. Copies of the Plan of Continued Self-Care must be provided to the NYSCB participant, the primary health care provider, and the NYSCB district office.

Contractors who wish to provide this service must submit a curriculum of the program to NYSCB central office, with a copy to the NYSCB district office, for approval prior to receiving referrals for this service. The diabetes education program must be accessible to legally blind individuals, and any materials provided to trainees must be in the trainee's preferred mode of communication (Braille, large print, audio tape, or diskette), as identified by NYSCB in the referral documents.

13.3 Personnel Standard: Diabetes Education may only be provided by a registered nurse certified as a diabetes educator, or eligible to take the certification exam. Other specialists, such as a Vision Rehabilitation Therapist, may be utilized, if necessary to assist in the presentation of non-medical portions of the program.

XIV. Insulin Device Training

14.1 Program Description: Insulin Device Training is an instructional program for NYSCB participants who have diabetes which teaches the proper techniques for self-administration of insulin using a hypodermic syringe.

14.2 Program Standard: This training is less extensive than Diabetes Education. It is intended for individuals who already have an understanding of their diabetic condition and who do not need the in-depth training of the Diabetes Education program. At a minimum, this program must address the following:

- Insulin injection methodology for visual impairment
- Sterile techniques and sterilization
- Use of lactometer
- Guidelines for mixing insulin
- How to store insulin
- Disposal of syringes and needles

Contractors who wish to provide this service must submit a curriculum of the program to the NYSCB central office, with a copy to the NYSCB district office, for approval prior to receiving referrals for this service. The insulin device training program must be accessible to legally blind individuals, and any materials provided to trainees must be in the trainee's preferred mode of communication (Braille, large print, audio tape, or diskette), as identified by NYSCB in the referral documents.

14.3 - Personnel Standard: Insulin Device Training may only be provided by a registered nurse certified as a diabetes educator, or eligible to take the certification exam. Other specialists, such as a Vision Rehabilitation Therapist may be utilized, if necessary to assist in the presentation of non-medical portions of the program.

XV. Work Experience Training (Hourly)

15.1 Program Description: Work Experience Training (Hourly) are services provided by the contractor to support NYSCB participants in work experience assignment settings identified by the NYSCB district office at NYSCB Business Enterprise program facilities and other work experience sites identified by the NYSCB district office.

15.2 Program Standard: Work experience sites will be selected by the NYSCB district office and will be identified by NYSCB in the referral materials to the contractor. The referral will include the following documents: (1) Work Experience Referral Form, (2) US Immigration and Naturalization Service, Employment Eligibility Verification Form (Federal I-9 Form), and (3) IRS Form W-4, Employee's Withholding Allowance.

The contractor will coordinate payroll review and payments to referred NYSCB participants, and will provide necessary Worker's Compensation, Social Security and unemployment insurance coverage.

Work Experience Training (Professional Level) is an addon to if the criteria set for in section 8.08 Work Experience Training (Professional Level) is met.

XVI. Orientation & Mobility Instruction

16.1 Program Description: Orientation and mobility services are time-limited, short-term services intended to support or supplement the outcome-focused orientation & mobility services provided under this contract, or to be used when the longer-term outcome services package is not necessary.

16.2 Program Standard: Orientation and mobility instruction may include: basic orientation concepts of body awareness and geometric shapes; use of reference systems to increase safety, independence and confidence; a primary travel system using residual vision, sighted guide, and long cane, prescribed low vision aids or a combination of the above. Where appropriate, the system may integrate the use of a guide dog and electronic vision enhancement systems; effective indoor travel techniques, including self-protective techniques, trailing and room or building familiarization; safe and effective negotiation of outdoor areas including street crossings at various traffic controlled intersections and the use of public transportation. Orientation and mobility training is provided by professional orientation and mobility instructors who meet the qualifications established by NYSCB.

16.3 Personnel Standard: Orientation & Mobility (Professional): Individuals must possess a master's or bachelor's degree with specialization in Orientation & Mobility instruction; or, a bachelor's degree and successful completion of instruction of a NYSCB approved program for Orientation & Mobility instruction professionals which meets nationally accepted standards.

16.4 Personnel Standard: Orientation & Mobility (Assistant): Individuals must possess a minimum of a high school diploma, or equivalent, and satisfactory completion of a NYSCB approved program for orientation & mobility instructor assistants. Provision of services are subject to the supervision of a professional orientation and mobility instructor, as defined above, who has two years of experience in orientation & mobility instruction.

XVII. Vision Rehabilitation Therapy

17.1 Program Description: Vision Rehabilitation Therapy services are time-limited, short-term services intended to support the outcome-focused vision rehabilitation services provided under this contract, or to be used when the longer-term outcome service package is not necessary.
17.2 Program Standard: Vision Rehabilitation Therapy will include communications training, home management skills, personal management skills and financial management skills.

Communication training may include braille and or large print or other preferred communication mode; the ability to use the telephone, including number retrieval; skills sin such functions as note-taking, message retrieval, record keeping, typing, labeling, and organizing information; and the ability to use communication devices, including but not limited to typewriter, keyboard, tape recorder, calculator, personal message recorder, or electronic notetaking devices.

Home management will include training in meal planning and preparation, use of appliances and utensils, food storage and organization, and home cleaning, organization and safety.

Personal management includes training in personal grooming, clothing selection and care, child care, medication management and the use and care of non-optical and prescribed optical devices.

Financial management includes training in the use of appropriate financial institutions, personal budgeting and money management.

17.3 Personnel Standard Vision Rehabilitation Therapy (Professional): Individuals must possess a master's degree or bachelor's degree with specialization in rehabilitation therapy of individuals who are blind and a knowledge of Grade II Braille; or, a bachelor's degree and successful completion of a NYSCB approved training program for rehabilitation therapy professionals which meet the nationally accepted standards, as well as knowledge of Grade II Braille.

17.4 Personnel Standard Vision Rehabilitation Therapy (Assistant): Individuals must possess a minimum of a high school diploma, or equivalent, and satisfactory completion of a NYSCB approved program for vision rehabilitation assistants, as well as knowledge of Grade I Braille. Provision of services are subject to the supervision of a professional Vision Rehabilitation Therapist, as defined above, who has two years of experience in rehabilitation therapy.

XVIII. Job Save Services

18.1 Program Description: Job Save Services are time-limited services intended to assist the NYSCB participant retain an existing job.

18.2 Program Standard: Job Save Services must involve the NYSCB participant, the NYSCB counselor, and the employer in a collaborative effort to identify the factors which are causing the participant's job to be at risk and to develop a plan to address and alleviate the obstacle(s) to continued employment. Job Save Services may include recommendations for assistive technology and linkage to assistive technology providers to make print or computer-based information at the job-site more accessible to the participant. However, Job Save Services do not include the actual provision of assistive technology.

18.3 Personnel Standard: Job Save Services must be provided by an individual who possesses either of the following:

a. a master's degree in vocational rehabilitation
b. a bachelor's degree, or an equivalent combination of experience and post-secondary study in business, human resources/personnel development, marketing, counselling, education or a related field, from an accredited college or university, AND one year of experience providing employment/job placement services to individuals seeking employment, and working directly with employers, OR, completion of a NYSCB approved training program

IXX. Academic Instruction:

19.1 Program Description Academic Instruction is training on a secondary educational level or lower. Other academic training is provided to improve a consumer's academic functioning and provide the consumer with specific vocational skills in accordance with an approved IPE. Other academic training includes but is not limited to:

1. Adult Basic Education courses
2. English as a Second Language
3. high school equivalency programs

19.2 Program Standard: Academic Instruction must involve the NYSCB participant, the NYSCB counselor, and the teacher or instructor in a collaborative effort to advance the participant's academic skills in a clearly defined subject area, or training category as defined above. Participation in this service may require recommendations for assistive technology and linkage to assistive technology providers to make print or computer-based information more accessible to the participant. However, the participant must meet all the necessary requirements to qualify for the actual provision of assistive technology.

19.3 Personnel Standard: Academic Instruction: Must possess a teaching certificate from the New York State Education Department or must possess the education and experience to meet the New York State Education Department requirement for a certificate.

XX. Tutoring:

20.1 Program Description: Tutoring is training to improve a participant's knowledge of a subject matter in which s/he is currently receiving formal educational instruction.
This instruction can be provided in secondary, post-secondary, graduate level education setting or NYS approved vocational training program. Tutoring to augment educational instruction, is only provided to the participant when the formal educational instruction supports the specific vocational goal identified on the participants approved IPE.

20.2 Program Standard: Tutoring services must involve the NYSCB participant, the NYSCB counselor, and the tutor in a collaborative effort to identify the factors which are causing the participant's educational difficulties. Together they must develop a plan to improve the participants educational performance.

20.3 Personnel Standard: Tutoring Services must be provided by an individual who possesses:

- An associate's degree in education and experience working in a school setting

-or-

- Demonstrated strong knowledge of the subject matter and some college or professional training in the subject matter

NYS Commission for the Blind
Comprehensive Service Contract Guidelines
Appendix B: Rates for Ancillary Services

Appendix A: Section	Service Name	CIS Name	Rate	Unit
I.	Low Vision Services (initial)	CSC - Low Vision Exam (Initial) - F	$250.00	Exam
I.	Low Vision Services (Follow up)	CSC - Low Vision Exam (Follow up) - F	$75.00	Exam
I.	Low Vision Aids & Devices	Per device	See below	* please see below
II.	Psychiatrist	CSC - Psychiatrist -F	$45.00	Hr. session
II.	Psychotherapist	CSC - Psychotherapist - F	$30.00	Hr. session
III.	Physical / Occupational Therapy	CSC - Physical / Occupational Therapy -F	Current NYS Medicaid Rate	
IV.	Braille Instruction	CSC - Braille Instruction -F	$80.00	Hr. session
V.	Interpreter (Foreign Language)	CSC - Interpreter (Foreign Language) - F	$45.00	Hr. session
V.	Interpreter (Sign Language)	CSC - Interpreter (Sign Language) - F	$80.00	Hr. session
V.	Consultation Services	CSC - Consultation Services - F	$55.00	Hr. session
VII.	Job Coaching Services	CSC - Job Coaching Services - F	$45.00	Hr. session
VIII.	Intensive Adaptive Skills Training	CSC - Intensive Adaptive Skills Training -F	$50.00	Day per person
IX.	Psychological Evaluation	CSC - Psychological Evaluation - F	$286.00	Evaluation
IX.	Neuropsychological Evaluation	CSC - Neuropsychological Evaluation - F	$88.00	Hr. session
X.	Computer Software Training	CSC - Computer Software Training - F	$50.00	Hr. session

XI.	Strategic Technical Intervention	CSC - Strategic Technical Intervention - F	$80.00	Hr. session
XII.	Social Casework Services	CSC - Social Casework Services - F	$80.00	Hr. session
XII.	Social Casework Services	CSC – Social Casework Services (Group) – F	$30.00	Hr. session
XIII.	Diabetes Education	CSC - Diabetes Education - F	$720.00	Per person per program
XIV.	Insulin Device Training	CSC - Insulin Device Training - F	$45.00	Hr. session
XIV.	Insulin Device Training (Group)	CSC - Insulin Device Training (Group) - F	$30.00	Hr. session
XV.	Work Experience Training (Hourly)	CSC - Work Experience Training (Hourly) - F	$25.00	Not to exceed/ 1 Hour
X.V	Work Experience Training (Professional Level)	CSC- WET Professional Level - F	$500	Each
XVI.	Orientation & Mobility Instruction (Professional)	CSC - Orientation & Mobility - F	$80.00	Hr. session
XVI.	Orientation & Mobility Instruction (Assistant)	CSC - Orientation & Mobility (Assistant) - F	$50.00	Hr. session
XVII.	Vision Rehabilitation Therapy (Professional)	CSC - Vision Rehabilitation - F	$80.00	Hr. session
XVII.	Vision Rehabilitation Therapy (Assistant)	CSC - Vision Rehabilitation (Assistant) - F	$50.00	Hr. session
XVIII.	Job Save Services	CSC - Job Save Services (Hour) - F	$180.00	Hr. session
IXX.	Academic Instruction -	CSC - Academic Instruct (Hour) - F	$35.00	Hr. session
XX.	Academic Instruction - Tutor	CSC - Academic Instruct - Tutor (Hour) - F	$20.00	Hr. session
Section 9.04	Outreach/Case Finding	CSC - Outreach/Case Finding - F	$200.00	Case

Note: For any of the above services add $20 per hour for service providers who have American Sign Language certification when working with a deafblind participant and add $ 10 per hour for bilingual service providers when working with a participant who needs bilingual services.

* Rates are posted at the Low Vision Fee Schedule On-Line by going to: Visionloss.ny.gov, choosing the tab on the left titled “Low Vision,” and then choosing, “Click Here for Low Vision Fee Schedule.”

*Private vendors receive $5.00 less an hour for the following services, Braille Instruction, Consultation Services, Job Coaching Services, Intensive Adaptive Skills Training, Computer Software Training, Strategic Technical Intervention, Social Casework Services, Diabetes Education, Insulin Device Training, Orientation & Mobility Instruction (Professional), Orientation & Mobility Instruction (Assistant), Vision Rehabilitation Therapy (Professional), Vision Rehabilitation Therapy (Assistant), Job Save Services. Private Vendors can be reimbursed for Mileage at the NYS mileage reimbursement rate and in addition may be eligible for extra payments under Section 15.0, **Private Vendors**, of the Vocational Rehabilitation Services Manual.

NYS Commission for the Blind
Comprehensive Service Contract Guidelines
Appendix C: Personnel Standards

1. ALP Coordination:

Individuals must possess a bachelor's degree in social work or, a bachelor's degree in a related social/human services field.

2. Evaluation Services

Individuals must possess the qualifications specified below relevant to the specific area of evaluation.

3. Vision Rehabilitation Therapy:

Vision Rehabilitation Therapy (Professional): Individuals must possess a master's degree or bachelor's degree with specialization in rehabilitation therapy of individuals who are blind and a knowledge of Grade II Braille; or, a bachelor's degree and successful completion of a NYSCB approved training program for rehabilitation therapy professionals which meet the nationally accepted standards, as well as knowledge of Grade II Braille.

Vision Rehabilitation Therapy (Assistant): Individuals must possess a minimum of a high school diploma, or equivalent, and satisfactory completion of a NYSCB approved program for vision rehabilitation assistants, as well as knowledge of Grade I Braille. Provision of services are subject to the supervision of a professional Vision Rehabilitation Therapist, as defined above, who has two years of experience in rehabilitation therapy.

4. Orientation & Mobility Instruction:

Orientation & Mobility (Professional): Individuals must possess a master's or bachelor's degree with specialization in Orientation & Mobility instruction; or, a bachelor's degree and successful completion of instruction of a NYSCB approved program for orientation & mobility instruction professionals which meets nationally accepted standards.

Orientation & Mobility (Assistant): Individuals must possess a minimum of a high school diploma, or equivalent, and satisfactory completion of a NYSCB approved program for orientation & mobility instructor assistants. Provision of services are subject to the supervision of a professional orientation and mobility instructor, as defined above, who has two years of experience in orientation & mobility instruction.

5. Social Casework Services:

Individuals must possess a master's degree or a bachelor's degree in social work, or a master's degree or a bachelor's degree in a related social/human services field with a minimum of one year of social work or related experience.

6. Pre-Vocational Skills Training for Young Adults:

The Pre-Vocational Skills training instructor must have:

- a high school diploma or High School Equivalency
- have a varied and successful work history in competitive employment settings;
- knowledge of employer expectations of employee performance and workplace behaviors;
- ability to interact effectively with youth;
- knowledge of NYSCB reporting requirements; and
- a minimum of two years' experience in providing vocational services to persons who have disabling conditions or other significant barriers to employment.

7. Academic Instruction:

The academic instructor must possess a teaching certificate from the New York State Education Department or must possess the education and experience to meet the New York State Education Department requirement for a certificate.

8. Vocational Training:

Vocational training must be provided by an instructor who has the following qualifications:

EITHER:
Licensure or certification by the New York State Education Department, OR
Four years of experience as an instructor in the appropriate vocational training area.

9. Work Readiness Services:

The work readiness instructor must have:

- a high school diploma or High School Equivalency
- have a varied and successful work history in competitive employment settings;
- knowledge of employer expectations of employee performance and workplace behaviors;
- knowledge of NYSCB reporting requirements; and
- a minimum of two years' experience in providing vocational services to persons who have disabling conditions or other significant barriers to employment.

NYS Commission for the Blind
Comprehensive Service Contract Guidelines
Appendix D: Children's Services and Independent Living Services

I. SERVICE STANDARDS –

When providing Children's services all time frames apply regarding acceptance, provision of services and reporting, as out lined in the General Information (Section 1.0) at the beginning of this manual.

1. Orientation & Mobility Services

A. Service Description: Orientation & Mobility (O & M) services are individualized comprehensive services to assist a legally blind child or adult to become aware of elements and factors in his/her environment and to move through that environment safely and independently.

B. Evaluation: In order to determine the service needs of a participant, an O & M evaluation must be conducted prior to the start of service. The evaluation must address, but not be limited to, the following:

1. The amount and type of travel necessary for the participant
2. The participant's desire for independent travel skills
3. Previous training, if applicable
4. Amount of functional vision
5. Effects of any secondary disabilities or medical conditions

The contractor must provide NYSCB a written report of the evaluation findings including recommendations, in a format acceptable to NYSCB and within the timeframes outlined in the General Information (Section 1.0). These recommendations will be the basis for the provision of further orientation and mobility services.

C. Scope of Services: O & M Instruction includes, but is not limited to: concept development (i.e., right, left, forward, backward), sensory training, body awareness and geometric shapes, spatial orientation, protective techniques, travel techniques, use of reference systems to increase safety, independence and confidence; a primary travel system using residual vision, sighted guide, long cane, prescribed low vision aids or a combination of the above. Where appropriate, instruction may integrate effective indoor travel techniques, trailing and room or building familiarization; safe and effective negotiation of outdoor areas including street crossings at various traffic controlled intersections and the use of public transportation. When necessary, instruction must integrate the use of a guide dog and electronic vision enhancement systems, electronic travel aids, and other mobility related equipment.

2. Vision Rehabilitation Therapy Services

A. Service Description: Vision Rehabilitation Therapy services are the training and guidance provided to a legally blind child or adult to assist that person to function more independently in his/her daily activities.

B. Evaluation: In order to determine the service needs of the participant, a vision rehabilitation therapy evaluation must be conducted prior to the start of service.

The contractor must provide NYSCB a written report of the evaluation findings including recommendations, in a format acceptable to NYSCB. These recommendations will be the basis for the provision of further rehabilitation teaching services.

C. Scope of Services: Vision Rehabilitation Therapy includes, but is not limited to the following areas of training:
(1) Communication training may include braille and or large print or other preferred communication mode; the ability to use the telephone, including number retrieval; skills in such functions as note-taking, message retrieval, record keeping, typing, labeling, and organizing information; and the ability to use communication devices, including but not limited to typewriter, keyboard, tape recorder, calculator, personal message recorder, or electronic notetaking devices.
(2) Home management and orientation includes training in meal planning and preparation, use of appliances and utensils, food storage and organization, and home cleaning, organization and safety.
(3) Personal management includes training in personal grooming, clothing selection and care, child care, medication management and the use and care of non-optical and prescribed optical devices.
(4) Financial management includes training in the use of appropriate financial institutions, personal budgeting and money management.
(5) Provision of adaptive equipment necessary to accomplish the goals defined in the evaluation recommendations.

3. Social Casework Services

Social Casework service must be provided according to the standards found in Appendix A, Ancillary Services Standards.

4. Low Vision Services

Low Vision Services must be provided according to the standards found in Appendix A, Ancillary Services Standards.

II. INTERPRETER SERVICES

When necessary to the successful provision of Services, the contractor agrees to provide the following Interpreter Services, as defined in Appendix A: Ancillary Service Standards, at the rates in Appendix B: Rates for Ancillary Services.

1. Interpreter (Foreign Language)
2. Interpreter (Sign Language)

III. PROVISION OF SERVICES

1. Upon receipt from NYSCB of a referral for service, the contractor agrees to initiate and provide services in a timely and continuous manner. The contractor further agrees that services will be initiated no later than sixty (60) days from the date of referral.

2. The contractor agrees to provide Orientation & Mobility instruction and Vision Rehabilitation Therapy at a minimum frequency of one one-hour session per week continuously until the total units of services authorized in the Referral have been provided. Interruption of services for reasons other than participant health is to be considered extraordinary. Rationale documenting justification for any such interruption must be entered in the participant's case record.

NYS Commission for the Blind
Comprehensive Service Contract Guidelines
Appendix E: Rates for Children's and Independent Living Services

D.I.1	Orientation & Mobility Instruction (Professional)	CSC - Orientation & Mobility Non-VR- F	$65.00	Hr. session
D.I.1	Orientation & Mobility Instruction (Professional) (group)	CSC - Orientation & Mobility Group Non-VR- F	$28.00	Hr. session
D.I.1	Orientation & Mobility Instruction (Assistant)	CSC - O & M (Assistant) Non-VR- F	$40.00	Hr. session
D.I.1	Orientation & Mobility Instruction (Assistant) Group	CSC - O & M (Assistant) Group Non-VR-F	$22.00	Hr. session
D.I.2	Vision Rehabilitation Therapy (Professional)	CSC - Vision Rehabilitation Non-VR- F	$65.00	Hr. session
D.I.2	Vision Rehabilitation Therapy (Professional) Group	CSC - Vision Rehabilitation Group Non-VR- F	$28.00	Hr. session
D.I.2	Vision Rehabilitation Therapy (Assistant)	CSC - Vision Rehab (Assistant) Non-VR-F	$40.00	Hr. session
D.I2	Vision Rehabilitation Therapy (Assistant) Group	CSC - Vision Rehab (Assistant) Group Non-VR- F	$22.00	Hr. session
D.I.3	Social Casework Services	CSC - Social Casework Services Non-VR-F	$65.00	Hr. session
D.I.3	Social Casework Services (Group)	CSC - Social Casework (Group) Non-VR-F	$22.00	Hr. session
D.I.4	Low Vision Services (initial)	CSC - Low Vision Exam Non-VR(Initial) - F	$125.00	Exam
D.I.4	Low Vision Services (Follow up)	CSC - Low Vision Exam Non-VR(Follow up) - F	$40.00	Exam
D.I.4	Low Vision Aids & Devices	Per device		* please see below
D.II	Interpreter (Foreign Language)	CSC - Interpreter (Foreign Lang) Non-VR-F	$45.00	Hr. session
D.II	Interpreter (Sign Language)	CSC - Interpreter (Sign Language) Non-VR- F	$65.00	Hr. session

Any service not offered in Appendix: D that is offered in Appendix: A can be offered for Children's and Independent Living Services if required for the participant at the rates outlined Appendix: B.

Note: For any of the above services add $20 per hour for service providers who have ASL certification when working with a deafblind participant and add $ 10 per hour for bilingual service providers when working with a participant who needs bilingual services.

* Rates are posted at the Low Vision Fee Schedule On-Line by going to: Visionloss.ny.gov, choosing the tab on the left titled “Low Vision,” and then choosing, “Click Here for Low Vision Fee Schedule.”

*Private vendors receive $5.00 less an hour for the following services, Social Casework, Orientation & Mobility Instruction (Professional), Vision Rehabilitation Therapy (Professional), Interpreter (Foreign Language), Interpreter (Sign Language) and Vision Rehabilitation Therapy (Assistant)
* Private Vendors can be reimbursed for Mileage at the NYS mileage reimbursement rate and in addition may be eligible for extra payments under Section 15.0 Private Vendors of the Vocational Rehabilitation Services Manual.

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Comprehensive Service Contract Guidelines
Appendix F: Contractor Service Delivery Regions

Contractor	Counties Served
Alphapointe	Bronx Kings Nassau New York Queens Richmond Suffolk
Association for the Blind and Visually Impaired - GOODWILL - (ABVI – GOODWILL)	Livingston Monroe Ontario Seneca Steuben Wayne Yates
Association for the Blind and Visually impaired of Northern New York (ABVINN)	Jefferson Lewis St. Lawrence
Association for the Visually Impaired (AVI)	Orange Rockland
Association for Vision Rehabilitation and Employment (AVRE)	Broome Chemung Chenango Cortland Delaware Otsego Schuyler Tioga Tompkins

Aurora of Central New York (Aurora)	Cayuga Onondaga Oswego
Catholic Charities Community Services, Archdiocesan Of New York (CCCS)	Bronx Dutchess Kings New York Putnam Queens Richmond Sullivan Ulster
Central Association for the Blind and Visually Impaired (CABVI)	Fulton Madison Montgomery Oneida Onondaga (S) Oswego (S) Otsego (S) *(Area west of Route30A, including towns of Johnstown, Fulton Ville, Fonda, Gloversville and Charleston)*
Chautauqua Blind Association (CBA)	Cattaraugus Chautauqua
Elizabeth Pierce Olmsted, M.D., Center for the Visually Impaired (EPOCVI)	Allegany Cattaraugus Chautauqua Erie Genesee Niagara Orleans Wyoming

Glens Falls Association for the Blind (GFAB)	Hamilton Saratoga (Northern) Warren Washington
Helen Keller Services for the Blind (HKSB)	Bronx (S) Kings Nassau New York (S) Queens Richmond (S) Suffolk
Lighthouse Guild (Lighthouse)	Bronx Kings Nassau New York Queens Richmond
North Country Association for the Visually Impaired (NCAVI)	Clinton Essex Franklin St. Lawrence
Northeastern Association of the Blind (NABA)	Albany Clinton(s) Columbia Essex (s) Franklin (s) Fulton Greene Hamilton (s) Montgomery Rensselaer *Saratoga(Southern) Schenectady Schoharie St Lawrence (S) Ulster (S) Warren (S) Washington (S)

** (Area east of Route 30A and south of Route 29, including towns of Amsterdam, Fort Johnson, Perth, Hagaman, towns of Broadalbin, Mayfield, Northville and Minaville)*

VISIONS Services for the Blind and Visually Impaired (VISIONS)	Bronx Kings Nassau (S) New York Orange (S) Queens Richmond (S) Rockland (S) Suffolk (S) Westchester
Western New York Center for the Visually Impaired (WNYCVI)	Allegany Cattaraugus (S) Erie Genesee Niagara Orleans (S) Steuben (S) Wyoming

Geographical Regions:

Primary – A county with no indications after its name is considered a primary county for that provider. Those providers are given priority in referrals for services. Counties can have multiple primary providers.

Secondary – If a primary provider is unable to provide a service, or if the primary provider has a delay in services due to a waiting list or other capacity limitations that will negatively affect the participant then a secondary service provider for that county will receive the referral. Secondary Services Providers are indicated with a (S) to the right of the county.

If a participant prefers to work with a provider other than the agency assigned to that county, that preference can be honored if the CSC provider agency is willing to accept the referral. No CSC provider is required to accept any referrals from outside of their selected geographical region.

NYS Commission for the Blind
Comprehensive Services Contract Guidelines
Appendix G: NYSCB Deaf/Blind Services at Helen Keller National Center

These Comprehensive Services Contract Guidelines provide requirements, procedures and other information needed by contractor and NYSCB staff as they implement the Comprehensive Services Contract.

Helen Keller National Center agrees to make the following categories of service available to appropriate participants with deaf-blindness (DB) referred from NYSCB:

As needed Helen Keller National Center can use any service in any other section of this document at the same rates of any other provider unless the service has an equivalent service below.

I. Home Community Vocational Services (Outcome Based Services)

1. DB Vision Rehabilitation Therapy
    a. DB Vision Rehabilitation Therapy Baseline Services
    b. DB Vision Rehabilitation Therapy Training
2. DB Orientation and Mobility
    a. DB Orientation and Mobility Baseline Services
    b. DB Orientation and Mobility Training
3. DB Social Casework
    a. DB Social Casework Baseline Services
    b. DB Social Casework Training
4. DB Job Placement Services
    a. DB Job Placement Baseline
    b. DB Job Seeking
    c. DB Job Development
    d. DB Job Placement, 6-Day
    e. DB Job Placement, 90-Day
    f. DB Job Customized Employment
5. DB Work Training
    a. DB Work Readiness Training
    b. DB Work Experience Training
6. DB Apartment in the Mainstream (AIM) Services
7. DB Assistive Technology
    a. DB Assistive Technology Baseline
    b. DB Assistive Technology Training

II. Home Community Vocational Services (Outcome Based Services) Fee Schedule

III. Home Community Services (Fee-Based Services/Ancillary Services)

1. Job Development and Job Placement Services
2. Job-Save Services
3. Job-Coaching Services
4. Orientation and Mobility Instruction
5. Rehabilitation Teaching and Communication Skills Training
6. Social Casework Services
7. Assistive Technology: Community-Based Services
8. Sign Language Interpreter Services
9. Audiological Services and Equipment
10. Low Vision
11. Consultation Services
12. Transition to Home Services
13. Benefits Advisement

IV. Home Community Services Fee Schedule

V. Deaf-Blind Adaptive Living Program (ALP)Services

1. HKNC Deaf-Blind ALP-1, Assessment
2. HKNC Deaf-Blind ALP -2
3. HKNC Deaf-Blind ALP -2E (Enhanced)
4. HKNC Deaf-Blind ALP -3
5. HKNC Deaf-Blind ALP -Confident Living Program

VI. HKNC Deaf-Blind ALP Services Fee Schedule

VII. Vocational Services Reporting Requirements

VIII. Deaf-Blind ALP Reporting Requirements

IX. Room, Board and Support Services (Fee-Based/Ancillary Services)

X. Room, Board and Support Services Fee Schedule

XI. Records

XII. Personnel Standards

I. Home Community Vocational Services (Outcome Based Services)

Definition: Vocational Services are outcome-focused, provided in the community or at the contractor's Sands Point campus, and consist of one or more of the following services identified below.

Provision of Services: On-Campus/community Vocational Services must be provided consistent with the NYSCB referral materials and according to the outcome definitions in this section.

Due to the unique population referred for this service, it is expected that each participant receives an individualized training program encompassing a wide and in-depth range of each of the three services categories below. Training programs should be developed from the findings in the Baseline report and incorporate a majority of the areas of training identified. Training outcomes indicating a deficit in one or more of the three services areas may not receive a successful outcome and will be determined as successful or unsuccessful, on a case by case basis, by the referring NYSCB office.

1. DB Vision Rehabilitation Therapy

   a. DB Vision Rehabilitation Therapy Baseline Services
      ("CSC-DB VRT Baseline- SV" service name in CIS)

      Evaluate all guidelines DB Vision Rehabilitation Therapy Training. See DB Vision Rehabilitation Therapy Baseline report for additional detail.

   b. DB Vision Rehabilitation Therapy Training
      ("CSC-DB VRT Training - SV" service name in CIS)

      The participants referred annually by NYSCB, will demonstrate that they have acquired skills in each one of the adaptive skill areas listed below, as specified in the service specific Baseline report, and/or as specified in the NYSCB referral materials.

      Adaptive vision rehabilitation therapy skills which assist an individual to independently function in the following areas: personal care, home management, financial acumen, braille and/or large print use, telephone use and number retrieval, classroom note taking, tape recording, basic skills in typing/keyboard usage and the use of calculators and electronic note-taking devices or similar devices, which will assist the participant achieve the goals identified in the Individualized Plan for Employment (IPE).

Note – One Authorization can be given for Vision Rehabilitation Therapy *Training a second authorization may be giving for communication skills, but only in limited instances where there is a severe deficient in sign language and Braille that requires additional instruction.*

2. DB Orientation and Mobility

   a. DB Orientation and Mobility Baseline
      ("CSC-DB O&M Baseline - *SV" service name in CIS)*

      Evaluate all guidelines DB Orientation and Mobility. See DB Orientation and Mobility Baseline report for additional detail

   b. DB Orientation and Mobility Training
      ("CSC-DB O&M Training - SV" service name in CIS)

      The participants, referred annually by NYSCB, will demonstrate that they have acquired skills in each one of the adaptive skill areas listed below, as specified in the service specific Baseline report, and/or as specified in the NYSCB referral materials.

      Adaptive orientation and mobility skills which will assist participants to travel safely and efficiently negotiate specified environments, and which will assist them achieve the goals identified in the Individualized Plan for Employment (IPE).

3.DB Social Casework

   a. DB Social Casework Baseline
      ("CSC-DB SCW Baseline - *SV" service name in CIS)*

      Evaluate all guidelines and determine level(s) of training of Social Casework needed. See DB Social Casework Baseline report for additional detail

   b. DB Social Casework Training
      ("DB SCW - SV" service name in CIS)

      Adaptive social casework skills related to the individual's vision and hearing loss which will result in successful resolution of personal issues (including adjustment to hearing and vision loss) specifically related to the move toward education and employment goals; including: securing appropriate housing, medical care, child care services, accurate benefits information; developing the necessary personal skills and coping mechanisms to overcome the social, familial, and environmental

barriers to achieving success in education and employment settings, all of which will assist them achieve the goals identified in an Individualized Plan for Employment (IPE). Participants receiving this service should exit with the demonstrated ability to manage all areas of need addressed during Baseline report

4. DB Job Placement Services

   a. DB Job Placement Baseline (formally known as Vocational Assessment)
      ("DB Job Placement Baseline *- SV" service name in CIS)*

      For participants referred by NYSCB, the contractor will complete a vocational Baseline report which provides the NYSCB counselor sufficient information to develop a vocational plan with the NYSCB participant. The job placement Baseline report will include, but not be limited to: an interview with the NYSCB participant to identify interest areas; evaluation of learning ability and academic achievement; evaluation of sensory, physical, and motor skills; evaluation of interpersonal, social, coping, and problem-solving skills; and evaluation of work history and work skills. Additionally, a job guideline summary sheet, mock interview rating scale and a placement plan will be generated.

   b. DB Job Seeking
      ("DB Job Seeking - SV" service name in CIS)

      The objective of services provided in this area is for the participant to have an appropriate targeted resume(s) and cover letter, be able to successfully submit resumes through various media (print, electronic) and conduct appropriate follow-up activities, be prepared and able to submit job applications, and be prepared to participate in the job interview process. Participants will also become aware of resources and services available through the local career center. In addition, the objective of job seeking services is to enable the participant to be actively involved in the job search process, and can understand and use various means of identifying potential jobs through review of job listings, social media, networking, cold calls and other means.

   c. DB Job Development
      ("DB Job Development - SV" service name in CIS)

      The objective of services provided in this area is to identify and develop job opportunities with employers in the participant's chosen job sector, perform job/task analysis of potential positions, identify job accommodations which might be needed, and arrange job carving or restructuring, as needed. During job development the participant will participate in a minimum of three employer

interviews for real jobs consistent with the participant's IPE, with the objective of the participant obtaining a job offer or learning from each interview how they can be more successful in the job interview process

d. DB Job Placement 6 Day
("DB Job Placement - 6 Days - SV" service name in CIS)
The participants referred annually by a NYSCB counselor, will obtain paid, community-based, non-subsidized employment in an integrated setting following participation in placement activities outlined in a mutually agreed upon job placement plan prepared in consultation with the participant, the NYSCB counselor and the contractor's placement specialist.

Placement services must be customized to the needs of the NYSCB participant. Services must be: (1) based on an individualized placement plan, (2) organized to teach the NYSCB participant the skills necessary to find a job, and (3) actively support and assist the NYSCB participant obtaining employment. Individual and group approaches may be used to teach job-seeking skills and how to conduct an active job search. These approaches may also be used to provide technical assistance in completing applications, developing resumes, and improving interview skills. Employer contacts, job or task analysis, job restructuring, identifying needed reasonable accommodations, and other services that assist NYSCB participants achieve successful employment outcomes are included as placement services, as are job development efforts focused on providing information, support, and assistance to employers to facilitate the hiring of participants who are legally blind.

The NYSCB participant obtains non-subsidized employment at or above minimum wage, consistent with his/her IPE, in an integrated setting following participation in placement activities outlined in the mutually agreed upon job placement plan prepared in consultation with the NYSCB participant, the NYSCB counselor and the contractor's employment specialist; and is employed continuously for 6 work days; and receipt and approval by the NYSCB district office of the placement report.

The contractor must coordinate job placement services with technology services, whether the technology services are provided by the contractor or by another technology services provider, as defined in the NYSCB referral materials.

An integrated employment setting is one in which NYSCB participants interact with non-disabled participants (other than non-disabled participants who are providing services to those NYSCB participants) to the same extent that non-disabled participants in comparable positions interact with other persons.

e. DB Job Placement/90 Day
("DB Job Placement - 90 Days - SV" service name in CIS)

The participants referred by NYSCB, who obtained a job following participation in the Work Experience, or in the Job Placement Program, above, will maintain that employment continuously for at least 90 days.

The NYSCB participant who achieved employment under 6-day Placement will have stabilized and maintained that employment continuously for a minimum of 90 days, the job is expected to remain permanent, and receipt and approval by the NYSCB district office of the placement report that documents:

1. The job is satisfactory to the participant;
2. The provider maintained contact with the participant and employer during the 90-day period;
3. The employer is satisfied with the participant's performance in the job;
4. Any needs for accommodations have been resolved; and,
5. Any other issues impacting job stability have been resolved.

f. DB Job Customized Employment
("DB Job Customized Employment - SV" service name in CIS)

Employment customization requires face-to-face meetings with the participant and the employer to make a job match that is significantly more complex and difficult than average. It requires a blend of flexible strategies that result in the provision of individually negotiated and designed services, supports and job opportunities that lead to an employment outcome. The negotiating can be done during the job development phase of supported employment. This includes customizing a job description based on the current employer needs and developing a set of job duties, work schedule, and specifics of supervision that will match to a specific individual. A key factor in deciding if a service is a customized employment service is the presence of employer negotiation, including:

1. customizing a job description based on current unidentified and unmet needs of the employer and the needs of the employee;
2. developing a set of job duties or tasks;
3. developing a work schedule (including determining hours worked);
4. determining a job location;
5. developing a job arrangement (such as job carving, job sharing, or a split schedule); and/or
6. determining specifics of supervision.

NOTE: *This service can be provided, as appropriate to the rehabilitation needs of the individual, with both direct job placement or with supported employment.*

5. DB Work Training

   a. DB Work Readiness Training
   ("DB Work Readiness - SV" service name in CIS)

   Certain individuals, at the time they apply to NYSCB or are found eligible for NYSCB services, demonstrate a need to learn basic skills that will assist them in making a successful adjustment to the workplace. For these individuals, simply getting a job is not enough if they do not have the skills that will allow them to keep the job.

   The Work Readiness Skills Training outcome has been developed to provide these participants with assistance in developing the "soft" skills that will enable them to make a satisfactory adaptation to the needs and expectations of any workplace in which they find themselves.

   Skills learned in Work Readiness Training can be reinforced through a Work Experience following completion of Work Readiness Training.

   b. DB Work Experience Training
   ("DB Work Experience - SV" service name in CIS)

   The participants referred by a NYSCB counselor, will participate in a time-limited experience which: (1) provides the participant with an understanding of the work environment, work-related behaviors, work skills and work experience; and (2) provides NYSCB with information on how the participant performed in the work setting. Duration should be sufficient for the participant to acquire general work skills and experience, and for others to evaluate how the participant performs in a work setting. A work experience must not be less than one month, at 20 hours/week, and should not exceed six months at not less than 20 hours/week. Should a work experience last less than one month for reasons beyond the control of the contractor, it cannot be considered a successful outcome without District Manager approval.

6. DB Apartment in the Mainstream Services
   ("DB Apartment in Mainstream (AIM) - SV" service name in CIS)

   The participants, referred annually by NYSCB, will demonstrate the capacity to live independently in an apartment in the community for a period of up to six

months as participants in the contractor's Apartment in the Mainstream (AIM) program.

As specified in the NYSCB referral materials and as identified in the Initial Baseline report, NYSCB participants who demonstrate the potential to live independently will be provided an opportunity to learn and practice the skills needed to live independently in the community. When necessary, training will first be provided in an on-campus apartment setting. Under monitoring by the contractor, the NYSCB participant will take responsibility for the full physical upkeep of the apartment; all meal and menu planning; household shopping, including arranging for the shopping trips; food labeling and storage; and the safe preparation of all meals. The contractor will pay for the costs of all transportation related to these activities. Upon successful completion of the on-campus phase of the program, NYSCB participants will reside in one of three studio apartments located in the heart of the Port Washington residential community, approximately two miles from the contractor's training campus.

The AIM program, in addition to providing independent living instruction and support necessary for the NYSCB participant to successfully live independently in the community, will provide the participant with all necessary instruction to support this goal, including but not limited to: communication, orientation and mobility, skills of daily living/personal management, work experience, money management, banking and budgeting, and coordination with the on-going outcome based programming at the contractor's campus.

7. DB Assistive Technology

   a. DB Assistive Technology Baseline report
      ("DB Assistive Technology Baseline report - SV" service name in CIS)

      For participants referred annually by NYSCB, the contractor will complete an Baseline report of the individual's existing computer skills and knowledge, and of the individual's capacity to learn to use assistive technological devices. The Baseline report will also contain a recommendation of an assistive equipment and software configuration which will best meet the functional needs of the individual in his or her employment, educational, or home setting, and will contain a recommendation for a specific course of training which will assist the individual use the recommended assistive technology configuration in a way which will support the goals in his or her Individualized Plan for Employment (IPE), or Individualized Service Plan (ISP).

   b. DB Assistive Technology Training
      ("DB Assistive Technology Training - SV" service name in CIS)

The participants referred annually by NYSCB, will successfully complete the course of training defined in the Assistive Technology Baseline report.

II. Home Community Vocational Services (Outcome Based Services) Fee Schedule

VR Services OUTCOMES:	Current Rates	2019	2020	2021	2022	2023
CSC-DB VRT Baseline - SV	$495	$505	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC-DB VRT Training - SV	$3,713	$3,791	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC-DB O&M Baseline - SV	$495	$505	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC-DB O&M Training - SV	$3,713	$3,791	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC-DB SCW Baseline - SV	$413	$422	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC-DB SCW - SV	$2,970	$3,032	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC-DB Job Placement Baseline - SV	$3,630	$3,706	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC-DB Job Seeking - SV	$2,502.50	$2,555	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC-DB Job Development - SV	$2,502.50	$2,555	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC-DB Job Placement - 6 Days - SV	$2,970	$3,032	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC-DB Job Placement - 90 Days - SV	$3,850	$3,931	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC-DB Job Customized Employment - SV	N/A	$1,438	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC-DB Work Readiness - SV	$4,400	$4,492	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC-DB Work Experience - SV	$2,640	$2,693	TBD[1]	TBD[2]	TBD[3]	TBD[4]

CSC-DB Apartment in Mainstream (AIM) - SV	$9,900	$10,108	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC-DB Assistive Technology Baseline - SV	$1,056	$1,078	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC-DB Assistive Technology Training - SV	$3,696	$3,774	TBD[1]	TBD[2]	TBD[3]	TBD[4]
TBD[1]- 2020 VR rates will be adjusted by the "National Consumer Price Index - All Urban Consumers (CPI-U), Not Seasonally Adjusted, U.S. City Average, All Items" based upon the CPI reflected from January 1st, 2018 to December 31, 2018						
TBD[2]- 2021 VR rates will be adjusted by the "National Consumer Price Index - All Urban Consumers (CPI-U), Not Seasonally Adjusted, U.S. City Average, All Items" based upon the CPI reflected from January 1st, 2019 to December 31, 2019						
TBD[3]- 2022 VR rates will be adjusted by the "National Consumer Price Index - All Urban Consumers (CPI-U), Not Seasonally Adjusted, U.S. City Average, All Items" based upon the CPI reflected from January 1st, 2020 to December 31, 2020						
TBD[4]- 2023 VR rates will be adjusted by the "National Consumer Price Index - All Urban Consumers (CPI-U), Not Seasonally Adjusted, U.S. City Average, All Items" based upon the CPI reflected from January 1st, 2021 to December 31, 2021						

III. Home Community Services (Fee-Based Services/ Ancillary Services)

Definition: Home Community Services are fee-based services for HKNC Deaf-Blind participants who reside inside or outside the contractor's catchment region and who (1) do not require the intensive outcome based services, nor the residential services, available at the contractor's facility, or (2) have successfully completed a service package at the contractor's facility and who require services in their home community to enable them to achieve home and community integration, and/or obtain or retain employment in their home community. Home Community Services are intended to enhance the likelihood of success of the individual in attaining goals identified in his or her Individualized Plan for Employment (IPE) or Individualized Service Plan (ISP). For participants who reside inside the contractor's catchment region these services are provided primarily as follow-up services to augment services already provided under, "**Home Community Vocational Services (Outcome Based Services)**.

Home Community (Fee-based) Services consist of one or more of the following:

1. Job Placement Services

Job placement services include

- job seeking,
- job development,
- job placement,
- 6-day job placement, and
- 90-day job placement.

Job Development and Job Placement Services are services leading to paid employment in the NYSCB participant's home community. The participant and his/her support team research the participant's home community, identify prospective employers, and coordinate community resources in order to obtain paid employment and needed supports. This may include utilizing the Internet, coordinating support from placement agency affiliates, and supported employment programs. Home area canvassing may be conducted as well as job interviews leading to permanent employment.

Job Development and Job Placement Services are customized to the needs of the NYSCB participant. Services must be: (1) based on an individualized Job Placement Plan agreed upon by the NYSCB participant, NYSCB counselor, and the contractor, (2) organized to teach the NYSCB participant the skills necessary to find a job, and (3) actively support and assist the NYSCB participant obtaining employment. The service is intended to teach job-seeking skills, to conduct an active job search and to provide technical assistance in completing applications, developing resumes, and improving interview skills. Employer contacts, job or task analysis, job restructuring, identifying needed reasonable accommodations, and other services that assist NYSCB participants achieve successful employment outcomes are included as placement services, as are job development efforts focused on providing information, support, and assistance to employers to facilitate the hiring of participants who are legally blind. The contractor is expected to provide linkages to technology services but will not be expected to provide technology services themselves.

2. Job Save Services

Job Save Services are intervention services, occasionally on an emergency basis, in the NYSCB participant's home community which are intended to address the participant's potential loss of employment as a result of problems relating to his or her deaf-blindness, and to provide intervention with the employer, participant training,

technology supports, and social supports which result in the retention of the participant's job.

This service must be based upon a Job-Save Plan agreed upon by the NYSCB participant, NYSCB counselor, and the contractor. The Plan must specify the participants responsible for identified tasks, describe communication and collaboration strategies with the employer, assess whether assistive technology will ameliorate the situation triggering the potential job loss, and assess whether job coaching services are necessary to assist the NYSCB participant retain the job.

3. Job Coaching Services

Job Coaching Services are time-limited services intended to enhance the ability of the NYSCB participant to learn work-related behaviors and specific job skills in new or existing paid employment settings by providing an on-site job coach to assist the NYSCB participant in work-related tasks.

This service must be based upon the NYSCB referral materials and a Job Job-Coaching Coaching Plan agreed upon by the NYSCB participant, NYSCB counselor, and the contractor.

The contractor will provide a Job-Coach at a work location specified by the contractor or NYSCB.

The Job Coach will perform activities which may include, but are not limited to:

- advocacy with the employer;
- intervention with co-workers and supervisors to address work-site accommodation issues;
- development of co-worker supports;
- counseling regarding good work habits;
- thorough task analysis;
- intensive on-site skills instruction, including:
- job performance skills, such as sequencing, quality assessment, speed and endurance, etc.;
- job related skills, such as working with supervision, socializing with co-workers, personal grooming, etc.;
- transition/fading of instructional intervention to increase the independence of the NYSCB participant in the employment setting;
- extended services which include monthly contacts with the NYSCB participant and with the employer to assess job performance and address problems.

4. Orientation and Mobility Instruction

As specified in the NYSCB referral materials, this service provides instruction in adaptive skills which will assist the NYSCB participant travel safely and efficiently negotiate specified environments, and which will assist them achieve the goals identified in their Individualized Plan for Employment (IPE).

5. Vision Rehabilitation Therapy Services

As specified in the NYSCB referral materials, this service provides instruction in adaptive skills which enable an individual to independently function in the following areas: personal care, home management, financial acumen, braille and/or large print use (or another preferred format), telephone use and number retrieval, classroom note taking, tape recording, basic skills in typing/keyboard usage and the use of calculators and electronic note-taking devices or similar devices, which will assist them achieve the goals identified in their Individualized Plan for Employment (IPE).

6. Social Casework Services

As specified in the NYSCB referral materials, this service addresses issues related to the NYSCB participant's vision and hearing loss in order to achieve a successful resolution of impediments to the participant's achievement of education and employment goals, including, but not limited to: securing appropriate housing, medical care, child care services, accurate benefits information; developing the necessary personal skills and coping mechanisms to overcome the social, familial, and environmental barriers to achieving success in education and employment settings, all of which will assist them achieve the goals identified in their Individualized Plan for Employment (IPE).

Please Note: In no case may psychotherapy be provided within the scope of this outcome.

7. Assistive Technology Services

Assistive Technology Services are intended provide technical support to the NYSCB participant in the participant's home or education site, or work site. As specified in the NYSCB referral materials, this service includes but is not limited to: software installation, instruction in the use of software, hardware/assistive equipment installation, instruction in the use of hardware/assistive equipment, configuration of the NYSCB participant's equipment to be compatible with the system at the education or work site, and technical trouble shooting.

8. Sign Language Interpreter Services

Upon authorization from NYSCB, the contractor will provide sign language interpreter services to assist NYSCB participants access information needed to ensure the successful attainment of their vocational and rehabilitation goals. Sign language interpreters must be capable of providing one or more of the following communication methods, depending upon the communication abilities of the NYSCB participant:

- American Sign Language
- Sign Language Presented in English Word Order
- Manual Alphabet (Fingerspelling)
- Tactual Sign
- Print-On-Palm

Interpreters must be certified by the Registry of Interpreters for the Deaf, or eligible for such certification.

9. Audiological Services

Audiological Services are services intended to maximize a NYSCB participant's residual or subnormal vision and/or hearing. As specified in the NYSCB referral materials, this service includes an evaluation of the participant's vision and/or hearing and the prescription of necessary aids or assistive devices.

After prescription of assistive aids or devices for the NYSCB participant the contractor must provide instruction in the use of the devices and must coordinate with mobility and/or rehabilitation teaching specialists to provide follow-up services on the participant's use of aids or devices.

10. Low Vision Exams

See appendix A for service description and Appendix B for rates.

11. Consultation Services

Under this service the contractor's staff member, concurrently with the provision of one or more of the above services to a NYSCB participant in their home community, will, according to the referral materials from NYSCB, identify and train a local service provider to continue provision of the service(s), after departure of the contractor's staff member.

Provision of services to the NYSCB participant by the local service provider upon conclusion of the training period will be at the discretion of NYSCB. A referral from NYSCB will be required for payment of services.

12. Transition to Home Services

Transition to Home Services are services intended to enhance the NYSCB participant's success when returning to the home community. This contractor's case manager for the specific NYSCB participant, in consultation with the referring NYSCB counselor, will provide one or more of the following services:

- Work with the contractor's transdisciplinary team in locating and contacting potential residences and work sites through networking with HKNC regional representatives and affiliates, and other supportive parties
- Assist the NYSCB participant with referral and application for pertinent educational and residential opportunities
- Visit the NYSCB participant's home community for the purpose of participant advocacy, job development, residential placement and in-service orientation for on-site personnel
- Assist in coordination of a variety of support services to assist the NYSCB participant live and work successfully in his or her home community
- Coordinate follow-up services to enhance community transition
- Provide consultation services to individuals, families and service providers.

13. Benefits Advisement

Benefits Advisement includes any combination of the following services needed by the participant:

- Counseling and Education regarding benefits available and eligibility requirements
- Applying for Social Security Benefits, Medicaid, Medicaid Buy-in for Working Adults with Disabilities, Medicare, Food Stamps (SNAP), Temporary Assistance
- Adjusting Social Security information to include statutory blindness designation
- Education and assistance regarding reporting wages to the Social Security Administration
- Education and assistance with utilizing benefits appropriately

IV. Home Community Services Fee Schedule

Section III	Services	CIS Name	Inside Contractor Region*	Outside Contractor Region*
1	Job Placement Services	CSC-DB Job Dev/Job Placement Hour – F CSC-DB Job Dev/Job Placement Day - F	$80/hour	$350/day **
2	Job Save Services	CSC-DB Placement - Job Save Hour – F CSC-DB Placement - Job Save Day - F	$180/hour	$350/day**
3	Job Coaching Services	CSC-DB Job Coaching Hour – F CSC-DB Job Coaching Day - F	$45/hour	$350/day**
4	Orientation and Mobility Instruction	CSC - Orientation & Mobility – F CSC-DB Orientation & Mobility Day - F	See Appendix B XVI	$350/day**
5	Work Experience Training (Hourly)	CSC-DB-Work Experience Training (Hourly)	See Appendix B XVII	N/A
NA	Vision Rehabilitation Therapy Services	CSC - Vision Rehabilitation - F CSC-DB Vision Rehabilitation Day - F	See Appendix B XVII	$350/day**
6	Social Casework Services	CSC - Social Casework Services - F CSC-DB Social Casework Services Day - F	See Appendix B XII	$350/day**
8	Assistive Technology Services	CSC-DB Assistive Tech Services Hour – F CSC-DB Assistive Tech Services Day - F	$80/hour	$350/day**
8	Sign Language Interpreter Services	CSC - Interpreter (Sign Language) - F	See Appendix B V.	N/A
9	Audiological Services			
9	Audiometric Exam (V5000)	CSC-DB Audiological Exam Days - F	$100/visit	N/A
9	Hearing Aid Evaluation (V5010)	CSC-DB Audiological Exam Days - F	$100/visit	N/A
9	Impedance Testing (Z9509)	CSC-DB Audiological Exam Days - F	$25/visit	N/A
9	Tympanometry (Z9510)	CSC-DB Audiological Exam Days - F	$25/visit	N/A
9	Acoustic Reflex Testing (Z9511)	CSC-DB Audiological Exam Days - F	$25/visit	N/A
9	Dispensing Fee, monaural (V5090)	CSC-DB Audiological Exam Days - F	$150/visit	N/A
9	Dispensing fee, binaural (V5160)	CSC-DB Audiological Exam Days - F	$300/visit	N/A
10	Low Vision Exams	CSC - Low Vision Exam (Initial) - F CSC - Low Vision Exam (Follow up) - F	See Appendix B I.	N/A
11	Consultation Services	CSC-DB Consultation Day - F	NA	$300/day**
12	Transition to Home Services	CSC-DB Transition to Home Services Hour - F CSC-DB Transition to Home Services Day - F	$65/hour	$350/day**
13	Benefits Advisement	CSC-DB Benefits Advisement- Deafblind - F	$80/hour	N/A

*Contractor's catchment region includes Nassau, Suffolk, New York City, and Westchester County.

** Plus, travel, meal, and lodging costs.

Note: All reimbursement for travel, meals and lodging will be at rates approved by the NYS Office of State Comptroller.

V. Deaf-Blind Adaptive Living Program (ALP)Services

HKNC's Deaf-Blind Adaptive Living Program provides individualized services that occur on the HKNC campus, in the participant's home, or a combination of both. Intake is conducted and the Individualized Service Plan (ISP) is developed after an assessment. Training is provided to enable participants 55 or older to re-gain or maintain their independence in order to maintain their home and function as independently and safely as possible. Areas of training include home management, daily living skills, basic meal preparation, housekeeping, organization, money management, orientation and mobility use of home adaptive equipment and communication skills. Participants are also provided with community resources and referred to supporting agencies in the community for additional services.

HKNC Deaf-Blind ALP 1: Assessment

Upon receipt of the referral for HKNC Deaf-Blind ALP, HKNC will: evaluate individual participant's needs, interests, abilities, and preferences, and will give the participant an opportunity to receive services targeted to their specific circumstances. It is intended to be a pre-service assessment. In conducting this evaluation, HKNC will complete the NYSCB HKNC Deaf-Blind ALP Assessment Tool.

1. In addition to evaluating needs, the assessment will evaluate the participant's interests, abilities, and preferences.

2. The assessment will provide the information necessary to determine the level of service for which a participant is eligible.

3. The result of assessment will be an individualized service plan (ISP), prepared by HKNC in conjunctions with the NYSCB vocational rehabilitation counselor, and the referred participant, identifying the participant's goals, and the services that will be delivered.

4. Participants' informed choice will be reflected in the individualized goals developed as a result of the assessment process.

5. Individualized service plans will, when appropriate, integrate the services that HKNC directly provides with appropriate community linkages.

6. Participants appropriate for employment services will be referred back to NYSCB. These individuals, however, cannot be counted as achieving HKNC Deaf-Blind ALP -1, even if the assessment has already been completed.

In order for a person to be reported as having achieved HKNC Deaf-Blind ALP-1, each of the following criteria must be met:

1. The participant has had input into and agrees with the individualized goals which resulted from this assessment.

2. The participant's needs, abilities, interests, and preferences have been evaluated and incorporated into the preparation of the ISP.

3. The participant meets the eligibility criteria for services under HKNC Deaf-Blind ALP-2, HKNC Deaf-Blind ALP-2E, HKNC Deaf-Blind ALP-3 or Confident Living Program.

4. The ISP includes the participant's goals and the services to be provided.

HKNC Deaf-Blind ALP 2, HKNC Deaf-Blind ALP-2-E and HKNC Deaf-Blind ALP-3

HKNC Deaf-Blind ALP 2, 2E and 3 Service Outcomes:

Participants who meet the definition of eligibility for HKNC Deaf-Blind ALP services will demonstrate, in a manner acceptable to NYSCB, that at the time they complete services they are able to use the skills and/or access supports identified in their Individualized Service Plan (ISP).

Definitions of Terms:

1. Eligibility for HKNC Deaf-Blind ALP-2 Services: The participant is age 55 or older, a resident of New York State, legally blind, not residing in a nursing home and able to benefit from the HKNC Deaf-Blind-2 services.

2. Eligibility for HKNC Deaf-Blind ALP-2 E (Enhanced) Services: The participant must meet the eligibility criteria for, HKNC Deaf-Blind ALP-2, and must have an ISP which outlines a need for a lengthier and/or more intensive service program due to either an extensive array of service needs; or disability issues, such as multiple disabilities, that will expand the amount of required services.

3. Eligibility for HKNC Deaf-Blind ALP-3 Services: The participant must meet the eligibility criteria for HKNC Deaf-Blind ALP-2E and have significant needs and primary responsibility for managing the home.

4. Demonstrate in a manner acceptable to NYSCB: The specified result is verifiable, based on documentation required by NYSCB.

5. Individualized Service Plan: A mutually written individualized service plan, which clearly outlines the goal, length of services and program participation upon which the participant and HKNC have agreed to work.

6. Skills/Supports: Those abilities and resources which enable participants to meet their personal goals relating to increased safety, confidence, and/or independence within their communities and living environments.

Differentiating HKNC Deaf-Blind ALP Programs:

All participants receiving HKNC Deaf-Blind ALP or Confident Living Program services will participate in an HKNC Deaf-Blind ALP-1 assessment and will meet, at a minimum, HKNC Deaf-Blind ALP-2 eligibility criteria.

For a participant receiving HKNC Deaf-Blind ALP-2E services, the assessment results shall indicate that the participant needs and will receive services that are in addition to a standard HKNC Deaf-Blind ALP-2 program in order to achieve the goals identified in his/her ISP. Services provided under this outcome are intended to have significantly greater intensity and/or variety than those services provided to participants receiving HKNC Deaf-Blind ALP-2 services.

For a participant receiving HKNC Deaf-Blind ALP-3 services, HKNC Deaf-Blind ALP-2E eligibility will be met and the participant will have significant needs and primary responsibility for managing the home. Services provided under this outcome are intended to have significantly greater intensity and/or variety than those services provided to participants receiving HKNC Deaf-Blind ALP-2 and HKNC Deaf-Blind ALP-2E services.

Services Provided Under HKNC Deaf-Blind ALP-2:

Orientation and Mobility to allow participant to exit his/her home safely, move throughout their home and other familiar areas confidently, including areas nearby that are frequently visited (Doctors' offices, retail locations) and sighted guide skills and cane introduction.

Vision Rehabilitation Therapy to increase the level of independence in the management of home care tasks, including basic cooking, cleaning, self-care and financial management.

Social Casework Services to provide the participant a level of support in adjustment to vision and hearing loss, and basic benefits advisement.

Services Provided Under HKNC Deaf-Blind ALP-2 E and HKNC Deaf-Blind ALP-3:

Orientation and Mobility to allow a participant to travel safely in his/her greater neighborhood (or beyond if capabilities permit) including street crossings, cane travel, etc.

Vision Rehabilitation Therapy to achieve either a much broader scope of goals than a standard HKNC Deaf-Blind ALP-2 program would permit; or an intensive level of achievement within a few goal areas.

Social Casework Services provided to a participant to resolve significant needs in the areas of adjustment to blindness, hearing loss, access to community resources, access to health and housing resources, etc.

Standards for Services Delivery for HKNC Deaf-Blind ALP-2, HKNC Deaf-Blind ALP-2 E and HKNC Deaf-Blind ALP-3:

1. Services include vision rehabilitation therapy, orientation and mobility instruction, assistive equipment, transportation, low vision exams and devices, community linkages and necessary social casework.

2. Services and equipment (including low vision exams and devices and assistive equipment items) must directly address the needs identified and prioritized in the ISP. Assistive equipment refers to those aids, appliances and devices that assist participants who are blind to perform certain functions or activities. Medical restoration devices (prosthetic or orthotic appliances) are not available under this outcome.

3. It is expected that participants who achieve an HKNC Deaf-Blind ALP-2 and HKNC Deaf-Blind ALP-2E outcome will be more secure in their daily routines as a result of training and learning to call upon family, neighborhood, or community resources to assist them. It is not expected that they will have total self-direction in going about their daily activities and managing their homes. Participants who achieve an HKNC Deaf-Blind ALP-3 outcome will have achieved the skills and abilities needed to independently maintain the home and is functioning in that capacity.

4. An ISP may be amended, with the approval of both the participant and HKNC staff, if it appears that specific goals in the original service plan are no longer appropriate or achievable.

An amended plan should be prepared to account for alternative goals. The case file should also reflect the reasons for the modification.

5. A participant may not receive HKNC Deaf-Blind ALP services for a second time for a period of two years from the date of closure, unless a NYSCB staff member determines that the individual, due to exceptional circumstances, requires training not addressed previously. Examples of these circumstances include moving to a new home, the loss of a spouse, or significant loss of vision. A re assessment and a new individualized service plan (ISP) are required. Minor needs, such as marking a new appliance, will not be covered as stand-alone services under this agreement.

- Participants whose only need is for community connections may not be counted as achieving this outcome, unless the needs involve substantial intervention and eligibility has been approved by a NYSCB staff member prior to initiation of services.

Additional Service Delivery Standards for HKNC Deaf-Blind ALP-3:

1. Enhanced rehabilitation services provided to an older individual who requires services in of the typical HKNC Deaf-Blind ALP-2 program in order to achieve his/her goals.

2. Rehabilitation services provided to an older individual who meets eligibility criteria for HKNC Deaf-Blind ALP-2E, has significant needs and the primary responsibility of managing the home.

Confident Living Program

The Confident Living Program (CLP) is a one-week experiential peer learning opportunity designed for learners ages 55 and older who may have experienced significant age-related vision and hearing loss. The program takes place at HKNC campus. Participants engage in adult learning through collaborative dialogue and some one-to one sessions covering a myriad of areas which impact quality of life and independence. These include but are not limited to: Independent living, adaptive technology, communication techniques, interpreting services, and sessions with low vision specialists, an audiologist, elder law expert, and others. The program emphasizes learning skills to regain independence and confidence at home, in the community and in social settings.

Program participants will obtain information and an introduction to skills in:

- coping with vision loss,
- enhancing independent living skills,
- experiencing new technology,
- self-advocacy,
- elder law,
- emergency preparedness,
- community resources,
- utilizing Support Service Providers (SSPs),
- leisure activity options,
- sharing life experiences with peers and socialization.

VI. HKNC Deaf-Blind ALP Services Fee Schedule

OUTCOMES:	**Current Rates**	**2019**	**2020**	**2021**	**2022**	**2023**
HKNC ALP-1 - SV	$1,200*	$1,200*	$1,200*	$1,200*	$1,200*	$1,200*
HKNC ALP-2 - SV	$7,800*	$7,800*	$7,800*	$7,800*	$7,800*	$7,800*
HKNC ALP -2-E - SV	$9,400*	$9,400*	$9,400*	$9,400*	$9,400*	$9,400*
HKNC ALP -3 - SV	$14,000*	$14,000*	$14,000*	$14,000*	$14,000*	$14,000*
HKNC ALP-Confident Living Pro - SV	$1,300*	$1,300*	$1,300*	$1,300*	$1,300*	$1,300*
ALP Totals, Capped at maximum per contract in the ALP budget line						

*HKNC Deaf-Blind Adaptive Living Program and the Confident Living Program rates include services the descriptions above in addition to: low vision exam and aids, audiological exam and aids, equipment and devices, transportation and room and board.
*These rates reflect a flexible time range that will be individualized for each individual need and consist of a single payment, not determined by length of stay.

VII. Vocational Services Reporting Requirements

The contractor must submit progress reports on each NYSCB participant referred for service to the referring NYSCB district office in the format required by NYSCB. A final report on outcome-based services must also be submitted upon completion of the service describing outcome attainment, or explaining the failure to attain the outcome. A final report must similarly be submitted upon conclusion of fee-based services.

No outcomes will be considered to have been attained by the contractor unless the final report for the specific participant's outcome has been submitted in the proper format and has been received and approved by the NYSCB district office. Failure to submit a final report on specific outcome-based services will result in a reduction of the number of outcomes attributed to the outcome target for the particular service category.

A quarterly roster listing all successful recipients of all outcome-based services must be submitted to the NYSCB central office, in a format acceptable to NYSCB, along with the quarterly voucher for outcome services.

No fee-based services will be paid without a final report in a format acceptable to NYSCB attached to the payment request voucher. Reports and vouchers for fee-based services must be submitted to the referring NYSCB district office.

VIII. Deaf-Blind ALP Reporting Requirements

Forms and reports specific to HKNC Deaf-Blind ALP and the Confident Living Program are attached. They should be used throughout the process and provided to the referring NYSCB ILOB coordinator.

The following attached reports must be submitted to NYSCB as follows:

HKNC Deaf-Blind ALP Intake

The HKNC Deaf-Blind ALP Intake should be completed by the contractor after a participant is referred by NYSCB for HKNC Deaf-Blind ALP services and used to gather general demographic, medical and information and develop some understanding on basic service needs. Documentation of Legal Blindness is also required, an NYSCB Report of Legal Blindness, a letter from an ophthalmologist or optometrist, stating the individual is legally blind or documentation of receipt of SSDI/SSI benefits because of legal blindness or other records from a medical provider, hospital or other medical facility documenting legal blindness are considered sufficient documentation.

HKNC Deaf-Blind ALP Assessment Tool

The HKNC Deaf-Blind ALP - Assessment Tool should be completed by the contractor after a participant is referred for HKNC Deaf-Blind ALP and the HKNC Deaf-Blind ALP

Intake has been completed. The tool is used to determine the individualized services and programming for that participant.

HKNC Deaf-Blind ALP - Individualized Service Plan

The HKNC Deaf-Blind ALP - Individualized Service Plan is completed by the contractor in conjunction with the participant to develop a training program as well as identify the measurements by which determines the progress of training, for a participant receiving HKNC Deaf-Blind ALP-2, HKNC Deaf-Blind ALP-2-E or HKNC Deaf-Blind ALP-3 services.

HKNC Deaf-Blind ALP - Individualized Service Plan Progress Report

The HKNC Deaf-Blind ALP - Individualized Service Plan Progress Report is the location where reporting on each of the services provided is completed and where services are marked as achieved as well as reports documenting the service provision can be attached and progress notes written. The contractor indicates on this form which outcome level, HKNC Deaf-Blind ALP-2, HKNC Deaf-Blind ALP-2E, or HKNC Deaf-Blind ALP-3 was provided and is then approved by the referring NYSCB counselor. ISP's indicating a plan to receive HKNC Deaf-Blind ALP-2E, HKNC Deaf-Blind ALP-3 services or HKNC Deaf-Blind ALP-CLP programming needs to be approved by the NYSCB ALP coordinator.

HKNC Deaf-Blind ALP Confident Living Program-Progress Report

The HKNC Deaf-Blind ALP Confident Living Program-Progress Report is used while participants are participating in the Confident Living Program. All relevant reports and progress notes should be updated and included with this report. At the culmination of the participants program, the NYSCB ALP coordinator will use this form and included reports and notes to make a successful or unsuccessful determination.

IX. Room, Board and Support Services (Fee-Based/Ancillary Services)

Room and Board

Room and Board Services are provided at the contractor's Sands Point campus, and consist of meals and lodging during trainings.

Support Services

1. Case Management

   Each NYSCB participant will be assigned a case manager whose role is:

Contact with NYSCB: The case manager is the primary liaison between the contractor and NYSCB. The case manager is responsible for providing the NYSCB counselor with progress updates through comprehensive written reports and frequent telephone and e-mail communication.

Program Planning and Coordination: The case manager will assist the NYSCB participant in understanding, and adjusting to, the On-Campus Vocational Services training program and, in consultation with the NYSCB counselor, will develop a set of rehabilitation goals in support of the NYSCB participant's overall vocational goal. The case manager will synthesize information from the various departments and will serves as team leader to facilitate coordination of the NYSCB participant's program, and consistent communication with the NYSCB counselor.

Contact with Family/ Coordination of Benefits: In consultation with the NYSCB counselor, the case manager will facilitate communication between the NYSCB participant and his/her family. Also, in consultation with NYSCB, the case manager will assist with obtaining financial and medical benefits for the NYSCB participant, overseeing the use of personal funds, and arranging for vacations and transportation.

2. Independent Living Instruction

NYSCB participants referred for On-Campus Vocational Services will receive instruction in independent living skills in the residential setting which supports the training received through their outcome-based services. Instructional components include, but are not limited to:

- Organization, orientation and basic safety and self-protective procedures within the kitchen and the home environment.
- Preparation of simple uncooked foods; basic cooking, advanced cooking and baking skills which incorporate safe, tactual and adaptive rehabilitation work methods.
- Use of appropriate small and major appliances, including the standard electric and/or gas range, microwave oven, toaster-oven/broiler, electric skillet, hot beverage maker, coffee pot, slow cooker/crock pot, electric mixer, food processor, etc.
- Use of cookbooks, recipes and resource materials in the format of one's choice.
- Meal and menu planning, shopping and shopping strategies.
- Organization, labeling and storage of food, supplies, clothing, and personal items.

- Cleaning and housekeeping skills.
- Personal grooming.
- Laundry, wardrobe management, clothing identification and color coordination.
- Dining skills.
- Money management, banking and budgeting.
- Aids and devices to include low vision clocks, tactual wake-up devices and signal alerting systems.
- Community activities.

3. Medical Services

In consultation with the NYSCB counselor, medical services will be available on as as-needed basis to NYSCB participants receiving On-Campus Vocational Services, as follows:

- Medical and Nursing Services: Routine services of a nurse practitioner, ophthalmologist, otolaryngologist, and consulting psychiatrist are available on the premises at regularly scheduled intervals. Staff nurses are available during the day and in the evening to administer medications and treatments, provide symptomatic nursing care and first aid, assist with medical appointments and provide instruction in health education.

- Health Education Evaluation and Instruction: Upon authorization of the NYSCB counselor, the contractor will develop a participant-specific health education program to provide the NYSCB participant with a factual frame of reference about the participant's health issues. Areas of instruction include medication administration, basic first aid, nutrition, disease process, diabetic management and sex education.
- Emergency Medical Service: The contractor will assume responsibility so that any NYSCB participant receives emergency medical care as necessary through the use of emergency rooms, local hospital clinics, and private physicians' offices. The NYSCB counselor will be notified immediately by telephone, with written notice following, when emergency medical service is required for any NYSCB participant.

- Physical Therapy/Gym Program: In consultation with the NYSCB counselor, the gym is available to all NYSCB participants who have been medically cleared. Exercise programs are developed for each NYSCB participant by the recreation therapist, and a physical therapist is available for consultation. Upon authorization of the NYSCB counselor, individual programs will be developed by the physical therapist for those NYSCB participants with neurological or orthopedic problems.

X. Room, Board and Support Services Fee Schedule

Services Section IX.	CIS Name	Fee (Includes Incidentals)
Room, Board and Support Services	CSC-DB HKNC Room & Board - F	$400/week

All rates are all inclusive and include both Room, Board and Support Services. Participant in Apartment in the Mainstream receive both the Room, Board and Support Services and an Apartment in the Mainstream outcome authorization.

XI. Records

The contractor agrees to maintain accurate, complete and separate accounting and fiscal records identifiable as NYSCB Services to Participants with deaf-blindness, so as to be able to account for all reimbursement received and all activities conducted under this Agreement. The contractor agrees to retain such records for a period of six years from the termination date of this Agreement, or until the conclusion of any litigation arising out of this Agreement, whichever is later. Such records shall be subject to audit by NYSCB, the Office of Children and Family Services, the Office of State Comptroller, or any other party authorized by federal or State law or regulation.

XII. Personnel Standards

1. Baseline Evaluations:

Initial Baseline Evaluations reports must be conducted jointly by staff members who meet the qualifications for Vision Rehabilitation Therapy, Communications Skills, Orientation and Mobility Instruction, and Casework Services, as described below.

2. Vision Rehabilitation Therapy Services

Vision Rehabilitation Therapist and Communication Skills:

Vision Rehabilitation Therapist: A master's or bachelor's degree with a specialization in rehabilitation teaching of the blind, knowledge of Grade II Braille, intermediate American Sign Language skills, and familiarity with resources available to people with deaf-blindness; OR, a bachelor's degree and successful completion of a NYSCB-approved training program for professionals which meets nationally accepted standards, knowledge of Grade II Braille, intermediate American Sign Language skills, and familiarity with resources available to people with deaf-blindness.

Vision Rehabilitation Therapist: Assistant: A minimum of a high school diploma, or equivalent, and satisfactory completion of a NYSCB approved program for rehabilitation teacher assistants, as well as knowledge of Grade I Braille, intermediate American Sign Language skills, and familiarity with resources available to people with deaf-blindness. Provisions of services are subject to the supervision of a professional rehabilitation teacher, as defined above, who has two years of experience in rehabilitation teaching.

Orientation and Mobility Instruction:

Professional Orientation and Mobility Instructor: A master's or bachelor's degree with specialization in Orientation and Mobility instruction, intermediate American Sign Language skills, and familiarity with resources available to people with deaf-blindness; OR, a bachelor's degree, successful completion of instruction of a NYSCB approved program for professionals which meets nationally accepted standards, intermediate American Sign Language skills, and familiarity with resources available to people with deaf-blindness.

Orientation and Mobility Assistant: A minimum of a high school diploma, or equivalent, and satisfactory completion of a NYSCB approved program for orientation and mobility instructor assistants, intermediate American Sign Language skills, and familiarity with resources available to people with deaf-blindness. Provision of services are subject to the supervision of a professional orientation and mobility instructor, as defined above, who has two years of experience in orientation and mobility instruction.

Social Casework Services:

A master's degree or a bachelor's degree in social work, or a master's degree or a bachelor's degree in a related social/human services field, intermediate American Sign Language skills, and familiarity with resources available to people with deaf-blindness, plus a minimum of one year of social work experience with participants with deaf-blindness.

3. Vocational Baseline Reports:

Vocational Baseline Reports must be conducted by participants who possess EITHER

1. a master’s degree in vocational evaluation, or vocational rehabilitation, and who have a minimum of one year of experience working with participants with deaf-blindness,

   OR

2. a bachelor’s degree in a human services field, one year of experience providing vocational services to persons with deaf-blindness, and satisfactory completion of course work and training related to assessments of participants with disabilities.

4. Work Experience and Job Development Services, Job Placement/90 Days Services, Job-Save Services:

A master's degree in vocational rehabilitation; OR, a bachelor's degree or an equivalent combination of experience and post-secondary study in business, human resources/personnel development, marketing, counseling, education or a related field from an accredited college or university; intermediate American Sign Language skills, AND familiarity with resources available to people with deaf-blindness, plus one year of experience providing employment/ job placement services to participants seeking employment and working directly with employers.

5. Sign Language Interpreter:

Must be certified by the Registry of Interpreters for the Deaf (RID), or eligible for certification.

6. Assistive Technology Services:

All contractor staff who provides Baseline reports, assessment or training services under the terms of this Agreement must submit their credentials to NYSCB for approval prior to providing services under the terms of this Agreement. An interview may be required after credentials have been submitted and reviewed by NYSCB.

7. Consultation Services:

Dependent upon the nature of the Consultation Service requested by NYSCB, contractor staff who provides this service must meet the personnel qualifications listed above for the appropriate job title.

8. Transition Services:

A master's degree or a bachelor's degree in social work, or a master's degree or a bachelor's degree in a related social/human services field, intermediate American Sign Language skills, and familiarity with resources available to people with deaf-blindness, plus a minimum of one year of social work experience with participants with deaf-blindness.

NYS Commission for the Blind
Comprehensive Services Contract Guidelines
Appendix H: NYSCB Outcome Rates

CSC Outcome Prices

OUTCOMES:	**Current Rates**	**2019**	**2020**	**2021**	**2022**	**2023**
Services included in the ALP budget						
ALP 1	$150	$150	$150	$150	$150	$150
ALP 2	$600	$600	$600	$600	$600	$600
ALP 2 Enhanced	$1,300	$1,300	$1,300	$1,300	$1,300	$1,300
ALP 3	$2,500	$2,500	$2,500	$2,500	$2,500	$2,500
ALP Totals, Capped at maximum per contract in the ALP budget line						
VR Services						
CSC - Vision Rehab Baseline -SV	$330	$336	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC - Vision Rehab Lvl 1 (Basic) -SV	$715	$730	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC - Vision Rehab Lvl 2 (Intermediate) -SV	$880	$898	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC - Vision Rehab Lvl 3 (Independent) -SV	$880	$898	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC - O & M Baseline -SV	$330	$336	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC - O & M Lvl 1 (Basic) -SV	$715	$730	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC - O & M Lvl 2 (Route) -SV	$880	$898	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC - O & M Lvl 3 (Independent) -SV	$880	$898	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC - Social Casework Baseline -SV	$275	$280	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC - Social Casework Lvl 1 -SV	$1,980	$2,021	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC - Social Casework Lvl 2 Therapeutic -SV	$1,980	$2,021	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC - Pre-Voc Young Adults Baseline -SV	$330	$336	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC - Pre-Voc Young Adults Outcome -SV	$1,650	$1,684	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC - Academic Baseline (ABE/HSE) -SV	$550	$561	TBD[1]	TBD[2]	TBD[3]	TBD[4]

CSC - Academic Baseline (ESL) -SV	$550	$561	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC - Academic Baseline (College Prep) - SV	$550	$561	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC - Academic Instruction -SV	$4,400	$4,492	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC - Vocational Skills Baseline -SV	$440	$449	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC - Vocational Skills Training -SV	$4,620	$4,717	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC - Work Readiness Baseline -SV	$385	$393	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC - Work Readiness Training -SV	$4,400	$4,492	TBD[1]	TBD[2]	TBD[3]	TBD[4]
CSC - Work Experience Training -SV	$1,320	$1,347	TBD[1]	TBD[2]	TBD[3]	TBD[4]
VR Totals, Capped at maximum per contract in the VR budget line						

TBD[1]- 2020 VR rates will be adjusted by the “National Consumer Price Index - All Urban Consumers (CPI-U), Not Seasonally Adjusted, U.S. City Average, All Items” based upon the CPI reflected from January 1st, 2018 to December 31, 2018

TBD[2]- 2021 VR rates will be adjusted by the “National Consumer Price Index - All Urban Consumers (CPI-U), Not Seasonally Adjusted, U.S. City Average, All Items" based upon the CPI reflected from January 1st, 2019 to December 31, 2019

TBD[3]- 2022 VR rates will be adjusted by the “National Consumer Price Index - All Urban Consumers (CPI-U), Not Seasonally Adjusted, U.S. City Average, All Items" based upon the CPI reflected from January 1st, 2020 to December 31, 2020

TBD[4]- 2023 VR rates will be adjusted by the “National Consumer Price Index - All Urban Consumers (CPI-U), Not Seasonally Adjusted, U.S. City Average, All Items" based upon the CPI reflected from January 1st, 2021 to December 31, 2021