ADMINISTRATIVE OVERVIEW
SERVICE SPECIFIC ATTACHMENT

Orientation and Mobility (O&M)

I. Service Capacity

A. Identify which of the qualification categories applies to your provision of O&M services:

Individual Provider:

Agency:

B. Describe your regional service capacity throughout the State. Specify any areas that you do not provide O&M services:

C. Describe your capacity to provide translation for consumers when needed.

Language	# Administrative Staff (if applicable)	# Certified Orientation and Mobility Specialists (COMS)

If you have no translation capacity, describe your procedure for serving consumers who have limited English-speaking ability.

II. General Policies and Procedures

A. Describe your policy for notifying the ASAP about circumstances encountered that affect completion of authorized services (such as no answer at the door, weather conditions prevent training outside the home setting, etc.).

B. Describe how you confirm that O&M services are only provided to consumers who are not eligible for O& M through the Massachusetts Commission for the Blind.

III. Service Components

A. Describe what is included in your O& M assessment of an individual's needs, including orientation and mobility in both the home and community setting.

B. Describe how you provide individualized training and education in both the home and community setting.

C. Describe how you provide environmental evaluations.

D. Describe how you provide caregiver/direct care staff training on sensitivity to blindness/low vision.

E. Describe how you provide information and resources on community living for individuals with vision impairment or legal blindness.

IV. Staff Qualifications

A. Describe how you ensure that staff providing O&M are a Certified Orientation and Mobility Specialist (COMS) and have a master's degree in special education with a specialty in orientation and mobility or have a bachelor's degree with a Certificate in orientation and mobility from an ACVREP (Academy for Certification of Vision Rehabilitation and Education Professionals) certified university program.

Attach a COMS Certificate for each of your staff.

V. Training

A. For Agencies employing COMS, describe your orientation.

VI. Supervision

A. For Agencies employing COMS, describe the procedures for supervision, including frequency, documentation, and credentials/qualifications of supervisors.

VII. Proposed Rate Structure for Orientation and Mobility (O&M)

Provider employee who completed this form

Name: _____ Date: _____

SERVICE SPECIFIC ON-SITE REVIEW

Orientation and Mobility (O&M)

Please note the documents and records which will be required for the Consumer files and/or Employee files to be reviewed at the time of On-Site Evaluation

EMPLOYEE Record Review					
Provider Date Monitor					
Start date and Termination date, if applicable					
Number of reference checks					
CORI Check					
Job Description(s)					
COMS Training Master's degree in special education with a specialty in orientation and mobility Or Bachelor's degree with a Certificate in orientation and mobility from an ACVREP (Academy for Certification of Vision Rehabilitation and Education Professionals) certified university program Ongoing training: dates (if applicable):					
OIG checks: time of hire/ monthly					
Annual Performance Appraisal: Date					
Comments					

SERVICE SPECIFIC ON-SITE REVIEW

Orientation and Mobility (O&M)

Please note the documents and records which will be required for the Consumer files and/or Employee files to be reviewed at the time of On-Site Evaluation

CONSUMER Record Review					
Provider Date Monitor					
Authorization/referral form					
ID Info – name; address; phone; DOB					
Emergency contact(s) and phone					
Vision impairment O&M Assessment/Service Plan					
Name of current CM/RN					
Service start date and Termination date, if applicable					
Comments					

Orientation and Mobility (O&M)

Notes