

State of Colorado

Department of Labor and Employment (CDLE)

Division of Vocational Rehabilitation (DVR)



OIB Direct Services Procedure Guide

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Table of Contents

Table of Contents	2
Mission	4
1 Older Individuals Who Are Blind Grant	4
1.1 Introduction	4
Communication	5
1.2 Purpose	5
1.3 Client Assistance Program	5
1.5 Confidentiality	5
1.6 Nondiscrimination	6
1.7 Accessibility	7
2 Personal Safety	7
2.1 Elder Abuse	7
2.2 Suicide Prevention and Reporting	7
2.3 Appropriate Conduct and Touch	8
3 Information and Referral	8
3.1 Devices and Services	8
3.2 Resources	8
4 Application & Intake	9
4.1 Intake Documentation	9
4.2 Release of Information	11
5 Determining Eligibility for OIB Services	11
5.1 Eligibility	11
5.2 Ineligibility Determination	12
6 Plan of Services	12
6.1 Comprehensive Assessment	12
6.2 Plan of Services	13
7 Services	13
7.1 Duration of OIB Services	13
7.2 Types of OIB Services	14
Core OIB Services	14
Support Only Services	15
Supplemental Services	16
Community Awareness Activities and Information and Referral	16
7.3 Utilizing Contractors to Provide Services	16
7.4 Equipment	17
7.5 Duplicate Services	17
8 Case File	18

8.1 Contents of Case File	18
8.2 Case Notes	19
9 Case Closure	19
9.1 Closure Without Eligibility Determination	19
9.2 Reasons for Closure	19
Successful Closure of Planned Services and/or Core OIB Services	19
Other Reasons for Closure	19
Termination of OIB Services	20
9.3 Documenting Closure	20
7-OB Required Documentation	21
9.4 Consumer Satisfaction Survey	21
10 Community Outreach	21
11 Staff: Qualifications, Training, and Continuing Education	22
11.1 New Staff	22
11.2 Continuing Education	23
11.3 Staff Working Toward Certification and/or Licensure	24
11.4 Scope of Practice & Code of Ethics	24
12 Miscellaneous	24
12.1 Every-Other-Month OIB Calls	24
12.2 OIB Subrecipient Hub	24
13 Appendix	24

Mission

Promoting independence, community involvement, and well-being for older individuals who are blind or have low vision.

1 Older Individuals Who Are Blind Grant

1.1 Introduction

The Division of Vocational Rehabilitation (DVR) is a division of the Colorado Department of Labor and Employment (CDLE). DVR is the Designated State Agency (DSA) and thus is required to monitor the performance of each contract to ensure compliance with the OIB grant as defined under the Code of Federal Regulations and guidance from the Rehabilitation Services Administration (RSA).

This guide has been created to orient and educate both new and existing Older Individuals who are Blind (OIB) subrecipient staff, especially direct service staff, on OIB service delivery. This manual will be updated annually or as otherwise deemed necessary by the DSA.

This document outlines both required items and recommended best practices in OIB service provision. Items that are required to meet federal grant requirements and/or required by the Division of Vocational Rehabilitation will be identified as such via the language of “required”, “will”, or “shall”. All other items outlined in this manual are not required, yet encouraged, as they outline best practices. Items that are not required will be identified as such via the language of “should”, “encouraged to”, “can”, or “may”.

In Colorado, services are provided through contracts with community organizations who have been awarded grant funds through a competitive public Request For Application (RFA) process. Grant contracts are currently awarded for a three-year cycle. These organizations are referred to as Subrecipients.

Formula grants for the OIB program are current-funded. However, the Act contains a provision allowing all Title VII grantees to carry over unobligated funds for an additional fiscal year. States participating in the OIB program must match every \$9 of federal funds with \$1 in nonfederal cash or in-kind resources in the year for which the federal funds are appropriated.

Costs incurred by a subrecipient to provide those services may be direct, like the cost of employing someone who provides direct OIB services to consumers or the cost of an adaptive aid purchased for a consumer. Or, those costs may be indirect, like the cost of employing the executive director, who may not provide direct OIB services, but whose position is essential for the provision of those services.

OIB is a cost reimbursement contract, meaning that regardless of whether a cost is direct or indirect, a subrecipient will only receive reimbursement for costs after they have been incurred.

Communication

The DVR points of contact for the OIB program are:

- Liz Robertson, OIB Program Manager, DVR Blind and Low Vision Services Unit
 - elizabeth.robertson@state.co.us
 - 719-985-0549
- Anna Hartzog, Program Assistant II, DVR Blind and Low Vision Services Unit
 - anna.hartzog@state.co.us
 - 720-392-6856

DVR manages an email group for subrecipient communications: cdle_oib@state.co.us. All current and new Subrecipient staff who provide OIB services, regardless of role or title, should be added to the email group by contacting either the Program Manager or Program Assistant (above).

1.2 Purpose

The purpose of the Independent Living Services for Older Individuals Who Are Blind (OIB) program is to:

- provide independent living services to older individuals who are blind;
- conduct activities that will improve or expand services for these individuals; and
- conduct activities to improve public understanding of these individuals' challenges.

An "older individual who is blind" is an individual aged 55 or older whose significant visual impairment makes competitive employment extremely difficult to attain but for whom independent living goals are feasible. Through these services and activities, the program seeks to improve independent living options for older individuals who are blind and increase their independence and self-sufficiency.

1.3 Client Assistance Program

Subrecipients are required to inform consumers receiving OIB services about the Client Assistance Program (CAP), including the availability of, and services provided under the CAP.

Subrecipients are required to have a written policy and/or procedure that dictates when and how each consumer will be informed of their rights with respect to CAP, and will share policies and updates with the DSA.

Disabilitylawco.org

455 Sherman St, Ste 130

Denver, CO 80203

Phone: 800.288.1376 or 303.722.0300 All lines voice/TTY

Fax: 303.722.0720

1.4 Confidentiality

Subrecipients are required to have policies and/or procedures to safeguard the confidentiality of all personal information, and will share policies with the DSA. These policies and procedures must be in compliance with [CFR § 367.69](#).

Key considerations from CFR § 367.69 include:

- Service providers shall adopt and implement policies and procedures to safeguard the confidentiality of all personal information, including photographs and lists of names. Specific safeguards protect current and stored personal information, including a requirement that data only be released when governed by a written agreement between the DSA and other service providers and the receiving entity;
- All applicants for or recipients of services and, as appropriate, those individuals' legally authorized representatives, service providers, cooperating agencies, and interested persons are informed of the confidentiality of personal information and the conditions for gaining access to and releasing this information;
- All applicants or their legally authorized representatives are informed about the service provider's need to collect personal information and the policies governing its use;
- All personal information in the possession of the service provider may be used only for the purposes directly connected with the provision of services and the administration of the program under which services are provided. Information containing identifiable personal information may not be shared with advisory or other bodies that do not have official responsibility for the provision of services or the administration of the program under which services are provided.

Additional information, including a sample Release of Information form, can be found in the Appendix of this document.

1.5 Nondiscrimination

Subrecipients are required to have a written policy and/or procedure that dictates when and how each consumer will be informed of their rights with respect to nondiscrimination and equal opportunity, and will share policies and updates with the DSA. Nondiscrimination policies must, at minimum, be in compliance with [CFR § 104](#).

Key considerations regarding CFR § 104 include:

- No qualified handicapped person shall, on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives Federal financial assistance.
- A recipient, in providing any aid, benefit, or service, may not, directly or through contractual, licensing, or other arrangements, on the basis of handicap:
 - Deny a qualified handicapped person the opportunity to participate in or benefit from the aid, benefit, or service;
 - Afford a qualified handicapped person an opportunity to participate in or benefit from the aid, benefit, or service that is not equal to that afforded others;
 - Provide a qualified handicapped person with an aid, benefit, or service that is not as effective as that provided to others;

- Provide different or separate aid, benefits, or services to handicapped persons or to any class of handicapped persons unless such action is necessary to provide qualified handicapped persons with aid, benefits, or services that are as effective as those provided to others;
- Aid or perpetuate discrimination against a qualified handicapped person by providing significant assistance to an agency, organization, or person that discriminates on the basis of handicap in providing any aid, benefit, or service to beneficiaries of the recipients program or activity;
- Deny a qualified handicapped person the opportunity to participate as a member of planning or advisory boards; or
- Otherwise limit a qualified handicapped person in the enjoyment of any right, privilege, advantage, or opportunity enjoyed by others receiving an aid, benefit, or service.

Additional information about equal opportunity and non-discrimination requirements can be found in the Appendix of this document.

1.6 Accessibility

Subrecipients are required to have a written policy and/or procedure that outlines compliance with current laws and regulations; dictates when and how each consumer will be informed of their rights with respect to accessibility, and will share policies and updates with the DSA.

Current laws and regulations governing accessibility include:

- Architectural Barriers Act of 1968
- Section 504 of the Rehabilitation Act
- Americans with Disabilities Act

Resources and sample language from DVR's policy manual can be found in the Appendix of this document.

2 Personal Safety

2.1 Elder Abuse

Subrecipients should have a written policy and/or procedure regarding reporting suspected abuse and neglect, and will share policies and updates with the DSA. Subrecipients should refer to expert agencies including, but not limited to, the National Center on Elder Abuse and the Centers for Disease Control when drafting such policies. Policies should include information on the Eldercare Locator, a public service of the U.S. Administration on Aging, and should direct staff to call 911 immediately in the case of immediate or life-threatening danger. Policies should include a list of hotlines and other relevant resources.

2.2 Suicide Prevention and Reporting

Subrecipients should have a written policy and/or procedure regarding suicide prevention and reporting, and will share policies and updates with the DSA. Policies and/or procedures should outline directions for staff in calling 988, the Suicide and Crisis Lifeline, and/or the National Suicide Prevention Lifeline, 1-800-273-8255. Additionally, policies and procedures should include other relevant resources such as local support groups, staff education resources, resources for friends and family, etc.

More information can be found in the Appendix of this document.

2.3 Appropriate Conduct and Touch

Subrecipients are required to have a written policy and/or procedure regarding appropriate conduct and touch when providing OIB services, and will share policies and updates with the DSA. Policies and/or procedures will outline the need for touch when engaging in training, including Hand Over Hand and Hand Under Hand techniques, and parts of the body in which touch may be needed. Additionally, policies and/or procedures will outline when and how to address appropriate conduct and touch with consumers. Consumers will, at any time, have the right to give or rescind consent. Policies and/or procedures will outline reporting and documentation requirements.

More information, including a sample policy, can be found in the Appendix of this document.

3 Information and Referral

3.1 Devices and Services

Subrecipients should inform consumers about the clinical services and devices available in the marketplace, regardless of whether or not the Subrecipient can provide those services or devices.

3.2 Resources

Subrecipients should ensure that a resource list, which includes local, state, and national resources to help adjust to and cope with vision loss, is readily available in various accessible formats to meet consumer needs. Subrecipients should consult with the OIB Program Manager as needed regarding appropriate resources to include on the list.

Examples of resources include, but are not limited to:

- Retailers of adaptive equipment for people who are blind or visually impaired
- Senior programs
- Public and private social service programs
- Faith-based organizations
- Consumer groups to enhance adjustment, independent living, and integration into the community.

For more information about Information and Referral, see Chapter 7 Services.

Additional information about information and referral resources can be found in the Appendix of this document.

4 Application & Intake

Subrecipients should specify an appropriate window for initial contact with new consumers. The determined appropriate window will be decided upon by the Subrecipient, though best practice is to contact new consumers within 10 business days. There should be no wait list for first contact. Information and referral services and collection of intake information can be completed by telephone.

4.1 Intake Documentation

When a consumer applies to receive services, an intake is required to be completed. The Subrecipient may choose to gather more information than what is required. Signatures are not required in the application process, though Subrecipients may choose to require them. If a consumer has previously applied for and received services, then the consumer does not need to re-complete the application process. The prior application should be received to ensure information is still accurate.

Information required to be collected at time of application/intake, per the 7-OB, includes:

- New consumer in the current federal fiscal year vs. returning consumer
- Age at application
 - 1. 55-64
 - 2. 65-74
 - 3. 75-84
 - 4. 85 & over
- Gender
 - Individual self-identifies as female
 - 2. Individual self-identifies as male
 - 3. Individuals who did not self-identify gender
- Race
 - 1. American Indian or Alaska Native
 - 2. Asian
 - 3. Black or African American
 - 4. Native Hawaiian or Other Pacific Islander
 - 5. White
 - 6. Individual did not self-identify race
- Ethnicity
 - 1. Hispanic or Latino
- Degree of visual impairment
 - 1. Totally blind (light perception only or no light perception)

- 2. Legally blind (excluding totally blind)
- 3. Severe visual impairment
- Major cause of visual impairment
 - 1. Macular degeneration
 - 2. Diabetic retinopathy
 - 3. Glaucoma
 - 4. Cataracts
 - 5. Other cause of visual impairment
- Other age-related impairments
 - 1. Hearing impairment
 - 2. Mobility impairment
 - 3. Communication impairment
 - 4. Cognitive or intellectual impairment
 - 5. Mental health impairments
 - 6. Other impairment
- Type of residence
 - 1. Private residence (house or apartment)
 - 2. Senior independent living facility
 - 3. Assisted living facility
 - 4. Nursing home/long-term care facility
 - 5. Homeless
- Source of referral
 - 1. Eye care provider (ophthalmologist, optometrist)
 - 2. Physician/medical provider
 - 3. State Vocational Rehabilitation agency
 - 4. Government/public or private social service agency not listed elsewhere
 - 5. Veterans Administration
 - 6. Senior program
 - 7. Assisted living facility
 - 8. Nursing home/long-term care facility
 - 9. Independent living center
 - 10. Family member or friend
 - 11. Self-referral
 - 12. Other sources

The following items are not required to be included in the intake, but are recommended:

- A recent eye report from a qualified medical professional
 - It is best practice to obtain medical information in order to best understand the person's visual impairment, understand abilities and limitations and/or safety implications, and to have a better understanding of what adaptive equipment might serve the person best.
 - If an eye report is unable to be obtained, a functional visual assessment may be conducted by a qualified professional.

- Services do not need to be delayed while the service provider is waiting to obtain an eye report.
- What other agencies are you currently working with?
- What other agencies have you worked with in the past?
- Timeline of processing a referral, completing an intake, and providing services
- Waitlist procedures
- Additional questions regarding safety, especially if staff will be providing services in the consumer's home.
 - Sample questions may include “Do you or anyone else in your household smoke?” and “Are there any dogs in your home?”

A sample Intake Form is linked in the Appendix of this document.

4.2 Release of Information

If it is determined that the Subrecipient needs to communicate with an outside party regarding information related to the consumer's needs of the OIB program, a Release of Information form is required to be completed and signed. Please refer to Section 1.5 Confidentiality for further information.

A sample Release of Information form is linked in the Appendix of this document.

5 Determining Eligibility for OIB Services

5.1 Eligibility

An OIB consumer is eligible if they meet the federal definition. National legislation defines an older individual who is blind as an individual age 55 or older whose severe visual impairment makes competitive employment extremely difficult to obtain but for whom independent living goals are feasible ([CFR § 367.5.b.9](#)).

Visual eligibility is based upon (1) a severe visual impairment defined as a distance visual acuity of 20/70 (or 40 degrees remaining field or worse) with correction in the better eye –OR– a functional vision assessment by a qualified professional. Legal blindness is defined as visual acuity of 20/200 (or 20 degrees remaining field or worse) with correction in the better eye.

A current eye report is not required for eligibility determination, however best practice is to make every reasonable effort to obtain an eye report from a qualified medical professional. When a person is totally blind, an eye report may not be necessary. If a consumer cannot afford an eye exam, the Subrecipient can assist the consumer in accessing Medicaid or Medicare and/or exploring other potential community resources. Additionally, the Subrecipient can pay for an eye exam (see Section 7.2 Types of Services).

Subrecipients may require more stringent visual eligibility requirements (i.e. more severe vision loss such as legal blindness) when resources are insufficient to meet the needs of consumers.

When determining a consumer's eligibility for OIB services, functional limitations should be considered. A person has a functional limitation when he or she, because of a disability, does not have the physical, cognitive or psychological ability to independently perform the routine activities of daily living. Examples of functional limitations related to vision loss include, but are not limited to: reading, accessing transportation, maintaining personal hygiene, etc.

5.2 Ineligibility Determination

An applicant or current consumer receiving services may be determined ineligible if the Subrecipient determines, on the basis of clear and convincing evidence, that an applicant for/recipient of OIB services does not meet the definition of an OIB consumer.

If an applicant or current consumer is determined to be ineligible for OIB services, the individual does not qualify as an OIB consumer. It is recommended that the Subrecipient inform the individual in writing of the ineligibility determination, including the reasons for that determination, the eligibility requirements, and the means by which the individual may express and seek remedy for any dissatisfaction including the client assistance program. The individual may be provided with information and referral to other programs that can address their needs.

More information can be found in Section 9 Case Closure.

6 Plan of Services

6.1 Comprehensive Assessment

A thorough assessment of the consumer's needs should be completed near the beginning of the consumer's case opening. The assessment should focus on the functional benefit that the consumer will gain from receiving services. The comprehensive assessment should involve:

- A review of the consumer's history (background information, review of information provided by the referral source and/or doctor, etc.)
- A thorough assessment of the consumer's needs related to the OIB program, including:
 - Low Vision Assessment
 - Assistive Technology Assessment
 - Orientation and Mobility Assessment
 - Communication Skills Assessment
 - Daily Living Skills Assessment
- Observation of the consumer's current skills
- A recommendation of OIB services that the Subrecipient can provide
- Additional referrals to outside agencies/service providers, as appropriate.

Assessment tools should be up to date. Staff conducting the assessment should evaluate within their scope of practice and refer to other qualified staff for further assessment as needed. Staff are encouraged to utilize evaluation tools that are standardized and/or peer reviewed.

A sample assessment, developed by Colorado DVR staff, can be found in the Appendix of this document.

6.2 Plan of Services

The Subrecipient can call the Plan of Services by a name of their choosing, such as an OIB Service Plan or Independent Living Plan (ILP). For the purpose of this procedure manual, it will be referred to as the “Plan”.

The Plan is required to be a written document that outlines the consumer’s goals within the OIB program. The Plan should include goals identified in the Comprehensive Assessment.

The consumer should be involved in the development of their Plan, and informed choice should be exercised throughout the Plan development. “Informed choice” means that a person understands all the options available to them, including the benefits and risks of their decisions. Signatures are not required on the Plan, though Subrecipients may choose to require them. A copy of the Plan should be provided to consumers in their preferred format.

The Plan should include SMART goals:

- Specific
- Measurable
- Achievable
- Realistic
- Timely

Sample SMART goals include:

- Consumer will independently use a digital talking book player to access 3 different audiobooks by (insert date).
- Consumer will make 6 large print labels for food items, attach them to the products, and correctly identify each without assistance by (insert date).

More sample SMART goals can be found in the Appendix of this document.

7 Services

7.1 Duration of OIB Services

A consumer should have an open case for the entire duration that they are actively receiving OIB services and working towards the goals outlined in their Plan. An exception to this includes Support Only services (see Section 7.2 for more information). There is no minimum or maximum amount or duration of service provision, however the Subrecipient should focus on providing services that align with the goals outlined in the consumer’s Plan.

In order for services to be effective, consistency should be maintained. A minimum of 2

instructional sessions per month is recommended. The Subrecipient is able to determine further procedures for scheduling appointments and may choose to implement an attendance policy.

When scheduling appointments, Subrecipients should have a written procedure to prioritize services to consumers based upon one or a combination of factors, including but not limited to:

- Safety concerns
- Potential imminent institutionalization
- Severity of visual impairment
- Availability of personal support
- Transition in living conditions (nursing home/personal care, adult children)
- Time waiting for services

If the organization implements a wait list for instructional services, they will ensure that consumers receive information and referral services that include periodic contact to address emerging concerns during the waiting period.

7.2 Types of OIB Services

The following services are allowable under the OIB program and are provided directly to consumers.

Core OIB Services

A consumer who has been determined eligible for OIB services is considered to have an Open/Active case if they are receiving at least 1 of the following services:

1. Clinical/Functional Vision Assessments and Services
 - a. Includes clinical vision screening or vision examinations from qualified or certified professionals such as ophthalmologists, optometrists, or low vision specialists. Assessment areas may include functional visual acuity and fields, efficiency of vision in the performance of everyday tasks, and evaluation for low vision aids or equipment. Functional vision assessments are typically provided by professionals who are certified or have a master's degree in low vision rehabilitation. Services include surgical or therapeutic treatment to prevent, correct, or modify disabling eye conditions, including prescription optical devices.
2. Assistive Technology Devices and Services
 - a. As defined in Section 3(4) of the Assistive Technology Act of 2004 (Pub. L. 108-364), "assistive technology device means any item, piece of equipment, or product system whether acquired commercially, modified, or customized that is used to increase, maintain, or improve functional capabilities of individuals with disabilities."
 - b. Assistive technology devices may include such items as canes, slates, insulin gauges, closed circuit televisions, computers, adaptive software, magnifiers, adaptive cooking items, adaptive recreational items, handwriting guides, braille devices, large button telephones, etc.

- c. Assistive technology services may include the evaluation of assistive technology needs of an individual, services related to acquisition of technology, loan programs, maintenance and repair of assistive technology, training or technical assistance for the individual or professionals related to the use of assistive technology, programs to expand the availability of assistive technology, low vision services related to the use of optical aids and devices, and other services related to the selection, acquisition, or use of an assistive technology device.
3. Independent Living and Adjustment Training Services
- a. Includes Evaluation and assessment services (excluding those included in “1. Clinical/Functional Vision Assessments and Services” or “2. Assistive Technology Devices and Services”), leading to the planning and implementation of services and training.
 - b. Includes independent living and adjustment training services:
 - i. Orientation and Mobility training: includes the safe, efficient, and effective travel skills specific to blindness and low vision. “Orientation” refers to the ability to know where you are and where you want to go, whether it is from one room to another or walking downtown for a shopping trip. “Mobility” refers to the ability to move safely, efficiently, and effectively from one place to another, such as being able to walk without tripping or falling, cross streets, and use public transportation. An Orientation and Mobility (O&M) Specialist provides instruction in this area.
 - ii. Communication Skills training: includes training in reading and writing braille; training in the use of the telephone (including mobile phones); training in the use of readers, newspaper reading services, radio and talking book services; and training in other communication skills and technologies. This category also includes training in keyboarding and computer literacy. A Vision Rehabilitation Therapist (VRT), Teacher of the Visually Impaired (TVI), or Rehabilitation Teacher (RT) provides instruction in this area.
 - iii. Daily Living Skills training: includes training in the use of blindness and low vision alternative techniques for telling time, food preparation, grooming and dress, household chores, medical management, shopping, and recreational activities. A Vision Rehabilitation Therapist (VRT), Teacher of the Visually Impaired (TVI), or Rehabilitation Teacher (RT) provides instruction in this area.
 - c. Other services as defined in [34 CFR § 367.5](#)

Support Only Services

A consumer who has been determined eligible for OIB services is not considered to have an Open/Active case if they are receiving 1 or more of the below services *only*:

1. Advocacy training: includes individual advocacy training and consumer organization meetings.
2. Adjustment Counseling and/or Peer Support services: provided in either individual or

group formats to assist individuals in adjusting to visual impairment and blindness.

The difference between a peer support group and group training involves the impact on the outcome of the consumer's skills during the group session. Peer support groups can focus on social interaction, offering of support, and/or education and information sharing. Group training focuses on the outcome of a person's skills. Group training is considered to be a Core Service. Some examples of the difference between the two include:

- Peer support group: Discussion of shared experiences, struggles, or challenges related to vision loss and/or aging; Sharing information about a new adaptive cooking device; or resource sharing.
- Group training: A group cooking class in which consumers learn safe techniques and/or adaptive cooking equipment to use in the kitchen.

Supplemental Services

These services are supplemental in nature and can be provided in addition to any of the above OIB services, whether the person does or does not have an Open/Active case.

1. Information and Referral services: includes information and referral to other service providers, programs, and agencies (e.g., senior programs, public and private social service programs, faith-based organizations, consumer groups, etc.) to enhance adjustment, independent living, and integration into the community.
 - a. *An individual who is only provided information and referral services, and whom no other OIB services are provided, does not qualify as an OIB consumer.
2. Supportive services: This service is provided in addition to at least 1 other OIB service. It includes services provided to individuals with disabilities so that they can access other OIB program services. Includes reader services, transportation, personal attendant services, interpreters, or other support services while actively participating in the OIB program or attaining independent living goals.
 - a. *An individual who is only provided supportive services, and whom no other OIB services are provided, does not qualify as an OIB consumer.

Community Awareness Activities and Information and Referral

1. Includes community awareness activities/events and providing information and referral services to individuals for whom this is the only service provided (i.e. health fair for seniors, training for other professionals, telephone inquiries, and general inquiries about services for older individuals who are blind).
 - a. * An individual who is only provided community awareness and/or information and referral services, and whom no other OIB services are provided, does not qualify as an OIB consumer.

For more information on community outreach and awareness activities, see Chapter 10.

7.3 Utilizing Contractors to Provide Services

A Subrecipient can choose to work with contractors/vendors, who are not internal employees, to provide OIB services. The subrecipient is responsible for ensuring that the contractor works within the allowable guidelines of the OIB program, including following the requirements of this Procedure Manual.

The Subrecipient can negotiate an appropriate hourly rate and reimburse the contractor for mileage. The subrecipient should clearly outline the expectations and responsibilities of the contractor.

The Subrecipient shall refer to their Statement of Work for more details regarding what information is required in the Subcontract agreement.

The Subrecipient is required to complete a Subrecipient vs Contractor Form for each contractor that they work with. This form can be found in the Appendix.

7.4 Equipment

A Subrecipient can purchase equipment for the OIB program in 2 manners:

- Demo equipment: to be owned, stored, and maintained by the Subrecipient for the purpose of demonstration and/or evaluation.
- Consumer equipment: to be purchased for the consumer for the purpose of achieving the goals outlined in their Plan (see 7.2 Core Services, Assistive Technology Devices). Equipment should promote consumer health, safety, and independence.”

Subrecipients are able to determine equipment budgets and/or further procedures for purchasing equipment.

Purchases over \$5,000 need prior approval. In these instances, the Subrecipient is required to communicate these needs with the OIB Program Manager and Program Assistant, who will then conduct a prior approval request through RSA.

7.5 Duplicate Services

Subrecipients will not provide the same services that are currently being provided by another agency, organization, or provider. Agencies will make every reasonable effort to determine that duplicate services are not being provided. In the event that it is determined that services are being provided duplicately, the Subrecipient will have a discussion with the consumer, and the consumer will exercise informed choice to decide which agency, organization, or provider they wish to continue services with.

When subrecipients partner to provide services, the subrecipient who paid for the service(s) for the consumer out of their own budget can count that service. Subrecipients will take precautions to ensure that duplicative services are not provided to the consumer by multiple service providers at the same time. Precautions can include asking consumers during intake what other organizations they are/have worked with. If two subrecipients both provided a one consumer at

least one, non-duplicative service, paid for out of their own budget, both subrecipients can count this individual as a consumer. DVR should be notified anytime consumers receive services by multiple subrecipients to ensure accurate reporting on the 7-OB.

8 Case File

Subrecipients are required to maintain all consumer case records (paper or electronic) in a locked and secure area, and shall otherwise ensure the confidentiality of all written and oral communications with and regarding the consumer. Client records shall be made available, on request, to the Division of Vocational Rehabilitation or any other State or federal agency with review and audit authority.

8.1 Contents of Case File

The following is required to be documented in a consumer's Case File:

1. Intake documentation
2. Eligibility determination
3. Releases of Information (if applicable)
4. Grievance Policy
5. Client Assistance Program
6. Confidentiality & nondiscrimination documentation
7. Comprehensive Assessment reports (if conducted)
8. Plan For Services
9. Clinical vision screening/low vision evaluation reports (if applicable)
10. Documentation of Surgical or therapeutic treatments to prevent, correct, or modify disabling eye conditions (if applicable)
11. Provision of assistive technology devices and/or services (if applicable)
 - a. If equipment is provided, the case documentation will include an explanation of how the device benefits the consumer's health, safety, and independence
 - b. Whether or not the consumer demonstrated improvement in one or more functional capabilities consistent with the objectives for receiving such devices and services (required for 7-OB Part V.A)
12. A case note documenting each contact and the type of OIB service(s) provided (if applicable)
 - a. Whether or not the consumer demonstrated improvement in one or more functional capabilities consistent with the objectives for receiving such devices and services (required for 7-OB Part V Section B)
 - b. See Chapter 8.2 for more detail
13. Closure documentation
 - a. Answers to questions required in 7-OB part V Section C (see Chapter 9.3 for more detail)
 - b. Termination of services documentation (if applicable)

Signatures are not required in any part of the case file, though Subrecipients may choose to

require them. The Subrecipient may choose to require more documentation than what is required by the DSA. The Subrecipient may choose to utilize the 7-OB Data Collection Tool provided by OIB-TAC (developed by California OIB), if it would be of any administrative benefit. This tool can be found in the Appendix of this document.

8.2 Case Notes

A case note is required to document all services provided. Case notes should be around a paragraph in length and include a summary of the appointment, what happened, successes or concerns, how much time was spent in the appointment, the plan for the next appointment, and any reassessments or continuous assessments that occurred (if applicable). Case notes will clearly document the performance of the consumer as a result of instruction. Documentation will include follow up on items as necessary. If equipment was provided, documentation will clearly list the date the equipment was provided or recommended. If there are any gaps in service that are longer than 90 days, a case note will explain the gap in service.

9 Case Closure

An OIB Consumer's case may remain open indefinitely, as some services are provided on an ongoing basis (i.e. consumer support groups). However, in order to serve new consumers in a timely way, older cases should be closed, or designated as inactive. Cases should not remain open for extended periods unless that time is necessary for the consumer to reach their identified goals. To help with this, an estimate for case closure can be made at assessment and revised as needed. Subrecipients are able to establish closure procedures in further detail than what is required below, in a manner that aligns with their agency's practices and keep the consumer's best interest in mind.

9.1 Closure Without Eligibility Determination

Subrecipients shall not close an applicant's case prior to making an eligibility determination unless the applicant declines to participate in, or is unavailable to complete, an eligibility determination, and the Subrecipient has made a reasonable number of attempts to contact the applicant (or, if appropriate, the applicant's representative).

9.2 Reasons for Closure

Successful Closure of Planned Services and/or Core OIB Services

Closure of any or all of the core services may occur when the consumer has achieved a successful outcome consistent with the goals and services provided under their Plan of Services. The individual can transition to participating in support-only services, and if they choose to do so, they are still considered to be an OIB consumer for the duration that they engage in these services. The Subrecipient may choose to use different language such as "Active" and "Inactive" in this area.

Other Reasons for Closure

In addition to successful outcomes, a consumer's case may be closed for many other reasons.

1. The individual is not eligible or is no longer eligible for OIB services.
2. Lack of sufficient progress toward achieving the identified goal(s) is not occurring, and ample time has been provided for the consumer to attempt to make progress.
3. Funding not available to provide long-term services.
4. Health or medical issue
5. Death
6. No longer interested in receiving further services
7. Safety or non-compliance (see Termination of OIB Services)
8. Transferred to another agency to receive services
9. Unable to locate or contact, after a reasonable amount of contact attempts have been made
10. Any other reason not already outlined

Termination of OIB Services

In the event that the consumer demonstrates unsafe or illegal behavior, subrecipients are able to terminate any and all OIB services. Examples of behaviors that may lead to termination include:

- Disruptive behavior
- Sexual harassment or misconduct
- Theft
- Behavior that endangers the immediate physical/mental well-being of others
- Possession of weapons on the premises
- Verbal abuse
- Any illegal activity

Subrecipients are required to develop policies and procedures that specifically designate a position that determines termination, and how and when termination will be communicated to the consumer, and will share policies with the DSA. Notification of termination is required to be provided in writing to the consumer. Appeal rights must be included in the notification. Sample termination documentation can be found in the Appendix of this document.

9.3 Documenting Closure

The reason and corresponding rationale for the consumer's case closure should be documented in the individual's case record. Closure documentation should include the outcome towards all of the consumer's identified goals, when known. The OIB consumer should be notified in writing, or via their preferred format, of their case closure. The notification should include:

- Summary of progress related to goals
- Outline the goals that have been met
- List what the consumer can do now that they could not do before training

- Consumer's ability to function now, than prior to training
- State who training & other services were provided by (i.e. a skilled service provider)

7-OB Required Documentation

For the purpose of the 7-OB Part V Section C, the following questions are required to be asked to each consumer completing a plan of service:

- Do you feel an increased ability to engage in your daily life activities in the home and community? (Yes/No)
- Do you feel that you are more confident in your ability to maintain your current living situation? (Yes/No)

This information should be gathered at the time of closure. If the information is unable to be gathered at that time (i.e. closure due to lack of contact), Subrecipients should make every reasonable effort to contact the consumer to collect this information by the end of the fiscal year in which their case closed.

9.4 Consumer Satisfaction Survey

Satisfaction surveys are required to be conducted by the Subrecipient at least once per FFY in order to assess the effectiveness of the program. Survey results should be shared with the DSA.

The following questions should be asked in order to measure program effectiveness. The DSA can choose to utilize their own survey or the sample survey provided by the DSA. Survey questions should include:

- Answers to 7-OB Part V Section C (if not already completed at the time of closure)
- Gauging the level of satisfaction with services overall
- Whether or not the consumer would recommend the program to others
- Whether the consumer felt that services were provided in a timely manner
- Whether or not the consumer felt that staff listened to their concerns
- Whether or not the consumer felt that they were being communicated with regularly
- Whether or not the consumer felt that referrals to other resources were useful
- Whether or not the consumer felt that they were involved in the planning of their services
- Whether or not the consumer achieved their goals
- Whether or not the staff were competent in devices and techniques used by blind and visually impaired individuals

A sample satisfaction survey can be found in the Appendix of this document.

10 Community Outreach

Subrecipients are required to have a clearly defined plan and procedure concerning statewide outreach activities so that the Subrecipient's purpose, eligibility criteria, and information about accessing OIB services can be shared, and should share the plan with the DSA. The outreach plan will include contact with the medical community, specify the types of activities the OIB staff

are required to complete, and include provisions for providing education and/or training about blindness and low vision to community partners who may assist consumers in community integration.

Subrecipients should have a community outreach packet or toolkit with appropriate information and resources. Community outreach training should be tailored to the occasion and organization and will encourage community support for older people with visual impairments. Outreach should include multiple formats, such as pamphlets, flyers, presentations, press releases, public service announcements, and use of social media/internet resources. Staff should explore and access opportunities to publicize the program and recruit potential consumers. Outreach materials should be culturally sensitive, accessible, and in appropriate languages.

Suggested outreach strategies include:

- Utilizing social media
- Networking with other organizations:
 - Introducing the purpose of the OIB program and how to refer potential consumers.
 - Educating about the basics of blindness and low vision and how to interact with people with visual impairment.
 - Explaining how older persons with visual impairments can achieve independence.
 - Suggesting improvements to make an environment accessible and welcoming to persons with visual impairments, including environmental modifications.
 - Networking with other programs/services that target older adults (i.e. senior centers, fall prevention programs).
- Submitting to newsletters of other organizations
- Exhibiting at health fairs and community festivals.

When planning effective outreach activities, subrecipients should consider demographic data to ensure that outreach to target audiences is maximized. The CDC has an interactive database that provides health and disability information by county. For more information on this and other resources, refer to the Appendix of this document.

11 Staff: Qualifications, Training, and Continuing Education

Direct service staff's qualifications should include education and experience working with persons with visual impairments and/or working with older populations. Subrecipients should determine the minimum qualifications relevant to the OIB program, including education and experience, when hiring and recruiting new staff.

11.1 New Staff

Subrecipients should have a plan and/or checklist to train new direct service staff on the OIB program. The training plan should be completed within the first few months of hire. Subrecipients may choose to withhold staff from independently completing certain job tasks until they have completed sufficient training and/or demonstrated competency in the task. Training for new staff should include, but not be limited to:

- Administrative & General
 - Introductory meeting with the OIB Program Manager and/or Program Assistant
 - Review of OIB Procedure Manual and relevant trainings, if any
 - OIB program requirements
 - Performance review - expectations related to the OIB program (developed by the Subrecipient)
 - Completion of OIB-TAC Courses and Webinars
 - Disability and/or blindness sensitivity training
- Working With Consumers
 - Review a sample consumer's file from start to finish
 - Required case file documentation
 - Practice writing documentation & entering information into the case file
 - Service delivery timelines
 - Review of demo equipment
 - How to conduct assessments
 - Best practices
- Resources & Contacts
 - Doctors
 - Local community chapters (i.e. ACB, NFB, etc)
 - Aging resources
 - National vs Local contacts (i.e. Hadley, VisionAware, etc)
 - Other resources as outlined in Section 3.2
- Staff Mentoring
 - Shadow multiple staff
 - Be observed by seasoned staff

More information can be found in the Appendix of this document.

11.2 Continuing Education

Each professional staff person is required to have a continuing education plan, consistent with their job duties related to the OIB program, for continuing education and/or maintaining certification or licensure. These plans should include specific benchmarks and timelines, and should be reviewed and updated annually. Agencies should be committed to supporting employees in achieving their continuing education goals.

Examples of staff continuing education plans include:

- Attending conferences related to blindness and low vision and/or older populations
- Taking continuing education courses and/or webinars related to blindness and low vision and/or older populations
- Utilizing OIB-TAC resources, webinars, training courses, etc.
- Pathways to certification through:
 - Academy for Certification of Vision Rehabilitation & Education Professionals (ACVREP)
 - Certified Assistive Technology Instructional Specialist (CATIS)
 - Certified Low Vision Therapist (CLVT)
 - Certified Orientation and Mobility Specialist (COMS)

- Certified Vision Rehabilitation Therapist (CVRT)
- National Blindness Professionals Certification Board (NBPCB)
 - National Orientation and Mobility Certification (NOMC)
 - National Certification in Rehabilitation Teaching for the Blind (NCRTB)
 - National Certification in Access Technology for the Blind (NCATB)
 - National Certification in Unified English Braille (NCUEB)
- National Board for Certification in Occupational Therapy (NBCOT)
 - Occupational Therapist (OT)
 - Certified Occupational Therapy Assistant (COTA)

In 2022, ACVREP announced the development of a new certification for Occupational Therapists. Read more about the certification’s development in the Appendix of this document.

11.3 Staff Working Toward Certification and/or Licensure

If there are uncertified/unlicensed staff who are currently enrolled in educational programs, internships, or mentoring programs leading to certification/licensure, staff may provide services under the direct supervision of an appropriately certified or licensed professional, or as otherwise directed by the entity overseeing the certification/licensure.

11.4 Scope of Practice & Code of Ethics

Direct service staff are required to operate within the Scope of Practice and Code of Ethics relevant to the certification or licensure consistent with their job duties. Staff will review and sign an acknowledgement of the Scope of Practice and Code of Ethics annually.

12 Miscellaneous

12.1 Every-Other-Month OIB Calls

Subrecipients are encouraged to attend meetings hosted by the DVR OIB Program Manager and Program Assistant. The purpose of these meetings is to stay current on topics, trends, and issues, collaborate with other service providers, and discuss best practices in service provision. All staff are encouraged to attend, from direct service providers to administrative staff.

OIB Calls are held every other month, on the first Tuesday of the month from 8:30 - 10 am. Time and date is subject to change depending on scheduling needs.

12.2 OIB Subrecipient Hub

DVR is currently developing a private Subrecipient website to serve as a one-stop-shop where staff can find all forms and information related to delivery of the OIB program. Stay tuned for the launch of this website!

13 Appendix

- 1.1 Purpose & Eligibility
 - [RSA](#)
- 1.3 Client Assistance Program Information:
 - [Colorado Client Assistance Program \(CAP\)](#)
- 1.5 Confidentiality
 - [34 CFR § 367.69](#)
 - [Release of Information Template](#)
 - [Sample Release of Information Form](#)
- 1.6 Nondiscrimination
 - [34 CFR § 104](#)
 - 1.2.1 Equal Opportunity and Non-Discrimination: [DVR Policy Manual](#)
- 1.7 Accessibility
 - [Architectural Barriers Act of 1968](#)
 - [Section 504 of the Rehabilitation Act](#)
 - [Americans with Disabilities Act](#)
 - Sample Accessibility Policy: [DVR Policy Manual](#) section 1.2.1(a)
- 2.1 Elder Abuse
 - [National Center on Elder Abuse](#)
 - [Centers for Disease Control and Prevention - Elder Abuse](#)
 - [NCEA - Colorado Resources](#)
- 2.2 Suicide Prevention and Reporting
 - [Colorado Suicide Support Groups](#)
 - [Suicide Awareness Voices of Education](#)
 - [American Association of Suicidology](#)
 - [American Foundation for Suicide Prevention](#)
 - [National Suicide Prevention Lifeline](#)
- 2.3 Appropriate Touch
 - [DVR Appropriate Touch for BLVS Services](#)
- 3.2 Information and Referral
 - [Best Practices in the Administration of the OIB Program May 2018](#)
 - [Division of Vocational Rehabilitation](#)
 - [Department of Veterans Affairs Blind Rehabilitation Program](#)
 - [Other Colorado OIB Organizations](#)
 - [DVR's Blind and Low Vision Resource Page](#)
 - [Area Agencies on Aging](#)
 - [Assistive Technology Act Program of Colorado](#)
 - [The Colorado Howard Fund](#)
 - [Aging and Disability Resources for Colorado](#)
- 4.1 Intake
 - [RSA-7-OB Form](#)
 - [Sample Intake Forms](#)
 - [OIB-TAC Intake Template](#)

- [OIB-TAC Intake Resources](#)
- [OIB-TAC Intake Initial Assessment Template](#)
- [Closure Begins at Intake](#)
- 6.1 Comprehensive Assessment
 - [DVR Evaluation Tools](#)
 - [Sample Comprehensive Assessments](#)
- 6.2 Plan For Services
 - [SMART Goals](#)
- 7.1 Duration of Services
 - [OIB-TAC Prioritizing Consumers Example](#)
- 7.3 Utilizing Contractors to Provide Services
 - [Subrecipient vs Contractor Form](#)
- 8.1 Case Documentation
 - [7-OB Data Collection Tool - California](#)
- 9.3 Termination of OIB Services
 - [CCB Participant Policies](#)
- 9.5 Consumer Satisfaction Survey
 - [Sample Survey with 7-OB Required Questions](#)
- 10 Community Outreach
 - [OIB-TAC Outreach Resources](#)
 - [CDC Disability Health Data System](#)
- 11.1 New Staff
 - [OIB-TAC Courses & Webinars](#)
- 11.2 Staff Qualifications and Continuing Education
 - [Academy for Certification of Vision Rehabilitation & Education Professionals \(ACVREP\)](#)
 - [National Blindness Professionals Certification Board \(NBPCB\)](#)
 - [National Board for Certification in Occupational Therapy \(NBCOT\)](#)
 - [ACVREP OT Certification Statement](#)