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Part XXIII, Blind Rehabilitation Service

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**Chapter 5, Regional Consultants
(Paragraphs 5.01 through 5.03)**

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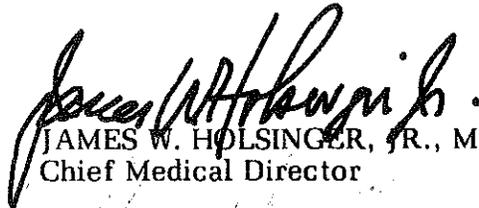
Clinical Programs

Blind Rehabilitation Service

Department of Veterans Affairs
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RESCISSONS

The following material is rescinded:

a. Manuals

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10-89-54

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CHAPTER 5. REGIONAL CONSULTANTS

5.01 GENERAL

- a. Regional consultants will be assigned to BRC (blind rehabilitation centers) in the continental United States.
- b. The position will be centralized to the Chief Medical Director.
- c. The Director, BRS (Blind Rehabilitation Service), VA (Department of Veterans Affairs) Central Office, will have the final responsibility for the activities and performance of the regional consultant.
- d. The regional consultant will be considered an integral part of the blind rehabilitation staff, and will receive necessary support from the Chief of the BRC.

5.02 DUTIES OF REGIONAL CONSULTANT

- a. The primary duty of the regional consultant will be to visit, on a continuing basis, the VA facilities in the geographic area served by the BRC to which they are assigned. A centrally directed recurring travel budget will be provided for each regional consultant through a separate control point assigned to the Blind Rehabilitation Center.
- b. The regional consultant will educate local personnel concerning the Blind Rehabilitation Program and will ensure that adequate and appropriate services are being provided to blinded veterans at the local level.
- c. The regional consultant will make recommendations to local top management, and communicate with the Regional Director, to ensure implementation by staff responsible for local programs for blinded veterans.
- d. The regional consultant functions as a direct representative of the Director, BRS, VA Central Office while in the field. A report of each medical center visit will be submitted to the Director, BRS (117D), VA Central Office, for review by the Region and response from the visited facility.
- e. While at the BRC, the regional consultant will serve as an advisor to local programs for the blind and will be readily available for advice and consultation.
- f. As an integral part of the BRC staff, the regional consultant will be responsible for reviewing the VA and non-VA benefits of each veteran admitted to the BRC Center. The regional consultant will advise the veteran and will initiate or take appropriate action so that each veteran's benefits will be in proper order.
- g. While at the BRC, the regional consultant reports to the Chief of the BRC, who in turn reports to the Chief of Staff. Performance evaluation of the regional consultant is accomplished by the Chief of the BRC with input from the Director, BRS, VA Central Office.

5.03 REPORTS

- a. The regional consultant will submit a site visit report to the Director, BRS (117D),

VA Central Office, for each facility visited where a VIST (Visual Impairment Service Team) program review is conducted. These reports are due in VA Central Office by the 15th working day following the visit.

b. Facilities visited for VIST coordinator training purposes will require only a summary of training conducted.

c. Each Regional Consultant will submit an annual narrative to the Director, BRS (117D), VA Central Office, profiling activities, accomplishments, special projects and pertinent statistical data to reflect annual activities, RCS 10-0832. (See App. E for format.)

**FORMAT FOR
ANNUAL NARRATIVE FOR FULL-TIME, CENTRALIZED VIST (VISUAL IMPAIRMENT
SERVICE TEAM) COORDINATORS**

RCS 10-0821

Medical Center _____

Inclusive dates: _____

1. INTRODUCTION:

2. ACTIVITIES:

a. Veteran Population:

(1) Total VIST eligible (current year) _____

(2) Total in receipt of VIST services _____

(3) Total VIST eligible (previous year) _____

(4) Total VIST eligible newly identified (current year) _____

(5) Total known blind but not VIST eligible _____

(6) Projected yearly percent growth in population _____

b. Direct Services:

(1) VIST/BRC (Blind Rehabilitation Center or Clinic) exams scheduled per week _____

(2) VIST reviews completed (current year) _____

(3) VIST reviews completed (previous year) _____

(4) No-shows for VIST reviews (current year) _____

(5) Applications for VA (Department of Veterans Affairs) blind rehabilitation (current year) _____

(6) Applications for state blind rehabilitation _____

(7). Submissions for initial or increased VBA (Veterans Benefits Administration) rating _____

(8) Rating actions completed _____

c. Program Development:

- (1) VA in-service presentations made _____ and list
- (2) Extra-VA in-service presentations made _____ and list
- (3) Outreach for identification activities _____ and list
- (4) Sources of referral to VIST of blind veterans _____ and list
- (5) Frequency of VIST meetings _____
- (6) Number of VIST projects _____ and list
- (7) Date station memo re VIST updated _____ and rescission date _____

3. **HIGHLIGHTS.** Briefly describe out-of-the-ordinary achievements and show effect on program development and service provision. Groups and individuals assisting or enhancing the program may be recognized.

4. **PROGRAM STATUS**

- a. List previous goals and their status, show why or why not achieved and projected completion date.
- b. State effect on VIST program by outside influences.
- c. List problem areas, assessment and plan.
- d. State projected needs for future development.
- e. Enumerate quality assurance activities including follow-up to most recent site review by Blind Rehabilitation Service Regional Consultant and any other external or internal review groups.

5. **GOALS.** Present short-and long-term goals with specific time frame and brief statement of strategy to achieve.

ADMINISTRATION

The Blind Rehabilitation Centers are located at VA medical centers:

Birmingham, AL	serving Region 3
Hines, IL	serving Regions 2 and 3
Palo Alto, CA	serving Regions 3 and 4
San Juan, PR	serving Region 3 (Puerto Rico and Virgin Islands)
West Haven, CT	serving Region 1

The Blind Rehabilitation Clinics are located at VA medical centers:

American Lake, Tacoma, WA	serving Regions 2 and 4
Waco, TX	serving Regions 2, 3 and 4
West Haven, CT	serving Regions 1, 2 and 3

**FORMAT FOR THE
QUARTERLY REPORT OF BLIND VETERANS AND MILITARY PERSONNEL
WHO RECEIVE BLIND REHABILITATION AT A
BLIND REHABILITATION CENTER OR CLINIC
(Reporting Period)**

RCS 10-0086

1. Name of patient
2. Identification or service number
3. Location of the clinic having jurisdiction of the area in which the patient resides
4. Patient's date of birth
5. The code appropriate for the patient's status, as follows:
 - a. Roman numeral I, if the patient is service-connected for legal blindness
 - b. Roman numeral II, if the patient is service-connected for conditions other than legal blindness, but not for legal blindness
 - c. Roman numeral III, if the patient is not service-connected for any condition
 - d. Roman numeral IV, if the patient is a service member whose claim for disability has not been adjudicated
6. Following selection of one the appropriate codes, Roman numeral V or VI will be used to specify the type of legal blindness:
 - a. Roman numeral V, if the patient has some useful remaining sight, although legally blind (i.e., sight that with low vision aids would, or will improve the patient's lifestyle).
 - b. Roman numeral VI, if the patient has some useful remaining sight, although legally blind (i.e., sight that with low vision aids would, or will improve the patient's lifestyle).
7. Insert the code letter "a" after the patient's name, if the patient received regular rehabilitative services from the staff of a Blind Rehabilitation center or clinic but did not occupy a center or clinic bed.
8. Insert the code letter "b" after the patient's name, if the patient was transferred from an Armed Forces Hospital to a center or clinic.

**FORMAT FOR
BLIND REHABILITATION CENTER or CLINIC
SEMI-ANNUAL REPORT
(Reporting Period)**

RCS 10-0773

- 1. Total Admissions**
- 2. Programs**
 - a. Regular
 - b. Other
 - (1) ETA (electronic travel aids)
 - (a) List type
 - (2) ERA (electronic reading aids)
 - (a) List type
 - (3) Computer
 - (a) List type
- 3. Average Daily Census**
- 4. Occupancy Rate**
- 5. Turnover Rate**
- 6. Average Length of Stay**
 - a. Regular
 - b. Other
- 7. Average Age**
- 8. Age Range**
 - 0-19
 - 20-29
 - 30-39
 - 40-49
 - 50-59
 - 60-69
 - 70-79
 - 80-89
 - 90-00

9. Veteran Status

a. Service-connected

(1) Blindness

(2) Other

b. Nonservice-connected

(1) A&A (Aid and Attendance)

(2) Pension only

(3) Peacetime (or no pension for other reasons)

10. Period of Service

a. WW I

b. Post WW I Peacetime

c. WW II

d. Post WW II Peacetime

e. Korean

f. Post Korean Peacetime

g. Viet Nam

h. Post Viet Nam Peacetime

i. Military

11. Admissions by State

12. Admissions by Blind Centers by VA (Department of Veterans Affairs) medical centers:

a. List facilities

b. List applications

c. List admissions

FORMAT FOR
ANNUAL NARRATIVE FY _____
REGIONAL CONSULTANT

RCS 10-0832

BRC (Blind Rehabilitation center or clinic) (VA medical center)

1. Introduction

2. Activities

a. Field

(1) Different VIST (Visual Impairment Services Team) sites
visited _____ (Total Number)

(a) Repeat visits _____

(2) Other sites visited _____ (Total Number)

(a) _____ ; _____ ;
Regional Medical Education Center Regional Office

Major Conference _____ ; VA Central Office _____ ;

Non-VA Agencies _____

(3) Site review reports generated _____ (Total Number)

b. Time Allocation Workweek plus Days = Days

(1) Total fed. paid work 52 1 = 260.9

(2) Not at BRC

Travel

Sick Leave

Annual Leave

Holidays _____

Total with %

(3) At BRC _____ Total with %

c. Training details to BRC:

(1) VIST Coordinators _____ (Total Number)

(2) VIST or Committee _____ (Total Number)

(3) Other _____ (Total Number)

d. Selected Special Projects:

(1) Requested by Director, Blind Rehabilitation Service (list)

(2) Self-initiated (list)

e. Direct service to BRC veterans

(1) Veterans interviewed _____ (Total Number)

(2) SC (Submissions Compensation) _____ (Total Number)

(a) SC (Service - Connected) blind with possible other SC _____

(b) SC other only _____

(c) Retroactive payments only _____

(d) 306 to new law pension _____

(e) NSC A&A/HB (Non-service connected, Aid and Attendance, Homebound) _____

(f) Waiver of overpayment _____

(g) Waiver of VA insurance premium _____

(h) Dependents added not previously recognized _____

(i) State annuity _____

(j) Other submissions not categorized _____

(3) Submissions pending medical results _____

(4) Status of submissions

(a) Complete _____

(b) Pending rating _____

(c) Increased _____

(d) No change _____

(e) Decreased _____

3. **Highlights.** Include out of the ordinary achievements, and show effect on program development and services provided.

4. **Program Status**

a. List previous goals, their status and (projected) completion date.

b. Show problem areas, assessment and plan.

c. State projected needs for future development.

5. **Goals.** Long-and short-term.