

OFFICE OF VOCATIONAL REHABILITATION
INDEPENDENT LIVING AND OLDER
BLIND PROGRAM
POLICIES & PROCEDURES

Revised:
8/30/2020 - Approved – SILC's FY 2020 2nd General Membership Meeting at Aqua
Resort, Saipan

OFFICE OF VOCATIONAL REHABILITATION INDEPENDENT LIVING AND OLDER BLIND PROGRAM

POLICIES AND PROCEDURES

The CNMI Office of Vocational Rehabilitation – Independent Living Older Blind (ILOB) Program is a federally funded program that provides a variety of independent living services to visually impaired individuals aged 55 and older to assist them to live as productively and independently as possible.

The following policies and procedures provide a framework in which services will be delivered in an equitable and consistent manner while at the same time meeting all applicable federal and any relevant local statutes and agency procedures.

Assessment of Eligibility

Determination of eligibility for the ILOB Program services is required and must be completed within 60 days from the date of the receipt of the application, and be based to the maximum extent possible, on a review of existing information. If additional data is necessary, assessments will be scheduled. Medical documentation of the visual impairment is required to determine eligibility.

Definitions

The following definitions apply:

Referral—is an individual who has been referred to the ILOB program for services or who has expressed interest in services but who has not yet signed an application for ILOB services.

Applicant—is an individual who has signed an application for ILOB services.

Consumer—is an individual who is visually impaired or blind who has applied and been found eligible for ILOB services or who may have been served in the past.

ILOB caseworker—is a program staff person who is responsible for processing an individual's case from application, eligibility and service provision to closure.

Eligibility Determination

An individual is eligible for ILOB Program services functional vision impairment interferes with independent living, and

- a. Is legally blind or severely visually impaired, (severely visually impaired is defined as: 20/70 or worse in the better eye, with best correction, and
- b. Is age 55 yrs. or older, and
- c. Is no longer able to obtain or retain gainful employment or is retired, and
- d. Is in need of ILOB services to maintain their independence.

It is OVR policy that all ILOB services:

- Must be pre-authorized for payment
- Are subject to the spending and signature authorities noted in the VR Program Services Policies and Procedures Manual
- Must be part of the Individualized Service Plan and relate to the goal of increased independence and self-sufficiency
- Must be performed by personnel qualified, and/or licensed, and/or certified in their respective professional disciplines
- Does not include surgeries

Referrals to and from ILOB:

Both the Center for Living Independently (CLI) and the OVR will work together through collaborative application processes to create opportunities to share resources to maximize the benefits to their mutual consumers.

Referrals and shared consumer process will be focused on securing necessary services across both programs. It is the responsibility of both OVR and the CLI to ensure that the consumer does not get lost between the two programs. Referrals from OVR, CLI or other relevant agencies will ensure that the respective required releases of information are completed.

Services Provided by OVR

The following are types of services that can be provided to eligible individuals. Services provided are always dependent upon the availability of funds.

- Information and Referral
- Individual Advocacy Training
- Peer Counseling
- Visual/Hearing Diagnostic
- Provision of Eyeglasses or other Visual Aids (magnifier, etc.). Frames are covered up to One Hundred Fifty Dollars (\$150.00) with prescribed standard lenses covered at 100%.
- Equipment to be more Mobile and/or Self-Sufficient (cane, walker, talking watch/alarm clock, talking glucometer, talking blood pressure reader, big button phones, talking books, colored tapes, reading lamps w/magnifiers, etc.)
- Transportation
- Health Maintenance Training (Diabetes, High Cholesterol, Hypertension)
- Other individualized service(s) that will help to increase independence and one's ability to perform ADL's may be provided.

Note: When identified as a need, referrals for Independent Living Skills Training are made to the Center for Living Independently (CLI). Training is offered to help people with vision impairments learn adaptive daily living skills. The CLI training focuses on many important activities which include but are not limited to:

Information and Referral

CLI stays apprised on current offerings/resources offered by like organizations and providers. Information is available through pamphlets, phone inquiry, media and in-person at the CLI.

Peer Counseling

The CNMI-Independent Living Group is an advocacy/peer group of CLI-CNMI, which is available to anyone in need of counseling services.

Advocacy

CLI supports local advocacy organizations in breaking down physical, economic and social barriers by educating on the independent living concept.

Independent Living Skills

The CLI facility provides for the perfect environment for daily instruction in daily living skills for the more severely disabled. Skills address include: Arts & craft, gardening, household management, shopping, transportation, interpersonal relationships, yard maintenance and simple meal preparations. The lessons are contingent on consumer interest, availability of materials and teachers.

OVR staff and community providers will process referrals and provide services in a timely manner. The Applicant will be contacted within fifteen (15) working days to start the process. If there is no waitlist, processing of services will be initiated within thirty (30) days of ISP completion.

Comparable Services and Benefits:

If comparable services and benefits are available, they must be utilized first to meet in whole or in part for the cost of ILOB services.

- When a consumer is eligible for comparable services and benefits under any other program or agency, those benefits must be utilized first unless obtaining these benefits interferes with achieving the consumer's independent living objective except as noted below.
- Services provided under an assessment for determining eligibility and independent living needs do not require consideration of comparable services and benefits.
- Counseling and guidance service, including information and support services to assist an individual in exercising informed choice, do not require consideration.
- Referral and other services to secure needed services from other agencies through interagency agreements do not require consideration.
- Technology services, telecommunications, vehicle modifications, sensory and other technological aids and devices do not require consideration.

Individualized Service Plan

Policy: A written, signed Individualized Service Plan (ISP) will be developed for each eligible individual for ILOB program services. Services provided will be developed jointly by the designated staff person and the consumer. Guardians, authorized representatives, and other suitable professionals and informed advisors may also be included. A copy of the plan and any amendments will be provided to the consumer and/or representative. To the maximum extent possible the plan should be provided in the consumer's native language or mode of communication in accessible formats such as Braille, large print or audio when feasible.

Closures

Closure for reasons other than ineligibility:

A case may be closed when the consumer is unavailable to participate or to complete an assessment of eligibility and the designated staff person has made unsuccessful attempts to contact the individual and/or authorized representative. Attempts to elicit consumer response include letters, phone messages, and personal contacts. All closure reasons must be documented.

Closure from applicant status when eligibility requirements are not met

Ineligibility determinations must be based on the following:

- a. The individual does not have a visual disability
- b. The individual cannot benefit from services
- c. The individual has an unfavorable medical prognosis
- d. The individual is able to obtain or retain gainful employment
- e. The individual does not meet age criteria

Closure reasons must be documented and case closed immediately. Ineligible individuals should be referred to other programs as appropriate.

Successful Closures

Successful closures occur when a consumer has received services resulting in independence and/or has successfully completed the services on the ISP. Closure reason must be documented and the case closed within 30 calendar days of completion of the ISP.

Unsuccessful Closures

Cases may be closed unsuccessfully when:

1. The participant refuses services
2. Evidence indicates the individual cannot benefit from services
3. Relocation so that they are no longer able to participate
4. Whereabouts unknown
5. Medical condition rapidly progressing or terminal
6. Death
7. Institutionalization

Case Record

A written case record for each applicant and/or consumer of ILOB program services will be established and maintained by designated OVR staff.

A file/case record will contain the following, as applicable:

- a. Case Notes
- b. Consumer Documentation (identification cards, Medicaid/Medicare or other provider insurance etc.)
- c. OVR Intake/Referral Form
- d. Application for Services
- e. Consent to Release/Receive Confidential Information
- f. Correspondence between OVR/Clinic and Consumer
- g. Case Status Change Form
- h. Plan Developed/Waived Form
- i. Individualized Service Plan Form
- j. Equipment Title Contract (ETC)
- k. Acknowledgement of Receipt of Services (ARS)
- l. Authorization for Services (AS)
- m. Case Closure Summary

Modification to program forms will be made on an as-needed basis.

Note: If the OVR and the ILOB Program are serving only individuals who are the Most Significantly Disabled under Order of Selection, the OVR shall complete the ILOB Services Eligibility and Severity Criteria Guidelines. In the event that the ILOB Program has substantially exhausted its funding for the program year, non-cost services will continue to be provided to eligible individuals where applicable.



OFFICE OF VOCATIONAL REHABILITATION
Application for Services: Independent Living for Older Blind Program (ILOB)
P.O. Box 501521, Saipan, MP 96950 Tel: 322-6537 Fax: 322-6536



DATE: _____

ILOB Case No.: _____

Intake/Referral

Name	_____ <small>Last First Middle</small>	SSN	_____	D.O.B	_____	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address	_____	Island	_____	Zip Code	_____	Village	_____
Phone	_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone	_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		
Phone	_____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	E-mail	_____			
Primary Language	_____			Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated		
Previous Customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No			Have you been diagnosed with diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Ethnicity	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hispanic/Latino						
	<input type="checkbox"/> Asian (<input type="checkbox"/> Filipino <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Thai <input type="checkbox"/> Indian <input type="checkbox"/> Bangladeshi)						
	<input type="checkbox"/> Pacific Islander (<input type="checkbox"/> Carolinian <input type="checkbox"/> Chamorro <input type="checkbox"/> Chuukese <input type="checkbox"/> Marshallese <input type="checkbox"/> Palauan <input type="checkbox"/> Pohnpeian <input type="checkbox"/> Yapese)						
	<input type="checkbox"/> Other: _____						
Citizenship:	<input type="checkbox"/> US <input type="checkbox"/> Other			CW-1/Visa/Permit No.:	_____		
	(If non-US please specify):			_____			
Person OVR can contact if we need to reach you	_____						
Phone:	_____			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Address:	_____	
Referral Source	<input type="checkbox"/> Eye Care Provider (Ophthalmologist/Optometrist) <input type="checkbox"/> General Practitioner <input type="checkbox"/> VR Agency counselor						
	<input type="checkbox"/> Religious Organization <input type="checkbox"/> Veterans Administration <input type="checkbox"/> Senior's Program <input type="checkbox"/> Social Service Agency <input type="checkbox"/> Self						
	If self referral, how did you learn about the Program?						
	<input type="checkbox"/> TV <input type="checkbox"/> Newspaper (<input type="checkbox"/> Variety <input type="checkbox"/> Tribune <input type="checkbox"/> STAR) <input type="checkbox"/> Radio (<input type="checkbox"/> KZMI <input type="checkbox"/> KCNM <input type="checkbox"/> KKMP <input type="checkbox"/> KWAW)						
	<input type="checkbox"/> Other: _____						

Application for Services: Independent Living for Older Blind (ILOB) Program (Status 41)

Education	<input type="checkbox"/> No formal schooling <input type="checkbox"/> Elementary education (grades 1-8) <input type="checkbox"/> Secondary education (grades 9-12)
	<input type="checkbox"/> High school or equivalency certificate
	College or University Education:
	<input type="checkbox"/> Post Secondary (less than a BA/BS degree) <input type="checkbox"/> Bachelor's degree or higher <input type="checkbox"/> Master's degree or higher

Vision Impairment	Major Cause of Vision Impairment <input type="checkbox"/> Macular Degeneration <input type="checkbox"/> Diabetic Retinopathy <input type="checkbox"/> Cataracts <input type="checkbox"/> Glucoma	
	(as reported by individual) <input type="checkbox"/> Other: <input type="text"/>	
	Visual Impairment: <input type="checkbox"/> Totally Blind (LP only or NLP) <input type="checkbox"/> Legally Blind (excluding Totally Blind)	
	(as reported by individual) <input type="checkbox"/> Severe Visual Impairment	
Onset of Significant Vision Loss:		<input type="checkbox"/> Less than 1 year before IL services <input type="checkbox"/> 1-3 years (when vision loss began to affect performance of daily activities) <input type="checkbox"/> 4-6 years <input type="checkbox"/> 7-9 years <input type="checkbox"/> 10 years or more
Non-vision impairments or conditions at time of intake:		<input type="checkbox"/> None <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Mental Impairment <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Respiratory or lung condition <input type="checkbox"/> Cancer Diabetes: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> End stage renal disease & genitourinary system disorders <input type="checkbox"/> Neurological Impairments
(as reported by individual) <input type="checkbox"/> Other: <input type="text"/>		

Insurance / Support	Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending		Company <input type="text"/>	Policy # <input type="text"/>
	Medicare # <input type="text"/>	Part <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	Medicaid # <input type="text"/>	Exp. Date <input type="text"/>
	Primary Source of Support	<input type="checkbox"/> Personal <input type="checkbox"/> Family & friends <input type="checkbox"/> Public support <input type="checkbox"/> All other sources	Government Retirement <input type="checkbox"/> Federal <input type="checkbox"/> Local \$ <input type="text"/> /mth	
	<input type="checkbox"/> Veteran's disability benefits	\$ <input type="text"/> /mth	<input type="checkbox"/> Worker's Compensation \$ <input type="text"/> /mth <input type="checkbox"/> SSI <input type="checkbox"/> SSDI \$ <input type="text"/> /mth	
	Are you currently receiving services from other agencies?			<input type="checkbox"/> Yes <input type="checkbox"/> CIL <input type="checkbox"/> NAP <input type="checkbox"/> Other: <input type="text"/> <input type="checkbox"/> No <input type="checkbox"/> Public Housing <input type="checkbox"/> CGC \$ <input type="text"/> /mth

Housing	Do you own the home your living in? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, are you renting/leasing the home? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Private residence (apartment, home, barracks or government subsidized housing-alone or with roommate/family member)		
	<input type="checkbox"/> Live alone <input type="checkbox"/> Live with other <input type="checkbox"/> Community residential	<input type="checkbox"/> Live with personal care assistant <input type="checkbox"/> Assistive living center	<input type="checkbox"/> Live with Spouse <input type="checkbox"/> Nursing home/long-term care facility
	<input type="checkbox"/> Other: <input type="text"/>		

SIGNATURES	
<input type="checkbox"/> I have read and acknowledge understanding of my rights and responsibilities, including Confidentiality of Information, Due Process, and the availability of the Client Assistance Program and how I might contact them. I also acknowledge receipt of the VR Consumer Handbook.	
<input type="text"/>	<input type="text"/>
Applicant Signature	Date
<input type="text"/>	<input type="text"/>
Signature of Applicant's Authorized Representative	Date
<input type="text"/>	<input type="text"/>
OVR Representative	Date

OFFICE OF VOCATIONAL REHABILITATION

INDEPENDENT LIVING SERVICES OLDER BLIND CERTIFICATION OF ELIGIBILITY (Status 45)

Consumer: SSN: Case No:

This is to certify that this individual has a severe physical or mental impairment whose ability to function independently in the family or community or whose ability to obtain, maintain, or advance in employment is substantially limited and for whom the delivery of independent living older blind services will improve the ability to continue functioning or move towards functioning independently in the family, community or in employment, respectively.

The individual meets the following eligibility criteria for independent living services:

- ☐ The presence of a severe physical or mental disability;
- ☐ The presence of a severe limitation in ability to function independently in the family or community or to engage or continue in employment; and
- ☐ A reasonable expectation that independent living older blind services will significantly assist the individual to improve his/her ability to function independently in the family or community to engage or continue in employment.
- ☐ Is aged 55 years or older and therefore, qualifies for ILOB Low Vision Screening.

OVR Caseworker Comments:

ILOB Caseworker

Date

OVR Director

Date

ILOB-06

Certification of Eligibility
Revised: 12-2015



Office of Vocational Rehabilitation
OFFICE OF THE GOVERNOR

P.O. Box 501521
Saipan, MP 96950

Phone: 670-322-6537
Fax: 670-322-6536

**CONSENT TO RELEASE/RECEIVE
CONFIDENTIAL INFORMATION**

TO:

I, , do hereby authorize the Office of Vocational Rehabilitation (OVR) to release/receive any information and records noted below:

<input type="checkbox"/> Medical/Psychological/Audiological	Hospital No.: <input type="text"/>
<input type="checkbox"/> Employment Records	Date of Birth: <input type="text"/>
<input type="checkbox"/> School Records	
<input type="checkbox"/> Other: <input type="text"/>	

ACKNOWLEDGMENT: I declare that I have read the foregoing or had it explained to me in a manner I understand, and that it is true and correct. I also understand that my records are protected under confidentiality legislation and cannot be disclosed without my written consent unless otherwise provided for the regulations. I understand I may revoke this consent at any time except to the extent that action has been taken. Unless revoked, this authorization automatically expires one (1) year from date of signature.

Applicant/Consumer/Authorized
Representative

Date

Signature of consenting parent or legal guardian for applicant/consumers under age 18:

Parent or Legal Guardian

Date

OVR-04

Consent to Release/Receive
Revised: 07/2014

OFFICE OF VOCATIONAL REHABILITATION

INDEPENDENT LIVING OLDER BLIND PLAN DEVELOPED/WAIVED (Status 46)

Consumer Name: Case #:

As a consumer (consumer representative), my signature below acknowledges that:

- I have been provided an explanation of the basis of my eligibility in a way that was readily understandable to me.
- My rights and responsibilities were explained to me in a way that was understandable to me.
- I have been provided with a copy of my rights and responsibilities
- I have been informed of the availability of the Client Assistance Program and how to contact them.
- I understand that I can develop or waive an ILOB Plan.

☐ I waive my right to have an ILOB plan developed

☐ I have jointly participated with my caseworker in the development of this ILOB Individual Service Plan (ISP) and agree to abide by its terms.

- I have received a copy of my:

☐ Original ISP ☐ Amended ISP ☐ Not applicable (waived)

Consumer/Authorized Representative

Date

ILOB Caseworker

Date

Annual Review Acknowledgement:

ILOB-ISP reviewed by OVR Caseworker and Consumer on this date:

Consumer/Authorized Representative

Date

ILOB-07

ISP Developed/Waived
Revised: 01/2016



Office of Vocational Rehabilitation
OFFICE OF THE GOVERNOR

P.O. Box 501521
Saipan, MP 96950

Phone: 670-322-6537
Fax: 670-322-6536

**Independent Living Older Blind
INDIVIDUALIZED SERVICE PLAN (ISP-Status 46a)**

☐ Original Plan

Amended Plan #

Consumer Name:

SSN:

Case #:

GOAL: Independence, mobility and self care.

Comparable Benefits Providers:

1.
2.
3.

SERVICES AND PROVIDERS:	% Comp Benefit Amount	% Agency Amount	% Consumer Amount	Begin Date	Projected End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Consumer/Authorized Representative

Date

OVR Caseworker

Date

OVR Director

Date

OFFICE OF VOCATIONAL REHABILITATION

INDEPENDENT LIVING/OLDER BLIND PROGRAM

Rights and Responsibilities At Application or Closure

The Office of Vocational Rehabilitation (OVR) provides direct services to persons with disabilities who are 55 years or older to achieve increased independence and/or prepare them for employment and for productive roles in the community. All services provided by OVR will be administered in such a manner that no person shall be excluded from participation in, be denied of, or be otherwise subject to discrimination on the grounds of race, sex, national origin, religion, or disability.

1. Confidentiality of Information

All the information provided to OVR is kept confidential. Personal information is used for purposes directly connected with the administration of the Independent Living Older Blind Services. With few exceptions, personal information is not shared except with written authorization from you or from your authorized representative.

2. Dissatisfaction with Determinations/Appeals

If you are dissatisfied with any determinations made by your caseworker or by OVR concerning the furnishing or denial of services, or believe that discrimination has been practiced, you may appeal to the Director of OVR located at Navy Hill, House N-2, Saipan or contact the Office at 322-6537/38(voice), 322-6449 (TTY). The mailing address is P.O. Box 501521, Saipan, MP 96950. You can request an informal administrative review or fair hearing at any time. You may also seek assistance from the Client Assistance Program (CAP).

3. Client Assistance Program (CAP)

The purpose of the Client Assistance Program (CAP) is to provide assistance in informing and advising the Independent Living Older Blind (ILOB) applicants of all available benefits under the Rehabilitation Act of 1973, as amended. CAP also seeks to assist ILOB applicants, when requested, in their relationships with projects, programs, and facilities providing services to them under the Rehabilitation Act. This includes assistance in pursuing legal, administrative or other appropriate remedies to ensure the protection of the rights of applicants under this program. The CAP may be contacted at 235-4273/7274 (voice), 235-7278 (TTY), or 235-7275 (fax). CAP is under the Northern Marianas Protection & Advocacy Systems, Inc. (NMPASI) located at Chalan Pale Arnold Road, Middle Road Gualo Rai, Saipan. The mailing address is P.O. Box 503529, Saipan, MP 96950.

The above rights and responsibilities have been explained to me in a way that is readily understandable to me. I have been provided with a copy of these rights and responsibilities.

Applicant/Consumer/Authorized
Representative

Date

ILOB-03a

ILOB R&R
Revised: 12/2015

OFFICE OF VOCATIONAL REHABILITATION

INDEPENDENT LIVING OLDER BLIND PROGRAM RIGHTS AND RESPONSIBILITIES (At ISP Development)

ELIGIBILITY

An individual is eligible to receive services based on the following:

- Is aged 55 years or Older
- The individual has a physical or mental disability
- The disability affects the individual's ability to function independently in the family, community, or at employment
- There is a reasonable chance that services will help the individual to function independently.

CONFIDENTIALITY

All information provided to the Office of Vocational Rehabilitation is kept confidential. Information is used for purposes directly connected with the administration of the Independent Living Older Blind Services. With a few exceptions, all other uses of personal information are not shared except with written authorization from you or from your authorized representative.

RIGHT OF APPEAL

This is your rehabilitation program as developed and planned with you. It contains the steps and services that we will follow together to assist you in reaching your goal. You or your representative will be fully advised of any change in your program.

If you are dissatisfied with any determinations made by your caseworker or by OVR concerning the furnishing or denial of services, or believe that discrimination has been practiced, you may appeal to the Director of OVR located at Navy Hill, House N-2, Saipan or contact the Office at 322-6537/38(voice), 322-6449 (TTY). The mailing address is P.O. Box 501521, Saipan, MP 96950. You can request an informal administrative review or fair hearing at any time. You may also seek assistance from the Client Assistance Program (CAP).

CLIENT ASSISTANCE PROGRAM

The purpose of the Client Assistance Program (CAP) is to provide assistance in informing and advising the Independent Living Older Blind (ILOB) consumers and applicants of all available benefits under the Rehabilitation Act of 1973, as amended. CAP also seeks to assist ILOB applicants and consumers, when requested, in their relationships with projects, programs, and facilities providing services to them under the Rehabilitation Act. This includes assistance in pursuing legal, administrative or other appropriate remedies to ensure the protection of the rights of consumers under this program.

The Client Assistance Program (CAP) may be contacted at (670) 235-7273/7274 (VOICE), (670) 235-7278 (TTY), or (670) 235-7275 (Fax). CAP is a program of the Northern Marianas Protection & Advocacy Systems, Inc. (NMPASI) which is located in Middle Road Chalan Laulau, P.O. Box 3529, Saipan, MP 96950.

ILOB-07b

IPS R&R
Revised: 12/2015

OFFICE OF VOCATIONAL REHABILITATION

REVIEWS OF PROGRESS

The Individualized Plan for Older Blind (ILOB), if a consumer opted to develop one, will be reviewed at least every 90 days or more frequently as needed. Reviews may be initiated by the Office of Vocational Rehabilitation or by the consumer (or his/her authorized representative). Reviews will determine if there is progress towards the determination of eligibility and the nature and scope of services needed to achieve the goals established in the plan for services. If after ILOB services have been initiated and, for some reasons, it is determined by the OVR staff that there is no longer a reasonable expectation of the individual to function independently as a result of ILOB services, the remaining ILOB services will be terminated or cancelled and, the case will be closed.

RESPONSIBILITIES

When accepting services, an individual also accepts responsibilities. Major responsibilities include:

- Participating in services with the motivation to succeed;
- Maintaining regular contact with the OVR staff or VR Caseworker;
- Notifying the OVR staff or VR Caseworker of any major changes that may affect this program or its possible outcome, e.g. changes of address, finances, and health status;
- Actively seeking employment, if this is the goal selected;
- Informing the OVR staff or VR Caseworker of any employment/change of employment (if employment is the goal);
- Adhering to the specific responsibilities listed in the ILOB plan (if developed) or ILOB Plan service list.

COSTS/COMPARABLE BENEFITS

The policy of the Office of Vocational Rehabilitation is to make every effort to provide the highest quality of service at the most reasonable cost. The OVR must make full use of comparable benefits prior to provision of ILOB rehabilitation services except when comparable benefits are not adequate, timely or would interfere with the ILOB. By doing this, OVR is able to conserve limited funds and, thereby serve more people. Consumer participation in the purchase of services is encouraged and accepted when appropriate.

The above rights and responsibilities have been explained to me in a way that is readily understandable to me. I have been provided with a copy of these rights and responsibilities.

Applicant/Consumer/Authorized
Representative

Date

ILOB-07b

IPS R&R
Revised: 12/2015



Office of Vocational Rehabilitation
OFFICE OF THE GOVERNOR
P.O. Box 501521
Navy Hill – Bldg. N2
Saipan, MP 96950

Consumer Satisfaction Survey ILOB – Phase I

The Office of Vocational Rehabilitation (OVR) is committed to improving our delivery and quality of services to you. Please help us by answering the following questions. Your answers will be kept private and secure. Thank you for your time and assistance.

Date:

Please check the box that best answers the statement:

The orientation and materials were easy to understand.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The OVR staff was easy to contact.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The OVR staff treated me in a professional manner.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My questions were answered clearly and quickly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand what OVR can do for me.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Quality of Services:

	Excellent	Good	Fair	Poor
Please rate the quality of services you received from OVR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please rate the courtesy and respect you received from the OVR staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please rate the accessibility of the OVR facilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please rate the chance of you recommending OVR to someone else.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments to improve ILOB programs and services:

Surveys are sealed and submitted to the Chairperson of the State Rehabilitation Council-Quality Assurance / Quality Improvement Committee for collection, review, analysis and reporting.

Date Received by QA/QI:

Received by:

Tel.: (670) 322-6538 Fax: (670) 322-6536 TTY: (670) 322-6449 E-Mail: nmidir@ovrgov.net Website: ovrgov.net Date Revised: 09/2014



Office of Vocational Rehabilitation
OFFICE OF THE GOVERNOR
P.O. Box 501521
Navy Hill – Bldg. N2
Saipan, MP 96950

Consumer Satisfaction Survey ILOB – Phase II (ST 48)

The Office of Vocational Rehabilitation (OVR) is committed to improving our delivery and quality of services to you. Please help us by answering the following questions. Your answers will be kept private and secure. Thank you for your time and assistance.

Date:

Please check the box that best answers the statement:

I felt the OVR ILOB staff was respectful and helpful.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I received services that I needed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I benefited from the services that I received.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services received were provided in a timely manner.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am satisfied with the quality of services I received from OVR ILOB.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Quality of Services

Please give reason why your case was closed without being provided ILOB services.

- ☐ It took too long to get services.
- ☐ The available services through OVR ILOB were not what I wanted.
- ☐ I did not get along with the OVR ILOB staff.
- ☐ Language barrier.
- ☐ My health condition deteriorated.
- ☐ Comparable benefits/services (program other than OVR ILOB) took care of my needs.
- ☐ Other:

Comments to improve ILOB programs and services:

Surveys are sealed and submitted to the Chairperson of the State Rehabilitation Council-Quality Assurance / Quality Improvement Committee for collection, review, analysis and reporting.

Date Received by QA/QI:

Received by:

Date Revised: 09/2014

Tel.: (670) 322-6538 Fax: (670) 322-6536 TTY: (670) 322-6449 E-Mail: nmidir@ovrgov.net Website: ovrgov.net



Office of Vocational Rehabilitation
OFFICE OF THE GOVERNOR
P.O. Box 501521
Navy Hill – Bldg. N2
Saipan, MP 96950

Consumer Satisfaction Survey ILOB – Phase II (ST 49)

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Date:

Please check the box that best answers the statement:

I felt the OVR ILOB staff was respectful and helpful.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I received services that I needed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I benefited from the services that I received.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services received were provided in a timely manner.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am satisfied with the quality of services I received from OVR ILOB.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Quality of Services

Please Rate:

	Excellent	Good	Fair	Poor
The ability to reach my ILOB case worker or another OVR staff member within one business day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My case worker's ability to clearly explain services available to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My case worker's ability in listening to my needs and concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your case worker's overall performance in assisting you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality of services you received from OVR ILOB.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The chance of you recommending OVR ILOB services to someone else.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments to improve ILOB programs and services:

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P.O. Box 501521
Saipan, MP 96950

Phone: 670-322-6537
Fax: 670-322-6536

ACKNOWLEDGEMENT OF RECEIPT OF SERVICES (ARS)

(supplies, materials, books, etc. not transferrable to other consumers)

☐ Basic Support ☐ Supported Employment ☐ Independent Living/Older Blind

NAME: SSN: Case #:

The following item(s) has been purchased for your use under the program that has been marked above.

FOR BS/SE ONLY

By signing below, you further understand that the item(s) or device(s) is/are released to you as you continue to actively participate in your rehabilitation plan. Employment for at least 90 days must be maintained, otherwise, you will be required to reimburse OVR for the cost of the item(s)/device(s). If unforeseen circumstances occur or a valid reason prevents you from continuing your rehabilitation plan/goals, reimbursements can be waived.

I ACKNOWLEDGE RECEIPT OF THE FOLLOWING:

Date Received	Description	Catalog #	Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Consumer/Authorized Representative

Date

OVR Representative

Date

OVR-09a

ARS
Revised: 08/2014