

**NC DIVISION OF SERVICES FOR THE BLIND POLICIES AND PROCEDURES
VOCATIONAL REHABILITATION**

Section:	L
Title:	Low Vision Services
Current Effective Date:	08/16
Revision History	Revised 12/02, 02/08, 06/09, 07/15, 02/16, 08/16

Low Vision Services are an integral part of the total services available for eligible individuals who have useable vision. Low Vision Services will provide assessments and training that emphasize the use of residual vision rather than visual loss. Low vision assessments are available through Nursing Eye Care Consultants located in the State Agency's district offices, the Low Vision Program Specialist at the Rehabilitation Center for the Blind (RCB), and the Consulting Low Vision Optometrist in the Low Vision Clinic on the Governor Morehead School Campus, Raleigh. Prior to receiving low vision assessments with Nursing Eye Care Consultants, the Low Vision Program Specialist, or the Consulting Low Vision Optometrist, individuals should have a current eye report which should include diagnosis, visual acuity, and, if available, visual fields, refractive errors and a current eyeglass prescription, intraocular pressure and documentation of current medical eye care received relative to the individual's specific condition(s). Eye reports may be on the Medical Eye Care Eye Examination Report (On-Line DSB-2202 Report of Eye Examination), the provider's letterhead, or the provider's chart notes. Low Vision Services may be deferred when a current eye report is not available, when the eye condition is deemed too unstable, immediately preceding or following surgery when the individual has experienced a significant change in their vision since their last eye exam, or when there has been an onset of systemic disease and/or medication regimen which may affect their vision. Prior to meeting with the Nursing Eye Care Consultants, individuals should have the best possible refractive correction, i.e. eyeglasses or contacts.

Purpose of Low Vision Assessments

Low vision assessments, including those conducted by the Consulting Low Vision Optometrist, are intended to yield the best possible vision under conditions which may be altered to improve performance. These altered conditions are not intended to meet legal guidelines for determining eligibility or legal blindness. Instead, low vision assessments are intended to equip individuals and the Vocational Rehabilitation Counselor/Independent Living Rehabilitation Counselor/Social Worker for the Blind with information on how individuals may maximize use of their remaining vision to improve their individual vocational and/or daily living functioning.

Low vision assessments cannot replace medical eye care as received through the regular eye care provider. However, any concerns detected during this assessment which may require follow up will be noted and individuals will be directed to their regular eye care provider. If the low vision assessment determines the vision can be significantly improved through the prescription of contact lenses or eye glasses and this improvement may impact eligibility for services then the referring Vocational Rehabilitation Counselor/Independent Living Rehabilitation Counselor/Social Worker for the Blind may elect to the individual return to their regular medical eye care provider for re-assessment of eligibility.

Low Vision Services Provided by the Nursing Eye Care Consultant

Low vision assessments are available in all counties through a Nursing Eye Care Consultant. Nursing Eye Care Consultants provide individuals low vision assessments to assess the individual's visual strengths and challenges to determine the potential to use low vision techniques or aids. If

appropriate, areas such as lighting, positioning, and contrast can be assessed. The most recent eye reports available are needed for the Nursing Eye Care Consultant to provide the best possible assessment. A Video Magnification (Closed Circuit Television) assessment can be performed if authorized by the referring Vocational Rehabilitation Counselor/Independent Living Rehabilitation Counselor/Social Worker for the Blind. Video Magnification assessments only occur after the use of other low vision aids and adaptations have been explored and a determination has been made that the individual cannot adequately perform necessary tasks through other means.

The Nursing Eye Care Consultant will schedule an appointment with the individual at the earliest possible date. If the assessment indicates that one or more low vision aids will equip the individual to better meet his/her rehabilitation goals, the Nursing Eye Care Consultant will report recommended purchases for the referring Vocational Rehabilitation Counselor/Independent Living Rehabilitation Counselor/Social Worker for the Blind on the type of aid(s), price(s), and source(s) using the Equipment/Service Request Form. In almost all cases, in-person delivery of low vision aids is needed to ensure the device is working properly and the individual is able to use the device. When more extensive training in the use of the device is needed, the Vocational Rehabilitation Counselor/Independent Living Rehabilitation Counselor/Social Worker for the Blind may request the Nursing Eye Care Consultant deliver the device and provide training.

Video Magnification assessments will also be scheduled by appointment with the individual at the earliest possible date. The assessment must include the demonstration of at least three like devices (e.g. three in-line video magnifiers or three portable video magnifiers). When three like devices are not available, three most comparable devices available will be demonstrated. The devices demonstrated will be from three different vendors whenever possible. After the assessment, the Nursing Eye Care Consultant will complete the Evaluation with Video Magnification form and record ordering information including vendor specifications on the Equipment Service Request form if a device is recommended for purchase. The Nursing Eye Care Consultant is also available upon request to provide Video Magnification training.

Low Vision Services at the Rehabilitation Center/Evaluation Unit

Rehabilitation Center/Evaluation Unit Participants

Individuals attending the Rehabilitation Center for the Blind or the Evaluation unit who have any useable vision may be referred to the Low Vision Program Specialist. The facility Vocational Rehabilitation Counselor or referring Vocational Rehabilitation Counselor/Independent Living Rehabilitation Counselor may contact the Low Vision Program Specialist to request assessments or follow-up instruction needed as long as the individuals are attending the Center.

The Low Vision Program Specialist will conduct a functional vision assessment to assess the rehabilitation and/or demands of daily living needs. If appropriate, areas such as distance and near acuity, visual fields, lighting, positioning, color perception, contrast sensitivity as well as optical and non-optical aids can be assessed. Instruction in eccentric viewing or other adaptive techniques may also be provided.

When low vision assessments indicate that individuals are unable to adequately perform tasks through the use of conventional low vision aids and adaptations, individuals may be referred to the Technology Teacher at the RCB for a Video Magnification assessment if the referring Vocational Rehabilitation Counselor/Independent Living Rehabilitation Counselor approves this assessment. The Low Vision Program Specialist may perform this assessment when the Technology Teacher is unavailable. The assessment must include the demonstration of at least three like devices (e.g. three in-line video magnifiers or three portable video magnifiers). When three like devices are not available, three most comparable devices available will be demonstrated. The devices demonstrated will be

from three different vendors whenever possible. After the assessment, the Technology Teacher or Low Vision Program Specialist will complete the Evaluation with Video Magnification form and record ordering information including vendor specifications on the Equipment Service Request form if a device is recommended for purchase.

If indicated through the low vision functional assessment, the Consulting Low Vision Optometrist may conduct a clinical examination of visual function to include near and distance acuity using materials and techniques specially designed for low vision assessment, refractive error assessment with provision of prescriptions when indicated, visual field assessments, assessment for optical devices, recommendations for additional assessments, as well as observations on how the eye condition(s) may impact their functioning. A report (On-Line DSB-4047 Low Vision Eye Doctor Evaluation Report) -of clinical findings and recommendations are provided.

After the assessment, the Low Vision Program Specialist will complete a report on the assessment and the Equipment/Service Request form if low vision aids are recommended. The Low Vision Program Specialist is available to provide training in the use of recommended aids while individuals are attending the RCB or Evaluation Unit. Training activities and individual performance will be documented. Individuals who require additional assessments or follow-up training after attending the Rehabilitation Center for the Blind or Evaluation Unit may be referred by the Vocational Rehabilitation Counselor/Independently Living Rehabilitation Counselor/Social Worker for the Blind to the Nursing Eye Care Consultant. In some cases, individuals may be referred to the Low Vision Program Specialist specifically for additional low vision services.

Low Vision Only Services at the Rehabilitation Center/Evaluation Unit

Low Vision Clinic facilities, equipment and staff will sometimes be needed for assessments, recommendations and training for specific needs related to the Vocational Rehabilitation/Independent Living Rehabilitation plan at a time when an individual does not require other RCB or Evaluation Unit services. In these cases, the Vocational Rehabilitation Counselor/Independent Living Rehabilitation Counselor may make a referral to the Low Vision Program Specialist through the RCB after consulting with the Nursing Eye Care Consultant. At no time should a field-based referral to the Low Vision Program Specialist take the place of regular Nursing Eye Care Consultant services. Rather, Low Vision Program Specialist assessments for field referrals are intended as a supplement for specific needs which cannot be met through existing services and equipment available through the Nursing Eye Care Consultant. In these cases, the Low Vision Program Specialist may also coordinate a clinical examination by the Consulting Low Vision Optometrist if needed.

Requests for low vision only services will be sent using the Internal Referral – Evaluation Unit form. The Admissions Chair will notify the Low Vision Program Specialist who will coordinate the low vision assessment date with appropriate staff. Case material guidelines for RCB should be followed. In particular, current eye reports are required.

If the low vision assessment determines that individuals are unable to perform necessary tasks with other low vision aids and adaptations, a video magnification assessment may be considered as an option. In this case, the referring Vocational Rehabilitation Counselor/Independent Living Rehabilitation Counselor/Social Worker for the Blind will be contacted for possible approval of a Video Magnification assessment by the Technology Teacher/Low Vision Program Specialist. The Technology Teacher or Low Vision Program Specialist will complete assessment reports and the Equipment/Service Request form if a device is recommended.

Assessments for Monoculars

Field-based assessments for monoculars will be conducted by Orientation & Mobility staff who can also provide training with the monocular for travel purposes. Individuals receiving services at the Low Vision Clinic may be evaluated for monoculars by either the Low Vision Program Specialist or Consulting Low Vision Optometrist. Additional assessment and instruction in monocular use may be provided by RCB or field-based Orientation & Mobility Specialists after this initial assessment.

Bioptics

NC Division of Services for the Blind (NCDSB) has historically allowed the purchase of bioptics for non-driving purposes. In July 2013, G.S. 20-7(t) was signed into law. This law expanded the conditions under which a driver could be allowed to use bioptics for driving in North Carolina.

http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_20/GS_20-7.html.

It is the policy of NCDSB that bioptics may be purchased for a consumer when necessary to achieve a non-driving related educational or vocational goal, if the below conditions are met.

Bioptics are prescription devices which require an assessment of the need for the device, an assessment for medical suitability to use the device, prescription of the device with carrier lens, fitting of the device, and training in use of the prescribed bioptics. The prescription and fitting of the device must be completed by an optometrist or ophthalmologist.

Low Vision Clinic staff based on the Governor Morehead School Campus may assist with aspects of assessing for the need or suitability for using bioptics. Staff may assess for suitability for bioptic use by evaluating: visual goals, review of eye condition(s), review of secondary conditions, visual acuities, visual fields, an individualized discussion concerning the advantages and disadvantages of using bioptics, review of other options for achieving educational and vocational goals and assessment of contrast sensitivity and color perception. A written report to the referring counselor will be provided documenting findings and recommendations. This service may be requested using the BEAM form, VR Internal Referral – Evaluation Unit.

To successfully use bioptics, training in their use must be provided by a qualified practitioner. Depending upon the tasks that are to be performed with the bioptics as well as the individual training and experience of the practitioner, a qualified practitioner to provide training in the device may include the prescribing eye doctor, Certified Low Vision Therapist, Occupational Therapist or Certified Orientation and Mobility Specialist. DSB Certified Low Vision Therapists and Certified Orientation and Mobility Specialists are not providing this training at this time.

The purchase of bioptics for non-driving purposes may be pursued if the following conditions are met:

- The bioptic must be required to meet training or vocational goals.
- A current eye exam from the last 12 months is available and must, at a minimum, have information on the eye condition, visual acuities and, if applicable, visual fields. Information on whether the condition is stable, progressive or varying must be available.

- Task(s) to be accomplished by using the bioptic are necessary to achieve a non-driving related educational or vocational goal
- The ability to successfully locate and identify the needed targets with a comparable strength telescope has been demonstrated and documented. This determination may be made by the prescribing private practitioner, DSB Low Vision Clinic staff or DSB Orientation & Mobility Specialists.
- The consumer is not able to use a regular handheld telescope to effectively achieve educational or vocational goals.
- The device must be prescribed by an optometrist or ophthalmologist who has training in the prescription of bioptics.
- A method of providing follow up instruction and training in use of the device must be available and the consumer must be willing to participate in all follow up training.
- There is no known contraindication to prescribing the device.
- The consumer must sign a statement that the device is being provided by DSB to accomplish specific task(s) related to the educational or vocational goal which is not for driving purposes.
- Final approval for purchase is made by DSB's Low Vision Program Specialist.

In cases where a bioptic purchase is allowed, the VR Counselor may authorize for all necessary assessments, the frame, carrier lens and bioptic; as well as fitting and any follow up instruction needed to ensure the individual is able to safely and effectively use the device. Payment for materials will be made at the invoice cost. Practitioner fees will be paid at 75% of the usual and customary fees.

In cases where a request for a bioptic purchase does not meet the above criteria or where the individual wishes to pursue bioptics for the purpose of driving, a DSB staff member may refer to practitioners where the consumer may pursue obtaining a bioptic at his/her own expense.