REHABILITATION TEACHING AND

INDEPENDENT LIVING SERVICES (RT/IL)

Policies and Procedures Manual

DBVI MISSION STATEMENT

The mission of the Department for the Blind and Vision Impaired (DBVI) is to empower individuals who are blind, vision impaired, or deafblind to achieve their desired level of employment, education and personal independence.

REHABILITATION TEACHING/INDEPENDENT LIVING Services

Mission Statement

Rehabilitation Teaching and Independent Living Services are provided to develop and raise the level of adaptive/coping skills and functional independence of individuals who are blind, deafblind or vision impaired in order to maintain or increase their personal and economic independence.

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Rehabilitation Teaching and Independent Living Services

Policy and Procedures Manual

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INTRODUCTION

Description of the Manual

The RT/IL Policies and Procedures Manual is a reference source for definitions, policies, and procedures for all staff and serves as a training guide for new staff members.

The RT/IL Policies and Procedures Manual provides the necessary guidance to ensure Rehabilitation Teaching (RT) and Independent Living (IL) services are in accordance with appropriate regulations and policies and also provide direction regarding standards of quality. Many of the procedures contained in the manual are required by law and/or regulations, and others are dictated by good rehabilitation practices. Therefore, care must be taken to ensure that all services to individuals are provided in accordance with the procedures outlined in this manual. It should, however, be pointed out that exceptions to established procedures can be and are made when judged to be in the best interest of the individual. Exceptions to procedures are requested by the RT/IL staff through the Regional Manager with ultimate approval by the Program Director, Deputy Commissioner for Services, or his/her designee.

As the RT/IL staff makes use of this manual, suggestions for any improvement or changes in its effectiveness are encouraged. Changes in this manual will be made on an "as needed" basis.

The DBVI Policy Manual (containing agency-wide policies) should be utilized as appropriate. Manuals within the Division of Services to be utilized as a guide are:

- Education Services
- Low Vision Services
- O&M Services

- Vocational Rehabilitation Services

Overview of Rehabilitation Teaching and Independent Living Services

The Rehabilitation Teaching and Independent Living Services (RT/IL) within the Department for the Blind and Vision Impaired are funded with state funds and the federal Older Blind Grant. 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 to arrange for needed RT/IL services.

Federal legislation makes funds available for the provision of services to individuals aged 55 and older. In order to receive federal funds, a state must commit funds for the program. The state, by accepting federal funds for the program, assumes the responsibilities for operation of the program within the framework of federal laws. Among these are the Rehabilitation Act of 1973, as amended, (which requires that priority for services be given to individuals with significant disabilities); the Civil Rights Act of 1964 (which requires that services be provided on a nondiscriminatory basis); and The Americans with Disabilities Act (ADA) which gives civil rights protection to persons with disabilities and guarantees equal opportunity for persons with disabilities in public accommodations, employment, transportation, services, and telecommunication.

The philosophy of the Rehabilitation Teaching/Independent Living Services Program is that individuals residing in Virginia who experience blindness, vision impairment, or deafblindness should be able to lead productive lives when appropriate and necessary services are provided in a timely manner.

One of the main barriers blindness or significant visual impairment may pose for an individual is difficultly with independent living. Significant visual impairment may impact an individual's lifestyle in the areas of self-care, communication, mobility, home management, and competitive integrated employment.

DBVI believes that people in the Commonwealth who are blind, vision impaired, and deafblind should have access to the necessary adaptive/coping skills and services which will enable them to function and live independently to the optimum level of their capabilities within both the home and the community. The agency believes these services are essential for individual entering vocational training or a job, as well as for those desiring to be independent in their homes.

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.

History of RT/IL Services in Virginia

Rehabilitation services on a broad scale were introduced as a federal program following World War I. The emphasis for these initial rehabilitation programs was on veterans with disabilities who were home after having served in the war. The need for individuals to receive training or re-training created the first federally funded program for people with disabilities. This program is now known as the federal-state vocational rehabilitation program under the Rehabilitation Act of 1973, as amended by the Workforce Innovation and Opportunity Act of 2014.

During the 1940s, some individuals in the blind community argued for separate services for people who were blind based upon the belief that people who were blind did not need rehabilitation but education. A gentleman by the name of Watts, believed early on that blind men could do industrial work such as making brooms and mattresses, and caning chairs and that is how the Virginia Industries for the Blind in Charlottesville was established in 1925. Training blind women in independent living skills, then called 'Home Teaching', took place in Richmond on Parkwood Avenue and at an Episcopal church in Lynchburg.

The Virginia Commission for the Blind staff were itinerant throughout Virginia during the 50s and 60s, with supervision provided by supervisors and/or assistant supervisors of each program who were based in Richmond. Education Services (ES), Orientation and Mobility (O and M), Rehabilitation Teaching (Rehabilitation Teaching), and Vocational Rehabilitation (VR) programs grew, with Rehabilitation Teachers (RT) working together with VR Counselors to provide services to homemakers, and to enable purchases when tangible items were needed. An Intake component worked with the Department of Social Services to determine if people who were blind qualified for state or federal monetary aid.

A 36-acre sheep farm on Azalea Avenue in Henrico County was donated to the state of Virginia during the late 1960's by the family of Dr. Christian, a veterinarian with a practice on Brook Road. The Virginia Rehabilitation Center for the Blind was established in 1970 in the basement of a church on Cary Street, while the 40-bed Rehabilitation Center for the Blind and Vision Impaired (VRCBVI) opened its doors in 1972 on the donated farmland. The recreation building opened in 1975, funded in part by the Lions Clubs. The administrative Head Quarters building was completed in 1980, and Library and Resource Center relocated to Azalea campus in 1994. It was not until 1982 that the

Regional Manager positions were created to directly supervise the field office staff providing direct ES, RT, O&M, and VR services to Virginians who are blind. In 1992, Ms. Jane Ward-Solomon became the Director of Instruction for RT/IL and O&M. Additionally, she supervised the Director of DeafBlind Services.

The Rehabilitation Act of 1973 as amended required that each state operate a Client Assistance Project or CAP; Title VII Part A funded by services for IL consumers - a concept parallel to the basic VR program. DBVI applied for funding for Centers Without Walls in 3 locations to serve the blind who have multiple disabilities.

Woodrow Wilson Rehabilitation Center applied to operate a Center for Independent Living – that lasted until 1995.

The Rehabilitation Act of 1973 Amendments (advocates fought for and won "consumer control" for Title VII Part B center boards; supported work programs created and funded). DBVI received discretionary funding from Title VII Part C for older individuals who were blind. The amount of this discretionary funding was $125,000. DBVI Centers Without Walls continued by RT Program Director Audrey Davis in three offices. These offices were responsible for serving individuals who were blind and diagnosed with multiple disabilities. Generic supplies of adaptive aids and equipment were housed at HQ.

Audrey Davis retired in 1992. As part of Ms. Ward-Solomon’s legacy, she wrote the 5-year discretionary grant for almost 1 million dollars to expand IL services to older Virginians with vision loss. This discretionary grant was approved by RSA and became the OBG Project/Program that continues today with MSU evaluations.

Beginning October 1, 1994, Department for the Visually Handicapped, now DBVI, was seeking $994,614 of discretionary

federal funds through Title VII, Chapter 2, for a five-year period. The purpose for this funding was to provide comprehensive independent living services for older individuals who were blind.

Currently, 17 Rehabilitation Teachers serve the Commonwealth in six locations around Virginia. Regional Offices are in Bristol, Fairfax, Norfolk, Richmond, Roanoke and Staunton. In addition to the six offices, DBVI employs several rehabilitation teachers to work at the Virginia Rehabilitation Center for the Blind and Vision Impaired which is the state rehabilitation center for individuals who are blind, visually impaired, or deafblind. The goal is to provide and arrange for services that enable individuals with vision impairments to gain or maintain independence within the home and community and adjust to their level of impairment. Services include training in communication skills, independent living skills, Braille reading and writing, orientation and travel skills, use of recreation and leisure time, personal care and home management. Each individual is evaluated and has a plan developed, based on their unique needs and interests. Complete confidentiality is maintained at all times and the rehab teacher works with the individual until both agree that goals have been met.

Chapter 1

RT/IL Referral and Application

Referral

A. Policy and Procedure

DBVI must establish and implement standards for the prompt and equitable handling of referrals of individuals for rehabilitation/independent living services. The standards must 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 the individual, family members, friends, physicians, advocates, service providers and other interested stakeholders. The Intake Coordinator in each of the six regional offices is responsible for contacting individuals who have been referred to provide information regarding DBVI services and for referring the individual to the appropriate agency programs for

special services and to other community agencies for supplemental services as needed.

Application status

1. Once a referral has been received from the Intake Specialist, the RT must initiate contact with the referred individual within fifteen (15) workdays of the date they receive the referral information to schedule an initial interview. The initial interview, the required signed application, other initial forms and any other information needed for the AWARE data pages must be completed within 30 workdays from the date the RT receives the referral.
2. If after repeated attempts to contact the individual for the initial interview are unsuccessful, the teacher must consult with the Regional Manager to determine the appropriateness of case closure.

Guidance: The RT assumes responsibility for management of the individual's RT/IL case once the Intake Coordinator has provided them with the necessary contact information and eye report for an individual who is interested in RT/IL services. If the individual or intake coordinator are not able to secure an eye report within 3 weeks of referral, the case will be placed in Participant Module and RT will pursue an eye report or authorize an eye exam with case service funds monies to obtain the required documentation.

Miscellaneous

1. Referral of a Relative - Should a RT have a relative, either by blood or by marriage, referred to them, they must request their supervisor to transfer/refer the case to another teacher.

2. Individuals Referred from Out-of-State Rehabilitation Agencies and the Virginia Department for Aging and Rehabilitative Services will be considered new referrals and will be processed by the agency's Intake Coordinator. Efforts will be made to secure materials pertinent to the individual from these referral sources. The RT will use the appropriate consent to release information form(s) depending on the information that is being requested.
3. Referrals to Other Programs and Services - The RT has responsibility to consider other resources for individuals not meeting the DBVI RT/IL eligibility criteria or in need of services that cannot be provided by the DBVI RT/IL Services program. These individuals may be referred to public and private programs within the community for services that may benefit them.

A. RT/IL Referral Process

1. Each Regional Office shall have one staff member in the role of Intake Coordinator. Each Regional Office must also assign at least one administrative staff person to serve in a back-up role to the Intake Coordinator.

2. The Intake Coordinator shall serve as the primary point of contact for all individuals who have been referred (or who have self-referred) for RT/IL services.

3. The Intake Coordinator is responsible for the following:
   a. Providing the individual with general information regarding RT/IL and other DBVI programs and services;
   b. Providing the individual with information regarding GovDelivery.com, including the web link to register if

they are interested. Assisting them in the registration process upon request by the individual;

c. Identifying the service(s) the individual is interested in receiving;
d. Gathering the required AWARE Referral and Intake Data page information from the individual utilizing the ***AWARE Referral & Intake Template;***
e. Sending out necessary forms and information (such as the Eye Examination form, releases), and contacting the individual's eye doctor as needed;
f. Entering the required referral information into the AWARE Referral data page, including any additional information and/or observations in AWARE in the Comments text box or as a Referral Note;
g. Intake Coordinators shall move all referral notes to the case notes section of the Participant module.
h. Entering the required information into AWARE Intake data page once the individual is placed in Participant Module (Application status).
i. Creating the individual's confidential paper file.

4. 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. The Intake Coordinator will utilize the ***AWARE Referral & Intake Template*** to collect the necessary information from the individual and/or the referral source, to include both AWARE required items (those with an *) for the referral and intake pages as well as other informational areas on the template. The Intake Coordinator is <u>not</u> required to collect any information from the individual specific to financial or insurance information. These areas include:
   a. Primary source of support;

b. Public support available, including information regarding type of amount of benefit;
c. SSI/SSDI status and amounts;
d. Medical insurance.

5. Information collected includes responses to questions at the end of the ***AWARE Referral & Intake Template*** as well as any relevant comments and/or observations the Intake Coordinator may have from contact with the individual. The Intake Coordinator will determine from the individual if an up-to-date eye examination report can be obtained or if an eye examination is required, and will coordinate with the individual and/or the individual's eye doctor as needed to obtain a report.

6. If the individual is interested in RT/IL services, the Intake Coordinator will enter all required information into the AWARE Referral data page. A Referral Note will be created as well. This note could be a summary of the individual's responses to questions and other comments/observations from the Intake Coordinator, or the Intake Coordinator may cut and paste all of the information from the ***AWARE Referral & Intake Template*** into a Referral Note.

   The summary shall include information related to:

   a. The vision loss, including date of onset;
   b. Additional disabilities separate from the vision loss;
   c. Limitations as a result of the individual's vision loss, including any other disabilities, including activities of daily living, mobility, etc.;
   d. Services requested from DBVI;

e. Any other relevant information from the contact with the individual.

7. The Referral will be maintained in “Pending” Status until such time that the Intake Coordinator receives the necessary information, e.g., Eye Report, to move case to Participant module (Application status)

8. The Intake Coordinator will send out to the individual any necessary forms and documents (per Regional Office protocols). Documents may be sent via mail, email with attachments, or both, based on the applicant’s preference. The Intake Coordinator follows up as necessary with the individual for information to complete the Referral data page in AWARE, and/or provides the Case Manager with needed information to be collected during the initial interview.

9. The RT will contact the individual in order to complete an initial in-person interview. The individual will remain in the Participant module (Application status) within AWARE until the teacher moves the case to an eligibility or closure status.

10. The RT is responsible for contacting the individual if any further information is required, including information for the AWARE intake data pages.

11. If the Intake Coordinator is unable to make contact with the individual within 10 days of a referral, they will send the individual a “New Referral Contact Letter” located in

the AWARE letters catalog and an agency brochure describing available services.

12. If the individual does not respond within 30 days, the Intake Coordinator will mail the “Referral Closure Letter” located in the AWARE letters catalog to the individual notifying them of the closure.

13. If the individual is not interested in DBVI services, the AWARE case must be closed from referral status.

A. Referral to Closure

The Intake Coordinator moves a case from referral to closure when:

1. The individual is not responsive to contact attempts by the Intake Coordinator
2. The individual is not responsive to contact attempts by the RT in order to conduct the initial interview
3. The individual fails to show for the initial interview or cancels the interview and is not responsive to rescheduling the interview
4. If the Intake Coordinator is sending the referral to the RT in order for the RT to make a “request for determination” before moving to the Participant module (Application status), the case will remain with the Intake Coordinator, in the Referral status, until such time that the RT determines whether the case will be closed or moved to the Participant module.

Chapter 2

Case Management
Use of the AWARE Case Management System

DBVI utilizes a case management system. AWARE provides Rehabilitation Teachers (RTs), a platform to document services.

In AWARE, the case management type for the RT/IL program is entitled Rehabilitation, Independent Living Older Blind (RIO); all case services provided to an individual receiving RT/IL services will be documented in the RIO case type.

RTs use AWARE to document the progress of an individual receiving services through a series of modules which includes Referral and Participant. Statuses appear in the Participant Module. They include Application, Eligibility, Service, Closure (also known as Outcome).

Closure outcomes include:

- Closed -- Not Eligible for RT/IL Services (choose from multiple **reasons**)
- Closed -- Goals Met
- Closed -- Goals Not Met (choose from multiple **reasons**)

Caseload Management and Quality Assurance

The RT and the Regional Manager (RM) are responsible for assuring that each individual receives timely and efficient services. The RT is responsible for managing his/her caseload to render the maximum quantity and quality of services to an individual.

An individuals' progress is documented in AWARE and RTs are able to flag situations which need attention and plan appropriate caseload management actions.

The performance and evaluation of those standards include:

Time in Status

It is the policy of the RT/IL program that the RT will ensure that individuals who receive services will move through the rehabilitation process in a timely and efficient manner. The AWARE system is used to track the maximum amount of time an individual spends in each case status including:

Application: No more than 30 work days

Eligibility: No more than 10 work days

Service: Six to 12 months (unless being served by O&M or Deaf-Blind services. Other extenuating circumstances may also be a factor.)

The RT must ensure that exceptions are clearly documented in a case note.

Evaluation: Teachers may manage the caseload by periodically reviewing the case file in AWARE as well as the hard copy file. When determining whether a case has exceeded it’s time in a particular status, the RT may look in AWARE to determine if there are activities due.

Number of Individual Visits Per Day

When possible, teachers should make every effort to plan for three visits per day leaving one day each week for meetings, training, and report writing.

Evaluation of Closed Cases or Visiting Individuals Whose Case is Closed

Individuals who have previously received DBVI services may request follow-up services. Need for additional follow-up instructional services can usually be determined either via phone call or with one personal visit. Individuals requesting follow-up services that require more than one visit should be re-opened for active services. Multiple visits to individuals in closed modules are not appropriate.

Regional managers may review the itinerary against AWARE records of open cases to assure compliance.

Chapter 3

Application

Definition: An individual's case is moved to participant when he/she has been referred to the RT/IL program.

- 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.

Policy

- Minimum information available at application

When a referral is received by the teacher, the case will contain the following:

1. Completed AWARE referral and intake information.
2. Eye Exam Report (DBVI-70-20E).
3. Signed General Application for Services DBVI-70-03. If the referral was handled by phone, the teacher will have the individual sign the application at his/her first visit. If the application is already signed and dated (i.e., completed by

mail), then use the initial interview date as the AWARE application date.

4. Initial Case Note from Intake briefly summarizing referral information and documenting that the individual has been assured of confidentiality and other rights.

- Contact with Individual

The teacher will make phone or mail contact with the individual within 30 work days of receipt of referral. Face-to-face contact will occur within 30 work days. The supervisor may extend these timeframes as needed.

- Closure from Application

A case is closed from application status when the individual refuses services, moves, dies, or otherwise is not available for assessment and before a plan is written.

Procedure

- Arrange an initial interview. If this is done by letter, include a copy of the letter and all subsequent correspondence to/from the individual in AWARE or in case folder as appropriate.

- Conduct the initial interview/RT evaluation/assessment. The exact content of the initial interview will depend on the teacher and individual's specific needs for information, as well as the individual's feelings and views about receiving services.

- The following matters must be included by the worker as he/she conducts the interview: All topics are on the RT/IL Assessment Guide.

RT/IL Assessment Guide

Objective: The objective of this assessment guide is to provide a sample list of questions for teachers to ask customers regarding their skills in living independently. The teacher will present the item and the customer will indicate their level of independence.

1. Customer name:
2. Date completed:
3. Teacher:

General Knowledge

Knowledge of DBVI services:

Knowledge of VR services:

Knowledge of Eye Condition:

Knowledge of Consumer groups dealing with vision loss:

Knowledge of support groups:

Knowledge of medication management:

Knowledge of hearing loss:

Knowledge of Orientation and Mobility:

Knowledge of transportation in home area:

Other disabilities:

Registered to vote?

Knowledge of Confidentiality:

Knowledge of Rights and Responsibilities:

Knowledge of CAP:

Advocacy and Resource information:

Low Vision exam need (yes or no)

If yes, appointment date, time and examiner:

Low Vision Functional

Sun Ware evaluation

Orientation and Mobility

Use of Human guide:

Use of protective techniques:

Utilize customer service when shopping:

Travels independently in home:

Travels independently around in familiar areas:

Travel independently in unfamiliar areas:

Uses white cane:

Uses guide dog:

Does customer see steps, curbs, or drop-offs?

Falling or tripping?

Bumps into walls or stationary objects:

Can you detect surface changes?

Basic Self Care

Bathes independently:

Can you wash your hair?

Shave independently:

Applies makeup correctly:

Styles hair independently:

Brushes teeth independently:

Finger nail and toe nail care:

Dressing independent:

Match clothes independently:

Clothing identification:

Can you tie your shoes now?

Can take care of menstrual cycle needs if applicable:

Personal Management

Budgeting:

Methods of folding currency:

Coin identification:

On line banking:

Method for telling time:

Can you set your clock?

Method for keeping track of info:

Method for identifying important info: (i.e., labelling)

Does laundry:

Need assistance with laundry:

Can you distribute clothing evenly in a washing machine?

Needle threading:

Sewing (hand or machine):

Ironing:

Type of phone used:

Knowledge of retrieving phone info:

Home Management

Set oven:

Set stove top:

Set toaster oven:

Set microwave:

Set dishwasher:

Other appliances:

Can you complete simple meal preparation?

Uncomfortable with any of the following: Boiling, sautéing, frying, baking, grilling

Method of timing foods:

Pour liquids:

Measuring dry ingredients:

Measure liquid ingredients:

Can cut, slice, or chop foods:

Can you open cans or packages?

Can you follow a recipe?

Can you sweep?

Can you mop?

Can you operate a vacuum?

Can you load a dishwasher?

Can you do the dishes?

Can you clean the counters, stove top, and other surface areas?

Can you make the bed?

Can you put clean sheets on the bed?

Can you clean the bathroom (sink, toilet, bathtub/shower)?

Can you assist with shopping in the grocery store?

Can you insert key in lock?

Can you change light bulbs?

Can you plug items into outlets?

Do you have difficulty locating light switches on the wall?

Communication Skills

What is your method for recording and retrieving information?

Can you use a digital recorder?

Utilize writing guides? (ie. Handwriting, envelope, and check writing)

Knowledge of information to place on a check and where:

Computer skills:

Can you store and retrieve information from the computer?

Utilize Braille, contracted and/or uncontracted”

Utilize check registry:

Do you know how to make a budget and balance your account?

Can you access your bank account?

Utilize bold line paper:

Utilize large print calendars to keep track of appointments:

Utilize braille calendar:

Leisure Skills

Interested in talking books?

Can you operate the library playback machine?

Descriptive video knowledge:

Interest in radio reading services? (ie. Washington Ear, Virginia Voice)

Interested in Newsline?

Card playing:

Board games:

Dominos:

Access remote control for television:

Access voice guided remote:

Participate in team sports:

Outside activities

Exercise (i.e. Fitness centers and/or home equipment):

Interested in gardening:

Interested in wood working:

Employment

Interested in work:

Eligible to work in the United States:

- An explanation of rehabilitation teaching/independent living services.
- An explanation of the individual's civil rights, the Client Assistance Program, confidentiality, the right to a individual grievance process, print accessibility, and offer the opportunity to register to vote. Regardless of the response, complete the Voter Registration Agency Certification form and place it in the case file. Be sure that both you and the individual sign the voter Registration form. **As part of the initial interview, rehabilitation teachers will ask all individuals if they currently drive any type of motor vehicle, documenting the response in the initial interview narrative report.**
- If individuals report that they are still driving, staff must review the available medical information and counsel those individuals whose vision does not meet the legal requirements for obtaining a license to drive. DBVI will notify appropriate DMV offices of this situation.

- Provide information regarding consumer organizations in Virginia – American Council of the Blind (ACB), Blinded Veterans Association (BVA), and National Federation of the Blind (NFB). Give the individual a copy of the Consumer Organizations Information Sheet in the appropriate alternative format, documenting all this in the individual's opening documentation case note in AWARE.
- Assessment, through observation and questioning, of the individual's family situation. Document information obtained in the opening documentation case note in AWARE.
- Where appropriate, the initial interview may include initial instruction and introduction of aids in areas where the individual indicates obvious need and interest (e.g., provide diagnostic and e, marking stove, introducing check guides, etc.). Such instruction must be documented in the opening documentation case note in AWARE.
- It is desirable, early in the individual/teacher relationship, to work out the patterns which will be established for visits.

RT Opening Documentation AWARE Case Note

Instructions: The opening documentation case note should include the following: knowledge of DBVI services, knowledge of eye condition, knowledge of consumer groups, knowledge of support groups, voter registration, driving, confidentiality, Rights and Responsibilities, knowledge of client assistance program, whether lv exam needed, date and time of appointment, lv examiner, address of lv examiner, functional lv assessment completed, cost and participation of services, date of contact, date on initial visit, living arrangements, date of goals created, and date of next appointment.

Sample Opening documentation

On (month, date, year) I (and list additional people if applicable) met with Mrs. Jennings for the purpose of discussing rehabilitation

teaching services, as well as services provided through DBVI. Mrs. Jennings is a (age) who has been diagnosed with (visual condition). Mrs. Jennings lives with (list individuals in household and type of residence) in (county). I discussed with Mrs. Jennings what she felt she couldn't accomplish since her vision loss. Mrs. Jennings explained that she has difficulty with (list problem areas). As a result, Mrs. Jennings and I together, developed goals to assist her in maximizing her level of independence. (List goals both broadly and specifically. For example, Home Management: sweeping, Personal Management; money management, Communication skills; handwriting, etc… In talking with Mrs. Jennings she gained the knowledge about DBVI and its programs, knowledge of her eye condition, knowledge of consumer support groups, the knowledge of the DMV policy on driving in Virginia, discussion concerning voter registration, confidentiality, Rights and Responsibilities, and Client Assistance Program (CAP). While meeting with Mrs. Jennings, we discussed a Low Vision examination, date and time of appointment (if applicable). In discussing having a low vision exam, I presented low vision examiner choices. We decided on (examiner name and location). During our initial visit, I completed a functional vision assessment. At the time of this assessment her near vision with correction was (include near visual acuity) and without correction it was (near vision acuity reading). Distance vision was (visual acuity reading). (Indicate lighting preference and is glare an issue) Write if client has magnifiers and strength if known by client. Following the low vision exam, I will provide low vision follow up training on lv aid recommended (if applicable). I determined that Mrs. Jennings (has participation or no participation), in cost of services. Mrs. Jennings and I will meet (how often). Adjustment counseling will be offered as needed. There is a reasonable expectation that DBVI services will benefit this individual and her file can be moved into an active status.

Following the face-to-face interview, the teacher will:

- If it is determined that an individual can benefit from O&M services, **and** if a medical report (**one year old or less**) is not already on hand, the teacher can purchase a medical examination or write for a report of a recently completed exam. This is done by authorizing payment for the individual to receive a medical examination. Refer to the medical fee schedule for allowable costs. The O&M instructor will make this decision, based on his/her initial evaluation.

Confidentiality of Information

Refer to the DBVI policy manual.

Services Available at Application

Diagnostic eye exam

Diagnostic medical exam, where appropriate (O& M)

Initial instruction

Information and referral

Documentation

All RT/IL field staff who work with an individual, must report their case status changes and demographics in AWARE. All contacts will be recorded in a case note.

Policy

Minimum Requirements for Initial Case Notes

The initial narrative reflects the teacher's first interview with the individual. It will contain the following information:

- The date the referral was received from Intake or another source, the date the individual was contacted (phone and/or letter), and the date of the first visit.
- A brief statement about the individual's family situation.
- A description of any instructional activities provided to the individual at this interview.

Movement from Application

A. Move to or continue assessment (See Assessment - Chapter 2)
B. Move to closure (closed before plan) (See Case Closed - Chapter 5)

Forms Used

1. **Eye Exam Report (DBVI-70-20E)**
2. **General Application for Services (DBVI-70-03)**
3. **Financial Determination-Redetermination Statement (DBVI-70-06), if needed**
4. **Voter Registration Application**
5. **Voter Registration Agency Certification**
6. **RT/IL Assessment Guide**

Sample Aware Documentation for Eligibility Section 3

Draft Eligibility Documentation for AWARE (section 3 Applicant can benefit from the following RIO services: Instruction: List the goals that you and the customer have agreed upon. These goals

should also be reflected on the plan. For example, counseling and guidance, adjustment to blindness, Low Vision exam, Low Vision aids if prescribed, low Vision training, Home Management, Personal Management, Communication skills, Leisure, O and M skill training, Deafblind services, Assistive technology, VRCBVI referral, VRCBVI PAT, Health Education referral, VRCBVI Senior Seminar.

Note: Remember you will only choose the items that are agreed upon goal between you and the customer.

Note 2: you may need to address other items on the plan that are needed to assist in achieving the goal for the customer. For example, supplies may be needed to achieve Home Management goals or an interpreter (sign language or foreign language) may be needed to fully participate in services.

CHAPTER 4

Voter Registration updated February 22, 2019

National Voter Registration Act (1993)
Help America Vote Act (2002)

The purpose of the National Voter Registration Act (NVRA) is to increase the number of citizens registered to vote and to establish safeguards that ensure a citizens' right to vote. The Act is designed to increase the number of Americans registered to vote by requiring many public agencies to provide registration opportunities to their individuals in conjunction with other services. The Help America Vote Act was passed to strengthen the NVRA.

In addition to the Department of Motor Vehicles, the National Voter Registration Act of 1993 requires that individuals be given the opportunity to APPLY TO register to vote (or to change their voter registration data) in elections for federal and/or state office when applying for (or receiving) services or assistance from certain other state agencies designated by statute.

DBVI is (per Code of Virginia 24.2-411.2) a state-designated voter registration agency for federal and state elections. As such, the ES/RT/VR staff person will ensure that the Commonwealth of Virginia Voter Registration information is provided to the applicant during application. Regardless of whether the applicant chooses not to register, has already registered, and wishes to register to vote, the ES/RT/VR staff person will complete the Voter Registration Agency Certification form and place it in the case file. Signatures of the applicant and the ES/RT/VR staff person are required on the form. The individual has the right to refuse to sign the form. In that situation, the ES/RT/VR staff person will document that the individual “declined to sign” on the signature line of the form. The teacher is still required to sign the form

themselves. The ES/RT/VR staff person will also document the decision to register or not in the Application section in AWARE. Should the individual choose to complete the Voter Registration Form for DBVI to submit, the ES/RT/VR staff person should send the completed, signed form to the Virginia Board of Elections, using the self-addressed “Board of Elections” envelopes provided to the regional office.

The ES/RT/VR staff person must provide individuals applying for services with the same level of assistance, including bilingual services where necessary, in completing a voter registration and/or certification form as would be provided in completing any other DBVI forms, unless the individual refuses such assistance [42 D.S.C. §§ 7(a)(4)(A)(ii) and 7(a)(6)(C)].

The ES/RT/VR staff person is prohibited from:

1. seeking to influence an individual’s party preference,

2. displaying any such political or candidate preference or party allegiance,

3. making any statement or taking any action whose purpose or effect is to discourage the individual from registering to vote, or

4. making any statement or taking any action whose purpose or effect is to lead the applicant to believe that a decision whether or not to register has any bearing on the availability of services or benefits [42 D.S.C. § 7(a)(5)].

Eligibility to Register to Vote

To be eligible to vote in Virginia, a person:

1. Must be a citizen of the United States

2. 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)

3. Must be at least 18 years old by the date of the next general election

4. Must not claim the right to vote elsewhere

5. 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 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

For more information regarding voter registration, see the Commonwealth of Virginia Voter Registration Manual-2014 in the Forms Cabinet.

CHAPTER 5

EVALUATION/ASSESSMENT for ELIGIBILITY DETERMINATION

Evaluation/Assessment Process

Purpose: The purpose of diagnostic evaluation and assessment is to determine an individual's eligibility for services and to identify an individual's service needs. The Rehabilitation Teacher (RT) begins evaluation and assessment, using the assessment guide, at the initial visit with the individual and culminates with the joint development of the individual's service plan. The RT is required to write a case note documenting their initial contacts with individuals applying for services and must include information gathered from discussions regarding the assessment guide.

Diagnostic and Evaluation Services: Medical Diagnostic Services may include eye examinations by ophthalmologists or optometrists. The RT should first attempt to secure eye medical information or medical information regarding secondary disabilities from physician(s) at no cost to the agency; however, the RT may purchase medical information if necessary. When an RT is discussing a referral for O&M services and the individual has stated that they have secondary disabilities, it is imperative that the RT probe deeper and determine whether or not these secondary disabilities are controlled with medication or in some other way. For example, if an individual reports that they have high blood pressure, but it is under control with medication, a medical report would not be necessary to provide at the initial referral. However, if an individual reports that they are a diabetic and their blood sugars are not controlled, then the RT will secure medical information. Another example might be if the individual reports that they have trouble walking long distances, but they are unclear as to the definition of a long distance, the RT will secure

medical information. Ultimately, it is important for the RT to utilize sound judgement when determining whether a secondary disability warrants additional medical information. If the RT is unclear, it is appropriate to discuss the case with the Regional Manager. The RT must secure medical reports documenting secondary disabilities when an individual is referred for training programs at the Virginia Rehabilitation Center for the Blind and Vision Impaired (VRCBVI). 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

Policy:

A. Minimum Information Required is for Eligibility Determination: The following documents shall be completed by the RT before or during the evaluation/assessment process:

1. Eye Examination Report Form

In rare instances, the RT may purchase an eye exam. In the event that the RT cannot secure an eye report at no cost to the agency, the RT will send an Agency Eye Examination Report form to the ophthalmologist or an optometrist selected by the individual. The completed eye exam must include:

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

Eye exam information from other sources may be used when the information is adequate and the eye exam has been conducted within one year of application for services.

The RT may seek consultation from the DBVI Low Vision Program Consultants regarding an individual's eye condition when the consultation will assist the RT with eligibility determination, program development, counseling and guidance with the individual. The review of subsequent reports by the DBVI Low Vision Program Consultants is optional, when there is no change in the individual's eye condition.

2. The RT must complete the opening documentation case note in AWARE.

   APPLICATION DOCUMENTATION INTAKE SECTION IN AWARE

   In this section, please provide a narrative discussing the areas in which the consumer indicated that they want to gain independence. Include the broad areas such as home management. In the area of home management, list the areas that you and the consumer agreed upon after you completed your assessment. This section can be written in narrative form. For example:

   Today, I met with …. … has indicated that they want to gain independence in the areas of Home and personal Management. Specifically, in the area of home management, I will be teaching sweeping, mopping, cleaning mirrors, wiping down countertops, stove and oven safety. In the areas of personal management, I will be teaching organizational techniques, Smartphone, money identification, needle threading, labeling training on low vision aids (if prescribed). If you and the consumer decide that Communication skills need to be added to this narrative, those specific skills can be added as well.

Sample Application Documentation

Reason for seeking services
Mrs. Jennings is interested in receiving instruction in Home Management, Leisure, Personal Management, and Communications.

Describe needs
On October 29, 2019 I met with Mrs. Jennings in her home for the purpose of identifying her needs to maximize her level of independence. Mrs. Jennings identified needs in four major categories: Home Management, Leisure, Personal Management, and Communications.
In the area of Home Management, she would like to learn adaptive techniques for doing the following: sweeping, mopping, wiping counters, cleaning mirrors, stove safety, and oven safety. Additionally, she is interested in marking her appliances for independent use.

Mrs. Jennings stated she is very social. As a result, she identified the following needs in leisure: talking books, descriptive videos, playing cards, and board games.
Mrs. Jennings identified needs in the area of Personal Management. These areas of concern are: money identification, method for telling time, keeping track of appointments, doing laundry, and retrieving messages from her phone.

Mrs. Jennings indicated that she was interested in communicating with friends and family and she expressed great interest in being able to resume paying the bills for her household. As a result, she identified some communication needs such as: check writing guides, writing guides, Digital Recorder, Check Registry, Accessing Bank Account, use of bold line paper, and large print calendar.

3. The RT must complete and save the Functional Vision Assessment Form in AWARE when an individual will be receiving low vision services. Handwritten assessments must be completed electronically in AWARE so it can become a part of the case record.

   Functional Vision Assessment Form

   NAME:
   DATE:
   DOB:
   VISUAL DIAGNOSIS:
   HOW LONG:
   PROGNOSIS:
   PRIMARY EYECARE PHYSICIAN:
   DATE OF LAST EYE EXAM:
   DRIVING:
   OTHER IMPAIRMENTS:
   MEDICATIONS:
   LIVING SITUATION:
   EXPECTATIONS OF EXAM:
   PRIOR LOW VISION EXAM:
   DATE:
   WHERE:
   AIDS PRESCRIBED:
   AIDS CURRENTLY USING:
   PREFERRED EYE:
   CLIENT'S DESCRIPTION OF VISUAL PROBLEMS:
   WEARS GLASSES:
   NEAR VISION:
   DISTANCE VISION:
   VISUAL FIELDS:
   LIGHTING:

GLARE:
COLOR DISCRIMINATION:
MOBILITY:
ADDITIONAL COMMENTS:

4. The RT must complete and obtain the individual's signature on the Financial Determination-Redetermination Form prior to providing purchased services. No purchased service shall be provided without the individual's signature on the form.

    a. Provision of Instructional Services

        If time permits during the initial interview, the RTmay begin instruction. The RT is required to document instruction they provide.

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 are 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 on the RT's evaluation/assessment and other documentation of the individual's need for services. When a person is referred by a medical doctor, regardless of their acuity, it is usually because they are having some kind of functional problem with their vision. Teachers are encouraged to call the new referral before visiting and talk with them about the services available through DBVI as well as any issues they are experiencing as a result of their vision loss. During that call, the RT and the individual may determine goals for that individual to reach their maximum potential for independence. For example, if the individual states that they need more lighting, the teacher may send catalogs with different types of lamps. Another example might be that an individual is experiencing difficulty with pouring liquids. In this

case, the RT might send information regarding liquid level indicators. In these cases, the Intake Specialist will leave these individuals in Referral. If the RT determines that the individual would benefit from direct instruction, the RT will send an email to the Intake Specialist, requesting that the individual be placed in the Participant Module.

When the individual is determined eligible for services, the RT and the individual will begin joint plan development. If the individual is determined ineligible for services, his/her case will be closed as not eligible for services.

If there are questions about the eligibility of any applicant, the issue will be resolved with the regional manager and with consultation from the program director when necessary. The RT will provide the individual with the RT/IL Rights and Responsibilities, along with the Terms and Conditions. If the individual indicates they are not satisfied with the agency's eligibility decision, the individual may appeal and ask for a conference or hearing.

Policy:

The RT determines eligibility by reviewing the individual's eye examination report which is no more than 1-year old. Sound eligibility decisions are crucial for services to be effectively and efficiently provided.

Eligibility Criteria for RT 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 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.

Services

Services include but are not limited to:

1. Guidance and counseling
2. Transportation for low vision exams
3. Low vision aids training (if low vision aids are prescribed).
4. Instruction in the areas of independent living.
5. Purchase of items needed for optimal teaching and learning.
6. Any other service that is jointly planned with RT and the individual.

Services during eligibility determination are not provided.

Documentation Requirements

Policy: RTs will document all contacts and activities in a case note in AWARE.

Chapter 6

SERVICE PLAN DEVELOPMENT

Program Planning

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

Procedures

In order to develop the individual's rehabilitation plan, the RT shall:

a. Provide maximum opportunities for the individual to share in the planning and development of the individual's service plan.
b. Provide counseling and guidance to the individual to maximize their success and assure the safety of the individual.
c. Identify resources outside DBVI available to the individual and assist in securing these resources.

**When the RT is serving a child under the age of 18, *and needs to transport the child for/during lessons*, the RT must obtain written permission from the child's parent or guardian using the RT Permission Form. The original Permission Form shall be placed in the case file and a copy shall be given to the child's parent/guardian and the school system (if the rehabilitation teacher will be picking the child up at school). **

Service Plan Writing

When goal planning is completed, the RT will create a Service Plan which outlines the goals/services agreed upon by both the RT and the individual.

A. Service Plan Requirements/Definitions/Completion

The Service Plan: The RT shall provide a copy of the Service plan to the individual and/or guardian if requested, along with a copy of the RT/IL Rights and Responsibilities, Terms and Conditions Form.

B. How to Complete the Service Plan in AWARE

Services/Provider: These services must include the anticipated duration of each service component, by listing the begin and end dates. The duration must be specific and realistic, and not exceed 12 months. These include, but are not limited to diagnostic services, rehabilitation technology services, instructional services, adaptive equipment, etc. The vendor/service provider is the individual who provides the services. Where appropriate, specify the number of units (e.g., two instructional visits) and the cost per unit. When providing new and/or additional services, the service date(s) must be entered.

An instance where a case may exceed 12 months may occur when an individual is receiving services from an Orientation and Mobility Instructor. If this kind of instruction is in place, the RT and the O&M instructor must communicate at a minimum of once a quarter to discuss the progress of the individual and enter a case note of the communication. When a service is delayed, the RT must write a case note in AWARE to explain and move to services interrupted status if the delay is expected to be one month or more.

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. The RT must determine 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 RT shall indicate which comparable benefits are being considered.

The RT must seek comparable benefits for all purchased services and must be documented in a case note.

The RT shall enter the cost of each service on the service plan.

The RT will use case notes in AWARE to record any substantial contact and/or instruction each time it occurs as well as cancellations and no shows.

The RT/IL will document progress in a case note.

C. Additions/Changes

An addition to a plan may include a service which was not initially discussed when the plan was developed. A change is necessary when the individual expresses to the RT that a particular agreed upon goal is no longer desired. In this case the RT must delete it from the plan and document in a case note why the goal was changed or deleted. An example of a possible addition/change may include:

> When a service is added to the plan that requires the financial participation of the individual.

D. Timelines

The RT 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. If applicable, an individual's plan must be developed written and the case placed in service within 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

A. Actions Required:

The RT shall:

1. Complete the Service Plan.
2. If the individual or combined total cost of the goods/services is $500 or more, the RT will seek Regional Manager approval.
3. If requested by the individual when initially offered (or at any other time), provide a copy of the original service plan and all additions/changes to the individual or guardian.
4. Provide a copy of the RT/IL Rights and Responsibilities Form to the individual.

CHAPTER 7

TRAINING

The Training/Services Program

Training is used for an individual who is to receive any of the following services:

1. **Orientation and Mobility Training in the Home Environment –** This is the provision of instruction which may be provided by the RT, 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 -** This training area includes personal care, hygiene, clothing selection, eating techniques, money identification, medication safety/medication management and personal record keeping.

3. **Home Management Skills Training -** This training area 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:** Communication skills include 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:** Crafts, recreation and leisure skills include: 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:** Adjustment counseling is a part of a rehabilitation teacher's job that cannot and must not be overlooked. When a teacher approaches this issue with an individual, the teacher must employ expert listening skills. It is important to explain to the individual that there is life after vision loss, however, the road map for getting through life may become their new normal. As a teacher, you can facilitate individuals in learning skills that are necessary to accomplish the goals that they will set with you.

7. **Peer Counseling:** There may be times when you as a teacher have an individual on your caseload, who is experiencing some major issues related to their vision loss. In addition, you may have an individual who has worked through some of the same issues. In these situations, as the teacher, you may want to facilitate some peer counseling between those two individuals. Should you decide that this is a practice which you want to implement, there must be signed releases from both parties before any sharing of information is provided. The teacher must document that signed releases have been obtained and a case note indicating that peer counseling is taking place.

   In larger communities, there are support groups, e.g. low vision support groups that individuals may attend. Often,

these support groups take place in the assisted living facilities where individuals currently live.

8. **Information and Referral:** Any 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:** The RT/IL Program may provide transportation to eligible individuals as an ancillary service to assist them in accessing appropriate services. The services for which transportation may be provided are those services included in the plan of service, for example, low vision exams or tours to VRCBVI. It is essential that the least expensive mode of transportation be utilized. Whenever possible, common carriers will be used. Long term, on-going transportation services cannot be provided.

11. **Low Vision:** Exams and aids, including CCTVs as appropriate. See Low Vision manual for policy and procedures.

12. **Assistive Technology Services and Devices:**

Special Aids and Appliances:

1. The purpose of providing adaptive technology in the form of aids and/or appliances is to enable an individual to function more independently, not just to provide aids/appliances because they are available.

Examples of appropriate 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:** Provided periodically by staff as needed. See Chapter 8.

14. **VRCBVI Residential or Commuter Training:** Does not require financial eligibility or a cost entry on the Service Plan. Service authorizations to VRCBVI are required.

15. **Special Communication Needs for People Who Are DeafBlind:** The ability to communicate with others is an extremely important skill for deaf/blind individuals to possess, if they are to achieve functional independence. Therefore, the provision or purchase of the following may be appropriate for deaf/blind individuals:

    - Instruction in needed communication skills: sign language, typing, reading and writing braille
    - Purchase of and training in the use of special aids and devices to improve the individual's capability to communicate (I Can Connect for long distance communication)
    - Interpreter service

16. **Older Blind Project Grant**

Goods and services to be provided include:

- Outreach
- Information and referral
- Advocacy
- **Low vision aids***
- **Adaptive equipment to assist older blind Virginians to become more mobile and more self-sufficient, e.g. White canes***
- **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
- and other essential supportive services for independent functioning in the home and community, including local independent living training workshops for individuals and their family members

*** Items in bold may be purchased subject to funding availability**

ELIGIBILITY

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.

AGE -- 55 or OLDER
ACUITY -- WORSE THAN 20/70, OR VISUAL FIELDS OF LESS THAN 70 DEGREES
FINANCIAL NEEDS TEST (also use comparable benefits)
CONDUCT ASSESSMENT
SET IL GOALS FOR INDIVIDUAL
WRITE IL PLAN
PROVIDE/PURCHASE SERVICES TO/FOR INDIVIDUAL

Services *Interrupted*

A case is placed in Services Interrupted when rehabilitation services are interrupted while the case is in service status. The case will remain in Services Interrupted until it can be returned to training or is closed. While in Services Interrupted, the teacher will not work with the individual until both the RT and the individual have agreed that training can resume. At this point, the RT will move the individual out of services interrupted, and place them back in service status. The RT must contact the individual within 30 days of being placed in services interrupted, in order to determine if the individual is ready to resume training. The RT will continue contacting the individual every 30 days, until the individual has been in services interrupted for 90 days. If at that time the individual is still not ready to resume training, the RT will explain that the case will need to be closed, but whenever the individual is ready to resume training, the individual can simply contact the agency to re-open their case.

Reasons for interrupting services may be:

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)

Documentation Requirements

A. Actions Required
1. Document in a case note the results of counseling sessions and other reasons for services interrupted.
2. If invoices have come in after a decision has been made to place case in Services Interrupted, the RT should process invoices after verifying they are correct.

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

- Assessment/Identification of Services Needed
- 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 as 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

Specialized Activities

Peer Support Groups -- Where needed, support groups will be created/expanded/facilitated by older blind individuals who have successfully adjusted to their visual loss. Such groups will be assisted in their establishment by the DBVI Older Blind Project case managers. However, once it is clear that this group is established, the Older Blind case manager will delegate all responsibility of the group to the individuals who attend.

Medical Training -- Instruction and/or any type of medical training which has been identified as a need for an individual, will be provided by a qualified nursing instructor.

AT Training -- Training sessions will be provided in the use of technology (Note takers, computers, software packages, screen readers, assistive listening devices).

Public Education -- Seminars will be promoted that are related to specific eye conditions affecting older individuals who are blind -- diabetes, ARMD, glaucoma, cataracts.

Gift Card Purchase Policy Using SPCC Card

The RT may purchase gift cards as needed to support or augment a substantial service or services being provided to the individual. Gift cards or Fuel cards are defined as a pre-paid or funded card (debit card) used for a specific purpose (purchase of a maintenance service).

Allowable Usage:

1. Transportation: Fuel cards (ex. Sheetz, Wawa); Ride sharing (ex. Uber, Lyft). Monthly maximum: $300
2. Food: Direct store card (ex. Kroger, Food Lion, Sheetz, WaWa, 7 Eleven, Subway, Walmart, etc.). Monthly maximum: $500
3. Clothing: Direct store card (ex. J. C. Penney, Kohl’s, Walmart, Target, etc.). Monthly maximum: $300
4. Assistive Technology: ITunes; Google play. Monthly maximum: $250

Applications used for testing assistive technology and for purchase of mobile applications for clients

Purchase of bankcards (ex. Visa, MasterCard, AMEX, Discover, etc.) is not allowed.

The purchase of gift cards for use by an individual is considered to be a maintenance service; the purchase must be justified and

documented consistent with RT maintenance policy. Gift cards may not be purchased as a stand-alone service. Credits, rebates and/or discounts associated with gift cards or store purchases should be netted against the purchase or applied to the next purchase.

Gift cards will only be purchased in circumstances where there is a recurring or ongoing need to provide a maintenance service and/or where the service need is best met by the purchase of a gift card. For example, individuals who may require a bus or train ticket for the individual to return home from training, however, is a very specific, one-time only maintenance service for which a gift card purchase would not be appropriate.

The purchase and use of gift cards is limited to the period during which the substantial service is being provided to the individual (service begin and end date). The gift cards are to be purchased for a maximum period of one month at a time. Additional cards may be purchased over multiple months if the service the card is supporting continues.

The RT will purchase gift cards that are the most cost effective and efficient. Fees associated with the purchase of the cards will be avoided whenever feasible. The specific type of card purchased will be one that best meets the service need. For example, if transportation is being provided as a maintenance service, the gift card or cards that are purchased would be one that is specific to transportation (e.g., taxi service, Uber/Lyft, etc.).

Monthly caps apply as identified above in the "Allowable Usage" section. Purchasing policies will apply. The RT is responsible for ensuring the individual is using the cards appropriately and consistently with the purpose of the card.

Gift Card Management

Each Regional Office may have only two (2) authorized cardholders to purchase gift cards and the cardholders must be updated every six months. No VISA or MasterCard gift cards are allowed.

1. Gift cards may only be purchased for one (1) month of goods/services for an individual at one time
2. Authorizations (AWARE) must be done prior to or within one day of purchase
    a. Authorization should be completed by someone other than purchaser unless there is an email request from counselor or other authorized party, if applicable
3. The RT must have a completed and signed "Client Receipt of Gift Card"
4. A gift card log ("Gift Card Log") is to be maintained on a monthly (SPCC billing period) basis and contain the following information: Individual's name; card number; date of purchase; dollar amount; purchase location; purchaser; signature at distribution of card
5. Gift Cards are to remain in a secure and locked area until distribution

The individual receiving a gift card is required to sign the "Client Receipt of Gift Card" letter acknowledging receipt of the gift card.

The individual must sign a new letter every time a gift card is provided to the individual.

The RT must ensure the "Client Receipt of Gift Card" is fully completed, to include:

1. The name of the fuel or gift card (e.g., Sheetz, etc.);
2. The card number;
3. The PIN number (if the card requires one);
4. The dollar amount of the card;
5. The specific service and purpose that the gift card is to be used for;
6. The period of time (dates) the gift card is to be used (no more than one month).

The RT will ensure the receipt section of the Client Receipt of Gift Card is completed, to include:

1. The card number;
2. The dollar amount of the card;
3. The individual's name (if not already populated by AWARE)

The individual who is receiving the gift card must sign and date the letter, acknowledging receipt of the gift card. The gift card shall not be provided to the individual until the signed receipt is returned to the RT. The signed letter will be retained by the RT in the individual's file.

CHAPTER 8

Closure Outcomes

Rehabilitation Teachers are responsible for closing an individual's case when the individual is not eligible for services, when the individual has met their established goals, and when an individual has not met their established goals. The RT must use sound judgement to prevent closing an individual's case prematurely or holding an individual's case open longer than necessary. The RT is required to close the individual's case in the AWARE system within 10 workdays of the date of the last contact (by phone or in person) with the individual. The RT must document the last contact in a case note.

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, refuses RT/IL services, or dies before entering service status. The RT cannot use this status for an individual who has been in service status.

To close an individual's case, the RT is required to:

1. Determine the reason for closure that may include:
    a. Unable to locate/contact individual has moved
    b. Disability too severe or unfavorable medical prognosis
    c. Refusal of service
    d. Death
    e. Individual institutionalized and unable to begin services
    f. Transfer to another agency

g. Failure to cooperate
h. No disabling condition
i. No barrier to independent functioning
j. Other reasons

2. Write and email a case note to the intake staff explaining if an individual is in referral and is deceased.

Documentation Requirements

The RT is required to document an individual's case closure in AWARE by:

1. Closing the case in AWARE by completing the CLOSURE data page.

2. Ensuring that when an individual's case is being closed because the individual is deceased, the intake staff updates the Closure Data page in AWARE by updating Section I, Participant Deceased, on the intake page.

3. Having the administrative staff write the RT/IL closure date and the word "CLOSED" on the outside of the paper case folder.

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. Prior to closing the individual's case in this status, the RT is required to inform the individual that a new RT/IL case can be opened if services are needed again in the future. An example of needing to open a new RT/IL case is if the individual experiences changes due to the death of a spouse or deterioration of vision that may necessitate further training for the individual.

The Rehabilitation Services Administration has broadened their interpretation of successful outcomes to include individuals who are served under the Older Blind Grant who die after substantially completing their planned services/programs. In this instance, when the individual had completed training and the RT is waiting for someone or something else to happen, the RT is required to document the situation in a case note. Examples include but are not limited to:

1. Waiting for a bill
2. Waiting for a case note/report from a DBVI service provider
3. Waiting for low vision aids to be delivered, and the RT has already trained the individual to use the aids.
4. Waiting for a replacement item (already paid for) to arrive
5. Waiting for an item that the RT already trained the individual to use to arrive. Example: the item is on backorder.

This list of examples is not all-inclusive; however, other situations that prevent the RT from closing the deceased person's case must be staffed with the RT/IL Program Director.

*If the individual dies before the RT has the opportunity to close the case and it has been documented that all goals have been addressed and met, the individual's case should be closed "Goals Met". If the individual dies before all the goals have been addressed, then the RT is required to close the case as "Goals Not Met".

The RT may also close an individual's case when major changes have occurred that impact the individual's ability to perform daily tasks. For example, the individual has been diagnosed with Dementia, has had a stroke, or has entered an assisted living facility where the major activities of daily living are being met by the assisted living facility staff. Remember that the Program Director for RT/IL services is always available to assist in making

determinations if the teacher or Regional Manager have questions.

Documentation Requirements

The RT is required to:

1. Ensure there are no outstanding authorizations.
2. Close the individual's case in AWARE by completing the CLOSURE data page.
3. Advise individuals who are served through the Older Blind Grant, whose cases are being closed, that they will be receiving a satisfaction survey in the mail. If they choose to do so, the individual can complete the large print survey and return it in the self-addressed stamped envelope that will provided to them by Mississippi State University. The RT is strongly encouraged to express to the individuals on their caseloads, the importance that the feedback can provide for the agency.
4. Include a closing summary stating the basis of the case closure **in Section 4 "Summarize the Closure Rationale" on the AWARE CLOSURE data page**.
5. Inform the individual that his/her case is being closed.
6. Ensure that the office administrative staff writes closure information on the outside of the paper case folder.

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. Examples include: the individual's health condition no longer allows them to continue with training, the individual no

longer resides in Virginia, or the individual refuses further services.

The RT is responsible for having a conversation with the individual when it is apparent that the individual shows little interest in accomplishing established goals. If at the close of that conversation the RT and the individual decide that the most prudent course of action is to close the case, the RT should follow the instructions for closing the case as Goals Not Met.

Documentation Requirements

The RT is required to close the individual's case in AWARE by completing the Closure data page.

1. The administrative staff in the office is required to write RT/IL closure date on the outside of the paper case folder.

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.

Documentation Requirements

1. The RT is required to ensure there are no outstanding authorizations or equipment to be returned.
2. The RT is required to complete the CLOSURE data page in AWARE and have intake staff update the Intake data page Section 1 by checking the Participant Deceased box to reflect the individual is deceased.

Chapter 9

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.

5. **Policy**

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.

Rehabilitation Teachers are required to assess the individual's participation in cost of services by completing the Determination/Redetermination Statement (DBVI-70-006) during the assessment process **ONLY IF PURCHASED GOODS/SERVICES ARE ANTICIPATED**. Individuals determined to have no participation in cost of services will receive RT/IL tangible goods and purchased services at no cost. Individual who

are required to participate in the cost of services will be required to pay for all of the costs related to tangible goods and purchased services. The RT is required update the Determination/Redetermination Statement whenever there is a significant change in the individual's financial status if purchased services are being provided.

It is DBVI policy that the Determination/ Redetermination Statement will be updated every twelve months unless:

1. the individual has been determined to participate in the cost of services and does not request a financial redetermination. For example, an individual chooses not to disclose their financial information. At this point, the teacher shall convey to the individual that it is within their right not to disclose their financial information, however, they, that is, the individual, will be responsible for the cost of any good and purchased services. If the individual states that their financial status has changed and they can no longer afford to purchase items that are necessary for training, then the teacher must complete a financial determination form.

2. "no-cost" services and/or services not requiring financial need are provided; and

3. the individual, parent, or guardian elects to not disclose financial information.

Individual cost participation status is to be 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.

INCOME NEED GUIDELINES - REVISED Oct 2022

80% of Virginia Median Family Income FFY2023

NOTE: FFY 2023 covers the period of October 1, 2022 through September 2023

Family Unit (number of persons)	Annual Income	Monthly Income

1	$47,456	$3,955
2	$62,059	$5,172
3	$76,661	$6,388
4	$91,264	$7,605
5	$105,785	$8,815
6	$120,468	$10,039
7	$123,206	$10,267
8	$125,944	$10,495
For each additional family member add	$ 2,738	$ 228

Estimated Virginia Median Income for a four-person family for FFY 2022 is $114,080

The Virginia Median Income was taken from:

U.S. Department of Health and Human Services, Administration for Children and Families, Office of Community Services, Division of Energy Assistance

Annual Update of the Low Income Home Energy Assistance Program (LIHEAP) State Median Income estimates, published in the **Federal Register.**

Exemptions for Liquid Assets - REVISED Oct 2022 - The allowable liquid assets are based on 50 percent of the median income percentage **shown above**.

Number in Family	**Amount**
1	$23,728
2	$31,029
3	$38,331
4	$45,632
5	$52,893
6	$60,234
7	$61,603
8	$62,972

INSTRUCTIONS FOR COMPLETION OF DBVI-70-006

Financial Determination/Redetermination Statement

The individual program responsibilities for this form are as follows:

A. Initial Determination
   1. New and Re-referral:

   The program worker who completes the form is responsible for completing the following sections:

   RT/IL Sections A, B, C, D, E, F and G

B. Redetermination

The program worker who completes the form for a redetermination update is responsible for completing the following sections:

RT/IL: Sections A, B, C, D, E, F and G

This form may be completed using the EXCEL spreadsheet for RT/IL available in the DBVI Document Repository.

DEMOGRAPHIC:

Name: Enter the first, middle initial and last name. Do not use nicknames.

Address: Enter complete current address.

Individual Case Number: Enter the individual's AWARE assigned number.

SECTION A. MEMBERS OF FAMILY UNIT:

1. Enter all members of the family unit living in the home, listing the individual's name first. Include age, relationship to individual and gross monthly income of each family member. List only that portion of the gross income that is actively contributed in support of the family unit.
2. State the source(s) of the monthly income under "Source Gross Monthly Income." Sources to be included are: 1) Wages (total from the income section on the front page of the individual’s most recent filed federal form 1040 divided by 12, or pay stub for a working person) 2) Social Security Disability Income (SSDI as verified by the individual’s SSA statement or other proof of the benefit being received) 3) Supplemental Security Income (SSI as verified by the individual’s SSA statement or other proof of the benefit being received) 4) Old Age Survivors Insurance (OASI, also known as Social Security Retirement benefits as verified by

the individual’s SSA statement or other proof of the benefit being received) and 5) Other. "Other" includes, but is not limited to, net income from business or farm, railroad retirement, unemployment compensation, pensions, annuities, interest, dividends, net rental income, Workers' Compensation, alimony, child support, and veteran's disability.

3. Column Six in the "Source Gross Monthly Income" should include the sum of columns one through five for each family member listed.

SECTION B. TOTAL SUM OF ALL GROSS MONTHLY INCOME:

Enter the amounts recorded in column six in Section A.

SECTION C. HOSPITALIZATION:

1. Enter the name of the company and the policy number of all medical insurance policies from which the individual may receive benefits.
2. If the individual is eligible for Medicare or Medicaid, check the appropriate insurance program and enter the insurance number. If the individual is also eligible for Medicare, Part B, check the block.
3. List in the "Other Comparable Benefits" section other benefits that the individual may be receiving, i.e., Pell Grant, CHAMPUS benefits, and Veteran's benefits other than income maintenance. Refer to the Virginia Department of Rehabilitative Services' Similar Benefits Directory for a full explanation of benefits, criteria, recipients, and points of contact. (See the VR Policies and Procedures Manual.)

SECTION D. LIQUID ASSETS AND ALLOWANCE:

List the total amount of liquid assets and allowances for the family unit shown in Section A. IRAs and other deferred annuities are not considered liquid assets for economic need. Funds held for minors in trust funds by social service agencies or guardians are not to be considered liquid assets until released to the individual upon attainment of majority.

1. Cash: Enter the total amount of all cash (including checking accounts).
2. Bank Deposits: Enter the total amount of savings accounts and money market accounts.
3. Stocks/Bonds: Enter the total amount of estimated cash value of all stocks, bonds and mutual funds.
4. Other: Enter the total amount of gifts, inheritance, or escrow accounts.
5. Total Liquid Assets: Enter the sum of D.1 through D.4.

SECTION D.6 AND D.7 MUST BE COMPLETED BY THE APPROPRIATE PROGRAM WORKER.

6. Standard Allowance: Enter the amount of allowed exemption for liquid assets based on the total number of members in the family unit.
7. Surplus: Subtract line D.6 from D.5 and enter the difference. If D.7 is zero or less, the individual meets income need standards for liquid assets. If D.7 is greater than zero, further determination is necessary in Section G, Need Determination.

SECTION E. MONTHLY INCOME AND ALLOWANCE:

SECTION E. MUST BE COMPLETED BY THE APPROPRIATE PROGRAM WORKER AS FOLLOWS:

1. Monthly Income from Section B: Enter the total amount from Section B.

2. Standard Allowance: Enter the amount of the Normal Living Requirements allowance for the total family unit.

3. Exceptional Allowance: These allowances are more fully explained in the Financial Determination Guide section.

    a. Medical Debts: Unusual individual or family expenses;

    b. Educational/Individual: Current educational expenses;

    c. Educational/Family: Current educational expenses for a family member.

4. Total of E.2 through E.3c: Enter the sum of the Standard Allowance and Exceptional Allowance.

5. Surplus/Difference: Subtract E.4 from E.1 and enter the surplus or difference in E.5. If E.7 is zero or less, the individual meets income need standards for monthly income and does NOT participate in the cost of services. If E.7 is greater than zero, further determination is necessary in Section G, Need Determination.

SECTION F. FINANCIAL VERIFICATION:

If the applicant, parent, or guardian renders requested financial information and signs the form, put a check mark in the first block. However, if the applicant, parent, or guardian chooses not to disclose financial information, put a check in the second block.

1. Date: Enter the date the individual signs SECTION F, FINANCIAL VERIFICATION. The redetermination is to be done one year from this date, if appropriate.

2. Applicant Signature: The applicant is to sign on the applicant signature line. The parent or guardian must sign for a minor child.

If the required signature is not given, the worker collecting the information is to write a statement to this effect on the applicant signature line.

3. Worker Signature: The worker collecting the financial information is to sign on the worker signature line.

SECTION G. FINANCIAL NEED DETERMINATION/PARTICIPATION IN THE COST OF SERVICES:

The program staff completes Section G to determine the individual's financial need after all relevant financial information has been obtained. The worker is to date and sign the form when completing Section G. Instructions follow:

1. Yes: If the individual is clearly financially in need and not required to participate in the cost for goods and services, check G.1 first box. The worker is to enter the date and sign in the worker signature space at the bottom of the form.

   No: If the individual is clearly not financially in need and is required to participate in the cost for goods and services, check G.1 second box. The worker will enter the date, have the individual sign in the individual signature space, and the worker will sign in the worker signature space at the bottom of the form.

If G.1 is not checked, complete G.2 through G.7.

2. In completing G.2, use twelve (12) months for all services and equipment, regardless of the length of the plan.

3. Liquid Assets and Allowance: If D.7 is greater than zero, divide that amount by G.2 to determine G.3 monthly contribution to rehabilitation plan.

4. Monthly Income and Allowance: Enter the total from the E.5 monthly contribution line (G.4).

5. Liquid Assets and Allowance AND Monthly Income and Allowance Exceed Zero: Enter the total from G.3 in the first space and enter G.4 in the second space. Put the total of G.3 plus G.4 in the third space (G.5).

6. Liquid Assets and Allowance Exceeds Zero AND Monthly Income and Allowance Zero or Less: Enter the total from G.3 in the first space and enter the total for G.4 in the second space. Add G.4 and G.3. If the difference is a surplus, check monthly contribution and enter the surplus. If the difference is a minus, check NO PARTICIPATION IN THE COST OF PURCHASED SERVICES (financially in need).

After all computations are done, the individual will be in one of the following situations: NOW PARTICIPATES IN THE COST OF PURCHASED SERVICES WITH MONTHLY CONTRIBUTION ("now financially in need with monthly contribution") or NO PARTICIPATION IN THE COST OF PURCHASED SERVICES ("now financially in need.") Check the appropriate box in G.1

7. Signature lines: Individual signatures are explained on the form. The program worker signs and dates the form when the determination has been completed.

Comparable Benefits

Cost participation is not to be confused with comparable benefits. Cost participation policies determine the individual's cost participation in their RT/IL program. Comparable benefits are the use of third-party funds (such as Medicare and private insurance) to pay for services planned for as part of the RT/IL program.

CHAPTER 10

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

A. Purchased Goods and Services
   a. Codes and fees used to plan and authorize services for individuals receiving services are located in the **DSA Services Reference Manual**
   b. 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.

B. Interpreter Services and Fees
   a. 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.

b. 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.
c. Interpreter travel expenses are paid at the prevailing state rate. Prevailing rates are available at DSA Fiscal Services.
d. 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 means 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

It is important to remember that 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

DBVI Agency Policy 502, Donation of Equipment, outlines policy and procedure pertaining to ownership of goods purchased for individuals serviced by the agency. This language in this section is directly from Policy 502.

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 policy, 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 warrantees.

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.

Procedures:

1. For the purpose of audit and management, DBVI shall maintain information about purchases for individuals receiving services in the AWARE authorization screens for at least three years after the monetary value of the equipment or device reaches $0.
2. Assistive technology and other occupational equipment costing $500 to $4999.99 will be tracked in the regional office:
    a. Once assistive technology or other occupational equipment is delivered to the regional office by the vendor, an administrative staff member will affix a DBVI asset/property tag onto the item.

   b. The administrative staff will enter the tag number along with the name of the piece of equipment, model, and serial number into the Client Inventory Spreadsheet.
   c. The VR Counselor or Rehabilitation Teacher explains the Equipment Agreement/Receipt and Release form, obtains the individual's signature on the form as well as signing themselves, and files the form in the individual's file. The individual is provided with a signed copy of the form for their personal records.
   d. When DBVI donates the equipment to the individual, the date of donation is added to the Client Inventory Spreadsheet.
3. For assistive technology and other occupational equipment costing $5000 and higher:
   a. The VR Counselor or Rehabilitation Teacher explains the Equipment Agreement/Receipt and Release form, obtains the individual's signature on the form as well as signing themselves, and files the form in the individual's file. The individual is provided with a signed copy for the form for their personal records.
   b. DBVI will adhere to policies pertaining to asset inventory and tracking as described in CAPP Topic 30105.
   c. When DBVI donates the equipment to the individual, the date of donation is added to the Client Inventory Spreadsheet.

CHAPTER 11

Civil Rights, Informed Choice, Client Assistance Program,

This chapter 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 American's 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.

DBVI staff providing rehabilitation teaching/independent living services to individuals who are applying for or receiving services must be familiar with civil rights compliance requirements.

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. The Rehabilitation Teacher will make available to the individual being served all information in the case file (progress notes, reports, AWARE screens, emails, etc.) when requested in writing by individual (or their representative, as appropriate), either by making the information accessible to the individual (or their representative) in person or releasing a copy to the individual in a timely manner (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, The

Rehabilitation Teacher and/or Regional Manager will communicate to the Director of Instruction when a FOIA request has been made by an individual (or for the individual by their family or an authorized representative).

c. Procedure to review case file
    1. If the individual being served requests to review the original case file rather than a copy, the Rehabilitation Teacher shall take all necessary precautions for the preservation and safekeeping of the case file. The case file may be viewed only during normal business hours. One or more people of the individual's choosing may accompany them. DBVI staff may require proper identification. The Rehabilitation Teacher must obtain verbal or informed written consent, if not already on file, to discuss confidential information in the presence of the individual's representative(s) or guests, including parents if the individual is 18 years or older. A DBVI staff member shall remain with the case file to ensure information is not removed, changed, added, defaced, etc. (per Government Data Collections and Dissemination Practices Act, § 2.2-3806 of the Code of Virginia).

d. Challenges to case file
    1. Rights of Individuals served to challenge the RT/IL case file
       Individuals being served within the RT/IL program have the right to challenge, correct, or explain information contained in the RT/IL case file (per Government Data Collection and Dissemination Practices Act and § 2.2-3806 of the Code of Virginia).
    2. Procedure to challenge the RT/IL case file.
        a. When an individual wishes to challenge something in their case file, they must submit in writing to the Regional Manager that information which is

specifically being challenged as well as their own version of the information (that is, why they feel it's inaccurate). The written submission will include justification of why it should be altered or expunged. If the individual has a legal guardian or is under age 18, the request must come from the legal guardian or custodial parent. The Regional Manager will review the individual's statement with the author of the challenged information in order to make a determination as to whether to amend or purge the information in the case file that is being challenged. The Director of Instruction will be provided with a copy of the individual's statement and will be consulted as need be.

b. If the decision is to purge, the Regional Manager informs the individual, and removes the challenged information from the individual's case file. The individual must be communicated to in writing that the information in the case file has been expunged.

c. If the decision is to amend, the Regional Manager replaces the old information with the amended information within the case file. A copy of amended information will be sent to the individual.

d. If the decision is not to amend/purge, the Regional Manager notifies the individual in writing, and then adds the individual's written statement to the challenged information in the individual's case file so that the information can be accessed together. The individual shall be informed of their right to appeal the decision to not amend or purge the information.

3. Administrative Challenges to Case Record
   In addition to a challenge from the individual being served, there may be a need to amend or purge documentation in the case record as a result of newly obtained information, an administrative review, case audits, or other reasons resulting in the review of the case file. In all cases, changes to any case record shall be documented in the individual's case file by the Rehabilitation Teacher and the Regional Manager.

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 informed choice.

Consideration of informed choice takes into account in 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.

Subsequently, the Rehabilitation Teacher will:

1. Notify individuals who are applying for or receiving RT/IL services of their rights to exercise informed choices throughout the RT/IL process.

2. Provide individuals with and assist as needed with identifying information necessary to make informed choices including agency policies to ensure the individual makes informed choices consistent with related policy, regulations and law.

3. When assisting eligible individuals in developing their Plan, this shall include, at a minimum, providing information relating to the cost, accessibility, and duration of potential services, the individual's satisfaction with services to the extent that this information is available, the qualifications of potential service providers, and the types of services offered by those providers.

4. The Rehabilitation Teacher shall document in the individual's case file the options discussed with the individual and the choices made by the individual during the provision of RT/IL Services.

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 12

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. The policy lists elsewhere the types and degrees of combined vision and hearing losses that individuals who are deafblind may experience.

DeafBlind Services is a service of the agency. No funds are available from this program to purchase services for individuals receiving vocational rehabilitation (VR), education services (ES), or rehabilitation teaching/independent living services (RT/IL). The vocational rehabilitation counselor, rehabilitation teacher or education services coordinator is the case manager and the individual who is deafblind must meet eligibility criteria for VR, RT/IL/Older Blind Grant programs, or ES programs.

Eligibility:

Individuals with combined loss of vision and hearing are eligible for DeafBlind Services regardless of age. ES 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 cause 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 Staff:

DeafBlind Services consist of a Program Director and a DeafBlind Specialist who:

- 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.

The Program Director

Recommends to other program managers needed policies and procedures when serving individuals who are deafblind;

Acts as agency liaison with the Rehabilitation Services Administration, other government agencies and public, private and voluntary agencies;

Develops and monitors the DeafBlind Services budget and informs Director of Instruction of any needs related to DeafBlind services;

Monitors agency telecommunications accessibility; and

Provides consultation, technical assistance and follow-up services for field staff and deafblind individuals living in the areas served by the Fairfax, Richmond and Norfolk regional offices, as well as the staff of and deafblind students attending the Virginia Rehabilitation Center for the Blind and Vision Impaired (VRCBVI).

DeafBlind Specialist/Southwest Region

Provides consultation, technical assistance and follow-up services for field staff and deafblind individuals living in the areas served by the Bristol, Roanoke and Staunton regional offices.

Provides case manager with written results and recommendations of assessment via email and/or AWARE within ten workdays of completing the assessment, and;

Functions as an interpreter for agency staff on an emergency basis, or in special situations that are approved by the DeafBlind Specialist’s supervisor. NOTE: Hereafter, the term "DeafBlind Services staff" will be used when denoting services provided by both positions. The term "DeafBlind Services Program Director" will refer to responsibilities only performed by the person in that position.

Referral to DeafBlind Services

Referrals to the DeafBlind Services staff may occur at any time.

The case manager (a rehabilitation teacher, education services coordinator or vocational rehabilitation counselor) will refer an individual via email and AWARE to the appropriate DeafBlind Services staff, after the individual's case is referred to the case manager. Referrals should be completed per AWARE guidelines. Individuals who are deafblind can be referred to DeafBlind Services if the case manager or individual 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. The case manager should refer the individual to DeafBlind Services via AWARE even if the only service needed is hearing aids. DeafBlind Services staff may need to get more information from audiologists and consult with the agency audiologist about hearing recommendations. Also, individuals may have additional needs that are not immediately apparent. Case managers can consult with DeafBlind Services staff to see if a person is appropriate for DeafBlind Services prior to a making a referral.

Case managers should put down either DeafBlindness as the primary disability, or code both disabilities in AWARE (e.g., Primary Disability: Blindness or Vision Impairment; Secondary Disability: Hearing Loss). This documentation will help track individuals who may need services related to their combined vision and hearing loss. The coding will help justify any purchases of needed services and equipment (such as hearing aids).

DeafBlind Services staff will consult, when necessary, with the case manager within ten workdays of receiving the referral notification.

The DeafBlind Services staff will meet with the individual within 20 workdays. Exceptions must be noted in the individual’s case file documentation through AWARE.

Assessment Results and Recommendations

Within ten workdays of seeing the individual, Deafblind Services staff will provide the case manager with a written report of assessment results and recommendations via email and on AWARE.

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.

To schedule, reschedule or cancel interpreters or CART providers by phone:

> DBVI staff can contact VDDHH at 804-662-9502 Voice or TTY, or 1-800-552-7917 Voice or TTY (toll free). Both numbers reach the VDDHH front desk.

To schedule a new interpreter or CART request by email:

> Staff can go to the following link to fill out an interpreter request form: https://vddhh.org/ipforms.htm.
>
> Staff can use the general interpreter request form. If they are requesting CART services, they can use the same form, but write "CART" on top of the form. Once staff fill out the form, they can send it via an email attachment to VDDHH at isprequests@vddhh.org. VDDHH will then confirm the request and give the requestor a job number (e.g., Confirmation, DBVI 6/7/16, G1364).

To cancel or reschedule an interpreter or CART request by email:

DBVI staff need to email VDDHH at a different email address, isprequests@vddhh.org. They need to write the cancellation or rescheduled date in the subject date: (e.g., Cancellation: DBVI 6/7/16; G1364)

DBVI staff need to provide the correct billing address for the person who processes the invoice so the interpreter(s) can be paid promptly (within 30 calendar days upon receipt of the invoice).

For more information on requesting interpreters, please contact the DeafBlind Services staff and/or VDDHH staff.

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

All potential referrals to the Helen Keller National Center (HKNC) must first be assessed by DBVI DeafBlind Services staff. Once the individual is determined feasible for services at HKNC, the vocational counselor or rehabilitation teacher (case manager) can obtain an application packet from the appropriate DeafBlind Services staff, or from the Helen Keller regional representative. If people need current information on the HKNC regional representative, they can contact DBVI DeafBlind Services staff, or find the information on the HKNC website at www.hknc.org.

The deafblind individual will complete the application in conjunction with their rehabilitation teacher or vocational rehabilitation counselor whenever possible. DeafBlind Services staff can provide assistance if needed.

The case manager will then send the completed HKNC referral packet to the HKNC regional representative. The HKNC regional representative is responsible for sending the packet to the HKNC New York office. An e-mail will be sent to the appropriate DeafBlind Services staff about any DBVI

individual who is being considered for and/or referred to HKNC. For example, if an individual from Richmond is being referred to HKNC, an email can be sent to the DeafBlind Program Director; if someone from Roanoke is attending HKNC, the email can be sent to the DeafBlind Specialist.

To provide continuity in services to DBVI individuals who are deafblind or have a combined vision and hearing loss, a note will be made in the HKNC referral packet or cover letter that all relevant HKNC correspondence and progress reports be copied to the appropriate DeafBlind Services staff, with the deafblind individual's permission and knowledge. (Some individuals may not want to share all information about their case with staff.) Updates on individuals can also be provided in AWARE and the appropriate DeafBlind Services staff will have access to their individuals' records.

The appropriate DeafBlind Services staff will be listed as a member of the DBVI individual's transition team to assist the individual to return to his or her home community and/or relocate to another area.

The appropriate DeafBlind Services staff will be included in case conference calls, depending on availability. The DeafBlind Services staff will be available to assist the case manager working with individuals who are returning from HKNC to transition into their communities.

DBVI individuals accepted to the HKNC program may benefit from DBVI staff traveling with them to HKNC, so they can observe and become more familiar with HKNC's programs and services.

DeafBlind Services staff can make arrangements with HKNC for DBVI staff to stay for a few days. HKNC currently offers lodging and meals for individuals traveling with the DBVI

individual, depending on room availability. For more information, contact HKNC.

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

Case managers who wish to send deafblind individuals for training at VRCBVI will first discuss each case, either individually or with the individual present, with both the individual and the DeafBlind Specialist serving the area where the individual lives. The purpose is to identify accommodations and supports the individual may need to succeed in training. Documentation of the hearing loss, vision loss, or deafblindness must be listed in AWARE on the disability page.

- Supports individuals may need include but are not limited to:
  - Working or new hearing aids
  - FM devices or personal assistive listening devices that help deafblind students hear better one-on-one and/or in groups
  - Sign language interpreters
  - Computer assisted real time captioning (CART)
  - Notetaking services

After staffing the case, the DeafBlind Specialist will email the field staff person handling the referral, saying the person is ready for training and specifying the accommodations each person needs before he or she starts training. The case manager can send this email along with the referral packet to VRCBVI staff. The DeafBlind Specialist also can send a follow up email to the case manager and VRCBVI staff. Staff can then work with the individual, case manager and DeafBlind Services staff to ensure that accommodations are provided prior to training. DeafBlind Services staff can also be available to the

individual, case manager and VRCBVI staff for assistance during training.

Additionally, all referrals to VRCBVI require (at minimum) a:

1. VRCBVI referral form from AWARE, called a service authorization, as well as VRCBVI Referral Part Two, also from AWARE.
2. Recent eye report (less than one year old), and a recent medical form (less than six months old if the individual is diabetic and less than one year old for referrals for persons with other illnesses). Please refer to the VR manual, Section 10 for general referral information for all programs.
3. Recent hearing evaluation or audiogram (less than one year old). If the DBVI individual wishes to receive new hearing aids prior to training, the audiogram must be six months old or less. This is required by Virginia state law.

To plan for and address the accommodation needs of VRCBVI individuals in a timely manner, the case manager (vocational rehabilitation counselor or rehabilitation teacher) will need to include the following additional information in the referral packet:

- Documentation on the degree of hearing loss of the individual.
- Listing of any adaptive equipment (i.e., relating to alerting devices, assistive listening devices, current use of hearing aids, cochlear implants, telephone accommodations, etc.) that the person either currently uses or has been recommended to use.
- Interpreter Requirements (Tactile, Visual).
- Information on which devices the person will be bringing with them and which items that they will need while at VRCBVI.

- Copies of DeafBlind Services staff's assessments and recommendations.
- This information, for all referrals that have a combined vision and hearing loss, will be sent to the DeafBlind Services Program Director as well as the VRCBVI Assistant Director for Administration Services for intake review.

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

All potential referrals to the Helen Keller National Center (HKNC) must first be assessed by DBVI DeafBlind Services staff. Once the individual is determined feasible for services at HKNC, the vocational counselor or rehabilitation teacher (case manager) can obtain an application packet from the appropriate DeafBlind Services staff, or from the Helen Keller regional representative. If people need current information on the HKNC regional representative, they can contact DBVI DeafBlind Services staff, or find the information on the HKNC website at www.hknc.org.

The deafblind individual will complete the application in conjunction with their rehabilitation teacher or vocational rehabilitation counselor whenever possible. DeafBlind Services staff can provide assistance if needed.

The case manager will then send the completed HKNC referral packet to the HKNC regional representative. The HKNC regional representative is responsible for sending the packet to the HKNC New York office. An e-mail will be sent to the appropriate DeafBlind Services staff about any DBVI individual who is being considered for and/or referred to HKNC. For example, if an individual from Richmond is being referred to HKNC, an email can be sent to the DeafBlind Program Director; if someone from Roanoke is attending HKNC, the email can be sent to the DeafBlind Specialist.

To provide continuity in services to DBVI individuals who are deafblind or have a combined vision and hearing loss, a note will be made in the HKNC referral packet or cover letter that all relevant.

HKNC correspondence and progress reports be copied to the appropriate DeafBlind Services staff, with the deafblind individual's permission and knowledge. (Some individuals may not want to share all information about their case with staff.) Updates on individuals can also be provided in AWARE and the appropriate DeafBlind Services staff will have access to their individuals' records.

The appropriate DeafBlind Services staff will be listed as a member of the DBVI individual's transition team to assist the individual to return to his or her home community and/or relocate to another area.

The appropriate DeafBlind Services staff will be included in case conference calls, depending on availability. The DeafBlind Services staff will be available to assist the case manager working with individuals who are returning from HKNC to transition into their communities.

DBVI individuals accepted to the HKNC program may benefit from DBVI staff traveling with them to HKNC, so they can observe and become more familiar with HKNC's programs and services. DeafBlind Services staff can make arrangements with HKNC for DBVI staff to stay for a few days. For more information, contact Cynthia Ingraham, HKNC Regional Representative, at Cynthia.ingraham@hknc.org, or 240-786-6534.

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.

Procedure for Reviewing Hearing Aid Recommendations

All hearing aid recommendations for DBVI individuals received 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.

DeafBlind Services staff will send individuals' hearing aid recommendations and audiograms to the Department of Aging and Rehabilitative Services (DARS) agency audiologist. This person will review each recommendation to ensure that the aids are appropriate for each individual and that audiologists or hearing aid providers are charging standard rates used within DARS. Once the audiologist approves the hearing aid

recommendations, the audiologist will send the recommendations to DeafBlind Services staff, who will forward them to the case managers to process. This is to ensure that DBVI is following standard procedures used for hearing aid purchases within the Department of Aging and Rehabilitative Services.

Exceptions to the policy include:

- Hearing aids and services provided through Starkey's Hear Now Program (these are provided free except for an application fee), and
- Hearing aids and services purchased through James Madison University's Speech, Language and Hearing Laboratory for low-income Virginia residents since these services are provided at a significantly lower fee than most hearing services.

Otological Examination:

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

Audiological Examination:

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 is 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.

Hearing Aid Evaluation:

Digital hearing aids are very flexible and can be programmed for a wide variety of hearing losses. During the hearing aid evaluation, the audiologist should determine the most appropriate style for the individual's auditory needs, keeping in mind their physical limitations. Some styles are easier to insert in the ear and maintain because they are larger and easier to handle. This is a very important consideration with individuals who have dexterity, cognitive and/or visual limitations. The audiologist may obtain additional measurements such as Loudness Discomfort Levels, Most Comfortable Levels for speech and total stimuli, and word recognition scores in quiet and noisy situations. In addition, the client may be interviewed using a standardized questionnaire that identifies specific hearing difficulties that will be targeted for improvement with amplification.

Hearing Aid Purchases:

When hearing aids are purchased, the following must be provided and included in the prices of the aid(s):

- Hearing aid orientation (to teach the individual proper use and care of the hearing aids)
- Follow-up progress check(s) within 30 days of fitting
- Necessary batteries
- Thirty-day trial period

- Programming adjustments for the first six months, at no charge
- Processing repairs during the manufacturer’s warranty, at no charge
- In-house repairs for the first year, at no charge

If you have questions regarding otological or audiological recommendations, please consult DeafBlind Services staff.

Insurance Coverage for Audiological Examination and Hearing Aids:

Some insurance companies will pay for the cost of the audiological examination. Some require a referral from a medical physician (primary care physician or otologist) before they will pay. There are a few insurance companies that provide some coverage for hearing aids and this may increase in the future. Check with the individual’s insurance company.

Case Closure:

Thirty days before the case manager (VR counselor, education services coordinator or rehabilitation teacher) closes a deafblind individual’s case, the case manager will send an e-mail to the DeafBlind Services staff in their region to see if any further services are needed related to the individual's vision and hearing loss prior to closure. The DeafBlind Services staff person will review the case file in AWARE to determine if DeafBlind Services have been completed. The DeafBlind Services staff will make appropriate recommendations about what additional services the person may need within the 30-day period. All services must be completed before a case can be closed. A notation will be made in the AWARE case record if the staff is unable to make needed recommendations or close the case within

the 30-day period. Case closure for any other reason should be put in the AWARE case record and DeafBlind Services staff should be notified.

A copy of the closure narrative will be e-mailed or sent to the DeafBlind Service staff person so that appropriate AWARE notations can be updated.

LOW VISION SERVICES

Policy Statement

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.

Preparing for Low Vision Exam

The following steps will outline the procedures required prior to the low vision exam:

1. The teacher and the individual will determine if a low vision exam is desired or will provide a benefit to the individual.
2. If it is established that a low vision exam will be completed, a Plan of Service must be developed with the individual. This Plan must include the low vision exam, the provider and the cost. Additionally, the rehabilitation teacher must determine whether the individual will have a participation in the cost of services, as this information is also needed for the Plan.
3. Prior to the low vision exam, the Functional Vision Assessment Form must be completed by the rehabilitation teacher and saved in AWARE.
4. The rehabilitation teacher will work with the individual and the low vision examiner's office to determine a mutually agreed upon date and time for the low vision exam to take place.
5. Once all these things have been completed, an authorization must be drafted and issued.
6. The rehabilitation teacher must be present for the low vision exam with the individual.
7. If low vision aids are prescribed, the teacher will gather the recommended aids from their stock and allow the individual to use these aids for 30 days. Before leaving the individual to use these aids on their own, the teacher must provide training in their use.
8. At the end of the 30-day period, the teacher will contact the individual in order to determine how satisfied the individual is with the aids.
9. If the individual is satisfied with all of the recommended aids and they have no participation in the cost of services, the teacher will gather the borrowed aids and return them to their stock.

10. The teacher will add the purchase of these aids to the Plan, as well as the cost and provider. The teacher will complete an authorization and have the aids ordered.
11. If the individual does participate in the cost of service, the teacher will gather the borrowed aids and return to their stock. They will assist the individual in purchasing the desired aids. Regardless of whether or not DBVI purchases the low vision aids, this service must be listed on the Plan. In cases where the individual participates in cost of services, the teacher will indicate this on the Plan.
12. When determining who will pay for a low vision exam, the teacher must exhaust all other comparable benefits.

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

Eligibility for Orientation and Mobility Services

Rehabilitation Teachers are responsible for making a referral to an Orientation and Mobility instructor if the individual makes this request known to their RT. Once this referral is made, the Orientation and Mobility instructor will determine eligibility.

Process for referring Individuals for O&M services

The Rehabilitation Teacher completes a Service Authorization for O&M Services in AWARE. Upon completion, the Individual will appear on the O&M caseload in NEW status. The Rehabilitation Teacher notifies the O&M specialist of the referral via an email message that includes at a minimum:

1. The individual's name and
2. Specific reason(s) for the referral.

When an individual receiving RT/IL services has secondary disabilities which may impact their participation in an O&M program, a general medical exam may be obtained by the Rehabilitation Teacher (purchased if necessary) if the functional limitations posed by the secondary disability are not adequately documented in the RT/IL Case file.

Rehabilitation Teaching/Independent Living/Older Blind (RIO) Service Plan

1. The O&M evaluation/training will be entered by the Rehabilitation Teacher on the Service Plan. O&M Specialists will maintain a more detailed plan.

2. The Rehabilitation Teacher is responsible for case expenditures and will be responsible for the purchase of any O&M aids or devices, other than canes, that are recommended by the O&M Specialist. The Rehabilitation Teacher will include O&M aids or devices on the individual’s Service Plan.

3. When a cane is issued to an individual receiving RT/IL services, the O&M specialist will specify the type, length of the cane and cost in the next narrative report he/she writes. The O&M Instructor will forward a copy of this report to the teacher. The Rehabilitation Teacher is required to enter the cane on the service plan unless Guest Access is given to the O&M Instructor.

Support Canes

O&M instructors are considered the most qualified authority at DBVI to work with/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 be referred to consult with the O&M program staff for consideration.

a. Reference: In the field of vision rehabilitation, there is a question on whether or not O&M instructors and/or RTs have the knowledge and skills to issue support canes. Based on the scope of practice for O&M specialists, support canes are not specifically mentioned, (ACVREP, 2018a). However, the scope of practice for certified vision rehabilitation therapists (CVRTs) specifically states in an editor's note that CVRTS are to make referrals to the appropriate professional rather than issue a support cane (ACVREP, 2018b).
b. DBVI does not "prescribe" medical devices. A "support cane" is considered a medical device. The issuing of support canes without consultation with a medical authority (PT, OT, and doctor) is not a routine practice.
c. Individuals who have their own support canes may have support canes marked with tape for identification, another type of cane issued (ID, standard, AMD), or receive a replacement support

cane (red and white) at the discretion of the O&M instructor. The issuing of a support cane should be in collaboration with the individual and appropriate medical professional. Further, support canes should be ordered individually, and documented according to DBVI procedures and guidelines.

Chapter 13

Referral to Vocational Rehabilitation Program

When discussing the assessment guide, the RT will explain VR services if applicable. If the individual indicates that they are interested in employment, the RT will send an email with referring information to the intake specialist. This information must include:

A. 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 14

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 consent to release information forms. Other consents designed for more specific information may be found in the DBVI Document Repository.

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.

Authorization for the Release of Personal Information (DBVI-70-29)

This release form is used to request or exchange/disclose personal information that does not include protected health information or alcohol/drug/substance abuse diagnosis or treatment information. It is used when sharing school records, for criminal background checks, or other specific information that is not protected by more stringent regulations. This form allows for the release of information verbally as well as in writing and can be used for more than one entity.

Examples of types of records released with this authorization include but are not limited to:

- School Records and Transcripts
- Criminal Records and Background Screenings
- Employment Records
- Communications with perspective employers
- Communications with family members or representatives

Revocation: Revocation of this release can be made verbally and the Rehabilitation Teacher must document this action a case note in AWARE and attach a copy of the case note to the print

copy in the individual's paper case file. When revoked in writing, documentation must be attached to the release form in the individual's case file.

Authorization for Disclosure of Protected Health Information (DBVI-70-23)

This release form shall be used to obtain, exchange, or disclose protected health information (PHI) / individually identifiable Health Information (IIHI). The authorization is intended for two, and only two, entities to share information between them and only them. List one entity in the "custodian of information" field and list DBVI as the other entity in the "to disclose to" field. Check only the items that are required for DBVI to conduct business. If seeking an entire record, identify "All Records" in the "other" section of the form.

Examples of types of records released with this authorization include but are not limited to:

- Medical Provider Records – Ophthalmologists, Hospitals, Physicians, hospitals or healthcare facilities
- School information that includes PHI or IIHI such as IEPs, school psychological reports, eye reports, Immunization Records

Signature(s): DBVI staff shall explain the HIPAA privacy statement before the individual signs the form. DBVI staff shall not sign on behalf of the individual and verbal signatures are not allowed. To be a legally binding document, the consenting individual must be the individual receiving services, the custodial parent, legal guardian, or power of attorney.

Revocation: Revocation of this release must be in writing. The revocation documentation must be attached to the release in the individual's case file. Once revoked, the release cannot be used under any circumstance; a new release will be required if PHI/IIHI is requested in the future.

Authorization to Release Drug and Alcohol Diagnosis and Treatment Records (DBVI-70-22)

This release shall be used to obtain, exchange, or disclose alcohol and substance abuse information. List only one entity in the "custodian of information" field and only one entity in the "to disclose to" field; this form is for a one-to-one exchange relationship between only two entities. An additional release is required for additional entities. Frequently, an Authorization for Use or Disclosure of Protected Health Information will be required in addition to the Authorization to Release Drug and Alcohol Diagnosis and Treatment Records.

Examples of types of records released with this authorization include but are not limited to:

- Community Services Boards
- Substance Abuse Programs
- Treatment Facilities

Revocation: Revocation of this release must be in writing. Documentation shall be attached to the release in the individual's file. Once revoked, the release cannot be used under any circumstance; a new release will be required if Drug and Alcohol Diagnosis and Treatment Records is requested in the future.

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.

e. Law enforcement, fraud, or abuse
    a. 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)).

f. 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).

g. 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.

h. 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).

i. 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).

j. 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.

k. 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).

l. 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). For example, see subsection 8 above which allows disclosure in a medical emergency

m. 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.

n. 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).

o. 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.

p. Providers.
    a. Informed written consent from the individual to whom the RT/IL services are being provided shall be required.

Chapter 15

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 make a determination 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 make a determination 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 16

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 accessible 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.). The Rehabilitation Teacher must document this review in AWARE (either in Case Notes or in Actual Services, depending on the timing and nature of the review). The Rehabilitation Teacher must also document in Case Notes in AWARE the justification for using the electronic signature process.
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. Documentation that can be stored electronically within AWARE does not need to be maintained in the individual's paper 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.
10. The Rehabilitation Teacher will document in AWARE case notes the results of the electronic signature process, for example noting the status of the electronic signature process, any problems or issues, etc.

Virginia Department for the Blind and Vision Impaired

DBVI ELECTRONIC SIGNATURE
INFORMATION SHEET

DBVI policy requires a signature from you on a number of documents. The signature is required such that there is documented evidence that you have been provided with the document and that you agree and approve. For example, signing your Individual Plan indicates you understand and are in agreement with the rehabilitation teaching goal(s) and plan that you and your teacher developed.

DBVI allows RT staff to utilize an electronic signature process in order to acquire your signature. Using an electronic signature process allows the Rehabilitation Teacher and you to implement and maintain your RT services in the most efficient way. Below is more specific information regarding the electronic signature process. Your RT is available to answer any questions you may have regarding this process.

1. Electronic signatures are considered as valid signatures, no ***different than a traditional wet signature, assuming you, or your designee, are purposely and deliberately signing the document in question. That is, you want to be sure you understand and agree with the information in the document before you sign it.

2. **In order to use the electronic signature process, you must provide your Rehabilitation Teacher with an email address that** ***is unique to you** or to someone chosen by you to be your ***designee**.** **You**, or you designee, **must provide your teacher with your new email address when and if it changes. If you have not yet reached the age of majority (18 years old), or if through legal proceedings a parent, guardian, or legal representative have signatory authority, that individual must provide your teacher with their unique email address.**

3. **Documents that can be signed electronically will be sent to you**, ***or your designee, **by email from your teacher. The document itself will be an attachment or a link in the email. You can choose to open the document, review, and save it if you wish. Follow the directions you find in the email; you'll have the option to approve the document and agree to use an electronic signature, but you'll also have the option to decline or not approve signing the document. If you do not approve or decline to use an electronic signature, or have questions about the document, contact your teacher to discuss.**

4. **You are not required to agree to use electronic signatures, and if you agree to use an electronic signature for one document it doesn't mean you have to use an electronic signature for future documents.**

5. **After you've replied to the email with your approval, your teacher will ensure you have a copy of the document you electronically signed. Those documents will be maintained in your confidential file for future access.**

Electronic Signatures Instruction Letter

Attached is *[Name of Document]* that you and I reviewed on ****[Date of Review*]. I now need for you, or your designee, to sign the document indicating your approval. In order for you to review the document, you will need to open the attachment. You may save a copy of the document if you wish, but I will be sending you a copy once we have completed the signature process.

As you and I discussed, DBVI is now accepting electronic signatures. If you approve of the *[Name of Document*], and wish to use the electronic signature process, I will need you to choose REPLY to my email and then type “Approved” followed by your name. Then send the email back to me. **By sending the email back with your approval and name you are also consenting to use the electronic signature process.**

If you have questions about the *[Name of Document*], or do not consent to use an electronic signature, either type in “not approved” in your email reply, or simply don’t reply to the email, and then please contact me to discuss so we can complete the signature process.

Chapter 17

RT Pre-ETS Services

According to the workforce Innovation and Opportunity Act (WIOA), “a student is defined as:

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)

There are three types of services that are used when billing Pre-ETS skills. For the purposes of the RT program, teachers will use what is called “Pre-ETS required” when completing their timesheet. 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

When the VR counselor refers an individual to a RT, specifically for Pre-ETS services, it is the responsibility of the VR counselor to inform the teacher that the referral is a student. At this point, teachers should make note that this individual will need to receive training in the two Pre-ETS core services listed above. The time that is spent with this individual in either one or both areas, must be documented as Pre-ETS required on the RT's timesheet. Teachers will be responsible for writing a quarterly Case Note summary at the end of each quarter. Additionally, teachers must keep track of the number of hours for each student they serve and the total number of hours must be included in the Case Note summary. This summary must be completed in an email to the student's VR counselor by the 20th of the third month in the quarter in order for the counselor to include this information in their actual service summaries.

Guidance for Orientation & Mobility Services for Students in Secondary Education

When serving students 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.

For more information regarding services RT can provide a student to access Pre-Employment Transition services, RTs are strongly encouraged to staff cases with manager and Director of Instruction.

Chapter 18

Case Prioritization

RT/IL Consumer Priority

Standard: Demographics will cause the type of vision loss and age of consumers 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: Totally blind consumer -- all ages

Priority 2: LB consumer – all ages

Priority 3: VH consumer -- all ages

Standard Evaluation: The teacher can use the AWARE flowsheets to determine the visual status of open cases and arrange their itinerary accordingly. Guidance may be sought from the regional manager as needed.

APPENDIX

Eye Diseases or Disorders

Eye Condition Terminology

The following list of eye diseases or disorders is provided as a guide to familiarize the rehabilitation teacher with certain terminology associated with the field of work with individuals who are blind, visually handicapped and deafblind.

Accommodation: *Function.* The ability of the eye to adjust for varying distances.

Acute: *Pathology.* Sudden, rapid onset, usually with notable symptoms.

Albinism: *Disease.* Lack of pigment in eye, hair, and skin. Usually associated with decreased visual acuity, nystagmus (rhythmic side-to-side eye movements), and photophobia (light sensitivity).

Amaurosis Fugax: *Disease*. Sudden, transient decrease in vision of one; varies from visual field constriction to total blindness. Usually caused by insufficient blood flow to the ophthalmic artery.

Amblyopia: "Lazy Eye". *Disease*. Decreased vision in one or both eyes without detectable anatomic damage. Caused by a failure of the vision centers in the brain to develop properly due to childhood vision issues that prevent a clear image from focusing on the retina, or from suppression of the image from one eye in order to prevent diplopia. Uncorrectable by optical means (eg, eyeglasses).

Aneurysm: *Disease.* Ballooned-out section of a tubelike body part, such as a blood vessel, caused by a weakened area in the

tube wall. Prone to leaking plasma and has the potential to rupture.

Angiitis: *Disease*. Inflammation of a blood vessel.

Angle of anterior chamber: *Anatomy*. Junction of the front surface of the iris and back surface of the cornea, where aqueous fluid filters out of the eye.

Aniridia: *Pathology*. Absence of the iris.

Aniseikonia: *Pathology*. Unequal retinal image sizes in two eyes, usually from different refractive errors.

Anisometropia: *Disease.* A difference in the refractive power of each eye, resulting in a difference in the apparent size of objects seen.

Antibody: *Pathology*. Part of defense mechanism against disease.

Antigen: *Pathology*. Any substance that stimulates production of antibodies, part of the body's immune system.

Aphakia: *Pathology*. Having no lens in the eye, eg., after cataract removal

Aqueous humor: *Anatomy*. Clear, watery fluid that fills the space between the back surface of the cornea and the front surface of the vitreous to bathe the lens. Produced by ciliary process. Nourishes the cornea, iris, and lens and maintains intraocular pressure.

Arcus senilis: *Pathology*. Ring-shaped white deposit of fat near the peripheral edge of the cornea (limbus). Found typically in patients older than age 60, but also in young patients with abnormally high blood fat levels.

Asthenopia: *Disease*. Vague eye discomfort that arises from use of the eyes; may consist of eyestrain, headache, and/or brow ache.

Astigmatism: *Disease*. Visual defect caused by abnormal curvature of the cornea

Atropine: *Drug.* Drug that paralyzes parasympathetic nerve action; applied locally to the eye to dilate the pupil and paralyze ciliary muscle

Autoimmunity: *Disease*. Allergy to one's own tissue

Blepharitis: *Disease.* Inflammation of the eyelids

Blepharospasm: *Disease.* Spasm of eyelid muscles

Blind spot: *Anatomy*. Normal defect in visual field due to position at which optic nerve enters the eye

Buphthalmos: *Pathology*. Enlargement of the eye

Canaliculus: (*Lacrimal)*: *Anatomy. narrow tubular passage, tear duct*

Canthus*:* *Anatomy*. The angle at either end of the slit between the eyelids

Cataract: *Disease.* An opacity of the lens

Incipient: Any cataract in its early stages, or one which has sectors of opacity with clear spaces intervening

Mature: A cataract in which the lens is completely opaque and ready for operation

Hypermature: A cataract in which the lens has become either solid and shrunken, or soft and liquid

Congenital: A cataract that originates before birth

Senile: A hard opacity of the lens in the aging eye

Traumatic: Cataract following injury

Choked disc: *Disease.* Swelling of the optic nerve

Chorioretinitis: *Disease.* Inflammation of the choroid and retina

Choroid: *Anatomy*. Vascular layer of the eyes, the function of which is to nourish the retina

Ciliary body: *Anatomy.* Portion of vascular layer of eye whose function is secretion of aqueous humor

Coloboma: *Pathology.* A congenital defect in which a portion of a structure of the eye is absent

Cone: *Anatomy.* A specialized visual cell in the retina, responsible for sharpness of vision and color vision

Conjunctiva: *Anatomy.* The delicate membrane that lines the eyelids and covers the exposed surface of the eyeball

Contact lens: *Instrument.* Small plastic disc that contains an optical correction; worn on the cornea or sclera to correct refractive errors or to protect the cornea.

Cornea: *Anatomy:* Transparent front part of the eye that covers the iris, pupil, and anterior chamber and provides most of an eye's optical power.

Corticosteroids: *Drug.* Cortisone derivatives for treatment of inflammatory and allergic diseases.

Cryosurgery: *Surgical Technique.* Any procedure that uses intense cold.

Cup, Optic Cup: *Anatomy.* White depression in the center of the optic disc.

Cyclitis: *Disease.* Inflammation of the ciliary body.

Cycloplegia: *Disease.* Paralysis of the ciliary muscle, which eliminates accommodation. Clinically accomplished with eyedrops.

Cytomegalovirus (CMV): *Disease.* Common virus that infects people of all ages and stays in the body for life.

Dacryocystitis: *Pathology.* Inflammation of the tear sac. Associated with faulty tear drainage.

Diabetic retinopathy: *Pathology.* Progressive retinal changes that accompany long-standing diabetes mellitus. Early stage is background retinopathy (nonproliferative).

Diopter: *Instrument.* Unit of measurement of the optical power of a lens or curved mirror.

Diplopia (Double vision): *Disease.* Perception of two images (horizontal, vertical, diagonal, and/or torsional) from one object.

Disc, optic disc: *Anatomy.* Ocular end of the optic nerve. Denotes the exit of retinal nerve fibers from the eye and entrance of blood vessels to the eye.

Electroretinogram (ERG): *Test.* A record of changes or electrical potential in the retina after stimulation of light.

Emmetropia: *Anatomy.* Perfect vision

Endophthalmitis: *Disease.* Inflammation of tissues inside the eyeball.

Enucleation: *Surgical Technique.* Removal of the eyeball, with the eye muscles and remaining orbital contents left intact.

Estropia (Crossed Eyes): *Disease.* Eye misalignment in which one eye deviates inward (toward nose) while the other fixates normally.

Esphoria: *Disease.* Tendency toward inward (toward nose) deviation of one eye when a cover is placed over that eye. When the cover is removed, the eye straightens.

Exophoria: *Disease.* Tendency toward outward deviation of one eye when a cover is placed over it. Eye straightens to align with the other eye when the cover is removed.

Exophthalmos: *Disease.* Abnormal protrusion or bulging forward of the eyeball; most commonly associated with thyroid eye disease.

Exotropia: *Disease.* Eye misalignment in which one eye deviates outward (away from nose) while the other fixates normally.

Flash blindness: *Disease.* Vision loss caused by viewing an extremely bright light flash. Usually temporary.

Fovea centralis: *Anatomy.* A tiny depression in the center of the macula, the area of greatest visual acuity

Fundus: *Anatomy.* Interior posterior surface of the eyeball; includes the retina, optic disc, macula, and posterior pole. Can be seen with an ophthalmoscope.

Glaucoma: *Disease.* A condition of the eye characterized by increased intraocular pressure.

Closed angle: caused by scarring of the iris to the trabecular meshwork due to inflammation or repeated attacks of angle obstruction over a long period.

Open angle: most common type; gradual increase of eye pressure due to an increase in resistance to normal outflow of aqueous from the eye despite an apparently open anterior chamber angle. If untreated, results in optic nerve damage and visual field loss that causes gradual, painless, irreversible loss of vision.

Congenital: Glaucoma present at birth and within the first 6 months of life due to a defect in the angle of the anterior chamber.

Absolute: End-stage in which vision is completely lost.

Gonioscopy: *Test.* Examination with a slit lamp of the anterior chamber angle structures through a specialized contact lens.

Gonorrheal ophthalmia: *Disease.* Blinding eye disease of newborn infants acquired in the birth canal.

Hemianopia: *Disease.* Visual field defect (blind area) that affects half of each eye's field.

Herpes simplex virus (HSV): *Disease.* Virus that infects the nerves in the skin and mucous membranes. In the cornea it produces painful branchlike ulcers. Frequently recurrent; can cause corneal opacification and scarring.

Histoplasmosis: *Pathology.* Fungus infection caused by inhalation of Histoplasma capsulation. Effects begin in the lungs and spread to other organs.

Hyperopia: *Disease.* Farsightedness.

Hyphema: *Disease*. Blood in the anterior chamber, such as after blunt trauma to the eyeball.

Intraocular: *Anatomy*. Inside of eye.

Intraocular pressure: *Anatomy or Test*. Fluid pressure inside the eye or assessment with a tonometer of pressure inside the eye.

Iridectomy: *Surgical Technique*. Surgical removal of a portion of iris tissue with scissors.

Iridocyclitis: *Disease.* Inflammation of the iris, anterior chamber, or ciliary body. Causes pain, tearing, blurred vision, constricted pupil, and a red (congested) eye.

Iritis: *Disease*. Inflammation of the iris, but the term is commonly used synonymously with “anterior uveitis” to describe anterior segment inflammation. Can cause pain, light sensitivity, tearing, blurred vision, and miosis.

Keratitis: *Disease.* Corneal inflammation characterized by loss of transparency and cellular infiltration.

Keratoconus: *Disease.* Degenerative corneal disease that affects vision. Characterized by generalized thinning and cone-shaped protrusion of the central cornea, usually in both eyes. Usually occurs in the second decade of life. Hereditary.

Keratoprosthesis: *Instrument.* Clear plastic implant surgically placed in the cornea to restore vision in patients with severe anterior segment opacification when a corneal graft alone is insufficient.

Lacrimal gland: *Anatomy*. Almond-shaped structure that produces tears. Located at the upper outer region of the orbit, above the eyeball.

Lagophthalmos: *Disease*. Incomplete eyelid closure that leads to corneal and conjunctival dryness.

Leber congenital amaurosis: *Disease.* A family of congenital retinal dystrophies that results in severe vision loss at an early age. May be accompanied by nystagmus, sensitivity to light, and sunken eyes.

Lens: *Instrument*. Any piece of glass or other transparent material that can bend light rays predictably.

Lenticular: *Anatomy*. Pertaining to or shaped like a lens.

Leukopenia: *Disease.* Abnormally low number of white blood cells in the blood.

Levator muscle: *Anatomy.* Muscle that raises the upper eyelid.

Limbus: *Anatomy.* Transitional zone about 1-2 mm wide, where the cornea, limbus, and Tenon capsule fuse together.

Macular degeneration: *Disease.* Group of conditions that include deterioration of the macula, which results in loss of sharp central vision. Hereditary types can occur in any age group.

Microphthalmos: *Disease*. A rare developmental defect in which the eyeballs are abnormally small.

Miosis: *Function.* Reduction in the size of the pupil. Normal response to a bright-light stimulus, focus on a near object, or instillation of certain drugs.

Miotic: *Function or Drug.* Refers to small pupils or a drug which constricts the ciliary muscle.

Mydriasis: *Function.* Increase in pupil size (dilation). Occurs normally in the dark or artificially with certain drugs.

Myopia: *Pathology.* Nearsightedness. Myopic people see close-up objects clearly, but their distance vision is blurry.

Myopic degeneration, progressive: *Pathology.* Pathologic condition; myopia associated with the stretching of eye structures and with the thinning and tearing of sclera, choroid, retinal pigment epithelium, and retina. A form of nearsightedness which may lead to blindness

Needling: *Surgical technique*. A procedure to reestablish flow through a trabeculectomy procedure. It can refer to either a puncturing of an encapsulated bleb with a needle or the passing of a needle through the conjunctiva and under the scleral flap to reopen the fistula and reestablish flow.

Neuritis, optic: *Pathology.* Optic nerve inflammation with little to no initial optic disc change. Marked decrease in visual acuity.

Nystagmus: *Disease.* Involuntary, rhythmic side-to-side, up-and-down, or rotary eye movements that are faster in one direction than the other.

Ocularist: *Person.* Person who makes and fits ocular prostheses (cosmetic “glass eyes”)

Oculomotor: *Anatomy.* Name of the third cranial nerve. Also refers to eye movements in general; in this case, the preferred term is “ocular motor.”

Opacity: *Pathology.* Something that is opaque. Refers to anything that blocks normal transmission of light through a transparent medium.

Ophthalmodynamometer: *Instrument.* An instrument for measuring the blood pressure in the central retinal artery.

Ophthalmologist: *Professional.* A medical practitioner specializing in the field of medical and surgical care of the eye.

Ophthalmoscope: *Instrument.* Illuminated instrument for visualization of the interior of the eye.

Direct: Provides a magnified (15x) upright view with a small (8 degree) field of view; consists of a bright light source and incorporated focusing lenses.

Indirect: Creates an inverted, magnified image of the fundus, projected in front of the eye, with a field of view that varies according to the lens used. Consists of a bright light source and a handheld high-plus lens.

Optic atrophy: *Disease.* Degeneration of the optic nerve fibers; usually results in irreversible loss of vision.

Optic chiasm: *Anatomy.* An arrangement of nerve fibers in which the optic nerves of both eyes cross at a junction near the pituitary gland.

Optic disc: *Anatomy.* The portion of the optic nerve within the eye which is formed by the meeting of all retinal nerve fibers at the level of the retina.

Optic neuritis: *Disease.* Inflammation of the optic nerve.

Optician: *Professional.* Professional who makes and adjusts optical aids, eg, eyeglass lenses, from refraction prescriptions supplied by an ophthalmologist or optometrist.

Optometrist: *Professional.* An expert in optometry; nonmedical visual care.

Orbicularis: *Anatomy.* Muscle sheet that surrounds the eye and closes the eyelids.

Orbit, socket: *Anatomy.* Pyramid-shaped cavity in the skull which contains the eyeball, its muscles, blood supply, nerve supply, and fat. About 2 inches deep.

Orthoptics: *Test.* Deals with the diagnosis and treatment of defective eye coordination, binocular vision, and functional amblyopia by nonmedical and nonsurgical methods, eg. glasses, prisms, exercises.

Palpebral: *Anatomy.* Refers to the eyelid.

Panophthalmitis: *Pathology.* Infection or inflammation of all eyeball structures.

Papilledema: *Disease.* Swelling of the optic disc with engorged blood vessels; associated with elevated pressure within the skull.

Pathway: *Anatomy.* Complete course of nerve fibers that originate from the retinal visual cells as they travel to the occipital cortex in the brain.

Pemphigoid: *Disease.* Chronic progressive blistering and scarring of the eye’s mucous membranes and the skin which lead to adhesions. Causes severe drying and opacification of the cornea and may be devastating to vision. Occurs in people older than age 60.

Perimeter: *Instrument.* An instrument for measuring the central or peripheral field of vision.

Phakoma: *Pathology.* A small grayish-white tumor in the retina.

Phlycetenule: *Pathology.* Wedge-shaped nodular lesion at the corneal edge.

Phoria: *Pathology.* A tendency of the eyes to deviate that is prevented by fusion. Thus, a deviation occurs only when a cover is placed over an eye; when uncovered, the eye straightens.

Photophobia: *Pathology.* Abnormal sensitivity to and discomfort from light.

Phthisis bulbi: *Pathology.* Diseased or damaged eyeball that has shrunk and lost function.

Pigment epithelium: *Anatomy*. Pigment cell layer just beneath the retina that nourishes retinal visual cells.

Pilocarpine: *Drug.* A substance that cause the pupil to contract. Used to treat glaucoma.

Pituitary ablation: *Surgical technique.* Destruction of pituitary gland.

Posterior pole: *Anatomy.* Back curvature of the eyeball; usually refers to the retina between the optic nerve and the macular area.

Presbyopia: *Disease.* Reduction in the eyes' ability to focus on nearby objects, which results from loss of elasticity of the crystalline lens and/or loss of ciliary muscle function. Occurs with aging; usually becomes significant after age 45.

Pterygium: *Disease.* An abnormal wedge-shaped growth that originates on the bulbar conjunctiva and extends onto the cornea. May require surgical removal. Probably related to ultraviolet light exposure from the sun.

Ptosis: *Disease.* Drooping or sagging of the upper eyelid.

Pupil: *Anatomy.* Variable-sized black circular opening in the center of the iris that regulates the amount of light that enters the eye.

Rectus: *Anatomy.* Four of the 6 muscles that move the eyeball: inferior rectus, lateral rectus, medial rectus, superior rectus.

Reflex: *Function.* Involuntary response to a stimulus or a slang for reflection.

Corneal: 1. Neurologic response: blink caused by a corneal foreign-body sensation. 2. Mirrorlike reflection of a bright light from the corneal surface.

Pupillary: Decrease in pupil size that occurs with direct light stimulation or accommodation of the eye.

Refractive error: *Function.* Optical defect in an unaccommodating eye. Parallel light rays are not brought to sharp focus on the retina; this results in a blurred retinal image. Can be corrected by eyeglasses, contact lenses, or cataract or refractive surgery.

Retina: *Anatomy.* Light-sensitive nerve tissue in the eye that converts images from the eye's optical system into electrical impulses that are sent along the optic nerve to the brain, which interprets them as vision. Forms a thin membranous lining of the rear two-thirds of the globe.

Retinal Detachment (RD): *Pathology.* Separation of the retina from the underlying pigment epithelium. Usually caused by a retinal tear, which allows fluid to pass from the vitreous in the subretinal space.

Retinal hole: *Pathology.* A tear in retinal tissue. If fluid passes under the retina, through the tear, this may result in a retinal detachment.

Retinitis pigmentosa: *Disease.* A hereditary degeneration and atrophy of the retina. Night blindness, usually in childhood, is followed by loss of peripheral vision, initially as a ring-shaped

defect, which progresses over many years to tunnel vision and, finally blindness.

Retinoblastoma: *Pathology.* Malignant intraocular tumor that develops from the retina. If untreated, seedling nodules produce secondary tumors that gradually fill the eye and extend along the optic nerve to the brain, which results in death. Hereditary.

Retinopathy: *Pathology.* Any noninflammatory degenerative disease of the retina.

Diabetic: Changes in the retina due to long-standing diabetes mellitus.

Hypertensive: Retinal changes that accompany high blood pressure.

Retinoscope: An instrument for measuring the refractive state of the eye

Retrobulbar: Situated or occurring behind the eyeball

Retrolental fibroplasia: A disease of the retina in which a mass of scar tissue forms in back of the lens; associated with premature birth and oxygen inhalation

Rubeosis iridis: *Pathology.* Formation of abnormal new blood vessels and connective issue on the iris surface; may give it a reddish cast. Commonly associated with late stages of diabetic retinopathy and central vein occlusion. May cause a hard-to-manage form of glaucoma.

Sac: *Anatomy.* Soft-walled cavity that usually has a narrow opening or none at all; often contains fluid.

Conjunctival: *Anatomy*. Loose pocket of conjunctive between the upper eyelid and the eyeball, and lower eyelid and the eyeball; permits the eye to rotate freely.

Lacrimal, tear: *Anatomy.* Structure that collects tears. Located under the skin near the bridge of the nose. Tears enter from the common canaliculus and leave through the lacrimal duct, into the nose.

Schlemm's canal: *Anatomy.* Circular channel deep in the corneoscleral junction (limbus); conducts aqueous from the anterior chamber in the eye, through aqueous veins, and into the bloodstream.

Sclera: *Anatomy.* Opaque, fibrous, protective outer layer of the eye ("white of the eye"). Contains collagen and elastic fibers.

Scotoma: *Disease.* A blind or partially blind area in the visual field.

Slit-lamp: *Instrument.* Table-top microscope used to examine the eye. An instrument producing a slender beam of light for illuminating any reasonably transparent structure, such as the cornea.

Spasmus nutans: *Disease.* Fine, rapid eye oscillations (nystagmus) and head nodding, often with a head tilt. Appears in first or second year of life, then gradually subsides.

Squint: *Function.* Manifest ocular misalignment caused by extraocular muscle imbalance: 1 eye is not directed at the same object as the other.

Staphyloma: *Pathology.* Bulging of the eye surface that includes part of the uvea, eg. Iris, ciliary body, into an area of thin, stretched sclera. If no uveal tissue is included in the building area, the condition is called an ectasia.

Stereopsis: *Function.* Visual blending of 2 similar (not identical) images. One image falls on each retina, and the visual perception of solidity and depth, they are perceived as 1 image.

Strabismus (Squint): *Disease.* Eye misalignment: horizontal, vertical, or both, caused by extraocular muscle imbalances. One eye is not directed at the same object as the other.

Stye, external hordeolum: *Disease*. Acute pustular infection of the oil glands of Zeis, located posterior to the eyelash follicles at the eyelid margin.

Subluxation: *Disease.* Partial displacement of the crystalline lens from its normal position. Caused by broken or absent zonules.

Sympathetic ophthalmia: *Disease.* Bilateral granulomatous inflammation of the uvea (choroid, ciliary body, and iris) as a late complication of a penetrating injury to 1 eye. Dangerous because vision loss, including blindness, can occur in the other unharmed eye,

Syndrome: *Disease.* Group of signs and symptoms that tend to occur together and characterize a particular abnormality.

Synechia: *Disease.* Adhesion(s) that binds the iris to any adjacent structures such as the cornea or lens.

Tarsal or Tarsal plate: *Anatomy.* Dense platelike framework within the upper and lower eyelids that provides stiffness and shape.

Tarsorrhaphy: *Surgical technique.* Suturing of the upper and lower eyelids together, partially or completely, to prevent corneal drying or to provide temporary protection to the eye.

Tear film: *Anatomy.* Liquid that bathes the cornea and conjunctiva. It has 3 layers: the outer oily layer secreted by the meibomian glands, the middle aqueous layer secreted by the lacrimal glands, and the inner mucin layer produced by conjunctival goblet cells.

Tenon capsule: *Anatomy.* Thin, fibrous, somewhat elastic membrane that envelops the eyeball from the limbus (edge of cornea) to the optic nerve; attaches loosely to the sclera and to extraocular muscle tendons.

Tonography: *Test.* Determines how fast intraocular pressure is reduced by pressure on the eye, based on how easily fluid can be forced out of the eye by pressure on the cornea with a fixed weight.

Tonometer: *Instrument.* Device that measures intraocular pressure.

Trachoma: *Disease.* Severe, chronic, contagious conjunctival eyelid and corneal infection caused by bacterium; leads to corneal blood vessel formation, corneal clouding, conjunctival and eyelid scarring, and dry eyes. Leading infectious cause of blindness in the world.

Ulcer: *Disease.* A break on a mucous surface or the surface of the skin with loss of tissue; usually accompanied by inflammation.

Ulcer, corneal: *Disease.* Area of epithelial tissue loss from the corneal surface; associated with inflammatory cells in the cornea and the anterior chamber. Usually caused by a bacterial, fungal, or viral infection.

Uniocular: Anatomy. Refers to or effects one eye.

Uveitis: *Disease.* Inflammation of any of the structures of the uvea: iris, ciliary body, choroid.

Vision: *Function*. Ability of the eye to receive, resolve, and transmit light images to the occipital lobe in the brain, where the light sensation if interpreted.

Vision, central: *Function.* An eye's best vision; used for reading and discriminating fine detail and colors. Results from stimulation of the fovea and macular area.

Vision, distant: *Function.* Visual acuity measured with the target at 20 ft (6m), the optical equivalent of an "infinite distance."

Vision, near: *Function.* Visual acuity measured with the target at 16 in (approximately 40 cm), which corresponds to normal reading distance.

Vision, peripheral: *Function.* Side vision: vision elicited by stimuli that fall on areas of the retina distance from the macula.

Vision, photopic: *Function.* Eyesight under daylight conditions. Involves the cone photoreceptors, which function for sharp resolution of detail and color discrimination.

Vision, scotopic: *Function.* Refers to vision at low light levels, primarily a function of retinal rods. Maximum sensitivity is usually after 30 minutes in the dark.

Visual acuity: *Test.* Assessment of the eye's ability to distinguish object details and shape; uses the smallest identifiable object that can be seen at a specified distance (usually 20 ft or 16 in).

Visual axis: *Test.* Imaginary line that connects a viewed object and the fovea.

Visual cortex: *Anatomy.* Area (cerebral end of sensory visual pathways) in the occipital lobes of the brain, where initial conscious registration of visual information takes place.

Visual field: *Function and Test.* Full extent of the area visual to an eye that is fixating straight ahead. Measured in degrees from fixation. A test that measures the amount of peripheral vision by measuring retinal sensitivity to light. Typically done for glaucoma and neuro-ophthalmology patients.

Vitreous body: *Anatomy.* Transparent, colorless, gelatinous mass that fills the rear two-thirds of the eyeball, between the lens and the retina.

Vitreous floaters: *Disease.* Particles that float in the vitreous and cast shadows on the retina; seen as spots, cobwebs, spiders, etc. Occur with aging or with vitreous detachment, retinal tears, or inflammation.

Water drinking test: *Test.* Patient drinks 1 quart of water to stress the aqueous drainage mechanism. Intraocular pressure is measured over the next hour. The rise of 8 mm Hg suggest the presence of open-angle glaucoma.

Xerophthalmia: *Disease.* Drying of eye surfaces. Characterized by loss of corneal and conjunctival luster. Associated with vitamin A deficiency and any condition in which the eyelids do not close completely.

Zonule: *Anatomy*. Radial fibers that suspend the lens from the ciliary body and hold it in position.

From the book—Dictionary of Eye Terminology, Seventh Edition by Jeffrey D. Henderer, MD