

**NEW YORK STATE
OFFICE OF CHILDREN AND
FAMILY SERVICES**



**Commission
for the Blind**

**Comprehensive Services Contract
Guidelines**

01/01/2014-12/31/2018

Revised 11/20/15

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1. General Information

ALP Services do not require that assessments or services be authorized by a NYSCB counselor. ALP consumers will have little or no direct involvement with NYSCB during the assessment and service process. See the ALP section for further information.

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

When a service is authorized to a contractor, the contractor staff are able to view certain forms in the consumer's ECF and are able to report progress using Progress Reports that are located in the ECF.

Contractor staff are able to view the following forms in the consumer'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 if completed by the NYSCB counselor, and
5. If low vision services are authorized, the Low Vision Evaluation Form.

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 consumer case files, a consumer 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.

Recoupment for ALP and Vocational Rehabilitation Cases

NYSCB will seek to recoup payment for cases that, upon quality assurance review, are found to:

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

NYSCB will identify the criteria for determining an egregious violation of contract sta

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 consumer (e.g. failing to serve a referred consumer).
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).

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.

Providing Written Communications in the Consumer's Preferred Format

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

Communications with Consumers Who Are Deaf/Blind

In order to communicate effectively with consumers who are deaf/blind, it may be necessary to secure the services of a certified interpreter. Contractor staff must consider whether or not the services of a certified interpreter are needed in order for a consumer 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 consumer's involvement with the contractor.

Communications with Consumers Whose Primary Language is Other Than English

In order to communicate effectively with consumers 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 or not the services of a foreign language interpreter are needed for a consumer 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 consumer's involvement with the contractor.

Confidentiality of Information

The Contractor will safeguard the confidentiality of all information relating to all consumers 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 consumer. In addition, special releases are required for providing or obtaining oral or written information about consumers with special circumstances (e.g. HIV, substance abuse). Refer to Section 10.0, Forms, of these Guidelines for associated Release of Confidential Information forms.

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

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.

ADAPTIVE LIVING PROGRAM (ALP) 2.0

<u>Services</u>
ALP 1 Assessment
ALP 2 Outcome
ALP 2-E Outcome
<u>Applicable Forms</u>
ALP Intake Form
ALP Assessment Form
ALP Individualized Service Plan (ISP)
ALP ISP Report

ADAPTIVE LIVING PROGRAM (ALP): GENERAL INFORMATION

2.1 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 or not the consumer 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 his/her 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 consumers reaching the identified outcomes. It is expected that consumers 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.

2.2 NYSCB and Contractor Division of Responsibilities:

Consumers 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 consumer through the NYSCB Consumer Information System (CIS).

2.3 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, in order 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 consumer prefers services from another agency, the contractor who made the original contact with the individual must refer the consumer to the preferred agency.

NYSCB expects that contractors will contact NYSCB Home Office staff:

1. To discuss problems with a consumer referral.
2. To develop ways to enhance program quality.

2.04 ALP Outcome #1

An agreed upon number of consumers 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)].

2.5 Definition of Terms Used in Outcome Statement

Assessment: A comprehensive evaluation of individual consumer's needs, interests, abilities, and preferences, which will be consistent among all contractor agencies across the state, and will give all consumers 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.

2.6 Standards for Service Delivery

1. In addition to evaluating needs, the assessment will evaluate the consumer's interests, abilities, and preferences.
2. The assessment will provide the information necessary to determine the level of service for which a consumer is eligible.
3. The result of assessment will be an individualized plan for service delivery, (ISP), identifying the consumer's goals of participation and the services that will be delivered.
4. Consumers' 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 consumer 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. Consumers 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.

2.7 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 consumers from the contractor that identified the individual to the contractor selected to provide services.

2.8 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 consumer is legally blind. The following methods can be used to obtain documentation of legal blindness. The contractor should provide assistance to the consumer 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 obtain school records signed by an M.D. or O.D. that documents that the individual is legally blind, or obtain records from a medical clinic, hospital or other medical facility that documents that the individual is legally blind.
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 his/her 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 consumer is eligible for ALP-2, ALP-2E or ALP-3 by assessing the consumer's rehabilitation needs and interests, available supports, the basis for eligibility, and other pertinent information. If the consumer 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 consumer'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.

2.9 Criteria for Determining that a Person has Achieved ALP Outcome #1:

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

1. The consumer has had input into and agrees with the individualized goals which resulted from this assessment.
2. The consumer'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 consumer's goals and the services to be provided.

2.10 ALP 2, 2E and 3 Service Outcomes

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

For a consumer receiving ALP-2E services, the assessment results shall indicate that the consumer needs and will receive services that are in addition to a standard 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 consumers receiving ALP-2 services.

For a consumer receiving ALP-3 services, ALP-2E eligibility will be met and the consumer 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 consumers receiving ALP-2 and ALP-2E services.

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

Orientation and Mobility to allow a consumer 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 ALP-2 program would permit, or intensive levels of achievement within a few goal areas.

Social Casework Services provided to a consumer 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 consumers 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. Consumers 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 consumer 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 consumer 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 consumer's daily routine.
8. Whenever a choice of service provider is available, consumers 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 consumer'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:
 - Number of service delivery hours;
 - Costs associated with low vision aids and assistive devices;
 - 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 consumer is again eligible to receive services.

2.16 Role of the Contractor

1. Determine from the ISP what services are needed to assist the consumer to achieve their goals.
2. Determine whether the consumer meets eligibility criteria for ALP-2, ALP-2E or ALP-3
3. Notify consumer of anticipated dates of service initiation.
4. Arrange for and initiate a coordinated set of services.
5. Monitor services and consumers' progress toward goals.
6. Maintain individualized case records to document services and equipment delivered and the consumer's progress toward goal achievement.
7. With consumer participation, determine when goals have been reached and terminate services.
8. Complete the ISP Progress Report.
9. Upon completion of the consumer'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 consumer to achieve his/her individualized goals.

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

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

1. The consumer 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 consumer 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 consumer 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 consumer achievement of specific goals as outlined in their ISP.
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.

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](#)

[Prohibition on Redisclosure of HIV or AIDS Related Information](#)

[Prohibition on Redisclosure 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

Consumer:

Name: (Last, First, MI)

Case Number:

SSN:

Cycle:

Date of Birth:

Gender:

Person Completing Intake:

Referral Information:

Source of Referral:

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

First Contact Date:

Residential Address:

Mailing Address:

Telecom

Home Phone:

Cell Phone:

TDD(Y/N)?

E-mail:

Communication

Primary Language (choose 1):

- | | | |
|--|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Hindi |
| <input type="checkbox"/> African Languages | <input type="checkbox"/> Arabic | <input type="checkbox"/> Italian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> French | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> German | <input type="checkbox"/> Greek | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Other |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Urdu | <input type="checkbox"/> Vietnamese | |

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

Preferred Communication Medium:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Regular Print | <input type="checkbox"/> Large Print |
| <input type="checkbox"/> Braille | <input type="checkbox"/> Taped |
| <input type="checkbox"/> E-mail | <input type="checkbox"/> Electronic |

Manual Communication Mode:

- | | |
|---|---|
| <input type="checkbox"/> Signed English | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Tactile Sign | <input type="checkbox"/> Tangible Symbols |
| <input type="checkbox"/> Other | |

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

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> 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 1 year 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: _____

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

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. In order 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.

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 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 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

<u>Task</u>	<u>Outcome of Assessment</u>
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

<u>Task</u>	<u>Outcome of Assessment</u>
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

<u>Task</u>	<u>Outcome of Assessment</u>
<i>Indoor Mobility</i>	
1. Protective techniques	
2. Emergency Exit	
3. Home Orientation	
4. Sighted Guide	
5. Cane Travel	
<i>Outdoor Mobility</i>	
6. Stairs	
7. Curbs	
8. Accessing places of personal importance	
9. Public Transportation	
10. Cane Travel	
11. Street Crossings	

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 drawers.	
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 consumer's demeanor, home environment, or other factors that might impact upon the rehabilitation process. (Examples- seems confused, cries easily, home is cluttered, etc.)

Stimulus Funds Used?

Completed Date:

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

ALP Individualized Service Plan

Case Number:
Consumer:

Cycle Number:
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

Approval Date:

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

Individualized Service Plan Progress Report

Case Number:

Cycle Number:

Consumer:

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

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.**



Older Individuals who are Blind – Technical Assistance Center

New York State Office Children and Family Services
COMMISSION FOR THE BLIND
RELEASE OF CONFIDENTIAL INFORMATION

Consumer 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.

Consumer 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.



Older Individuals who are Blind – Technical Assistance Center

New York State Office Children and Family Services
COMMISSION FOR THE BLIND
RELEASE OF CONFIDENTIAL INFORMATION

Consumer 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.

Consumer Signature (parent/guardian if minor)
42

Date

NYS Commission for the Blind Comprehensive Service Contract Guidelines Appendix A: Ancillary Service Standards

I. Low Vision Services Low Vision Aids & Devices *

* 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 consumer's residual or subnormal vision. The evaluation of a consumer's vision or acuity and the determination of necessary aids is only a part of the low vision service available to consumers. Additional factors that affect the consumer's functioning are considered in evaluating a consumer's need for and acceptance of low vision services.

Based on the assessment of the consumer'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 consumer. 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 consumer.

Low vision services include the instruction of the consumer 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 consumer's ability to use low vision aids or devices may vary during periods of extended usages. Rest periods may extend the consumer'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 consumer 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 consumer, 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.

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. Assessment Services

Individuals must possess the qualifications specified below relevant to the specific area of assessment.

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 (MSW) or a Bachelor's Degree (BSW) 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.