Department of Veterans Affairs **VHA DIRECTIVE 2011-040**
Veterans Health Administration
Washington, DC 20420 **December 7, 2011**

REFERRAL TO INPATIENT BLIND REHABILITATION CENTERS AND CALCULATION OF THE WAITING TIME PRIOR TO ADMISSION

1. PURPOSE: This Veterans Health Administration (VHA) Directive defines policy for referring blind and visually impaired Veterans and Servicemembers to a Department of Veterans Affairs (VA) Blind Rehabilitation Center (BRC), for inpatient training programs, and for calculating the waiting times for admission. Care in inpatient BRCs is authorized by Title 38 United States Code (U.S.C.) 1710, 38 U.S.C. 1706 and Title 38 Code of Federal Regulations (CFR) 17.38. This policy in this directive was guided by the Government Accountability Office (GAO) Report GAO-04-949, titled 'VA Health Care: VA Needs to Improve Accuracy of Reported Wait Times for Blind Rehabilitation Services' dated July 22, 2004 as well as "Department of Veterans Affairs (VA) and Department of Defense (DOD) Memorandum of Agreement (MOA) Regarding Referral of Active Duty Military Personnel who Sustain Spinal Cord Injury, Traumatic Brain Injury or Blindness to Veterans Affairs Medical Facilities for Health Care and Rehabilitative Services." Training sites specifically referred to in this MOA include the inpatient blind rehabilitation centers listed in subparagraph 2e of this Directive.

2. BACKGROUND

a. GAO conducted an evaluation of the waiting times for admission to VA BRC Services in 2004. The final report issued by GAO recommended that the Under Secretary for Health develop more specific instructions for calculating waiting times. VHA Directive 2005-048 addressed the GAO concerns and provided the directions for an accurate reporting of waiting times for BRC programs. This Directive restates the policy put into place to address the 2004 GAO recommendations.

b. The waiting time for admission to a BRC is defined as the number of days between the date that a referral is received at a BRC and the first admission date offered to the applicant. The Blind Rehabilitation Service (BRS) National database is used to automatically calculate the number of days.

c. The BRS Program Office has developed specific instructions for calculating waiting times, data definitions, and referral procedures to address the equitability and timeliness of service delivery.

d. The visually impaired Veteran or Servicemember is considered to be an inpatient of the VA facility housing the BRC. As such, application criteria management is generally the same as for any Veteran or Servicemember receiving inpatient hospital treatment and care.

e. BRC inpatient programs are currently located at the following VHA facilities:

(1) VA Medical Center, Augusta, GA;

(2) VA Medical Center, Birmingham, AL;

(3) Central Texas VA Health Care System, Waco, TX;

(4) VA Health Care System, West Haven, CT;

(5) VA Hospital, Hines, IL;

(6) Puget Sound VA Health Care System, American Lake, WA;

(7) VA Medical Center, San Juan, PR;

(8) Southern Arizona Health Care System, Tucson, AZ;

(9) VA Health Care System, Palo Alto, CA;

(10) VA Medical Center, West Palm Beach, FL;

(11) Cleveland, OH;

(12) Biloxi, MS; and

(13) Long Beach, CA (scheduled to begin patient care in January, 2012).

f. The BRS Program Office, with the assistance of the VHA Office of Health Information, developed a National Blind Rehabilitation Database that monitors all aspects of BRS delivery for the Visual Impairment Services Team (VIST), the Blind Rehabilitation Outpatient Specialists (BROS), outpatient low vision and blind rehabilitation clinics, and the BRC programs including BRC waiting times. The information technology (IT) training for the Blind Rehabilitation (BR) Version 5.0 application can be found at http://vaww.rehab.va.gov/brs . ***NOTE:*** *This is an internal web site and is not available to the public.* BR Version 5.0 provides a web-enabled interface through which users can access enhanced capabilities intended for VIST Coordinators, new functionality for BROS, BRC personnel, and Wait list. ***NOTE:*** *Training for future BR software development is provided through the Talent Management System (TMS).*

g. In order to optimize services for the relatively small number of blind and visually-impaired Veterans and Servicemembers within a particular community, a regional system of blind and vision rehabilitation programs is utilized to deliver services. Catchment areas for the BRCs are established by the Director, BRS, in consultation with the BRC Chiefs.

h. Referral of Veterans and Servicemembers from VA Polytrauma Rehabilitation Centers is determined by their personal needs, preferences, and medical support requirements, without regard to BRC catchment areas.

i. Referral of Servicemembers is submitted by program case managers at Military Treatment Facilities or Polytrauma Rehabilitation Centers, and follows the procedures outlined in the current

Memorandum of Agreement established by VA and DOD, which is found at: http://vaww.rehab.va.gov/brs/.

j. To support effective communication and cooperative treatment planning between VISTs and BRC staff, most referrals need to conform to assigned catchment areas. To accommodate the personal needs of Veterans and Servicemembers, VIST Coordinators may refer individuals to BRCs outside the assigned catchment areas with the approval of the Chiefs of affected BRCs. ***NOTE:*** *Under no circumstances are applications to be sent to more than one BRC for admission.*

3. POLICY: It is VHA policy that the BRS National database is used to calculate and report BRC waiting times for admission to BRC inpatient training programs.

4. ACTION

a. **Facility Director.** The facility Director is responsible for ensuring that:

(1) Referrals to BRC inpatient training programs and waiting time data are accurately reported to the BRS Program Office using the instructions provided in this Directive, to include implementation no later than January 1, 2012.

(2) Any necessary eligibility determinations are conducted, as required by the VA facility housing the BRC (e.g., VA Form 10-10EZ, Application for Health Care Benefits, VA Form 10-10EZR, Health Benefits Renewal Form (Fillable), Hospital Inquiry (HINQ), Rating Decision Form).

(3) Documentation of severe functional visual impairment is signed by an appropriately credentialed practitioner, and documentation of an ocular health examination by a licensed eye care practitioner (ophthalmologist or optometrist) with determination of visual impairment from which the following information can be readily derived:

(a) The diagnosis responsible for the vision loss;

(b) The best corrected central visual acuity of each eye; and

(c) The visual field of each eye.

(4) A physical examination and history of the Veteran or Servicemember is taken which details:

(a) All medical conditions that may affect progress in the rehabilitation program;

(b) Pertinent laboratory reports (e.g., Complete Blood Count (CBC) with differential, CHEM-7, Urinalysis, etc.);

(c) Current medications (if applicable, include current oxygen prescription and provider of oxygen delivery equipment); and

(5) Medical information is provided that is relevant to admission, such as:

(a) Negative Purified Protein Derivative (PPD) test (if positive, a Chest X-ray is required);

(b) Electrocardiogram (EKG); and

(c) Past medical reports (as determined appropriate by the Primary Care Medical Provider).

(6) Information on medical stability is provided to the BRC, using the referral from the VIST Coordinator, by the Primary Care Medical Provider as it relates to the Veteran's or Servicemember's capacity to participate in the BRC Program.

(7) All BRS employees use the National Blind Rehabilitation Database for blind and vision rehabilitation service delivery. Training is required and can be obtained through the blind rehabilitation website at: http://vaww1.va.gov/blindrehab (this is an internal web site and is not available to the public), or by contacting the National Program Consultant (NPC) assigned to the catchment area.

b. **VIST Coordinator.** The VIST Coordinator is responsible for ensuring that:

(1) All referrals for admission to a BRC program are submitted through the Blind Rehabilitation National database using the defined application procedures outlined in the VIST Handbook.

(2) All referrals are sent to the BRC of jurisdiction with special considerations for the Veteran's or Servicemember's choice.

(3) Applications are coordinated with the Case Manager for patients at VA Polytrauma Rehabilitation Centers.

(4) Application materials are current (within 6 months of application submission date) and include:

(a) Documentation in BR 5.0 of:

1. The date of referral;

2. The Veteran or Servicemember's name and identifying information;

3. The type of BRC Program for which the application is being submitted;

4. A description of any significant problems or unique circumstances presented by the applicant; and

5. Identification of the VIST Coordinator and referring facility.

(b) Assessments, when applicable, from other consultative services that provide a description of the level of independence and assistance needed on activities of daily living, such as:

1. Wound care;

2. Tracheotomy care;

3. Stoma or ostomy care;

4. Wheelchair transfers;

5. Oxygen use;

6. Medication management; and

7. Personal hygiene.

(c) Applications with pending audiology exams may be submitted, but audiology issues must be resolved within 60 calendar days or the application is considered incomplete and returned to the VIST Coordinator to be resubmitted when the application is complete.

(d) An individualized assessment.

1. The individualized assessment must be performed by a mental health professional for any applicant with a history of:

a. Central nervous system dysfunction;

b. Psychiatric diagnosis;

c. Active treatment for a mental or emotional condition; or

d. Demonstrated current or recent alcohol or substance abuse or dependence.

2. The assessment determines whether the applicant is able to:

a. Manage the stress associated with traveling to the center;

b. Reside away from home and with other Veterans in a medical center setting for approximately 6 weeks;

c. Fully participate in the intensive rehabilitation program schedule; and

d. Cognitively learn and change behaviors in order to achieve rehabilitation goals.

3. In cases of suspected alcohol or substance abuse or dependence, the psychologist or BRC admission committee utilizes clinical judgment during the application review and may request that a substance abuse evaluation be conducted by a mental health professional at the Veteran's or Servicemember's medical center. A mental health assessment at the local medical center needs to determine whether the Veteran or Servicemember is able to abstain from the substance, and whether

the Veteran or Servicemember is able to benefit from the rehabilitation program considering the substance abuse issue.

4. Issues such as depression, sleep disorder, seizure, etc., are not reasons for denying admission. They can be successfully managed prior to admission and may require ongoing management in the BRC.

(e) A VIST functional assessment that includes psycho-social information, the applicant's expressed needs and goals, functional capabilities, as well as a description of any previous VA and non-VA blind rehabilitation training must be submitted.

(5) If the Veteran or Servicemember has been evaluated or trained by a BROS or other specialist in preparation for admission to the BRC, any pre-admission evaluations, assessments, and training reports are documented in the BR National database for the admitting BRC Program to review.

(6) Appropriate medical and eye information is recorded in the Veteran's or Servicemember's electronic health Computerized Patient Record System (CPRS) at the time of referral for the applicant receiving health care at a VA facility. ***NOTE:*** *This enables the BRC staff to complete a timely decision-making process.*

(7) A hard copy containing appropriate medical and eye information for the Veteran or Servicemember who receives health care from a non-VA provider, is sent to the BRC.

(8) The application is administratively complete.

c. **BRC Chief.** The BRC Chief is responsible for:

(1) Data entry and documentation. This means completing data entry in the National Database on the application status of each application received at the BRC. Applications sent to BRCs are automatically placed on the waiting list and placed in the "pending" status until the BRC Chief, or designee, starts the review process of the application. Assignment status must be made within 20 working days of receipt of application of "accept," or (preliminarily) "cancel," or "reject" the application. Applications (referrals) in the "pending, accept, and in review" status are on the waiting list (see Att. A).

(2) Ensuring that Veterans and Servicemembers who are on a BRC waiting list receive an offer for a BRC rehabilitation start date within 120 days of application receipt. Applications sometimes require supplemental information to establish the applicant's capacity to participate in blind rehabilitation. Because many blind or visually impaired Veterans are elderly, they often need to attend medical appointments, obtain hearing aids, and tend to personal business, so they must be allowed sufficient time to make preparations to leave home and attend a BRC for an extended period of time. For these reasons, a waiting time of 120 days is considered acceptable.

(3) Maintaining communication with Veterans and Servicemembers while they are waiting for BRC admission.

(a) If prompt blind rehabilitation is needed to address health or safety issues, the BRC must expedite admission.

(b) When expedited admission is requested, the BRC refers the applicant to the referring VIST Coordinator to make every effort to arrange for BROS or other local blind rehabilitation services to address the Veteran's or Servicemember's pressing needs. The application stays on the waiting list during this period.

(c) If the Veteran or Servicemember receives BROS or local services during this period and still desires to attend BRC, the applicant's program will be reassessed and shortened if necessary. If the applicant no longer desires to attend a BRC, the referral to the BRC should be withdrawn.

(4) Reviewing the application (referral) to confirm the Veteran's or Servicemember's appropriateness for admission to the BRC Program. This review considers whether:

(a) The application is administratively complete. ***NOTE:*** *See Attachment B for the required information for an application to a BRC.*

(b) The ocular, vision, and medical data documented are consistent with legal blindness or excess disability as defined:

1. Legal Blindness. Legal blindness is when the best corrected central visual acuity in the better-seeing eye is less than or equal to 20/200 or visual field dimension in the better-seeing eye less than or equal to 20 degrees at the widest diameter, even if central visual acuity is better than 20/200.

2. Excess Disability. Excess disability refers to problems and task performance difficulties related to vision loss, which have a substantial impact on the person's functional independence or personal safety and that are out of proportion to the degree of visual impairment as measured by visual acuities or visual fields. Veteran or Servicemembers whose vision is better than legal blindness may have excess disability due to:

a. Sudden or traumatic visual disorder (especially related to military service);

b. Disabling co-morbidities (e.g., hearing impairment, mobility impairment, etc.);

c. Systemic diseases that cause fluctuating visual impairment;

d. Combined losses of other vision functions (e.g., contrast sensitivity, visual field loss that is less than legal blindness, stereopsis, etc.);

e. Sudden changes in caregiver status; or

f. Other reasons.

(c) The Veteran's or Servicemember's eye condition is stable and there are no pending treatment procedures. An exception to this may be made if, a direct hospital transfer for blind rehabilitation training to a BRC is required for a patient who is in immediate need of blind rehabilitation services in

order to manage health care regimens and health literacy prior to hospital discharge and the patient is accepted for care at the BRC. The Veteran or Servicemember must be medically stable and the BRC must have a bed available for admission. If a bed is not available, the patient awaiting transfer must be given highest priority for the next available bed.

(d) The Veteran's or Servicemember's medical and psychological status is stable in order to maximize the patient's potential to benefit from the program.

(5) Notifying the VIST Coordinator when additional information is needed in order to confirm the appropriateness of the Veteran or Servicemember for the program.

(a) The VIST Coordinator must respond with a plan of action within 10 working days and the requested information must be received within 30 days (except for audiology issues which have a 60-day timeframe) or an explanation provided as to why the information cannot be submitted within the 30-day timeframe.

(b) The application is to be placed in the "in review" status on the national database pending receipt of the requested information. If information is not provided in the designated timeframe, the application is considered "rejected" (incomplete) and returned to the VIST Coordinator.

(6) Consulting with the referring VIST Coordinator when a review of an application indicates that the Veteran or Servicemember is not appropriate for admission. This review occurs before a final decision is made in order to present the rationale for the decision and to consider any extenuating circumstances.

(a) Cancelled and rejected applications require notification from the BRC to the Veteran or Servicemember, with a courtesy copy to the referring VIST Coordinator.

(b) This notification must provide the rationale for the cancellation or rejection along with a recommendation to consult the VIST Coordinator regarding alternative services.

(7) Ensuring that referrals for Servicemembers, that are not submitted by VIST Coordinators, are entered into the BRS National Data Base.

(8) Returning the application to the referring VIST Coordinator when an application is rejected due to receipt of an incomplete application; at the same time notifying the National Program Consultant.

(9) Adding each accepted application to the BRC waiting list and informing the Veteran or Servicemember of this decision by letter.

(a) The letter must include an estimated waiting time for admission, as well as any cost that may be incurred by the Veteran or Servicemember.

(b) A courtesy copy of this letter must be forwarded to the Veteran's or Servicemember's VIST Coordinator.

(10) Forwarding the required documents, to the Eligibility Coordinator at the facility where the program is located, to ensure the applicant is properly enrolled in the VA system.

(11) Providing information regarding the scope of services and estimated duration of training to the Veteran or Servicemember after the Veteran or Servicemember has been accepted for the rehabilitation program.

(a) The BRC must provide the Veteran or Servicemember scheduled for admission with appropriate information concerning clothing, footwear, equipment, details of daily life at the BRC, and any pertinent local information.

(b) The applicant and the BRC must mutually agree upon the reporting date and travel arrangements.

(c) The referring VIST Coordinator (and BROS where applicable) must be notified of these arrangements.

(12) Canceling the application of any Veteran or Servicemember who declines three offers of admission to the BRC.

(a) The applicant must be advised to reapply through the VIST Coordinator when ready to attend.

(b) Cancelled applications require notification from the BRC to the applicant, with a courtesy copy to the referring VIST Coordinator.

5. REFERENCES: None.

6. FOLLOW UP RESPONSIBILITY: The Chief Officer, Office of Patient Care Services (11), is responsible for the contents of this Directive. Questions related to blind rehabilitation services may be addressed to the Director, Blind Rehabilitation Service, at 202-461-7331.

7. RESCISSION: VHA Directive 2005-048 is rescinded. This VHA Directive expires December 31, 2016.

Robert A. Petzel, M.D.
Under Secretary for Health

Attachment

DISTRIBUTION: E-mailed to the VHA Publications Distribution List 12/14/2011

ATTACHMENT A

LEGEND FOR APPLICATION (REFERRAL) STATUS

Database Entry	Definition
1. Pending	No action taken on application.
2. In Review	Awaiting acceptance.
3. Accepted	The patient will receive care.
4. Offered	First date of service offered.
5. Scheduled	Actual care scheduled date.
6. Admitted	Admitted to Blind Rehabilitation Center (BRC) for service.
7. Discharged	Discharged from BRC.
8. Completed	Non-BRC care was completed (not for BRC use).
9. Transferred	Transferred from BRC to other medical unit or other BRC.
10. Cancelled	Referral was cancelled by Blind Rehabilitation.
11. Withdrawn	Patient withdrew from service.

ATTACHMENT B

REQUIRED APPLICATION INFORMATION

An application for an inpatient BRC program must include:

1. Any necessary eligibility determinations, as required by the Department of Veterans Affairs (VA) facility housing the Blind Rehabilitation Center (BRC) (e.g., VA Form 10-10EZ, Application for Health Care Benefits, VA Form 10- 10EZR, Health Benefits Renewal Form (Fillable), Hospital Inquiry (HINQ), Rating Decision Form).

2. Documentation of severe functional visual impairment.

a. This must be signed by an appropriately-credentialed and licensed medical practitioner, and include documentation of an ocular health examination by a credentialed and licensed eye care practitioner (ophthalmologist or optometrist) with determination of visual impairment from which the following information can be readily derived:

(1) The diagnosis responsible for the vision loss.

(2) The best corrected central visual acuity of each eye.

(3) The visual field of each eye.

b. If the Veteran or Servicemember is being referred for excess disability and is not legally blind, a description of the factors that have created the excess disability must be stated by the Visual Impairment Services Team (VIST) Coordinator in the application. These factors must be documented in the medical and/or psycho-social reports.

3. A physical examination and medical history of the Veteran or Servicemember which details:

a. All medical conditions that may affect progress in the rehabilitation program.

b. Pertinent laboratory reports (e.g., Complete Blood Count (CBC) with differential, CHEM-7, Urinalysis, etc.).

c. Current medications (if applicable, include current oxygen prescription and provider of oxygen delivery equipment).

d. Negative Purified Protein Derivative (PPD) test (if positive, a Chest X-ray is required).

e. Electrocardiogram (EKG).

f. Past medical reports (as determined appropriate by Primary Care Medical Provider).

g. Assessments, when applicable, from other consultative services that provide a description of the level of independence and assistance needed on activities of daily living, such as: wound care, tracheotomy care, stoma or ostomy care, wheelchair transfers, oxygen use, medication management; and personal hygiene.

h. Ppending audiology examinations.

4. An individualized mental health assessment (only for applicants with a history of nervous system dysfunction, psychiatric diagnosis, active treatment for a mental or emotional condition, or demonstrated current or recent alcohol or substance abuse).

5. A VIST functional assessment that includes psycho-social information , the applicant's expressed needs and goals, functional capabilities, and a description of any previous VA and non-VA blind rehabilitation training.

6. Any pre-admission blind rehabilitation evaluations, assessments, and training reports documented in the Blind Rehabilitation (BR) National database.

7. Appropriate medical and eye information recorded in the Veteran's or Servicemember's electronic health Computerized Patient Record System (CPRS) record at the time of referral for the applicant receiving health care at a VA facility.

8. A hard copy containing appropriate medical and eye information for the Veteran or Servicemember who receives health care from a non-VA provider.