

**BLIND REHABILITATION SERVICE
NATIONAL PROGRAM CONSULTANT PROCEDURES**

- 1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook defines and describes the VHA Blind Rehabilitation Service (BRS) National Program Consultant program.
- 2. SUMMARY OF CHANGES.** This is an update to VHA Handbook 1174.02 defining the scope and operational procedures of the BRS National Program Consultant Program.
- 3. RELATED ISSUES.** VHA Handbook 1174.01, VHA Handbook 1174.03, VHA Handbook 1174.04, VHA Handbook 1174.05
- 4. RESPONSIBLE OFFICE.** The Chief Consultant, Rehabilitation and Prosthetic Services (10P4R) in the Office of Patient Care Services (10P4) is responsible for the contents of this VHA Handbook. Questions may be referred to the Director, Blind Rehabilitation Service national program office, at 202-461-7317.
- 5. RESCISSIONS.** VHA Handbook 1174.02, February 6, 2008 is rescinded.
- 6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on or before the last working day of September 2018.

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BLIND REHABILITATION SERVICE NATIONAL PROGRAM CONSULTANT PROCEDURES

1. PURPOSE

This Veterans Health Administration (VHA) Handbook defines the Blind Rehabilitation Service (BRS) National Program Consultant (NPC) and the procedures for the provision of services that fall within the NPC's purview. **AUTHORITY:** 38 U.S.C. 7301(b).

2. BACKGROUND

The BRS NPC position was established to ensure the efficiency and effectiveness of care provided to blind and visually impaired Veterans across all BRS programs. NPCs are field representatives for the Director, BRS national program office, and are placed in locations that facilitate support and oversight of all BRS field elements. The 5 NPCs are stationed at Department of Veterans Affairs (VA) facilities in Birmingham, AL; Chicago, IL (Hines); Palo Alto, CA; Tucson, AZ; and West Haven, CT. The NPCs have an operational emphasis on catchment areas, or geographically delineated areas of responsibility.

3. DEFINITIONS

a. **Blind Rehabilitation Center (BRC).** A BRC is an inpatient organizational unit in a VA medical facility that provides comprehensive and individualized rehabilitation programs for blind and visually impaired Veterans and active duty Servicemembers. An interdisciplinary team approach is used in a peer support environment. Team members focus their efforts on promoting health, developing skills of independence, and improving the Veteran's adjustment to sight loss with the ultimate goal of successfully reintegrating the individual within the family and community environment.

b. **Blind Rehabilitation Outpatient Specialist (BROS).** A BROS is a multi-skilled, university-trained, and experienced blind rehabilitation instructor who has advanced technical knowledge and competencies at the full performance level in at least 2 of the following disciplines: orientation and mobility; living skills; manual skills; and visual skills. The BROS has been cross-trained to acquire broad-based knowledge in each of these disciplines along with knowledge of advanced technology.

c. **Continuum of Care.** The continuum of care provides blind and vision rehabilitation services at medical facilities ranging from basic outpatient low vision care provided by eye care professionals, to advanced outpatient low vision care involving a team of eye care specialists and rehabilitation professionals, to outpatient and inpatient blind rehabilitation services. Patients may also receive in-home or community care from BROS. Patients are referred to the type of program that best matches their functional needs.

d. **Legal Blindness.** Legal blindness exists when best corrected central visual acuity in a person's better-seeing eye is less than or equal to 20/200, or visual field dimension in the better-

seeing eye is less than or equal to 20 degrees at the widest diameter, even if central visual acuity is better than 20/200.

e. **NPC Semi-annual Narrative.** The NPC semi-annual narrative is a comprehensive report completed by NPCs and submitted to the BRS national program office, no later than April 30th and October 31st of each year. The midyear report provides detailed statistical information regarding the NPCs' service regions and a status report of progress in meeting the support needs of the field. The end-of-year report provides detailed statistical information regarding the NPCs' service regions, and a summary of annual report information from Visual Impairment Services Team (VIST) Coordinators and BROS as well as input from BRCs and outpatient clinics in the region. It also includes workload data relevant to all aspects of the BRS programs in the NPCs' service regions and recommendations for national BRS consideration.

f. **Visual Impairment Center to Optimize Remaining Sight (VICTORS).** VICTORS programs provide short-term outpatient low vision rehabilitation for visually impaired Veterans. VHA Optometry Service has oversight of VICTORS clinics.

g. **Visual Impairment Services Outpatient Rehabilitation (VISOR).** VISOR is an outpatient, hospital-based program providing an abbreviated blind rehabilitation program. VISOR programs provide hoptel or nearby hotel lodging for patients.

h. **Visual Impairment Service Team (VIST).** A VIST is comprised of health care and allied health care professionals charged with the responsibility of ensuring that severely disabled blind and visually impaired Veterans are identified, evaluated, and provided health, benefits and rehabilitation services to maximize adjustment to sight loss. VIST representatives may include, but are not limited to: social work, ophthalmology, optometry, prosthetics, primary care, vocational rehabilitation, library service, nursing, audiology, podiatry, physical medicine and rehabilitation, nutrition, psychology, the Veterans Benefits Administration (VBA), blind Veterans' consumer organizations, blind consumers, and state and/or community agencies for persons who are blind.

i. **VIST Coordinator.** A VIST Coordinator is a case manager who has responsibility for the coordination of services for severely disabled visually impaired Veterans and their families. The VIST Coordinator is often the entry point into the continuum of care for visually impaired Veterans. Duties include providing and/or arranging for the provision of appropriate rehabilitation services and devices (e.g., referrals to BRCs, and/or BROS, and/or outsourced services) in order to enhance a blinded Veteran's functioning level. Other duties include identifying new cases of blindness, outreach to professionals who may refer Veterans to the VIST program, educating the lay public about visual impairment, providing professional counseling, meeting specific objectives established by the VIST, arranging VIST reviews, and conducting VA staff and patient educational programs relating to VIST and blindness.

4. SCOPE

BRS programs enhance the quality of life of Veterans and Servicemembers who have experienced vision loss. BRS professional staff assists these Veterans and Servicemembers in the development of personal independence and reintegration into family and community environment. The NPC's role is to support efficient and cohesive delivery of blind rehabilitation

services; developing and maintaining efficient and dynamic lines of communication among the various VHA blind and vision rehabilitation programs; fulfilling prescribed BRS program objectives; and assisting development of new program goals and objectives. The NPC's input into this process is developed from the unique perspective that the NPC acquires through professional training and frequent professional contact with a diverse range of BRS personnel.

5. RESPONSIBILITIES OF THE BLIND REHABILITATION SERVICE NATIONAL PROGRAM CONSULTANT

Each BRS NPC is responsible for:

a. Creating and maintaining effective lines of communication among the various local, regional, and national levels of VHA BRS programs. This is accomplished by:

(1) Maintaining knowledge of BRS policies, procedures, and standards of practice; and

(2) Articulating BRS goals and objectives directly to VA medical facility administrators, Veterans Integrated Service Network (VISN) administrators, BRS personnel and other national program office management personnel.

b. Assisting in the creation and implementation of the didactic models for BRC and outpatient clinic training programs, VIST operations, and for BROS field training activities.

c. Performing ongoing review and evaluation of BRS programs, and reporting the findings to the Director, BRS national program office, such as:

(1) Developing strategies with all involved BRS personnel to address pertinent issues in a timely and efficient manner; and

(2) Performing follow-up evaluations within a prescribed timeline to determine the effectiveness of strategic interventions.

d. Keeping abreast of pertinent data related to workload, patient unique and ongoing encounters, reviewing BRS patient outcomes and satisfaction data, and noting trends relevant to future BRS planning; this includes:

(1) Articulating these findings in a manner that will help BRS maintain the highest level of quality assurance; and

(2) Assisting in the formulation of strategies to accommodate future BRS needs based on pertinent research data.

e. Supporting and mentoring all field elements of BRS. The NPC works directly with BRCs, outpatient clinics, VIST Coordinators, BROS, BRS field advisory council (FAC), and other related VA personnel to maximize operational mechanisms and imperatives. By creating a cooperative, flexible, and adaptive atmosphere, NPCs work to achieve an operational balance among all BRS elements.

- f. Documenting the activities related to the NPC scope of service.
- g. Obtaining and maintaining data from other VA data sources to use for analysis, reporting, and quality improvement efforts.

NOTE: BRS NPCs may be assigned to special projects at the discretion of the Director, BRS national program office. An NPC may be assigned to a project based on any number of identifiable variables, and these projects may not necessarily be confined to the NPCs catchment areas.

6. AREAS OF NATIONAL PROGRAM CONSULTANT RESPONSIBILITY

a. **VHA BRS.** The NPCs assist the BRS national program office by developing and presenting recommendations for needed revisions and additions to national BRS policy and program management strategy based on present and future projected needs. The NPCs are responsible for:

(1) Assisting Director, BRS national program office with the development of regulatory approaches needed to attain programmatic initiatives, mission and goals.

(2) Supporting VHA efforts in evaluating successful implementation of core business management principles within BRS programs.

(3) Bringing potentially superior and newly developed blind and vision rehabilitation practices and technology to the attention of supervisory staff in the field and BRS national program office staff for evaluation and incorporation. Attends professional conferences and meetings to study, review and evaluate new practices and technology; employs practices and technology whenever possible to evaluate effectiveness and usefulness.

(4) Assisting in the development of guidelines, policies, procedures and their implementation within BRS programs.

b. **VHA BRC.** The NPCs assist the BRCs in maintaining the highest level of services for severely disabled visually impaired Veterans. NPCs maintain communication with the BRC Directors to promote product and service parity across all of the VA BRCs. The NPCs are responsible for:

(1) Assisting BRS staff in gathering and tracking data as it relates to BRC admissions, discharges, types of blind rehabilitation programs received by blinded Veterans, length of stay, enumerated waiting list sizes, waiting list trends, patient satisfaction and outcome measures as they relate to achieving BRC program goals and objectives.

(2) Coordinating flexible paradigms between the BRCs and field elements to meet the changing needs of BRS, and ultimately the Veterans that they serve.

(3) Supporting, on a continuing basis, BRC staff with information and educational media, and providing direct training to BRC staff, when appropriate.

(4) Working closely with the Director, BRS national program office, and BRC Directors to ensure a continuity of program goals and objectives.

(5) Assisting through problem-solving strategies, when issues arise, and keeping local, regional, and national BRS personnel well informed throughout the process.

c. **VIST Coordinators**

The NPCs are responsible for:

(1) Actively supporting the efficiency and effectiveness of VIST Coordinators.

(a) Assisting in the recruitment and continuing education of VIST Coordinators.

(b) Providing training and orientation for newly hired VIST Coordinators at the local facility.

(c) Supporting VIST Coordinators in:

1. Developing VIST services to meet the needs and demands of severely disabled visually impaired Veterans within the VIST service areas.

2. Developing new strategies for problem solving, while also helping to implement and utilize strategies from other successful VIST operations.

3. Utilizing local professional resources for severely disabled visually impaired Veterans.

4. Ensuring and supporting local training programs wherever possible, to address the needs of severely disabled visually impaired Veterans that are not candidates for training at a BRC.

5. Developing VIST services that address the holistic needs of severely disabled visually impaired Veterans, including developing strong working relationships with other governmental and private agencies that may address housing, employment, financial, or other health related issues.

6. Assisting the VIST Coordinator in developing an active outreach program within the facility and service area to identify new severely disabled visually impaired Veterans needing services.

7. Instructing and supporting the VIST Coordinators in establishing and achieving VIST program goals and objectives.

8. Educating the VIST Coordinator to assess Veterans' benefits.

9. Fostering a positive relationship between VIST Coordinators, BROS, outpatient clinics and the BRCs.

10. Facilitating ongoing dialogue among VIST Coordinators.

11. Conducting benefits reviews for select Veterans during site visits, as appropriate.

12. Gathering data from VIST Coordinator annual reports, maintaining this data, and noting trends.

13. Providing ongoing evaluations and guidance of VIST services.

d. **BROS.**

(1) The NPC assists in the recruitment of BROS, provides training, education and orientation for newly hired BROS, and coordinates supplemental training for these specialists with BRCs, and with other recognized educational bodies.

(2) Because the nature of the BROS position requires an extensive and comprehensive knowledge of blind rehabilitation training methodologies, the NPC assists the BROS in acquiring new skill sets when necessary, and assists the BROS with identifying other professionals to partner with the BROS to provide care for Veterans.

(3) The NPC supports the cooperative relationship between VISTs and BROSs, and supports the team dynamic among BRCs, VISTs, BROSs, outpatient clinics and NPCs.

(4) NPC collects data from BROS reports, and:

(a) Monitors activities to ensure that blind and vision rehabilitation training is being provided in a timely manner to Veterans;

(b) Reviews BRC and local BROS training data to protect against any unnecessary and costly duplication in services provided by BRS programs; and,

(c) Conducts BROSs program review and evaluation.

e. **Outpatient Clinics.** The NPCs assist the BRS outpatient blind and low vision clinics in maintaining the highest level of services for visually impaired Veterans. NPCs maintain communication with the clinic supervisors to promote product and service parity across all of the BRS clinics. The NPCs are responsible for:

(1) Assisting BRS staff in gathering and tracking data as it relates to clinic admissions, discharges, types of programs received by visually impaired Veterans, initial and follow up visits, and patient satisfaction and outcome measures as they relate to achieving program goals and objectives.

(2) Coordinating flexible paradigms between the clinics and field elements to meet the changing needs of blind and low vision clinics, and ultimately the visually impaired Veterans that they serve.

(3) Supporting clinic staff with information and educational media, and providing direct training to clinic staff, when appropriate.

(4) Working closely with the Director, BRS national program office, and all BRS programs to ensure a continuity of program goals and objectives.

f. **Facility Site Visits**

(1) **Program Review Site Visits.** NPCs conduct program site visits to evaluate successful implementation of core business management principles and best practices in patient care within BRS programs.

(a) Formal site visits by NPCs to VHA facilities must be coordinated with the Directors of those facilities (or their designees) and must include:

1. Entry meetings and exit briefings with the Directors or their representatives.

2. Reviews of the BRS programs at those facilities based on current VHA policy and procedures.

3. Interviews with BRS staff and, management and any other pertinent staff who support or supervise the BRS program.

4. Reviews of documentation related to program operations.

(b) Site visit reports must:

1. Include findings, conclusions, and recommendations.

2. Be submitted by the NPC to the Director, BRS national program office within 10 business days of the completion of the site visit, with copies to the Directors and pertinent staff of visited facilities.

(2) **Staff Training Visits.** To support the effectiveness of services provided to all visually impaired Veterans at local facilities, NPCs conduct visits to provide training for BRS staff and for facility staff who support BRS programs.

(a) These visits include entry meetings and exit briefings with the Director, or representatives.

(b) The NPCs must submit a report of training provided to the Director, BRS national program office with a copy to the facility Director and pertinent facility staff within 10 business days.

g. **BRS Educational Programs.** NPCs have an active role in the planning, facilitating, and development of national training initiatives. For national training NPCs partner with VHA's Employee Education System and BRS national program office to plan and execute the training sessions.

h. **Accreditation.** The NPC works to ensure BRS compliance with the Commission on Accreditation of Rehabilitation Facilities and The Joint Commission standards as they apply to BRS programs.

i. **Prosthetic Recommendation.** The NPC ensures compliance with current VHA policy and procedures and other Prosthetic Clinical Management Program documents pertaining to the issuance of prosthetics for visually impaired Veterans. NPCs, as subject matter experts, seek to bring potentially-superior and newly-developed devices and technology to the attention of BRS programs for product evaluation.

j. **Reports**

(1) **Narrative Reports.** The NPCs submit semi-annual narrative reports to the Director, BRS national program office (10P4RB). The narrative contains pertinent statistical data related to the main field elements of BRS (i.e., BRCs, VISTs, BROs, VISOR programs, low vision clinics and NPCs). This narrative is to highlight accomplishments, areas of concern, special projects, information gained from site visit evaluations, and newly-formulated strategies to improve BRS programs.

(2) **Site Visits.** NPCs must submit a site visit report to the Director, BRS national program office, with copies to the VA medical facility Director, for all program reviews and training conducted at VHA facilities.

k. **Outreach and Public Relations**

(1) NPCs conduct seminars, and in-service programs for federal, state, municipal, and private organizations and institutions, presenting a positive image of BRS and cultivating professional support.

(2) The NPC advance BRS goals by maintaining positive relationships with VISN and VA medical facility administrators, and service organizations.

(3) The NPCs have regional oversight and support all BRS personnel within that region in maintaining these positive relationships.

7. SUPERVISORY STRUCTURE

a. Where an NPC, General Schedule (GS)-601 series *Blind Rehabilitation Specialist* position exists, or is to be established, the position is under the general supervision of the Associate Medical Center Director or Chief of Staff.

b. The supervision is primarily administrative, collaborative, and consultative in nature. Primary responsibility for assignments rests with the Director, BRS national program office.

c. Performance evaluation of the NPC is achieved through a collaborative effort between the NPC's supervisor at the VA medical facility, and the Director, BRS national program office.

National Program Consultants are Hybrid Title 38 601- series Blind Rehabilitation Specialists.

8. RESPONSIBILITIES OF THE FACILITY DIRECTOR

The Director of each facility having a position identified as NPC, GS-601 series *Blind Rehabilitation Specialist*, must:

- a. Ensure that the position description and functional statement reflecting the position's organizational alignment under the Associate Medical Center Director, or Chief of Staff, is updated and available upon request.
- b. Notify BRS national program office of vacancies in NPC positions and request assistance in recruitment.
- c. Include the Director, BRS national program office, in interviews of final candidates and forward the name of the top candidate to the Director, BRS national program office, for concurrence prior to final selection.
- d. Assure that the NPC has a private office, and necessary supplies and equipment to conduct business.

9. RESPONSIBILITIES OF THE DIRECTOR, BLIND REHABILITATION SERVICE NATIONAL PROGRAM OFFICE

The Director, BRS national program office, must:

- a. Support the NPC and NPC's supervisor with the development and deployment of the NPC's initial orientation and training plan, and a yearly personal development plan with short term and long term goals.
- b. Partner with the NPC and NPC's supervisor to develop an annual performance plan and bi-annual performance appraisal.
- c. Partner with the NPC and NPC's supervisor to develop a yearly travel budget for submission to Rehabilitation and Prosthetic Services (10P4R).
- d. Partner with the NPC and the BRS Data Manager to develop and deploy workload and program data, and information and pertinent statistics that are required for monitoring of programs, development of reports and supporting a robust assessment of the status of services.
- e. Partner in the selection and hiring of a NPC.