

AIDS FOR THE BLIND AND VISUALLY IMPAIRED

- 1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook updates the Department of Veterans Affairs (VA) procedures for providing aids to blind and severely visually impaired veteran beneficiaries.
- 2. SUMMARY OF CHANGES.** This VHA Handbook updates current procedures.
- 3. RELATED ISSUES.** VHA Directive 1173 and VHA Handbooks 1173.1 through 1173.15, and VHA Handbook 1173.17.
- 4. RESPONSIBLE OFFICE.** Chief Prosthetics and Clinical Logistics Officer (10FP) is responsible for the contents of this VHA Handbook. Questions may be referred to 202-254-0440.
- 5. RESCISSIONS.** VHA Handbook 1173.5, dated September 23, 2002, is rescinded.
- 6. RECERTIFICATION.** This document is scheduled for re-certification on or before the last working day of October 2013.

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AIDS FOR THE BLIND AND VISUALLY IMPAIRED

1. PURPOSE

This Veterans Health Administration (VHA) Handbook establishes uniform and consistent system-wide policy and procedures for furnishing aids to blind and severely visually impaired veteran beneficiaries through the Prosthetic and Sensory Aids Service (PSAS).

2. ELIGIBILITY

a. Mechanical aids for the blind, and repairs to these aids, must be furnished to eligible veterans to overcome the physical and economic impairments associated with blindness when the veteran is enrolled under Title 38 Code of Federal Regulations (CFR) Part 17, Section 17.36 and the Department of Veterans Affairs (VA) Medical Benefits Package set forth in CFR 17.38.

b. Aids for the blind and repairs may be furnished to any veteran eligible for medical and or prosthetic services provided the equipment is medically and rehabilitatively indicated, as defined in Handbook 1173.1.

3. DEFINITIONS

a. **An Aid for the Blind.** An aid for the blind is any prosthetic device, item of equipment, or animal used in assisting a beneficiary in overcoming the impairments associated with blindness and vision loss, including, but not limited to:

(1) Devices or items specially designed for use by persons who are blind or visually impaired, such as long canes, writing guides, Braille writers, Braille or low-vision talking watches, signature guides, talking calculators, and optical character readers.

(2) Devices usually used by sighted persons, but which have been approved for use by blind or visually impaired beneficiaries for the specific purpose of assisting them in overcoming functional deficits related to vision loss, in addition to ensuring safety, e.g., electric razors, voice-activated organizers, typewriters, recording devices, computers, Brett guards (plastic corner cover for saws), and large-print playing cards.

(3) Guide dogs specially trained to assist blind persons.

(4) Any device or item requiring evaluation and/or training by a low-vision specialist or blind rehabilitation professional with the exception of optical low-vision devices.

(5) Specially-adapted medical devices such as glucometers, blood pressure monitors, thermometers, and audible prescription reading devices.

b. **Basic Low-Vision Services.** Basic low-vision services are provided at all VA eye clinics. These services include, but are not limited to, clinical low-vision examinations and changes to spectacle prescriptions that may include separate reading spectacles or increased bifocal aids,

simple magnifiers or telescopes, absorptive lenses, lamps, reading stands and other optical and non-optical devices that meet the needs of patients that are transitioning to visual impairment but do not require extensive specialized training.

c. **Competencies.** VA staff with a degree in blind rehabilitation or certification in an area of expertise (i.e., low vision) will be deemed competent to evaluate and train on various devices for which they have demonstrated educational or on-the-job experience. *NOTE: Blind Rehabilitation Service (BRS), VA Central Office, encourages competency training on specific equipment for interested staff that otherwise do not have a professional background in blind rehabilitation.*

d. **Continuum of Care Program.** The Continuum of Care Program is a comprehensive nationwide system for visually impaired veterans which integrate rehabilitation services for those patients with visual impairments into VA health care services.

(1) This program encompasses the full range of vision rehabilitation services from basic low-vision care to inpatient blind rehabilitation. Basic low-vision services are provided at all VA eye clinics. Intermediate low-vision clinics deal with more advanced devices and training for performance of everyday tasks such as reading, writing, and meal preparation. Advanced low-vision clinics provide a full range of devices where treatment extends beyond vision rehabilitation to address other functional deficits such as hearing loss and mobility problems. Advanced blind rehabilitation clinics offer short term comprehensive rehabilitation programs for veterans who do not require intensive inpatient programs. Blind Rehabilitation Centers (BRC) provide intensive and comprehensive inpatient blind rehabilitation.

(2) Continuum of Care programs that are monitored by the Blind Rehabilitation Service include:

(a) **Visual Impairment Services Team (VIST).** VIST is a team comprised of health care and allied health care professionals charged with the responsibility of ensuring that blind veterans are identified, evaluated, and provided health and rehabilitation services to maximize their adjustment to sight loss. A designated VIST coordinator provides case management, prosthetic devices, counseling, referrals, and benefits for veterans who are legally blind or who have excess visual disability. VIST team representatives may include, but are not limited to the following specialties: social work, ophthalmology, optometry, prosthetics, primary care, vocational rehabilitation, nursing, audiology, podiatry, nutrition, psychology, Veterans Benefits Administration (VBA), blind veterans' consumer organizations, blind consumers, and state or community agencies for persons who are blind.

(b) **Blind Rehabilitation Outpatient Specialist (BROS).** A BROS is a multi-skilled college or university trained (bachelor or masters degree in blind rehabilitation) and experienced blind rehabilitation specialist who has advanced technical knowledge and competencies in at the journeyman level in at least two of the following disciplines: orientation and mobility; living skills (vision-rehabilitation therapy) and visual skills (low-vision therapy). BROS have been cross-trained to acquire broad-based knowledge in each of the BRC disciplines. BROS provide assessment and training on-site in patients' homes, communities, and job sites.

(c) Intermediate Low-vision Clinic. Intermediate low-vision clinics are staffed by an eye care professional and a low-vision therapist. In this clinic, a moderate breadth and level of complexity of low-vision services are provided. Services include a thorough low-vision functional assessment of daily tasks along with training on the use of devices and limited to Activities of Daily Living (ADL) training.

(d) Advanced Low-Vision Clinic. Advanced Low-vision Clinics include a licensed eye care practitioner or provider trained in low-vision rehabilitation as well as low-vision therapists, orientation and mobility (O&M) specialists and others working as an interdisciplinary team to provide low-vision care. Visual skills assessment and training is more extensive than that provided in the intermediate low-vision care program. Limited O&M training and ADL skills are also taught. Psychosocial counseling for adjustment to blindness is available on a limited basis and audiology services are available to eligible veterans.

(e) Advanced Outpatient Blind Rehabilitation Clinic. Advanced Outpatient Blind Rehabilitation Clinics are staffed with a small team of blind rehabilitation and low-vision professionals along with an optometrist or ophthalmologist trained in low-vision rehabilitation. They offer short term comprehensive rehabilitation programs similar to BRC programs but are designed for veterans who do not require intensive inpatient programs. Advanced low-vision services are provided. Training to enhance independent function is more intense than those provided in the advanced low-vision clinics. Additional adjustment counseling and audiology services are available. Training for computer access for e-mail, Internet, and word processing is provided.

(f) Visual Impairment Services Outpatient Rehabilitation Program (VISOR). An outpatient intermediate rehabilitation program that provides comfortable, safe, overnight accommodations (hospital hotel setting) for beneficiaries who are visually impaired and requiring temporary lodging in order to access services provided through the program. The program offers skills training, orientation and mobility, and low-vision therapy. VISOR programs are currently located at the VA Medical Center in Lebanon, PA, and the VA Medical Center in West Haven, CT.

(g) Blind Rehabilitation Centers (BRC). A BRC is a special organizational unit established at select VA medical centers to provide comprehensive rehabilitation of veterans who have functional deficits related to vision loss. BRAC services include, but are not limited to: training in orientation and mobility, communication skills, activities of daily living, manual skills, low-vision and computer access training. This comprehensive training is provided through a residential or inpatient program model, generally lasting several weeks for each admission.

e. Legal Blindness. Legal blindness exists when a person's best corrected central visual acuity in the better eye is less than or equal to 20/200, or if the central visual acuity in that eye is better than 20/200, but the visual field dimension is less than or equal to 20 degrees at the widest diameter.

f. National Program Consultant. Professional field representatives of the Director of Blind Rehabilitation Service who provide ongoing support and consultative services to the BRC, BROS, and VIST.

g. **National Standards for Issuance.** PSAS, in collaboration with BRS, Optometry, Ophthalmology, VA Central Office, and other stake holders, develops and publishes VHA Prosthetic Clinical Management Program (PCMP) Clinical Practice Recommendations for prescription and issuance of various types of prosthetic equipment.

h. **Optical Low-Vision Devices.** Optical low-vision devices alter the image focus, size (magnification or minification), contrast, brightness, color, or directionality of an object through the use of lenses or other technology. Such devices include, but are not limited to: prescription eyeglasses or spectacles (with or without tint), specialty contact lenses, microscopic spectacles, hand-held magnifiers, stand magnifiers, telescopes (monocular or binocular), head-borne lenses, magnifiers, minifiers, prisms, and closed-circuit televisions (CCTVs) and electronic optical enhancements devices (EOEDs). These optical low-vision devices must be prescribed by an appropriately credentialed and privileged optometrist or ophthalmologist.

i. **Non-Optical Low-Vision Devices.** Non-optical low-vision devices are those that use senses other than vision to enlarge. Examples include, but are not limited to large phone dials, touch watches, larger print books, audible clocks, and alarms. These devices do not require a prescription by an eye care provider

j. **Visual Impairment Center to Optimize Remaining Sight (VICTORS).** VICTORS is a comprehensive low-vision program developed by VHA Directors of Optometry, Blind Rehabilitation and Social Work Services to complement existing inpatient Blind Rehabilitation Centers (BRCs) to care for veterans with significant visual impairment. The interdisciplinary VICTORS outpatient program represents a unique team approach to vision rehabilitation using the disciplines of optometry, ophthalmology, social work, psychology, and low-vision therapists. VICTORS provides rehabilitation through definitive medical diagnosis, functional vision evaluation, prescribing, and training in use of low-vision aids, counseling and follow-up. Frequently, other necessary patient care services (e.g., social work, psychology, audiology and ophthalmology) are provided at the local station. There are currently four VICTORS programs located in Kansas City, MO; Chicago, IL; Northport, NY; and Lake City, FL.

4. RESPONSIBILITIES OF THE FACILITY DIRECTOR

The Facility Director is responsible for ensuring that the processes defined in this Handbook are implemented as appropriate and necessary.

5. ISSUING AIDS FOR THE BLIND

NOTE: The procedures outlined in Handbooks 1173.1, Eligibility, and 1173.2, Furnishing Prosthetic Appliances and Services, are generally applicable to furnishing aids to veterans who are blind.

a. Aids and devices for the blind may be issued by the local VIST Coordinator, BROS, BRC, VICTORS, VISOR, or Continuum of Care Program Staff provided the following conditions are met:

(1) Optical low-vision devices must be prescribed by an appropriately credentialed and privileged licensed eye care practitioner or provider (ophthalmologist or optometrist).

(2) The veteran has a stated need for each device issued.

(3) The veteran demonstrates the ability to use the device correctly.

(4) When training is required, it must be provided in accordance with the national standards for issuance of a particular device. If a standard for issuance has not been developed for a particular device, then the program (BRC, VIST, BROS, VICTORS, VISOR, or Continuum of Care Program) may develop local standards until such time that a national standard is published. The training must be provided by an individual with appropriate competencies to teach the particular device.

b. Veterans requesting issuance of a device through the VA will be provided evaluation, training (if necessary), and issuance if the preceding conditions are met in a timely manner. When local issuance is being considered, every effort needs to be made to begin evaluation and training within 30 days of request from the veteran. If all criteria are met for issuance of the device, the device is to be issued within 72 hours of completion of training. Devices that are related to patient safety need to be evaluated and issued immediately, or within a 24-hour period from the time of request.

c. Evaluation and training on equipment for the blind needs to be provided by specialists with appropriate competencies, in the least restrictive environment available and in accordance with the accepted issuance criteria established for each device. The evaluation and training can be provided by any qualified low-vision professional (optometrist, ophthalmologist, low-vision therapist, VICTORS, or blind rehabilitation professional (BRC, BROS, VIST, VICTORS, VISOR)) or Continuum of Care Program or non-VA (state or private) program.

d. Issuance of a device must be based on demonstrated proficiency and ability to safely and independently use the device. The issuance of a device must follow nationally established guidelines for issuance and must include written justification of need, training provided, and the capability of the veteran to utilize the equipment.

(1) Whenever eligible beneficiaries are referred to a regional BRC, BROS, VICTORS, VISOR, or Continuum of Care Program, all aids for the blind and special equipment recommended by that center for issuance to the veteran upon completion of training will be furnished by the prosthetic activity at the VA institution where the training was provided. At a BRC, the Chief of the program is the approving official. Copies of all procurement documents and records of issuance must be sent to the veteran's primary service facility.

(2) In most cases, veterans are to be encouraged to attend the appropriate VA program to address their needs (BRC, BROS, VICTORS, VISOR, or Continuum of Care Program). However, alternative non-VA (state or private) programs may be used as a resource for the evaluation and training of a veteran when appropriate for the needs of the veteran. The results and recommendations made following the referral to a non-VA agency must be reviewed by the local VIST for appropriate action.

e. Personal computers and certain add-on(s) electronic sensory equipment such as synthesizers, speech recognition systems, software, optical character recognition systems, etc., must be issued when medical and/or rehabilitative need is determined and the ability to appropriately use the device is demonstrated.

(1) The law permits the issuance of a wide variety of equipment to eligible veterans to overcome the handicap of blindness under Title 38 United States Code (U.S.C.) Chapter 17, Section 1714(b).

(2) Initial requests and/or prescriptions for computer-based electronic sensory equipment for veterans who are blind are to be reviewed by the field facility's VIST.

(3) Computer equipment issued to the veteran becomes the property of the veteran. Due to the possibility of private and personal information being stored on this equipment, VA does not recover this equipment for re-issuance or disposal.

6. REQUEST PROCEDURE

a. Veterans must submit their requests for aids for the blind through their VIST Coordinator. The prosthetic activity is responsible for eligibility determinations. If the veteran is eligible, the VIST reviews the request and conducts an assessment regarding the veteran's diagnosis, prognosis, need for equipment, etc., to determine the veteran's potential to successfully learn to use the equipment.

b. VIST, in consultation with a National Program Consultant, will determine the most appropriate place for further evaluation, and/or training and issuance. The request may be handled locally, if the issuance can be effectively completed either directly through VIST, BROS, or with assistance from a qualified community resource. If the request cannot be completed locally (i.e., requires evaluation and/or training not available at the local level), the request is to be forwarded to the appropriate program capable of providing the service. A veteran requesting focused training at a BRC program (i.e., one device only) may be considered for admission to a BRC if training is not an option at the local level or through the appropriate Continuum of Care Program, VICTORS, or VISOR.

c. Oversight is provided by BRS to ensure that appropriate assessment and training competencies are maintained.

7. CRITERIA FOR ISSUANCE

The veteran must demonstrate proficiency to use the requested equipment to perform the tasks for which the equipment is being requested. **NOTE:** *Issuance of applicable software is limited to that which was utilized as part of the veteran's training at a VA BRC, VISOR, VICTORS, Continuum of Care Program and/or local training facility. Application software associated with the veteran's operational environment is limited to that required to overcome the handicap of blindness.*

8. TRAINING

Upon completion of the initial evaluation, a determination is made as to whether training should be initiated. Training needs to be conducted in the least restrictive environment available to the veteran based upon the availability of appropriate, quality local resources for the blind (i.e., BROS or community agencies). If the training cannot be provided locally or the veteran requests training at a specific program (VICTOR, VISOR, Continuum of Care or BRC), VIST is to refer the veteran to the program of jurisdiction for further evaluation and training. Training materials developed by the manufacturer are utilized by the training centers with appropriate additions, deletions, and/or modifications of training to meet the special needs of the veteran.

9. REPLACEMENT APPLIANCES

a. Aids for the blind may be replaced after it is determined that it is no longer serviceable due to fair wear and tear, no longer meets the veteran's stated needs, or has been replaced with a new device with superior technological capabilities. In consultation with the low-vision specialists responsible for the veteran's care and treatment, such determination is made by the Chief of the prosthetic activity at the facility with outpatient clinic of jurisdiction responsibility (see VHA Handbook 1173.2).

b. For optical low-vision devices, the prescribing licensed credentialed and privileged eye care practitioner or provider (ophthalmologist or optometrist) must be consulted and replacement eyeglasses or optical low-vision devices provided in compliance with current VHA policy on Prescribing Hearing Aids and Eyeglasses, VHA Handbook 1173.12, Prescription Optics and Low-Vision Devices, and VHA Clinical Management Program (PCMP) Clinical Practice Recommendations for Prescription and Provision of Optical Low-vision Devices to Aid in Overcoming Visual Impairment.

c. Veterans having in their possession items of equipment, with the exception of computers, which are surplus to their needs, may return such equipment to their local PSAS at any time without forfeiting their eligibility to such equipment at some future time. At no time, however, will such action be permitted for the sole purpose of obtaining a newer model of similar type equipment.

10. DUPLICATE ISSUANCE OF APPLIANCES

a. Veterans who are furnished aids for the blind may be authorized duplicate aids when the following conditions are met:

(1) The veteran is eligible for such aids under the authority of 38 U.S.C. Chapter 17, Section 1714(b) (see par. 2).

(2) The item significantly contributes to the veteran overcoming the physical or economic handicap of blindness, i.e., it is required for vocational or avocational activities.

b. Spare devices will not normally be authorized to veterans who have been furnished aids for the blind as part of their care and treatment. Unusual cases will be referred to the Veterans

Integrated Service Network (VISN) for consideration by submitting VA Form 10-2641, Authority for Issuance of Special and/or Experimental Appliance, in the normal manner.

11. REPAIRS

a. Repairs for aids for the blind are obtained by use of VA Form 10-2501, Prosthetic Service Card (PSC), or VA Form 10-2421, whichever is most appropriate. PSCs have a price limitation. PSCs are only to be issued by the outpatient clinic with jurisdiction for providing the veteran's prosthetic service. **NOTE:** *The policy for issuance of PSCs is contained in VHA Handbooks 1173.1 and 1173.2.*

b. Maintenance contracts may be considered for veterans with continuing eligibility who have been issued extremely costly electronic items, when it is cost-effective and when it is in the best interest of the veteran and the Government. Maintenance contracts are not issued for items with relatively low or moderate cost, e.g., CCTVs, laser canes, optacon, etc.

12. GUIDE DOGS

a. Guide dogs may be authorized for issuance to eligible veterans who are enrolled under 38 U.S.C. Chapter 17, Section 1705. Guide dogs must be obtained through private agencies as the VA does not pay for the animal itself.

b. Each request from an eligible veteran for a guide dog must be subject to the requirements of that guide dog agency.

c. If the veteran appears to be a good candidate for the use of a guide dog, the request, with all pertinent information needs to be forwarded to the guide dog agency concerned. Forms may be obtained from the guide dog agency or local VA medical center. Travel arrangements will be made through the Chief Business Office or equivalent office at the local VA medical center.

d. If the veteran becomes adjusted to a guide dog, it will be explained to the veteran that the dog is the veteran's property and that the veteran is responsible for procuring and paying for license tags (if required), food, and for liability of any damages inflicted by the dog on others. Veterinary treatment and harness repairs may be authorized as repair services under the authority of a PSC or VA Form 10-2421.

13. STOCK ITEMS

a. A supply of aids for the blind used in the activities of daily living needs to be maintained at VA field facilities for immediate issuance to eligible beneficiaries; these include, but are not limited to: signature guides, electric razors, watches, clocks, tape recorders, etc.

b. A supply of aids for the blind that are designed to ensure patient safety may be maintained at all VA field facilities for immediate issuance to eligible beneficiaries, provided appropriate training is available; these include, but are not limited to: long or folding canes, magnifiers, talking glucometers, talking blood pressure monitors, talking thermometers, e.

c. Prosthetic activities located at facilities having a BRC, VISOR, or Advanced Outpatient Blind Rehabilitation Clinic must maintain a comprehensive stock of aids for the blind for the immediate issuance to veterans trained at those programs.

14. HOME SET-UP OF EQUIPMENT

Some types of electronic equipment may require assistance for set-up in the veteran's home. VIST and BRCs are encouraged to work with the prosthetic activity and all available resources to ensure that equipment is properly issued, set-up, and maintained in the veteran's home environment. This may be accomplished through BROS or a home visit by a BRC instructor if the veteran lives in close proximity to a BRC. In other cases, the VIST or BRC needs to identify a vendor or third-party assistance with home set-up of special electronic equipment and convey this information to the prosthetic activity. The cost of set-up and delivery can be arranged and funded by the prosthetics activity.