

8.10 LOW VISION REHABILITATION SERVICES

Purpose of Low Vision Rehabilitation Services

Low vision rehabilitation services are those services provided to legally blind individuals for the purpose of maximizing the use of their residual vision. Low vision rehabilitation services are designed to increase the consumer's independence in activities of daily living, such as self-care, mobility in the home and the community, and reading.

Low Vision Rehabilitation as Medical Restoration

Low vision rehabilitation services are considered medical restoration services. These services are only provided by CBVH when necessary for the achievement of the vocational goal. Low vision rehabilitation services are frequently medically necessary to increase a person's visual functioning and the ability to perform activities of daily living. Low vision rehabilitation may also include training on the use of devices for activities of daily living.

What is Low Vision Rehabilitation?

Low vision rehabilitation includes an initial examination and follow-up examinations as described below. A maximum of one initial examination and three follow-up examinations can be purchased by CBVH within any consecutive twenty-four month period.

Initial Examination

The initial low vision examination is expected to include but not be limited to:

1. case history (including use of large print, braille, special aids; occupation before and after visual impairment; current goals; mobility)
2. exterior eye examination
3. internal eye examination
4. visual acuity (includes lighting analysis)
5. objective tests
6. subjective tests (includes refraction)
7. tests of eye coordination and muscle function
8. visual field tests
9. color vision tests
10. glaucoma tests
11. pre-confirmation of all subjective tests
12. prescription of specific low vision aids

Follow-up Examinations

The follow-up examination will be used to:

1. assess the functional use of prescribed aids, and
2. instruct the individual in the use of prescribed aids, when necessary.

An authorization of a follow-up examination should not occur for simple fitting or adjustment of the low vision devices. One follow-up examination can be reserved for changes in visual functioning.

Rule

VR counselors should not routinely authorize follow-up examinations. Follow-up examinations are authorized in response to specific needs of the individual which are identified as a result of the initial low vision examination.

Who Provides Low Vision Rehabilitation Services?

Low vision rehabilitation services may be provided by all licensed ophthalmologists, and those optometrists who have been certified as low vision specialists by the New York Optometric Association.

Training in the use of low vision devices for activities of daily living may also be provided by rehabilitation teachers and orientation and mobility specialists; or by licensed health care providers, such as occupational therapists, when prescribed by a qualified physician.

List of Approved Low Vision Specialists

CBVH maintains a statewide list of approved low vision optometrists (see pages 8.10.10-8.10.17). The list is updated periodically.

When Are Low Vision Services Provided?

Low vision initial and follow-up examinations may be provided to CBVH consumers at any time during the rehabilitation process. Low vision aids may be provided only in Status 06 or above.

Rule

CBVH VR counselors will not routinely re-activate closed cases to provide low vision services when there is no evidence of significant or substantial limitations in the individual's ability to function in an occupation. **A documented change in vision is not a sole indicator for re-activating a case and providing low vision rehabilitation.**

Post Employment Services

Low vision rehabilitation services can only be provided under post employment services when the services are necessary for the individual to maintain an employment outcome.

CBVH VR services are not to be used for routine low vision rehabilitation services once a person has achieved a vocational goal. Once an individual has achieved their vocational goal and their case is closed as rehabilitated, the individual is responsible for independently addressing the need for any subsequent routine low vision rehabilitation services. Independent living services may be available to assist individuals who do not require vocational rehabilitation services.

Rule on Replacing Low Vision Devices

Low vision devices will only be replaced once for eligible individuals when the devices are damaged through occurrences beyond the control of the individual or when lost.

Once an individual completes the rehabilitation plan and the case is closed, the risk of loss or damage rests upon the individual.

How to Determine Substantial Limitations for Previously Closed Applicants Requesting Low Vision Services

Upon receipt of a request for low vision services from an individual whose case has been closed, the CBVH staff will conduct a telephone interview to determine whether or not the request is for routine medical (low vision rehabilitation) care or a need for additional rehabilitation services due to substantial changes in the person's ability to function in his/her occupation. Substantial changes would mean that the person can no longer perform tasks that are essential requirements of the occupation.

If the VR counselor concludes that the consumer's need for low vision is for routine medical eye care, then the person does not require VR services to achieve an employment outcome. The applicant would not be eligible. If the counselor concludes, due to substantial changes in the person's ability to function in the occupation, that VR services are required, then the person can be considered eligible.

What Are Low Vision Aids?

A low vision aid is any lens, corrective device or other instrument prescribed by a low vision specialist which improves visual functioning. Examples of low vision aids are:

1. hand magnifiers
2. bifocal aspheric cataract lenses
3. single vision photochromic lenses
4. fresnel prism
5. binocular loupe
6. reading telescope
7. soft and hard contact lenses
8. wide angle mobility light
9. portable electronic magnification devices

Low vision aids are not conventional eyeglasses. They are prescribed when conventional eyeglasses cannot correct vision to a normal range due to a permanent eye disease or impairment.

CCTV's

Closed Circuit Television (CCTV) systems are not classified as low vision aids. They are classified as equipment. See Section 8.20 - Rehabilitation Technology. The Low Vision Specialist must recommend a CCTV and may be involved in the assessment and selection of an appropriate CCTV system. When recommending a CCTV, the low vision specialist should be as specific as possible in describing any features required by the individual. This information will assist CBVH VR Counselors in providing a cost-effective solution.

Economic Need

The initial low vision evaluation, all follow-up examinations and low vision devices can be provided without regard to economic need when the individual has no medical insurance benefits which cover these services (see Comparable Benefits below). Low vision devices can also be provided without regard to the individual's economic need status.

Comparable Benefits

A full consideration of available comparable benefits should be made when authorizing low vision rehabilitation services. Any applicable Medicaid, Medicare and private medical insurance benefits should be billed by the provider as comparable benefits and

should be utilized before CBVH processes a voucher for low vision rehabilitation services. Low Vision Providers should clarify to the insurance carriers that the low vision rehabilitation exams and devices are medically necessary services which increase the visual functioning for patients whose vision cannot be corrected to normal by surgical means or by conventional eyeglasses.

All authorizations or letters for low vision services must include the statement "Less any third party insurance reimbursement". If providers are reimbursed after CBVH has paid for a service, the provider is obligated to reimburse CBVH for any excess payment.

Referral for Low Vision Rehabilitation Services

When referring a individual for low vision rehabilitation services, the counselor should provide the low vision specialist with:

1. a copy of the individual's most recent ophthalmological examination report (provided that the information is available and the individual signs a release form for this information);
2. a Low Vision Evaluation Report Form (DSS-1119); and
3. a voucher or letter authorizing the provision of an initial low vision exam at the established CBVH fee less any third party medical insurance reimbursement.

The Low Vision Evaluation Report

The Low Vision Evaluation Report (DSS-1119) is used by the CBVH counselor to describe proposed consumer activities and the vocational goal, if known. The CBVH VR counselor can also discuss any specific concerns. The Low Vision Specialist uses the DSS-1119 to report findings to the CBVH counselor and to prescribe low vision aids for the consumer.

Who Completes Low Vision Evaluation Report?

The CBVH counselor is responsible for completing the top half of the Low Vision Evaluation Report.

The low vision specialist is responsible for completing the bottom half of the Low Vision Evaluation Report.

Note

The DSS-1119 is required to be completed by the low vision specialist for all individuals referred for services. Other forms may be used by the low vision specialist in lieu of

completing the bottom portion of the DSS-1119, at the discretion of the district manager. The form must contain all the information requested on the DSS-1119.

Authorization to Purchase Low Vision Devices

The authorization of low vision devices is frequently a routine purchase of prescribed devices from the low vision provider. Spectacles, simple telescopes/microscopes, hand and stand magnifiers, and glare protection are often typical items. Authorizations are processed when the above economic need and comparable benefits policies are met.

When to Examine Low Vision Recommendations

Before authorizing devices, counselors should examine the Low Vision Evaluation Report recommendations, particularly when the total cost of the devices is greater than \$800.00 or, for an individual device, the cost is greater than \$200.00, or if the device requires special procedures or conditions to be used properly, such as high powered focusable telescopes. The CBVH Low Vision Consultant can be contacted if the CBVH VR counselor has any questions about the devices being prescribed.

Guidelines for Deciding What Devices to Purchase

The CBVH VR counselor, upon consultation with the consumer, the low vision provider and other members of the rehabilitation team, is ultimately responsible for deciding which devices are necessary to purchase for the consumer in order to achieve the vocational goal.

Use the following guidelines when authorizing the purchase of low vision devices recommended by a low vision practitioner on the DSS-1119 Low Vision Evaluation Report form:

1. Find out if the device is to be used on tasks that are essential to the achievement of the vocational goal. Has the low vision practitioner considered the vocational goal in selecting devices?

For example, if the cost of the prescribed device exceeds \$200.00 and its only function is to view TV at home, this is not an essential task. Even if the device can be used to assist with travel, but you know the person will never actually use it for this purpose, the item should be denied.

2. For more sophisticated LV devices, consider if the individual has the motivation and the ability to learn to use a device properly. Discussion with the consumer and the direct service provider (e.g. rehabilitation teacher, O&M instructor or occupational therapist) will help to assess these factors.

While a device may improve acuity and the ability to perform a particular task during an examination, will the individual be willing and able to learn to use the device independently and sustain use over time? This cannot always be answered definitively, but careful consideration of these factors must support the decision to purchase.

3. For devices exceeding \$200.00, the counselor will ask the practitioner if there are less expensive alternatives that will work as well for the particular purpose. Consider the key function of the device and the situation in which it will be used.

For example, the 3X Eschenbach sportsglasses (T4000 - \$222.00) are optically superior to the 2.8X Selsi sportsglasses (T4100 - \$68.00), but depending on the purpose, the more expensive device may not be necessary.

4. Follow the special request procedures when purchasing a portable electronic magnification device.
5. Whenever the counselor has doubts about how effective a device may be, the possibility of a trial loaner with rehabilitation teaching (or O&M instruction depending on the purpose of the device) must be explored. For custom devices, this is not always feasible.
6. Occasionally, by looking carefully at the functional gain the individual wants to achieve, adaptive equipment, adaptive skills training or non-optical devices can be more effective than some low vision devices. If this seems possible, ask the low vision practitioner if these alternatives are appropriate.

Payment for Aids on the Low Vision Aid Fee Schedule

Any aids prescribed by the low vision specialist which are on the Low Vision Aid Fee Schedule and not in excess of the approved fee, may be ordered by the CBVH VR counselor using the DSS-335 voucher.

Low Vision Device Special Request Procedure for VR Consumers Only

When a low vision device prescribed by a certified low vision optometrist or ophthalmologist is not on the CBVH Low Vision Fee Schedule, use the following procedure to request approval for an exception, **if the low vision provider is unable to find an appropriate substitute on the existing fee schedule.**

This procedure is for optical devices only. Non-optical aids and lamps should be purchased as rehabilitation equipment if they are not found on the fee schedule.

1. The Low Vision Practitioner submits the DSS-1119 to the CBVH VR counselor, including the product description, specifications, pricing and a narrative discussing the device, its purpose, the goal of the service, **and the reasons why existing devices currently on the fee schedule cannot meet the individual's needs.**
2. Within three working days, the CBVH counselor will fax a copy of the DSS-1119 and supporting documents (product descriptions, narrative report) to the CBVH Low Vision Coordinator in Central Office. A cover memo should highlight the device needing approval and provide a brief summary as to why the device is necessary for the individual to achieve the vocational goal.
3. The CBVH Low Vision Coordinator will review the request and consult with the CBVH Low Vision Consultant as necessary.
4. Within three working days, the CBVH counselor will be notified of the decision in a memorandum which includes a description and the approved fee. This notification will be faxed to the counselor. **A copy of this memorandum must be attached to the DSS-335 when submitted to OCFS Accounts Payable.** If the request is denied, the CBVH VR counselor will be notified with the reason for the denial.
5. The counselor notifies the low vision practitioner and the consumer of the outcome.

Ordering Aids

Prescribed aids are ordered directly from the low vision specialist unless she/he specifies another source.