

Policy

NYSCB staff, community rehabilitation programs and existing community resources should be explored prior to using private vendors to provide VR services.

When services are not available or feasible through community rehabilitation programs or NYSCB direct service staff, VR counselors have the option to utilize private vendors.

When to Use Private Vendors

Approved private vendors may be utilized when

1. there is a specific need for a service not offered by a community rehabilitation program,
2. NYSCB direct service staff are unavailable,
3. the needed service is not available from other community agencies, and
4. there will be a significant delay in the delivery of service from a community rehabilitation program or other community resource.

Private Vendor File

NYSCB district offices maintain a local private vendor file which lists each vendor by service. A statewide private vendor file is maintained in home office.

When VR counselors need to use a private vendor outside their office territory, they should contact the district office in that territory to identify a qualified private vendor.

Approval of Private Vendors

The approval of a private vendor is based upon the individual's ability to meet the educational, experiential and certification requirements required by NYSCB. Only those private vendors who are approved by the NYSCB home office can be used to provide services.

Liability Insurance

As self-employed persons, private vendors are expected to be self-insured. NYSCB does not provide liability coverage for private vendors.

Procedure for Private Vendor Approval

When requesting private vendor approval, the district manager will follow these procedures:

1. Determine if the vendor has previously received approval.
2. Discuss with the prospective vendor the NYSCB standard for the service being provided, as well as current rates and mileage reimbursement policy.
3. Complete the top section of the OCFS-3598, *Individual Private Vendor Application*.
4. Send an application packet to the vendor which when completed will be returned to the district manager. Include the current guidelines document for the services to be provided with the packet.
5. Review the application for completeness and forward it to the home office with a statement regarding the need for the vendor and any other relevant comments.
6. If the vendor is employed by an organization or agency from which NYSCB purchases services, the Employee Release Letter below must be submitted by the employer indicating that there is no conflict of interest.
7. If the vendor is applying for approval as a Technology Consultant, they need to complete and submit the High-Tech Consultant Application Form below.
8. The application will be reviewed in the home office. If the prospective vendor meets the NYSCB personnel standard for the service to be provided, the application will be approved. The home office will send copies of the approved application to the
 - a. district office that submitted the application, and
 - b. private vendor.
9. If the application is not approved, the vendor and the requesting district manager will be notified in writing and the district manager will be advised of the reason(s) for disapproval.

Duration of Approval

Once a private vendor is approved, they will remain on the NYSCB private vendor list until

PRIVATE VENDORS

16.00.03

1. the vendor requests that their name be removed from the list,
2. the vendor moves out of state or is no longer available to provide services, or
3. NYSCB has determined that the vendor no longer meets the requirements for approval.

Progress Reports

Private vendors are required to provide the VR counselor with a progress report each time an authorization is submitted for payment.

In addition, the vendor must submit a final service report to the VR counselor within one week of completion of the authorized period of service.

Additional reports, verbal or written, will also be provided when requested by the VR counselor.

Progress reports should contain the following information: the time period covered; service goals; services provided; a summary of the participant's progress toward the service goal(s); comments or concerns and recommendations.

Participant Conferences

Conferences with the private vendor can be held, as needed, to discuss the participant's progress and to plan for additional or alternative services to meet the participant's needs and achieve their goal(s).

Conferences can be held at any time during the service delivery period, particularly if a problem has been identified in the progress report or if requested by the participant, the private vendor or the VR counselor. Conferences can be held in person or via telephone.

Confidentiality

Information about participants served by NYSCB (e.g., background, psychological and medical records) is confidential and cannot be released without the participant's written consent. Only information necessary for the provision of VR service should be shared with private vendors. See Section 1.01, Confidentiality, for additional information.

PRIVATE VENDORS

16.00.04

Private Vendor Services Rates

The current rates for services purchased from private vendors can be found in the *Comprehensive Services Guidelines*, Appendix B.

**NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES
COMMISSION FOR THE BLIND**

APPLICATION LETTER

Dear _____:

Please complete and return the attached *Individual Private Vendor Application* for approval as a private vendor. Please also submit your resume and copies of appropriate certificates, licenses or registrations as indicated on the application.

If approved, you will be notified by the NYSCB home office. Approved vendors are paid after services are provided.

Approval to provide services does not guarantee utilization of your services. The fee paid by NYSCB for services cannot be supplemented by the participant or any other payment source. It is your responsibility to inform our office of any changes in your status which may affect provision of services.

If you have any questions concerning the applications or the approval process, please contact me.

District Manager

**NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES
COMMISSION FOR THE BLIND**

INDIVIDUAL PRIVATE VENDOR MILEAGE REIMBURSEMENT POLICY

To encourage the provision of services in rural areas, NYSCB will provide an incentive in addition to the current state mileage reimbursement rate for total round-trip travel in excess of 80 miles in accordance with the following schedule:

Current state mileage rate for all miles traveled, plus the following:

Round Trip Miles Traveled	Reimbursement
0-80	\$ 0
81-120	\$7.50
121-160	\$17.00
161-200	\$28.50
201-250	\$42.00
250+	\$49.50

This applies to all areas outside Metropolitan New York City. In Metropolitan New York City, reimbursements will be based on travel receipts.

Travel reimbursement should be from the vendor's point of origin to the point of service delivery and return.

For example, using \$.555 as the mileage rate:

- Vendor origin, Albany, to participant in Lake George -124 round trip miles. Payment received would be \$85.82 plus fee for service.

\$17.00	payment for miles between 121 & 160
<u>\$68.82</u>	state mileage reimbursement
\$85.82	Total

- Vendor origin, Albany to participant in Saratoga - 64 round trip miles. Payment received would be \$35.52 plus fee for service.

\$ 0.00	under 81 miles, no reimbursement
<u>\$35.52</u>	state mileage reimbursement
\$35.52	Total

**NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES
COMMISSION FOR THE BLIND**

EMPLOYER RELEASE

NYSCB Staff Name
Title
New York State Commission for the Blind
Street Address
State Address

Dear:

_____, a member of our staff has advised us that
Name

they have applied to be a Private Vendor to provide

_____ to individuals served by NYSCB.
Service

We see no conflict of interest in working for the New York State Commission for the Blind as a private vendor on their own time.

Sincerely,

Name _____

Title _____

Agency _____

Address _____

**NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES
COMMISSION FOR THE BLIND**

HIGH TECH CONSULTANT APPLICATION FORM

NAME: _____

ADDRESS: _____

TELEPHONE: _____

**PLEASE CHECK THE APPROPRIATE BOX FOR EACH STATEMENT OR
QUESTIONS.**

- | | | | |
|----|---|----------|---------|
| 1. | I am willing to travel to a participant.
If yes, state maximum travel time. | ____ Yes | ____ No |
| 2. | I am willing to set up any and all equipment I
have ordered for a participant. | ____ Yes | ____ No |
| 3. | I am willing to set up equipment someone else has
ordered for a participant. | ____ Yes | ____ No |
| 4. | I am willing to train the participant on the equipment
I have ordered. | ____ Yes | ____ No |
| 5. | I am willing to train a participant on the equipment
someone else has ordered. | ____ Yes | ____ No |
| 6. | I am willing to train the participant on the software
I have ordered. | ____ Yes | ____ No |
| 7. | I am willing to train a participant on the software
someone else has ordered. | ____ Yes | ____ No |

HIGH TECH CONSULTANT APPLICATION FORM

SOFTWARE

8. a. I know word processing software well enough to:
_____recommend _____install _____teach
- b. I am familiar with the following word processing software programs:
9. a. I know database management software well enough to:
_____recommend _____install _____teach
- b. I am familiar with the following database management software programs;
10. a. I know communications software well enough to:
_____recommend _____install _____teach
- b. I am familiar with the following communications software programs:
11. a. I know spread sheet software well enough to:
_____recommend _____install _____teach
- b. I am familiar with the following spread sheet software programs:

HIGH TECH CONSULTANT APPLICATION FORM

SOFTWARE (continued)

12. a. I know large print software well enough to:
_____recommend _____install _____teach
- b. I am familiar with the following large print software programs:
13. a. I know voice output software well enough to:
_____recommend _____install _____teach
- b. I am familiar with the following voice output software programs:
14. a. I know braille output software well enough to:
_____recommend _____install _____teach
- b. I am familiar with the following braille output software programs:

HARDWARE

15. a. I know computer hardware well enough to:
_____recommend _____install _____teach
- b. I am familiar with the following computer hardware:

HIGH TECH CONSULTANT APPLICATION FORM

HARDWARE (continued)

- 16. a. I know printers well enough to:
_____recommend _____install _____teach
- b. I am familiar with the following printers:

- 17. a. I know large print output hardware well enough to:
_____recommend _____install _____teach
- b. I am familiar with the following large print output hardware:

- 18. a. I know voice output hardware well enough to:
_____recommend _____install _____teach
- b. I am familiar with the following voice output hardware:

- 19. a. I know braille output hardware well enough to:
_____recommend _____install _____teach
- b. I am familiar with the following braille output hardware:

High Tech Consultant's signature: _____ Date: _____