

**Department for the Blind and Vision Impaired**  
**Rehabilitation Teaching and Independent Living**  
**Guidance Document**

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## **Introduction**

This Rehabilitation Teaching and Independent Living (RT/IL) Guidance Document is a reference resource regarding provision of RT/IL services provided to eligible individuals by the Department for the Blind and Vision Impaired (DBVI).

RT/IL services are provided in part in compliance with the Rehabilitation Act of 1973 as amended and regulated at 35 CFR 367 (Independent Living Services for Older Individuals who are Blind). <https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-367> . Regulations at the state level are found at 22 VAC 45-70 (Regulations Governing the Provision of Rehabilitation Teaching and Independent Living Services). <https://law.lis.virginia.gov/admincode/title22/agency45/chapter70/>

## **Overview of Rehabilitation Teaching and Independent Living Services**

Rehabilitation teachers work with individuals who are blind, vision impaired, and deafblind to improve the individual's functional independence and employability. To achieve this goal, a Rehabilitation Teacher must assist the individual applying for and receiving services through an instructional program at DBVI to arrange for needed RT/IL services.

The philosophy of the RT/IL program is that individuals residing in Virginia who experience blindness, vision impairment, or deafblindness are able to lead productive lives when appropriate and necessary services are provided in a timely manner.

RT/IL services are provided without regard to race, color, religion, national origin, political affiliation, physical or mental disability, sex, sexual orientation, or age. Braille, large print or electronic copies of printed material are available upon request.

# Chapter 1

## **RT/IL Referral and Application**

DBVI must establish and implement standards for the prompt and equitable handling of referrals of individuals for rehabilitation teaching/independent living services. The standards include timelines for making good faith efforts to inform these individuals of application requirements and to gather information necessary to initiate an assessment for determining eligibility.

DBVI accepts referrals for rehabilitation/independent living services for adults who are blind, deafblind, and vision impaired who are interested in obtaining, regaining, or maintaining their desired level of independence.

DBVI accepts referrals from individuals, family members, friends, physicians, advocates, service providers and other interested stakeholders. An Intake Coordinator contacts the individual who have been referred to provide information regarding DBVI services and refers the individual to the appropriate agency programs for special services and to other community agencies for supplemental services as needed.

A referral is opened for an individual when he/she has been referred to DBVI, self-refers, or has otherwise expressed interest in RT/IL services through DBVI.

## **Chapter 2**

### **Application**

#### **Age Requirements**

No age limit is established which will, in and of itself, result in a finding of ineligibility for any person with a visual disability who otherwise meets basic eligibility requirements.

#### **Residence Requirements**

Individuals who apply for services through the RT/IL program, must provide a current address in the Commonwealth.

Individuals who provide a current address, will not be excluded from services. Green cards are not required. The RT/IL program serves all persons, including those who are homeless, if they meet visual and other requirements.

#### **Services Available at Application**

Services that may be provided while an individual is in application status includes a diagnostic eye exam, diagnostic medical exam, O& M) initial Orientation and Mobility instruction if needed to facilitate the application, and information and referral.

## CHAPTER 3

### Voter Registration

DBVI is (per [Code of Virginia 24.2-411.2](#)) a state-designated voter registration agency for federal and state elections. As such, the agency ensures that the Commonwealth of Virginia Voter Registration information is provided to the applicant during application. Whether the applicant chooses not to register, has already registered, or wishes to register to vote, the agency staff person will complete the Voter Registration Agency Certification form and place it in the individual's case file. Signatures of the applicant and the staff person are required on the form. The individual has the right to refuse to sign the form. If the individual chooses to complete the Voter Registration Form for DBVI to submit, the staff person will send the completed, signed form to the Virginia Board of Elections, using the self-addressed "Board of Elections" envelopes provided to the regional office.

Individuals applying for services will the same level of assistance, including bilingual services where necessary, to complete a voter registration and/or certification form as would be provided in completing any other DBVI forms, unless the individual refuses such assistance.

### **Eligibility to Register to Vote**

To be eligible to vote in Virginia, a person:

- Must be a citizen of the United States;
- Must live in the Commonwealth of Virginia (A person who has come to Virginia for temporary purposes and intends to return to another state is not considered a resident for voting purposes);
- Must be at least 18 years old by the date of the next general election;

- Must not claim the right to vote elsewhere; and,
- Must not have been convicted of a felony or judged by a court to be incapacitated (unless civil rights to vote have been restored by the Governor or a court order has restored you to capacity).

NOTE: For the criteria that the individual must not claim the right to vote elsewhere, “elsewhere” refers to another state in the United States or the District of Columbia. The individual may have the right to vote in another country or territory of the United States and if they meet the other Virginia eligibility criteria, they may still register to vote.

The National Voter Registration Act (NVRA)

<https://www.justice.gov/crt/national-voter-registration-act-1993-nvra> requires that all individuals be asked if they would like to register to vote or update a current registration record on three occasions:

1. Initial application (applying),
2. Whenever an individual reapplies for services (renewal/recertifying for services), and
3. Anytime an individual submits a change of address. There is no annual requirement to complete the Agency certification form

## CHAPTER 4

### EVALUATION/ASSESSMENT for ELIGIBILITY DETERMINATION

The purpose of diagnostic evaluation and assessment is to determine an individual's eligibility for services and to identify an individual's service needs.

Diagnostic and Evaluation Services: Medical Diagnostic Services may include eye examinations by ophthalmologists or optometrists.

Evaluation services may be provided during any stage of the RT/IL process when such an evaluation is necessary to make the following determinations:

1. Eligibility for services
2. Suitable rehabilitation goal or goals

#### Minimum Information Required is for Eligibility Determination:

The minimum information required for eligibility determination is an Eye Examination Report that includes a completed eye exam that documents

- a. Diagnosis and Acuity with/without correction
- b. Prognosis
- c. Peripheral visual field (when needed)
- d. Recommendations

Other eye exam information may be used when the information is adequate, and the eye exam has been conducted within one year of the individual's application for services.

A Functional Vision Assessment is required when an individual will be receiving low vision services.

A Financial Determination-Redetermination is required prior to DBVI purchasing services for individuals.

### **Eligibility Determination**

The RT/IL Program provides rehabilitation teaching/independent living services to individuals under age 55 that have a severe visual impairment, which constitutes a substantial impediment to personal independent functioning.

The RT/IL Program also provides rehabilitation teaching/independent living services to eligible individuals older than 55 through the Independent Living Services for Older Individuals Who are Blind Grant, otherwise known as the OBG program. Individuals aged fifty-five or older for whom independent living goals are feasible, must have a severe visual impairment, need to gain or maintain independence within the home, community and have the ability to adjust to their level of impairment. Determination for participation in cost of services is required if it is determined that purchase of items is needed.

### **Definitions:**

Severe Visual Impairment means the individual is or has:

1. The individual cannot obtain a driver's license because their distance vision is worse than 20/70 in the better eye after best standard correction; the individual's visual field is restricted to less than 30 degrees in the better eye; if the individual has a rapidly progressive eye condition, which, in the opinion of a qualified ophthalmologist or optometrist, will reduce distance vision to 20/200 or less, or 20 degrees or less in the better eye with best correction. Visual impairment progressing toward legal blindness -- These individuals are not legally blind but have a rapidly progressive or deteriorating eye condition, which, in the opinion of a



qualified ophthalmologist or optometrist, will reduce distance vision to 20/200 or less or 20 degrees or less in the better eye with best correction.

Legally Blind means the individual:

1. Has a best corrected distance visual acuity of 20/200 or worse in the better eye, or visual fields of 20 degrees or less.

Eligibility for RT/IL services will be determined based evaluation/assessment and other documentation of the individual's vision impairment

**Eligibility Criteria for RT/IL for individuals under age fifty-five:**

1. An individual has a severe visual disability; and
2. The severe visual disability constitutes a substantial impediment to personal independent functioning.

**Eligibility Criteria for RT/IL for individuals aged fifty-five and older:**

1. Be aged fifty-five and older and a severe visual impairment of worse than 20/70 in the better eye with best correction, or a visual field loss of less than 70° regardless of the progressive nature of their eye disease or any functional vision limitations;
2. Independent living goals are feasible;
3. Need to gain or maintain independence within the home and community;
4. Have the ability to adjust to their level of impairment; and

5. Be an individual who is determined to have no participation in cost of services, in order to receive any purchased services.

## Chapter 5

### **SERVICE PLAN DEVELOPMENT**

#### **Program Planning**

After an individual has been determined eligible for RT/IL services, the individual and the RT jointly establish the individual's rehabilitation goal(s) and develop the individual's service plan.

Individuals who are eligible for services shall have:

- a. Maximum opportunities to share in the planning and development of their individualized service plan.
- b. Counseling and guidance to maximize their success and assure the safety of the individual.
- c. Assistance with identifying resources outside DBVI available to the individual and assistance in securing these resources.

The Service Plan includes identification of services and resources and along with a copy of the RT/IL Rights and Responsibilities, Terms and Conditions. A copy of the Service Plan shall be provided to the individual and/or the individual's guardian if requested.

Services on the plan must include the anticipated duration of each service. Services include, but are not limited to diagnostic services, rehabilitation technology services, instructional services, adaptive equipment, the vendor/service provider, cost of the services, and service dates.

In some instances, an individual's services may exceed 12 months when an individual is receiving services from an Orientation and Mobility Instructor.

**Comparable Benefits:** Comparable services and benefits are defined as any appropriate service or financial assistance

available to a person with a disability from a program other than RT/IL to meet, in whole or in part, the cost of services to be provided. DBVI determines before plan development whether comparable benefits are available to an individual and what portion of the cost of the planned services will be provided by or paid by the comparable benefit. However, there are situations when this information is not specifically known at the time a service plan is written. In these situations, the plan shall include which comparable benefits are being considered.

DBVI and the individual must seek comparable benefits for all purchased services. Costs of each service are included on the individual's plan.

### Additions/Changes

Additions or deletions to the Service Plan must be documented on the plan.

### Timelines

DBVI shall initiate contact with the individual within thirty (30) working days of receipt of the referral. If applicable, a face-to-face visit must be made within thirty (30) working days of the initial contact. Eligibility must be determined within ten (10) working days after the initial visit. When possible, an individual's plan should be developed written ten working days after eligibility is determined. An individual's case shall not remain in any status, except for service, for more than twenty workdays without review and approval by the regional manager and documented in a case note.

### Documentation Requirements

The RT shall complete the Service Plan and seek Regional Manager approval if the individual or combined total cost of goods

and services on the plan is more than \$500. The individual or their guardian will be provided with a copy of the original service plan and all additions/changes along with a copy of the RT/IL Rights and Responsibilities.

# CHAPTER 6

## TRAINING

Training includes any of the following services:

1. **Orientation and Mobility Training in the Home Environment** – instruction may be provided in basic orientation and mobility techniques without the use of a cane. It includes techniques for walking with a human guide, protective techniques, trailing and locating dropped objects, room familiarization, and orientation to specific indoor areas.
2. **Personal Management Skills Training** - includes personal care, hygiene, clothing selection, eating techniques, money identification, medication safety/medication management and personal record keeping.
3. **Home Management Skills Training** - includes adaptive techniques in shopping, food preparation, cooking, organization, care of home furnishings, appliances, childcare, sewing, ironing, home maintenance; minor repair and establishment of a suitable living environment.
4. **Communication Skills Training** - includes reading and writing braille, typing, handwriting, time pieces, telephones/smartphones, electronic communication devices, verbal and non-verbal communication.
5. **Crafts, Recreation and Adaptive Skills Training** - includes crafts, recreation and leisure skills such as playing cards, gardening, woodworking, knitting, crocheting, board games, computer games, attending

movies with audio description, attending plays with audio description, reading digital books, beep baseball, goalball.

6. **Adjustment Counseling** – counseling designed to assist individuals in adjusting to life after vision loss. A rehabilitation teacher works with the individual to facilitate learning skills that are necessary to accomplish the goals that individuals want to set for themselves.
  
7. **Peer Counseling** – counseling that can be provided by teachers or other individuals (Peers) who are visually impaired to individuals being served by DBVI who are experiencing major issues related to their vision loss. Many times, the Peers may have worked through the same issues or concerns the individual is having with vision loss. Signed releases of information from both parties are required before Peer Counseling can begin.

In larger communities, there are support groups or consumer advocacy groups that individuals may attend. Often, these support groups take place in the assisted living facilities where individuals currently live. In Virginia, the major consumer advocacy groups include the Virginia Chapter(s) of the National Federation of the Blind and the American Council of the Blind Virginia Chapter.

8. **Information and Referral** - action taken to identify and direct an individual to another resource which could address his/her needs.
  
9. **Individual and Systems Advocacy** - clarifying, educating, and/or acting to promote and protect the rights, services and opportunities of individuals who experience vision loss.

10. **Transportation** – transportation may be provided in certain circumstance to eligible individuals as an ancillary service to assist them in accessing appropriate services. Transportation may be provided are those services included on the individual’s plan of service, for example, low vision exams or tours to VRCBVI. The least expensive mode of transportation be utilized and whenever possible, common carriers will be used. Long term, on-going transportation services will not be provided.
11. **Low Vision** – services include low vision exams and aids, including CCTVs as appropriate.
12. **Assistive Technology Services and Devices** - special aids and appliances that are used for the purpose of providing adaptive technology in the form of aids and/or appliances that enable an individual to function more independently.

Examples may aids/appliances:

- Talking Scale
- Talking Food Scale
- Tactile timer and other cooking utensils/devices
- Talking thermometer
- Digital recorder
- Pushbutton telephone (Landline)
- Talking clock
- Talking watch
- Tactile watch
- Check writing guides

13. **Short-Term Evaluation and Training Programs** that may be provided to individuals periodically by staff as needed.



14. **VRCBVI Residential or Commuter Training** may be available based on an individual's services and does not require participation in cost of services. Service authorizations to VRCBVI are required.
15. **Special Communication Services for People Who Are DeafBlind** - The ability to communicate with other people is critical for individuals who deafblind if they are to achieve functional independence including employment. The provision or purchase of the following may be appropriate for some individuals:
  - Instruction in communication skills such as sign language, typing, and reading and writing braille.
  - Purchase of and training in the use of special aids and devices to improve the individual's capability to communicate.
  - Interpreter services.

**Older Blind Project Grant** - Goods and services provided may include:

- Outreach
- Information and referral
- Advocacy
- Low vision aids
- Adaptive equipment, such as long white canes, to assist older blind Virginians to become more mobile and more self-sufficient.
- Transportation
- Orientation and mobility services
- Language interpreter services

- Peer counseling/mental health/family/individual counseling
- Adaptive skills training to assist in coping with daily living activities
- Other essential supportive services for independent functioning in the home and community, including local independent living training workshops for individuals and their family members

Some of these services through the Older Blind Grant are provided only when there is available funding.

## **ELIGIBILITY FOR THE OLDER BLIND GRANT**

The goal of this grant is to provide and arrange for services of a practical nature to enable **individuals aged fifty-five or older whose severe visual impairment makes gainful employment extremely difficult to attain but for whom independent living goals are feasible**, to gain or maintain independence within the home and community and adjust to their level of impairment.

### ***Services Interrupted***

An individual receiving services through the Older Blind Grant may have an interruption in services due to:

1. Extended illness of the individual (one month or more)
2. Inability to locate the individual
3. Inadequate progress in a service program
4. Extended "vacation" of the individual (one month or more)

### **Services to be Provided by DBVI With Cost to the Grant:**

- Assessment/Identification of Needed Services;
- Rehabilitation Teaching Services;

- Communication Skills: braille reading and writing, handwriting, beginning computer instruction, and use of appropriate electronic equipment, e.g. digital recorders;
- Training to perform daily living activities such as meal preparation, identifying coins and currency, selection of clothing, telling time and maintaining a household.
- Provision of low-vision services and aids such as magnifiers to perform reading and mobility tasks, low vision exams and other visual aids.
- Instruction in recreation/leisure activities, e.g. playing cards, gardening, woodworking, board games, computer games, knitting, crocheting, etc.
- Adjustment counseling related to visual loss, empowerment, and self-determination.
- Orientation and Mobility skills training that will enable older blind individuals to travel independently, safely and confidently in familiar and unfamiliar environments.
  - Transportation essential to access community services for independent living
- Appropriate adaptive equipment and appliances

Services to be provided without utilizing Grant funds:

- Outreach materials (posters, large print brochures, etc.).
- Communication aids such as large print calendars, digital talking book players, etc.
- Family and peer counseling services to assist the older blind individual to adjust emotionally to the loss of vision as well as to assist in the individual's integration into the community and its resources.
- Residential training at VRCBVI.

## CHAPTER 7

### **Closure Outcomes**

DBVI will close an individual's rehabilitation case when the individual is not eligible for services and when the individual has/will not met their established goals.

### **Categories of Case Closure**

#### **Closed Not Eligible - Closed from Referral or Application**

Definition: **Closed Not Eligible** means that the individuals does not meet the eligibility criteria for RT/IL or is not interested in RT/IL. This closure outcome includes situations where the individual cannot be located, has left Virginia, refused RT/IL services, or died before entering service status.

#### **Closed GOALS MET - Case Closed from Service**

Definition: Closed GOALS MET means that the individual has satisfactorily completed their training, has increased their independence and that the RT and the individual determine that the jointly agreed upon goals in the Plan of Services have been met.

#### **Closed GOALS NOT MET - (Cases Closed Unsuccessfully from Service)**

Definition: Closed GOALS NOT MET means that the individual's case is being closed as "training not completed" after having been determined eligible and after planned services have already begun.

#### **Closed GOALS NOT MET - Death of Individual**

#### **Deceased after Active Services Initiated**

When an individual dies while in active service status and all of the planned goals were not met, the RT is required to close the individual's case as Goals Not Met.

## Chapter 8

### **Participation in Cost of Services and Comparable Benefits**

#### A. Participation in Cost of Services

The RT/IL program determines whether an individual will participate in the cost of the services they receive based on economic need. The RT/IL cost participation formula is designed to calculate the amount, if any, an individual will pay toward the actual cost of the services they receive.

Some services are provided at no cost. These services include evaluations, diagnostic low vision exams, referral and adjustment counseling. However, the individual's income does have implications for RT/IL payment for other services. Cost participation measures are required for the Older Blind Grant and consideration of comparable benefits is required. Individuals applying for or receiving RT/IL services are required to provide DBVI with a copy of their most recent federal income tax return form 1040 (either their own or any return on which they are claimed as a dependent). Other documentation may be acceptable such as a pay stub for a working person or SSA benefit statements or other proof of the amount received for recipients of SSI/SSDI.

#### **Definitions:**

1. **Participation in cost of services** means that the individual who is applying for or receiving services from the RT/IL program will participate in the costs associated with the purchase services they receive.
2. **Does not participate in cost of services** means that the individual applying for or receiving services from the RT/IL

program does not pay any portion of the cost of services they receive.

- a. Individuals aged 55 and older being served through the Older Blind Grant, who have been determined eligible for SSI or SSDI will not have any participation in the cost of services they receive.
3. **Family Unit** means the basic family unit consisting of one or more adults and children, related by blood, marriage, or adoption and living in the same household. The family unit includes family members, temporarily absent from the household, for whom the family claims financial responsibility for tax purposes.
4. **Economic Need and General Discussion** means the Economic Need determination process established by DBVI to determine an individual's participation in cost of services. The provision of RT/IL services, based on economic need, requires a thorough examination of the individual's financial means and other comparable benefits. When the individual is dependent on the family income, the household family income will be considered.

DBVI has elected to use an Economic Needs Test as described in the Code of Federal Regulations, [34 CFR 361.53](#). Economic need determination must be administered in an equitable manner for all individuals.

Individual cost participation is determined and updated only if purchased services are planned. If the individual's financial information is over one year old, the RT must update the financial form prior to purchasing the needed goods or services.

Individuals who are required to participate in cost of services are required to pay their monthly contribution amount for the costs of certain goods and services:

1. Transportation,

2. Glasses and/or low vision aids,
3. Telecommunications, sensory, and other technological aids and devices, including adaptive equipment,
4. Personal incidentals during training,
5. Supplies related to recreational/leisure activities, and,
6. Any other purchased service not related to diagnostic evaluation of rehabilitation potential, or counseling, guidance, and referral services.

All individuals, regardless of financial status, receive the following RT/IL services at no cost:

1. Diagnosis and evaluation, including evaluation at VRCBVI and short-term evaluation programs conducted at/by regional offices,
2. Peer Counseling,
3. Information and referral
4. Interpreter services for individuals who are deafblind,
5. Foreign language interpreters,
6. Activities of daily living skills training,
7. Braille instruction and instructional materials,
8. Group socialization and recreational activities,
9. Counseling for family members regarding an individual's adjustment to blindness,
10. Special communication skills and the services of the DBVI deafblind specialist for individuals who are deafblind,



11. Rehabilitation Technology Services (also called assistive technology services) provided by DBVI staff,
12. Orientation and Mobility Services provided by DBVI staff,
13. Library and Resource Center materials and services, and,
14. Health Education Services

### **Financial Determination/Redetermination Statement**

RTs are required to consider the following information when completing the individual's Financial Determination/Redetermination Statement:

A. Allowable Deductions: The only deductions to be considered are medical expenses/debts and current in-school tuition for individuals and other family members.

1. Medical Deduction Examples:

- a. Medical expenses/debts arising from conditions such as diabetes or epilepsy under which the expenses for medication are continuous.
- b. Medical expenses/debts related to ongoing support with activities of daily living and disability management while residing in an assisted living facility, incurred in addition to room and board.
- c. Medical expenses/debts related to ongoing support with activities of daily living and disability management, above and beyond the cost of standard care, including room and board while residing in a nursing home.

- d. Expenses relating to Personal Assistance Services (PAS) or Support Services Providers (SSP).
- e. Expenses for Long Term Care Services (LTCS).
- f. Medical expenses arising from acute medical conditions or traumas in which additional burden is placed upon the family income and resources (routine health insurance premiums are not to be construed as medical expense).
- g. Expenses/debts for catastrophic illness.

B. Normal Living Requirements: DBVI Normal Living Requirements are based on information regarding median family income from the [United States Department of Health and Human Services](#).

C. When to Request Verification of Income: In assessing participation in cost of services, the RT is required to verify the individual's income, liquid assets, and allowable debts.

### **Comparable Benefits**

Comparable benefits are third-party funds (such as Medicare and private insurance) that pay for services planned for as part of the RT/IL program. Comparable benefits must be used prior to expenditure of DBVI funds for the provision of services.

## CHAPTER 9

### **Fees, Comparable Benefits and Services, Donation of Equipment**

Chapter 9 is comprised of three sections including Fees, Comparable Benefits and Services, and Donation of Equipment.

#### **Fees**

##### Purchased Goods and Services

- Codes and fees used to plan and authorize services for individuals receiving services are located in the [DSA Services Reference Manual](#)
- Rehabilitation Teachers are required to use these procedure codes and fees for the purchase of goods and services that are part of the individual's Plan for services.

##### Interpreter Services and Fees

- Rehabilitation Teachers are required to use procedure codes and fees in the [DSA Services Reference Manual](#) to plan and authorize interpreter services for individuals receiving services. These fees are established based on the certification level of the interpreter.
  - a. Separate rates have been established for courtroom interpreting by the Virginia Department for the Deaf and Hard of Hearing (DDHH). Northern Virginia rates must be negotiated on an individual basis by the Rehabilitation Teacher.
  - b. Interpreter travel expenses are paid at the prevailing state rate. Prevailing rates are available at [DSA Fiscal Services](#).
  - c. Assignments coordinated by VDDHH but paid for by the RT/IL program are paid according to VDDHH's

recommended rates unless a prior agreement has been made.

## **Comparable Services and Benefits**

- A. DBVI RT/IL program uses the definition of Comparable services and benefits detailed in 34 CFR 361.5(8) but tailored to DBVI RT/IL program. Comparable services and benefits mean services and benefits including accommodations and auxiliary aids and services that are:
- a. provided or paid for, in whole or in part, by other Federal, State, or local public agencies, by health insurance, or by employee benefits;
  - b. available to the individual at the time needed to ensure the progress of the individual toward achieving their goals outlined in their Plan; and
  - c. Commensurate to the services that the individual would otherwise receive from the DBVI RT/IL program.
- B. Comparable services and benefits are provided from a program other than the DBVI RT/IL program. The Rehabilitation Teacher must ensure, in all cases before the provision of any RT/IL services, that there has been a determination of available comparable services and benefits. The determination of comparable services and benefits does not apply when its utilization would delay the provision of purchased services to any eligible individual.
- C. The RT/IL services for which comparable services and benefits should be considered include:
- a. Low vision aids and low vision exams (e.g. if the individual is a Veteran, the VA will pay for the low vision exam and the aids).
  - b. Canes used for medical purposes.
  - c. Personal incidentals during VRCBVI training.

- d. Supplies.
  - e. Transportation.
  - f. Assistive technology devices such as telecommunications, sensory, other technological aids, etc.
  - g. Diagnostic medical exams (e.g. eye exams, physical, psychological exams).
  - h. Durable medical equipment (e.g. shower seats, safety railing, glucometers, blood pressure monitors, etc.).
- D. Comparable benefits **DO NOT** need to be considered for the following items and services:
- a. Evaluation of rehabilitation potential
  - b. Counseling and guidance
  - c. Personal and vocational adjustment counseling
  - d. Rehabilitation engineering services
  - e. Deaf-blind services
  - f. Library and Resource Services
  - g. Orientation and Mobility Services
  - h. Health Education Services
  - i. Rehabilitation Teaching Services
  - j. Canes for Orientation and Mobility training purposes
- E. The Rehabilitation Teacher is required to be knowledgeable about comparable benefit programs and services and utilize them whenever appropriate in his/her casework. Some examples include:
- a. State and local hospitalization funds
  - b. Workers' Compensation
  - c. Community mental health services
  - d. Veterans Administration

Relationship between Comparable Services and Benefits and Participation in Cost of Services

Comparable services and benefits and participation in cost of services are not synonymous. An individual who does not participate in the cost of services is still required to use comparable services and benefits unless doing so will significantly delay the provision of purchased services to any eligible individual.

### **Donation of Equipment**

- A. Assistive technology devices and other occupational equipment shall become the personal property of an individual being served by DBVI Services division programs when:
  - a. The device or equipment is specifically prescribed for the individual, or
  - b. The device or equipment is personalized to the extent that it cannot be reassigned to another individual receiving services, or
  - c. The device or equipment has depleted (not depreciated) with normal use.
- B. Assistive technology or other occupational equipment costing \$500 to \$4999.99 may be donated to the individual or group of individuals being served when:
  - a. Used by the individual or group of individuals for one year from the date of issuance or date of case closure, whichever comes first.
  - b. Continues to be used for training, employment, or to support independent living.
  - c. The individual or group of individuals agree to accept responsibility for the maintenance of the device or equipment after they have accepted ownership.
- C. Assistive technology or other occupational equipment costing \$5000 or more may be donated to the individual or group of individuals being served when:

- a. The item has depreciated to zero (usually after five years from date of purchase).
- b. Continues to be used for training, employment, or to support independent living.
- c. The individual or group of individuals being served accept responsibility for maintaining and repairing equipment after donation.

#### D. Retaining Title of Assistive Technology and Other Equipment

- a. Except as described in section A(a) of this policy, DBVI shall retain title to all assistive technology and other occupational equipment for one year or until an individual's case closure, whichever comes first, for goods costing \$500 to \$4999.99.
- b. Except as described in section A(a) of this guidance, DBVI shall retain title to all assistive technology and other occupational equipment costing \$5000 or more, until the item has depreciated to zero or the individual's case has been closed successfully, whichever comes first.
- c. In all cases, except for assistive technology or other occupational equipment costing less than \$500, the individual receiving services and the VR Counselor or Rehabilitation Teacher will complete the DBVI Equipment Agreement/Receipt and Release Form.
- d. Assistive technology or other equipment DBVI purchased through bulk contract, and for agency or agency employee/contractor use shall be treated as state property and shall not be donated to and individual or group of individuals being served at time of purchase. When the depreciated value reaches \$0, it shall be treated as agency surplus (Code of Virginia § 2.2-1124).

#### B. Repossessing Assistive Technology and Other Occupational Equipment

- a. DBVI will repossess assistive technology and other occupational equipment that has not been donated to the individual receiving services when:
  - i. The individual is not using the technology or equipment for training, employment, or to support independent living.
  - ii. Family members or other individuals are using the assistive technology or equipment for their own purposes.
  - iii. The individual is not taking reasonable care of the device or equipment. Lack of reasonable care that potentially leads to repossession includes:
    - 1. Multiple missing keys or cracked displays
    - 2. Excessive food/liquids spilled causing equipment malfunction
    - 3. Damage casing on the assistive technology
    - 4. Frayed cords/damaged connectors indicative of excessive pulling in removal
    - 5. Damaged ports/slots/drives due to improper insertion due to forcing
    - 6. Unauthorized installation of application programs and operating systems
    - 7. Presence of non-employment, non-educational, non-independent living related movies, videos, graphics, games or other programs of this nature
    - 8. Multiple occurrences of dropped or lost equipment
    - 9. Damaged system due to failure to use surge protector
    - 10. Breaking security seals that void warranties.



- iv. The individual or group of individuals is no longer eligible to receive DBVI services.
- v. The individual dies before donation of the assistive technology or occupational equipment.

## **CHAPTER 10**

### **Civil Rights, Informed Choice, Client Assistance Program,**

This guidance provides information regarding Civil Rights including the right to access to records (34 CFR 367.70), Informed Choice, the Client Assistance Program (34 CFR 367.68), the Americans with Disabilities Act, the Civil Rights Act of 1964, and the Regulatory Code of Virginia. DBVI in no way intends for this chapter to be interpreted as an exhaustive or comprehensive listing or citing of an individual's rights, rather that the chapter identify rights specific to Rehabilitation Teaching/Independent Living (RT/IL) provided to applicants and eligible individuals receiving services.

#### **Civil Rights**

Individuals applying for or receiving RT/IL services have certain civil rights guaranteed by law. Among these are the rights to receive services on a nondiscriminatory basis without regard to race, color, creed, sex, national origin, age, political affiliation, or disabling condition; confidentiality of personal information, access (with certain exceptions) to the individual's case records; and access to the Client Assistance Program administered in Virginia by the disAbility Law Center of Virginia. The legal basis for these civil rights are the Americans with Disabilities Act of 1992, the Workforce Innovation and Opportunity Act of 2014, the Civil Rights Act of 1962; and their implementing regulations.

All vendors of services for individuals who are applying for or receiving rehabilitation teaching/independent living services from DBVI must be in compliance with the Civil Rights Act. These include physicians, training institutions, hospitals, nursing homes, vocational schools, and those providing room and board or housing for individuals being served by DBVI.

## Right to Access to Case Record

- a. The individual receiving RT/IL services must be at least 18 years of age to request a copy of the case file or to review it, except:
  1. When parental rights have been terminated or a court has restricted or denied parental or representative access to the individual's confidential records, or
  2. When the individual is emancipated (e.g., married, court order, etc.)
  
- b. Sharing case record information with individuals applying or receiving RT/IL services:
  1. Virginia Freedom of Information Act (FOIA) in [§ 2.2-3700 of the Code of Virginia](#) and [§ 63.2-1509 of the Code of Virginia](#)). Information within the case file that originated from another agency or organization shall not be disclosed to the individual or another party if the originating source has stipulated in writing that disclosure is prohibited, even when the individual consents to release ([per 34 CFR § 367.69](#), and [§ 63.2-1509 of the Code of Virginia](#), and [§ 63.2-1606 of the Code of Virginia](#)).

## Informed Choice

Though the term “informed choice” is not specifically defined by state or federal regulations pertaining to the delivery of independent living services, DBVI facilitates the delivery of services by ensuring that individuals have the opportunity to make informed choices about the services they receive.

In essence, informed choice means providing individuals applying for or receiving IL services, and as appropriate their representatives, with information about the availability of and opportunities to exercise their informed choice.

Consideration of informed choice considers the individual's values, characteristics, the availability of resources and alternatives, and general economic conditions. The Rehabilitation Teacher provides information to assist the individual to make relevant choices pertaining to the RT/IL services they receive including evaluation and assessment services, and service providers.

An individual exercising their informed choice does not obligate the RT/IL program to sponsor specific RT/IL services, service providers, or equipment, or pay costs above what is allowed by DBVI policy. Individuals who feel they have not been given the opportunity to exercise informed choice, regardless of the reason, must be informed of the right request a review of agency decisions by the Rehabilitation Teacher.

### **The Client Assistance Program**

In compliance with [34 CFR §367.68](#) (What notice must be given about the Client Assistance Program), the Rehabilitation Teacher will ensure that individuals applying for or receiving services through the RT/IL program understand their rights by providing information about the Client Assistance Services (CAP). The CAP is administered through the disAbility Law Center of Virginia (dLCV). Rehabilitation Teachers are required to put a case note in AWARE documenting that they have shared CAP information.

disAbility Center of Virginia  
1512 Willow Lawn Drive, Suite 100  
Richmond, Virginia 23230  
804-225-2042  
1-800-552-3962

# Chapter 11

## AGENCY SERVICES

### Deafblind Services

#### **Mission:**

DeafBlind Services staff provides training, consultation, assessment, and technical assistance to each program of the agency to ensure that individuals who are deafblind can fully participate in the agency programs and services.

**Note:** The word deafblind refers to any individual who has a combined vision and hearing loss. People who are deafblind have all types and degrees of combined vision and hearing losses.

#### **Eligibility:**

Individuals with combined loss of vision and hearing are eligible for DeafBlind Services regardless of age. Education Services staff provide services to deafblind children under the age of 14. Most children under the age of 14 are primarily served by the Virginia Deaf-Blind Project for Children and Youth with Deaf-Blindness (the Virginia Deaf-Blind Project).

**Note:** DBVI follows the lead of the Virginia Association of the DeafBlind (VADB), a statewide individual advocacy organization for people who are deafblind. VADB uses one word, “deafblind”, to show that this is a unique disability (not deafness plus blindness or blindness plus deafness). The Virginia Deaf-Blind Project for Children and Youth with Deaf-Blindness uses “deaf-blind”, a term commonly used by national organizations and federal government agencies.

Using the following definitions, the DeafBlind Services program tracks individuals identified in the following categories:

## **DeafBlind:**

Any individual who has a central acuity of 20/200 or less in the better eye with corrective lenses, or a field defect such that the peripheral diameter of visual field subtends an angular distance no greater than 20 degrees, or a progressive visual loss having a prognosis leading to one or both of these conditions,

Who has a chronic hearing impairment so severe that most speech cannot be understood with optimum amplification, or a progressive hearing loss having a prognosis leading to this condition; and

For whom the combination of impairments causes extreme difficulty in attaining independence in daily life activities, achieving psychological adjustment, or obtaining a vocation;

Who despite the inability to be measured accurately for hearing and vision loss due to cognitive or behavioral constraints, or both, can be determined through functional performance assessment to have severe hearing and visual disabilities that cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment, or obtaining vocational objectives.

## **Blind-Hard of Hearing:**

Visual acuity not better than 20/200 central visual acuity in the better eye measured at 20 feet with correcting lenses (legally blind).

Visual acuity greater than 20/200 but with the widest diameter of the visual field in the better eye subtending an angle of no greater than 20 degrees, or a rapidly progressive eye condition which in the opinion of a qualified ophthalmologist will reduce distance vision to 20/200 or less or 20 degrees field of vision.

Primarily uses remaining residual hearing which allows the individual to hear and understand speech with little or no visual input, or

Depends on auditory input aided by hearing aids and/or assistive listening technology and often relies on visual cues such as speech reading, body language or text translation.

A 30 db loss or greater (or a speech discrimination score of 75 percent or less) can be severe enough to constitute a disability. Individuals who have a 30 db loss as derived from computing the Pure Tone average 500, 1000, 2000, 3000, Hertz may experience difficulties with aural communication, which may cause a substantial impediment to employment.

### **Visually Impaired/Hard of Hearing:**

Visual acuity greater than 20/200 (i.e. better vision) but less than 20/70 (i.e., worse vision) in the better eye with best correction or less than a 70-degree horizontal field.

Visual acuity between 20/100 and 20/200 vision in the better eye with best correction if the person has been unable to adjust satisfactorily to the loss of vision and if it is felt that the person needs the specialized services available through DBVI.

Primarily uses remaining residual hearing which allows the individual to hear and understand speech with little or no visual input, or

Depends on auditory input aided by hearing aids and/or assistive listening technology and often relies on visual cues such as speech reading, body language or text translation. May use sign language for communication.

A 30 db loss or greater (or a speech discrimination score of 75 percent or less) can be severe enough to constitute a disability.

Individuals who have a 30-db loss as derived from computing the Pure Tone average 500, 1000, 2000, 3000, Hertz may experience difficulties with aural communication, which may cause a substantial impediment to employment.

### **Visually Impaired/Deaf:**

Visual acuity greater than 20/200 (i.e. better vision) but less than 20/70 (i.e., worse vision) in the better eye with best correction or less than a 70-degree horizontal field.

Visual acuity between 20/100 and 20/200 vision in the better eye with best correction if the person has been unable to adjust satisfactorily to the loss of vision and if it is felt that the person needs the specialized services available through DBVI.

Is unable to hear or understand speech, is unable to follow conversations unless facing speaker, due to the vision loss is unable to lip read conversation even when facing the speaker, may rely on sign language, sign language interpreters as their first choice for communication access with hearing people, have been identified in the past as being oral deaf or late deafened adults and now would also include many deaf individuals who use cochlear implants and/or English based sign language.

### **Role and Function of DeafBlind Services:**

- Provide ongoing consultation and direction to agency staff to ensure that agency programs are accessible to deafblind individuals.
- Provide consultation and technical assistance to all DBVI staff and other professionals working with individuals who are deafblind.
- Develop and/or conduct training and public information programs on deafblindness.



- Identify resources for training of persons serving individuals who are deafblind.
- Serve as a resource for persons needing information or technical assistance in serving individuals who are deafblind.
- Assess individuals who are deafblind to determine their needs for communication aids and specialized equipment and;
- Provide rehabilitation teachers and/or vocational rehabilitation counselors (case managers) with written results and recommendations within ten workdays of completing an assessment.

## **Referral to DeafBlind Services**

Referrals to the DeafBlind Services staff may occur at any time if the individual or their case manager feels the individual can benefit from assistance related to dual vision and hearing loss, especially in the areas of communication, technology and/or independent living.

## **Assessment Results and Recommendations**

Within ten workdays of seeing the individual, Deafblind Services staff will provide the case manager with a written report.

Interpreters and CART Services:

DBVI staff can request interpreters or computer assisted real time captioning (CART) services from the Virginia Department for the Deaf and Hard of Hearing (VDDHH).

DBVI staff can obtain interpreters by contacting free-lance interpreters' local interpreting agencies and VDDHH.

## **Referral to Virginia Rehabilitation Center for the Blind and Vision Impaired (VRCBVI):**

Individuals receiving RT/IL services who are deafblind may be referred to VRCBVI for assessment and/or training.

### **Referral Procedures to the Helen Keller National Center (HKNC):**

Individuals receiving RT/IL Services who are deafblind may be referred to the Helen Keller National Center (HKNC).

### **Hearing Aids**

The purpose of a hearing aid is to increase the audibility of sounds (speech and non-speech) so that an individual may hear more sounds than he or she could hear and understand previously. A hearing aid does not “cure” a hearing loss and the benefits will vary among individuals. Much depends on the degree and configuration of the hearing loss, the individual’s cognitive functioning, environmental listening conditions, consistence of use and other factors. Hearing aids will not make a person’s hearing normal again. With special training, hearing aids will assist a moderately to severely hard of hearing person to discriminate and understand speech and environmental sounds.

### **Reviewing Hearing Aid Recommendations**

All hearing aid recommendations from audiologists or hearing aid providers are to be sent, along with each individual’s audiograms, to DeafBlind Services staff. It would also be helpful for the vocational rehabilitation counselor or rehabilitation teacher to add a brief sentence or two explaining what the individual's environment involves. For example, does the individual need the hearing aids for work? Will the individual be involved in many group meetings or in a noisy environment? Or will the individual mostly be at home with family and friends in a quiet listening environment? Information about the individual's listening

environment will be very helpful in determining what types of aids will fit their needs.

Prior to DBVI approving purchase of hearing aids, the Department of Aging and Rehabilitative Services (DARS) agency audiologist reviews each recommendation to ensure that the aids are appropriate for each individual and that audiologists or hearing aid providers are charging state approved rates. Purchase of hearing aides are made at the local DBVI level based on approval by the audiologist.

#### Otological Examinations:

An otological examination is for the purpose of diagnosing and treating medical conditions associated with hearing loss.

#### Audiological Examinations:

The audiological examination assesses hearing function, the reception of sound; the need for amplification, aural therapy, and other factors related to the individual's hearing loss. If the individual requires a hearing aid, the audiologist will make this recommendation. If the individual already wears an aid, the audiologist can decide whether or not the present aid is satisfactory or should be repaired or replaced.

#### Diagnostic Evaluations Required:

An audiological evaluation must be completed by a licensed audiologist in a sound-insulated booth prior to the purchase of hearing aids. An evaluation older than six months is expired and must be re-administered. An otological examination by a licensed otolaryngologist (a medical physician specializing in the treatment of diseases of the ear), is recommended if certain conditions are present in order to determine appropriate medical treatment.

These conditions are:

1. Visible congenital or traumatic deformity of the ear
2. History of active drainage from the ear within the previous 90 days
3. History of sudden or rapidly progressive hearing loss
4. Acute or chronic dizziness
5. Unilateral hearing loss
6. Audiometric air-borne gap equal to or greater than 15 decibels at 550 Hz, 1000 Hz, and 2000 Hz
7. Visible evidence of significant cerumen or a foreign body in the ear canal, or
8. Pain or discomfort in the ear.

Medical professionals providing these services must participate in the Department of Aging and Rehabilitative Services procurement program.

Exceptions: All individuals 18 years and younger must be medically examined by an otolaryngologist prior to purchasing hearing aids. For individuals over the age of 18, examinations by an otolaryngologist or otologist are not necessary if a previously diagnosed hearing problem that resulted in deformity of the ear or unilateral hearing loss has been stable.

The case manager will consult with DeafBlind Services staff prior to the audiological evaluation in order to assess the need for hearing aids. The aids should be compatible with assistive listening devices. Individuals with a combined vision and hearing loss have a reduced ability to speech read and therefore the use of assistive listening devices has proven to be very beneficial. In order for individuals to use assistive listening devices, hearing aids must have a telecoil (t-coil or t-switch). This feature is not on all hearing aids and should be requested for all individuals who have a combined vision and hearing loss.

## **LOW VISION SERVICES**

Low Vision Services within the Department for the Blind and Vision Impaired offer an interdisciplinary approach through a group of professionals with varied and specialized training who coordinate activities to serve the individual with low vision. The rehabilitation teacher (RT) provides appropriate low vision services as incorporated in the Low Vision Policies and Procedures Manual, which is available to every professional worker. When serving RT individuals with low vision needs, the RT should refer to this manual for appropriate low vision practices.

Low vision exams may be provided to individuals who are eligible to receive services from a rehabilitation teacher. This low vision exam must be provided by a low vision examiner who has a current contract with the Department for the Blind and Vision Impaired. A low vision exam is provided to an individual regardless of participation in cost of service.

## **ORIENTATION AND MOBILITY**

Orientation and Mobility (O&M) training helps those who are blind or have low vision know where they are, where they want to go (orientation), and how to get there safely and independently by walking or using transportation (mobility). Specifically, DBVI O&M specialists teach adults who are blind or have low vision the skills and concepts they need in order to travel independently and safely in their home or community.

### **Priority for Services**

O&M Specialists serve all eligible individuals receiving services within their assigned territory. Individuals who need O&M service are prioritized as follows:

1. Individuals who are receiving vocational rehabilitation (VR) services including transition aged students.

## 2. Non-vocational - Individuals who are in Training status on a Rehabilitation Teaching /Independent Living (RT/IL) caseload

### **Support Canes**

O&M instructors are considered the most qualified authority at DBVI to work with individuals receiving services to develop goals, plans and programs of instruction with white canes. Staff working with individuals who may benefit from the use of a white cane, should refer the individuals for a consult with the O&M program staff.

## Chapter 12

### **Referral to Vocational Rehabilitation Program**

Individuals who indicate that they are interested in employment will be referred to the Vocational Rehabilitation Program. The RT will initiate the referral with an email to the intake specialist that includes the following information:

- A. Individual's name
- B. Age
- C. Address
- D. Best contact phone number
- E. Email address if applicable
- F. Cause of vision loss
- G. Prior work experience (if known)

Once the VR counselor receives the referral, a staffing will take place between the RT and the VR Counselor. The RT and the VR counselor will meet at a minimum of once a quarter to discuss individual's progress.

# Chapter 13

## **Protection of Personal Information**

### **A. Personal Information**

In accordance with federal regulations pertaining to the provision of RT/IL, DBVI has adopted policies and procedures to safeguard the confidentiality of all personal information of individuals who apply for or are RT/IL services through DBVI. DBVI assures that applicants and eligible individuals, their representatives, services providers, cooperating agencies, and interested persons are informed through appropriate forms of communication of the confidentiality of personal information and the conditions for accessing and releasing this information.

### **Protection, use, and release of personal information**

In Virginia, “personal information” is defined by the Government Data Collection and Dissemination Act ([§ 2.2-3801](#)) and means all information that (i) describes, locates or indexes anything about an individual including, but not limited to, his social security number, driver's license number, agency-issued identification number, student identification number, real or personal property holdings derived from tax returns, and his education, financial transactions, medical history, ancestry, religion, political ideology, criminal or employment record, or (ii) affords a basis for inferring personal characteristics, such as finger and voice prints, photographs, or things done by or to such individual; and the record of his presence, registration, or membership in an organization or activity, or admission to an institution. "Personal information" shall not include routine information maintained for the purpose of internal office administration whose use could not be such as to affect adversely any data subject nor does the term include real estate assessment information.



Rehabilitation Teachers, Regional Managers, Intake Workers, and agency administrators shall inform all individuals applying for or receiving RT/IL services, through the individual's native language or other appropriate mode of communication to ensure the applicant understands (per [§ 2.2-3806 of the Code of Virginia](#) and [34 CFR 367.69](#)) the following information:

1. Rehabilitation Teachers will collect confidential information only for the purposes of providing RT/IL services including, personal information necessary for case management, determining eligibility for RT/IL services, developing and implementing the individual's Plan, referral, and coordination of services with community partners, etc.
2. How an individual's personal information will be used;
3. That individuals applying for or receiving RT/IL services are not legally required to provide their social security number to DBVI (per [§ 2.2-3808 of the Code of Virginia](#));
4. The consequences of not providing information that DBVI requires in order to provide RT/IL services. For example, if an individual chooses not to provide financial information for DBVI to apply a financial means test, the individual may not be eligible to receive certain cost services;
5. Other agencies (if any) to which DBVI routinely releases individual information;
6. The individual's right to ask what information has been shared with whom and why;
7. That the individual's signed consent is required in order for DBVI to obtain or release information in which the individual's identity is or may be readily ascertained except when disclosure without consent is allowed or mandatory under federal or state law or regulations;
8. The purpose and key provisions and protections of the DBVI confidentiality release form ([34 CFR § 367.69](#)) including

types of information to be disclosed, expiration date of release form, parties to be listed on the release, the right to view the information released unless access is prohibited, and the individual's right to revoke and amend the release form.

9. The Rehabilitation Teacher shall explain the consequences of not signing the release;
10. If the Rehabilitation Teacher determines that the individual does not understand the form or process, the individual's representative must sign the form,
11. The Rehabilitation Teacher shall not, under any circumstance, sign the release form or serve as the individual's legally authorized representative.
12. The Rehabilitation Teacher shall explain the individual's right to confidentiality by giving the individual materials in the individual's preferred format during the initial meeting, during teaching sessions, and in other instances where the individual's release of information is required to enable the individual to comprehend and respond to information.

## **B. Collection and Use of Personal Information.**

DBVI has authority under federal and state law to collect, maintain, use and disseminate only that personal information permitted or required by law, or necessary to accomplish a proper purpose of the agency (per [§ 2.2-3808 of the Code of Virginia](#); Workforce Innovation and Opportunity Act (2014); [34 CFR § 367.69](#)).

1. Personal information shall be used only for the purposes directly connected with the administration of the DBVI RT/IL Program. The Intake Worker and the Rehabilitation Teacher primarily collects, maintains, uses, and disseminates

personal information throughout the RT/IL process including referral for services, application, eligibility determination, Plan development, and service provision including evaluation of progress toward achieving the goals identified in the Plan and assisting the individual in receiving goods and/or services through vendors or other agencies.

2. DBVI medical consultants shall have access to confidential information in an individual's file and have authority to copy this information, when necessary, within the context of specific case management and service delivery purposes.
3. If the individual applying for or receiving DBVI RT/IL services chooses not to provide personal information RT/IL services provided by DBVI may be limited. Examples include but are not limited to:
  - a. Financial information required for to determine whether an individual is required to participate in cost of vocational rehabilitation services based on financial need;
  - b. Financial aid and education records that are required for DBVI to sponsor education and training;
  - c. Medical insurance and vendor information required for DBVI to sponsor physical or restoration assessment and treatment services;
  - d. Training vendor reports for training services; and
  - e. Information needed to identify and use comparable benefits.

### **C. Consent to Release Information**

Personal information in which the identity of the individual being served is or may be readily ascertained shall not be disclosed to, exchanged with, or requested from another person or entity unless the individual (or representative, as appropriate) gives informed written consent or unless federal or state law or

regulations permit or require release without consent (per [§ 2.2-3803 of the Code of Virginia](#) and [34 CFR § 367.39](#)).

The Rehabilitation Teacher must use the appropriate consent to release information form in order to obtain necessary documents for eligibility determination and the provision of services and to allow for necessary and ongoing communication related to the services the individual is receiving. However, the Rehabilitation Teacher must ensure there is a specific need for the information or communication that the release provides for, and that the individual has been given clear information and informed choice regarding the need for them to consent to the release. At any point where the Rehabilitation Teacher determines that the information or communication is no longer required, the consent to release must be terminated through informed choice with the individual. The Rehabilitation Teacher will determine at the required one-year review of each consent to release information whether there is a continuing need for the consent and if not will not request the individual to sign a new consent.

DBVI uses three primary consents to release information forms.

1. Authorization for Disclosure of Protected Health Information
2. Authorization for Release of Personal Information
3. Authorization to Release Drug and Alcohol Diagnosis and Treatment Records

#### **D. General Rules for Use of Consent to Release Information**

**Expiration:** DBVI authorizations for release of information will terminate one year from the original date of signature unless the individual specifies an earlier date or there is a condition such as case closure with one exception. The Authorization for Release of Personal Information does not have an annual renewal requirement.

**Signature(s):** To be legally binding, DBVI's authorizations for release of information must be signed by the individual, custodial parent, legal guardian, or power of attorney. DBVI staff shall not sign on behalf of any individual applying for or being served by DBVI. Verbal signatures are not allowed.

**Powers of Attorney (POA) and Guardianship:** DBVI requires documented proof of the authority/designation of individuals who are reported to be an individual's POA or Guardian. This documentation will be included in the individual's case file.

**Witness:** A witness name and signature are required when the individual is legally competent to make an informed choice to provide but does not have the ability to affix a signature due to disability or medical condition. Any DBVI staff member may serve as a witness in this instance.

The DBVI staff member requesting the authorization to release information shall ensure that the individual receives a copy of the authorization. Authorizations to release information shall not be modified or amended after the signature of the individual has been obtained. Authorizations to release information shall not be signed by the individual unless the authorization is complete; in no circumstance shall a DBVI employee request that an individual sign a blank authorization to release information.

### **Consent to Release Information Continued**

- a. DBVI must make all requested information in the individual's record of services accessible to and must release the information to the individual or the individual's representative in a timely manner.

- b. DBVI shall not release medical, psychological, or other information the agency has deemed harmful to the individual directly to the individual but must be provided to the individual through a third party chosen by the individual, which may include, among others, an advocate, a family member, or a qualified medical or mental health professional, unless a representative has been appointed by a court to represent the individual.
- c. Personal information in the case record that DBVI obtained from another agency or organization may be released only by, or under the conditions established by, the other agency or organization ([34 CFR § 367.69](#)), unless specifically requested by judicial order.
- d. Release of information to parents or legal guardians
  - a. The parents or legal guardians of individuals who are applying for or receiving services who are under age 18 have the right to review the minor child's case record (including information about the child dropping out of school, sexual activity, etc.), discuss the individual's RT/IL services, or make decisions about the individual's RT/IL (including signing DBVI documents for the individual), without the individual's informed written consent except:
    - i. Any information regarding outpatient diagnosis, treatment, care, or rehabilitation for alcohol or other substance abuse, mental illness, or emotional disturbances ([§ 54.1-2969 of the Code of Virginia](#)). However, the individual's consent is not required for parental access to inpatient treatment, care, or rehabilitation since minors cannot check themselves into an inpatient treatment program, or for parental access to other types of information (e.g., child is sexually active, child has dropped out of school, etc.), or

- ii. When parental rights have been terminated or a court has restricted or denied parental or representative access to the individual's confidential records, or
  - iii. When the individual is emancipated (e.g., married, court order, etc.), or
  - iv. Any information furnished in confidence to the Virginia Department of Social Services and an investigation is ongoing (e.g., on abuse or neglect charges) and any information Social Services provided to the Rehabilitation Teacher with a stipulation that release of the information is prohibited.
- b. For parents of individuals who are applying for or receiving services and are 18 or older and are legally competent, informed written consent is required in order for the parent to review or obtain a copy of the individual's vocational rehabilitation case file, discuss the individual's rehabilitation teaching/ independent living decisions on the individual's behalf (including signing DBVI documents). Informed written consent is required for parental access to special education records when the individual is 18 years or older (per P.L. 105-17 Individuals with Disabilities Education Act, [Federal Regulation 34 CFR § 300.520](#)).
- c. The parent cannot make decisions on behalf of a child who is 18 years or older unless the parent is a court-appointed legal guardian. The guardian must furnish personal identification (e.g., driver's license) and sign a written statement for the individual's DBVI Rehabilitation Teaching/Independent Living case file that he or she is the legal guardian. The Rehabilitation Teacher shall ensure that a copy of the identification document and statement are in the individual's rehabilitation teaching/independent living case file.

d. Law enforcement, fraud, or abuse

- i. DBVI has the authority to disclose requested personal information without consent in response to investigations in connection with law enforcement, fraud, or abuse, unless expressly prohibited by federal or state law or regulations ([Federal Regulation 34 CFR § 367.69 \(e\)](#)).

e. Judicial Orders

- a. DBVI has the authority to disclose requested personal information without consent in response to an order issued by a judge, magistrate, or other authorized judicial officer. ([Federal Regulation 34 CFR § 367.69\(e\)\(3\)](#)).

- i. DBVI staff shall not respond directly to any judicial order without approval of and guidance from a representative from the Commissioner's Office.
- ii. Within one calendar day of receipt, DBVI staff shall scan the judicial order to the Deputy Commissioner for Services.
- iii. The Deputy Commissioner for Services shall release the appropriate records as directed by the Attorney General.
- iv. No copies are authorized to be made unless directed by the Deputy Commissioner for Services. There is no copying charge if the judicial order is issued by or on behalf of the individual applying or receiving vocational rehabilitation services (individual being served). For other judicial orders, unless it states there are to be no copying charges, DBVI shall charge 50 cents per page for up to 50 pages and 25 cents per additional page for a copy from paper or other hard copy generated from computerized or other electronic storage (per [§ 8.01-413 of the Code of](#)



- [Virginia](#)). The check is made payable to Virginia Department for the Blind and Vision Impaired.
- v. The Rehabilitation Teacher shall maintain a copy of the judicial order with a notation of the date of release and a copy of the DBVI written response in the individual's paper file ([per § 2.2-3803 of the Code of Virginia](#)).
- f. Subpoena or subpoena duces tecum issued by a clerk of the court or an attorney.
- a. DBVI shall not release any records from or associated with Independent Living program unless the individual applying for or receiving services gives informed written consent or by judicial order ([per 34 CFR § 367.69 \(e\)](#))
  - b. Medical or psychological records pertaining to the individual's vocational rehabilitation services (or other agency programs or services) shall not be released unless the individual applying for or receiving rehabilitation teaching/independent living services gives informed written consent ([per 34 CFR § 367.69 \(e\)\(2\)](#))
  - c. The following procedures shall apply:
    - i. DBVI staff shall not respond directly to any subpoena or subpoena duces tecum.
    - ii. DBVI staff shall immediately fax the subpoena or subpoena duces tecum to the Deputy Commissioner for Services.
    - iii. The Deputy Commissioner for Services will advise DBVI staff of the actions to occur.
    - iv. The Rehabilitation Teacher shall keep in the individual's case record the subpoena/subpoena duces tecum with a notation of the date any information was released and a copy of the DBVI written response to document the disclosure ([per § 2.2-3803 of the Code of Virginia](#)).
  - v. There is no copying charge if the subpoena or subpoena duces tecum is issued by or on

behalf of the individual who is applying for or receiving Rehabilitation Teaching/Independent Living service. Otherwise, unless it states there are to be no copying charges, DBVI shall charge 50 cents per page for up to 50 pages and 25 cents per additional page for a copy from paper or other hard copy generated from computerized or other electronic storage (per [§ 8.01-413 of the Code of Virginia](#)). The check is made payable to Virginia Department of Rehabilitative Services.

g. Rehabilitation Services Administration

a. DBVI has the authority to disclose requested personal information without consent by the applicant or individual receiving rehabilitation teaching services in response to requirements of the Rehabilitation Services Administration (RSA) as allowed by law. DBVI program staff are not required to record these disclosures in the individual's case record (per [§ 2.2-3808.1 of the Code of Virginia](#)).

h. Health and Safety

- a. DBVI staff may disclose personal information in an emergency when the individual who is applying for or receiving rehabilitation teaching/independent living services poses a threat to his or her safety, safety of others, or a situation in which it is reasonable to believe that a delay would result in death, serious physical injury, or other danger to the individual or others (per [34 CFR § 367.69 \(e\) \(5\)](#)). Examples of emergency include, but are not limited to inquiry by law enforcement regarding an emergency situation, emergency or commitment to a hospital, inquiry from an acute care hospital, etc.
- b. Consent is not required to disclose any alcohol or substance abuse records, including information that the person abuses alcohol or substances, to qualified

medical personnel in a medical emergency (per federal regulation [42 CFR § 2.64](#)).

i. Mandated Reporters

- a. If a DBVI staff member suspects that an individual applying for or receiving rehabilitation teaching/independent living services is about to confide abuse, neglect or exploitation of themselves, a child, or of another adult, the staff member must inform the individual that the DBVI staff member is required by law to report complaints to the Department of Social Services but that all information relating to the complaint and any forthcoming investigation will remain confidential and will not be released without a judicial order. The staff member must note in the individual's case file the date the report was made and list any documents DBVI provided to the Department of Social Services.
- b. DBVI staff must report, within 72 hours, to Department of Social Services any suspected abuse or neglect of child, even if the individual shares the information with the staff member in confidence. The staff member may be subject to a state fine for failing to report the information within 72 hours of first suspicion. The DBVI staff member must report the information to the Social Services office in the locality where the individual resides, or where the alleged incident is believed to have occurred. Suspected child abuse and neglect may also be reported through the Social Services toll-free child abuse and neglect hotline. The report may be oral or in writing (per [§ 63.2-1509 of the Code of Virginia](#)).
- c. DBVI must immediately report any suspected abuse, neglect, or exploitation of an adult, even if the individual shares the information with the staff member in confidence, to the adult protective services hotline or the Department of Social Services office in the locality

where the individual resides or where the abuse, neglect or exploitation is believed to have occurred. The DBVI staff must note in the case file the date the report was made and list any documents DBVI provided to the Department of Social Services. Any rehabilitation teacher who has reason or cause to suspect that an adult has died as a result of abuse or neglect must immediately report this suspicion to the appropriate medical examiner and law enforcement agency.

- d. The rehabilitation teacher may be subject to a fine for failing to immediately report the information upon reason to suspect and will be subject to a criminal conviction for making or causing to be made a false report ([per § 63.2-1606 of the Code of Virginia](#)).
- e. Even with informed written consent, DBVI shall not release any information that the Department of Social Services has indicated shall not be re-released ([per § 63.2-105 of the Code of Virginia](#)).
- j. Audit, evaluation, or research
  - a. DBVI staff shall not respond directly to a request for information for the purpose of audit, evaluation or research by non-DBVI staff. Staff shall refer the requester to the Director of Instruction.
  - b. DBVI Administrators or designated staff may disclose personal information of individuals being served without consent for audit, evaluation, or research subject to the following guidelines:
    - i. The information must be used only for purposes directly connected with the administration of the Rehabilitation Teaching/Independent Living Program or for purposes that would significantly improve the quality of life for individuals being served ([per 34 CFR § 367.69](#))
    - ii. The information may only be released if the organization, agency, or individual assures that,

1. The information will be used only for the purposes for which it is provided; will be released only to those officially connected with the audit, evaluation or research; will not be released to the participants; and will be managed in a manner to safeguard confidentiality, and
  2. The final product will not reveal any confidential identifying information without participant informed written consent (per [34 CFR § 367.69](#)).
  - iii. The audit, evaluation or research may also be subject to pre-approval by a Human Research Review Committee (per [§ 32.1-162.16 of the Code of Virginia](#)).
  - iv. No disclosure case note is required (per [§ 2.2-3808.1 of the Code of Virginia](#)).
- k. Alcohol, drug, or substance abuse information
- a. Information regarding alcohol or substance abuse diagnosis, treatment, care, or rehabilitation records for federally-funded or state programs shall not be released unless with informed written consent, judicial order, or other legal requirement (per federal regulation [42 CFR § 2.31](#), federal regulation [42 CFR § 2.32](#), federal regulation [42 CFR § 2.33](#)).
- l. Non-RT/IL DBVI Staff
- a. Non-RT/IL Program staff.  
Informed written consent shall not be required for other DBVI divisions and staff of DBVI who do not have responsibility for administering the Rehabilitation Teaching/Independent Program.
- m. Advisory bodies
- a. Information that does not contain identifiable personal information may be shared with the State Rehabilitation Council and other advisory bodies. Redacted hearing

decisions shall be shared with the State Rehabilitation Council as required (per Workforce Innovation and Opportunity Act of 2014).

- n. Business or potential employers
  - a. Informed written consent shall be required and shall routinely relate only to the job abilities and reasonable accommodation needs (per P.L. 101-336 Americans with Disabilities Act of 1990), unless the individual receiving vocational rehabilitation and RT/IL services details on the consent form other information that may be disclosed.
  - b. The consent may be blanket consent for all potential employers or a separate form for each potential employer.
- o. Providers.
  - a. Informed written consent from the individual to whom the RT/IL services are being provided shall be required.

# Chapter 14

## Casefile Management

The Rehabilitation Teacher has the primary responsibility for maintaining the case record for the individuals being served on their caseload. If at any point during the life of the individual's case it is determined that information in the case record is incomplete, inaccurate, inappropriate, not pertinent nor relevant, and/or is potentially harmful to the individual a determination will be made to amend or purge the information. No information shall be purged from an individual's case record without approval from the Regional Manager.

- a. No documents in the case record such as reports, assessments or evaluations, medical records, etc. received by the Rehabilitation Teacher from a source external to DBVI may be amended other than by the author of the document.
- b. Information in the case file for which the Rehabilitation Teacher was the author may be amended at any point by the teacher, either by editing the original case note or drafting a new note referencing the information that needs to be changed. If they determine they need to purge information in the case file (e.g., delete a case note), approval from the Regional Manager is required.
- c. Information in the case file for which the Rehabilitation Teacher was not the author but for which they believe should be amended or purged must be communicated to the Regional Manager along with a justification. The Regional Manager will then decide as to whether the information will be amended or purged after consultation with the Rehabilitation Teacher and the author of the information.

- d. If a review of the case file (case review, audit, management review, etc.) identifies case record information that may need to be amended or purged, the Regional Manager, the Rehabilitation Teacher and the author of the information will be notified. The Regional Manager will decide regarding amending or purging the case information after consulting with the Rehabilitation Teacher and the author. The Director of Instruction must be made aware of the information in the case file that is being reviewed.
- e. Any amendment, alteration, or purging of information in an individual's case record which potentially will impact their RT/IL services shall be communicated in writing to the individual being served.

### **Case Record Security**

DBVI regional office staff, VRCBVI staff, medical consultants, and DBVI Headquarters staff shall safeguard all confidential information of individuals being served within the RT/IL program in work areas and outside the office from loss, defacement, unauthorized changes, access by unauthorized persons, or unauthorized access to restricted information (per Government Data Collection and Dissemination Practices Act and [§ 2.2-3800 of the Code of Virginia](#)). The Regional Manager shall institute office procedures, including storing information out of plain view at the end of the day, and locking the office when it is unattended to safeguard confidential information.

### **Transporting Case Folders**

The preferred method of transporting an RT/IL case folder from one regional office to another is by personal carrier. When the case folder is carried from one DBVI regional office to another by a staff member, the carrier is to sign out the case folder from the



transferring office and a staff member of the new office is to sign it in upon arrival.

When transporting a case folder by personal carrier is not timely or practical, it is to be sent by certified mail. If a case folder is to be sent by certified mail, the transferring teacher is to photocopy all essential case documents and keep them on file until the certified mail receipt card is returned.

# Chapter 15

## Electronic Signature Policy

DBVI staff may utilize agency approved electronic signature processes for the purpose of acquiring the individual's signature on two documents. These two documents are: the Application for Services and the Financial Form. The use of the electronic signature process is intended to ensure RT/IL services are efficiently implemented and maintained when issues of time, travel, geographic location, or other reasons challenge the timely acquisition of a traditional "wet" signature, either in person or through the mail. However, for all consent to release information forms a "wet" signature is required.

Electronic signatures are deemed to be a valid signature when:

1. The individual, or their designee, purposely and deliberately signs the document in question meaning that they understand and agree with the information contained in the document as demonstrated by their consent to use their electronic signature as a valid signature.
2. The email address that the individual uses for the electronic signature process is unique to them or to someone to whom the individual authorizes for their email address to be utilized for the purposes of electronically signing the two documents mentioned above. The individual, or their designee, is responsible for updating the Rehabilitation Teacher should their email address change.
3. **The document is retained as a record that is available for future access.**

DBVI and the individual must both agree to utilize an electronic signature procedure for each and every document requiring the individual's signature. Individuals who consent to use an electronic signature procedure for a document do not waive their right to decline to sign future documents electronically. The individual will have been deemed to have approved the document to be signed and to have provided consent to use the electronic signature process once they have completed the steps outlined in the electronic signature policy. The approved date of the signed document is the date the electronic signature process was completed (date email was returned, time stamp in AWARE, etc.).

1. The Rehabilitation Teacher will ensure individuals are provided with the *Electronic Signature Information Sheet*:
  - At the point of application for RT/IL services; or,
  - If not provided at application, prior to the first use of the electronic signature process; and,
  - At any point the individual requests the document.

The Rehabilitation Teacher will review the information contained in the *Electronic Signature Information Sheet* with the individual at any point the document is provided or upon request for further review by the individual.

2. In order to participate in the electronic signature process, the individual, or their designee, must provide the Rehabilitation Teacher with an email address. This should ideally be provided to the Rehabilitation Teacher during the application process but *must* be provided prior to the initial use of the electronic signature process. Individuals who do not have a unique email address or who do not have a designee may not participate in the electronic signature process.
3. The individual, or their designee, will provide the Rehabilitation Teacher with any changes in their email address in a timely manner. In the circumstance where it

becomes apparent to the Rehabilitation Teacher that the email address has changed (e.g., email does not go through; bounces back) and they were not notified of the change, the electronic signature process will not be utilized until the individual, or their designee, has clearly communicated a new email address.

4. Prior to initiating an electronic signature process for the purposes of acquiring an electronic signature, the Rehabilitation Teacher, through the informed choice process, must ensure the document to be signed has been thoroughly reviewed with the individual. This review may be done in person, by telephone, or through other virtual means (e.g., Google Hangouts, FaceTime, etc.).
5. Individuals who approve a document through the electronic signature process are both approving the document and are consenting to use the electronic signature process.
6. Individuals who do not approve the document, have questions regarding the document, or do not wish to use the electronic signature process, may decline to complete the electronic signature process. Those individuals will be instructed to contact their Rehabilitation Teacher.
7. Once the individual has completed the electronic signature process, the Rehabilitation Teacher will ensure that the individual, or their designee, has a copy of the document that has been signed electronically, providing a copy of the document to the individual, or their designee, either electronically or by hard copy. All electronically signed documents, as well as any accompanying documentation (e.g. emails), will be maintained in the individual's confidential file.
8. Documents that have been signed electronically by the individual or their designee and require a signature of the Rehabilitation Teacher may also be signed electronically by

the Rehabilitation Teacher if agency procedure allows for it. If not, the Rehabilitation Teacher must sign the document with a “wet” signature.

9. Upon request by the individual, the Rehabilitation Teacher will provide the individual with all relevant documentation substantiating the individual’s approval of the document and the individual’s consent to use the electronic signature process.

# Chapter 16

## RT Pre-ETS Services

According to the Workforce Innovation and Opportunity Act (WIOA), a “Student with a Disability” means an individual with a disability who:

- Is still enrolled in secondary or enrolled in educational programs outside secondary school, including post-secondary education programs and has not exited, graduated or withdrawn;
- Is at least 14 years old but less than 22; or is still receiving services under the Individuals with Disabilities Education Act and is not older than the maximum age established by the Virginia Department of Education; and
- And has a disability (i.e. receives services under an IEP or 504 Plan; or has a disability for purposes of section 504 or is otherwise determined to be an individual with a disability).

Teachers will focus on two of the five core services of Pre-ETS services. These two core services are:

- PREETS12-R - workplace readiness training to develop social skills and independent living
- PREETS11-R - self-advocacy to include instruction in self-advocacy

## Guidance for Orientation & Mobility Services for Students in Secondary Education

When serving students are still enrolled in secondary education the RT is required to consider all comparable benefits first.

For example, it is the public school's responsibility to provide general Orientation and Mobility (O&M) services for the student. In most cases, the DBVI RT program only provides O&M for students who are still in secondary school if the services are specific and necessary to access a Pre-Employment Transition Service.

The RT may need to provide additional guidance and information for the student/parent regarding ways to work with the school system in effectively requesting and advocating for necessary services.

# Chapter 17

## Case Prioritization

### RT/IL Consumer Priority

Standard: Demographics will cause the type of vision loss and age of potentially eligible individuals to vary across the Commonwealth. As teachers manage their caseloads and plan their field visits, the following priority for all open cases should be observed:

Priority 1: Individual who is totally blind -- all ages

Priority 2: Individual who is legally blind – all ages

Priority 3: Individual who is visually impaired -- all ages



