

NC DIVISION OF SERVICES FOR THE BLIND POLICIES AND PROCEDURES VOCATIONAL REHABILITATION

Section:	L
Title:	Low Vision Services
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Low Vision Services are an integral part of the total services available for eligible individuals who have useable vision. Low Vision Services will provide assessments and training that emphasize the use of residual vision rather than visual loss. Low vision assessments are available through Nursing Eye Care Consultants located in the State Agency's district offices, the Low Vision Program Specialist at the Rehabilitation Center for the Blind (RCB), and the Consulting Low Vision Optometrist in the Low Vision Clinic on the Governor Morehead School Campus, Raleigh. Prior to receiving low vision assessments with Nursing Eye Care Consultants, the Low Vision Program Specialist, or the Consulting Low Vision Optometrist, individuals should have a current eye report which should include diagnosis, visual acuity, and, if available, visual fields, refractive errors and a current eyeglass prescription, intraocular pressure and documentation of current medical eye care received relative to the individual's specific condition(s). Eye reports may be on the Medical Eye Care Eye Examination Report (On-Line DSB-2202 Report of Eye Examination), the provider's letterhead, or the provider's chart notes. Low Vision Services may be deferred when a current eye report is not available, when the eye condition is deemed too unstable, immediately preceding or following surgery when the individual has experienced a significant change in their vision since their last eye exam, or when there has been an onset of systemic disease and/or medication regimen which may affect their vision. Prior to meeting with the Nursing Eye Care Consultants, individuals should have the best possible refractive correction, i.e. eyeglasses or contacts.

Purpose of Low Vision Assessments

Low vision assessments, including those conducted by the Consulting Low Vision Optometrist, are intended to yield the best possible vision under conditions which may be altered to improve performance. These altered conditions are not intended to meet legal guidelines for determining eligibility or legal blindness. Instead, low vision assessments are intended to equip individuals and the Vocational Rehabilitation Counselor/Independent Living Rehabilitation Counselor/Social Worker for the Blind with information on how individuals may maximize use of their remaining vision to improve their individual vocational and/or daily living functioning.

Low vision assessments cannot replace medical eye care as received through the regular eye care provider. However, any concerns detected during this assessment which may require follow up will be noted and individuals will be directed to their regular eye care provider. If the low vision assessment determines the vision can be significantly improved through the prescription of contact lenses or eye glasses and this improvement may impact eligibility for services then the referring Vocational Rehabilitation Counselor/Independent Living Rehabilitation Counselor/Social Worker for the Blind may elect to the individual return to their regular medical eye care provider for re-assessment of eligibility.

Low Vision Services Provided by the Nursing Eye Care Consultant

Low vision assessments are available in all counties through a Nursing Eye Care Consultant. Nursing Eye Care Consultants provide individuals low vision assessments to assess the individual's visual strengths and challenges to determine the potential to use low vision techniques or aids. If

appropriate, areas such as lighting, positioning, and contrast can be assessed. The most recent eye reports available are needed for the Nursing Eye Care Consultant to provide the best possible assessment. A Video Magnification (Closed Circuit Television) assessment can be performed if authorized by the referring Vocational Rehabilitation Counselor/Independent Living Rehabilitation Counselor/Social Worker for the Blind. Video Magnification assessments only occur after the use of other low vision aids and adaptations have been explored and a determination has been made that the individual cannot adequately perform necessary tasks through other means.

The Nursing Eye Care Consultant will schedule an appointment with the individual at the earliest possible date. If the assessment indicates that one or more low vision aids will equip the individual to better meet his/her rehabilitation goals, the Nursing Eye Care Consultant will report recommended purchases for the referring Vocational Rehabilitation Counselor/Independent Living Rehabilitation Counselor/Social Worker for the Blind on the type of aid(s), price(s), and source(s) using the Equipment/Service Request Form. In almost all cases, in-person delivery of low vision aids is needed to ensure the device is working properly and the individual is able to use the device. When more extensive training in the use of the device is needed, the Vocational Rehabilitation Counselor/Independent Living Rehabilitation Counselor/Social Worker for the Blind may request the Nursing Eye Care Consultant deliver the device and provide training.

Video Magnification assessments will also be scheduled by appointment with the individual at the earliest possible date. The assessment must include the demonstration of at least three like devices (e.g. three in-line video magnifiers or three portable video magnifiers). When three like devices are not available, three most comparable devices available will be demonstrated. The devices demonstrated will be from three different vendors whenever possible. After the assessment, the Nursing Eye Care Consultant will complete the Evaluation with Video Magnification form and record ordering information including vendor specifications on the Equipment Service Request form if a device is recommended for purchase. The Nursing Eye Care Consultant is also available upon request to provide Video Magnification training.

Low Vision Services at the Rehabilitation Center/Evaluation Unit

Rehabilitation Center/Evaluation Unit Participants

Individuals attending the Rehabilitation Center for the Blind or the Evaluation unit who have any useable vision may be referred to the Low Vision Program Specialist. The facility Vocational Rehabilitation Counselor or referring Vocational Rehabilitation Counselor/Independent Living Rehabilitation Counselor may contact the Low Vision Program Specialist to request assessments or follow-up instruction needed as long as the individuals are attending the Center.

The Low Vision Program Specialist will conduct a functional vision assessment to assess the rehabilitation and/or demands of daily living needs. If appropriate, areas such as distance and near acuity, visual fields, lighting, positioning, color perception, contrast sensitivity as well as optical and non-optical aids can be assessed. Instruction in eccentric viewing or other adaptive techniques may also be provided.

When low vision assessments indicate that individuals are unable to adequately perform tasks through the use of conventional low vision aids and adaptations, individuals may be referred to the Technology Teacher at the RCB for a Video Magnification assessment if the referring Vocational Rehabilitation Counselor/Independent Living Rehabilitation Counselor approves this assessment. The Low Vision Program Specialist may perform this assessment when the Technology Teacher is unavailable. The assessment must include the demonstration of at least three like devices (e.g. three in-line video magnifiers or three portable video magnifiers). When three like devices are not available, three most comparable devices available will be demonstrated. The devices demonstrated will be

from three different vendors whenever possible. After the assessment, the Technology Teacher or Low Vision Program Specialist will complete the Evaluation with Video Magnification form and record ordering information including vendor specifications on the Equipment Service Request form if a device is recommended for purchase.

If indicated through the low vision functional assessment, the Consulting Low Vision Optometrist may conduct a clinical examination of visual function to include near and distance acuity using materials and techniques specially designed for low vision assessment, refractive error assessment with provision of prescriptions when indicated, visual field assessments, assessment for optical devices, recommendations for additional assessments, as well as observations on how the eye condition(s) may impact their functioning. A report (On-Line DSB-4047 Low Vision Eye Doctor Evaluation Report) -of clinical findings and recommendations are provided.

After the assessment, the Low Vision Program Specialist will complete a report on the assessment and the Equipment/Service Request form if low vision aids are recommended. The Low Vision Program Specialist is available to provide training in the use of recommended aids while individuals are attending the RCB or Evaluation Unit. Training activities and individual performance will be documented. Individuals who require additional assessments or follow-up training after attending the Rehabilitation Center for the Blind or Evaluation Unit may be referred by the Vocational Rehabilitation Counselor/Independently Living Rehabilitation Counselor/Social Worker for the Blind to the Nursing Eye Care Consultant. In some cases, individuals may be referred to the Low Vision Program Specialist specifically for additional low vision services.

Low Vision Only Services at the Rehabilitation Center/Evaluation Unit

Low Vision Clinic facilities, equipment and staff will sometimes be needed for assessments, recommendations and training for specific needs related to the Vocational Rehabilitation/Independent Living Rehabilitation plan at a time when an individual does not require other RCB or Evaluation Unit services. In these cases, the Vocational Rehabilitation Counselor/Independent Living Rehabilitation Counselor may make a referral to the Low Vision Program Specialist through the RCB after consulting with the Nursing Eye Care Consultant. At no time should a field-based referral to the Low Vision Program Specialist take the place of regular Nursing Eye Care Consultant services. Rather, Low Vision Program Specialist assessments for field referrals are intended as a supplement for specific needs which cannot be met through existing services and equipment available through the Nursing Eye Care Consultant. In these cases, the Low Vision Program Specialist may also coordinate a clinical examination by the Consulting Low Vision Optometrist if needed.

Requests for low vision only services will be sent using the Internal Referral – Evaluation Unit form. The Admissions Chair will notify the Low Vision Program Specialist who will coordinate the low vision assessment date with appropriate staff. Case material guidelines for RCB should be followed. In particular, current eye reports are required.

If the low vision assessment determines that individuals are unable to perform necessary tasks with other low vision aids and adaptations, a video magnification assessment may be considered as an option. In this case, the referring Vocational Rehabilitation Counselor/Independent Living Rehabilitation Counselor/Social Worker for the Blind will be contacted for possible approval of a Video Magnification assessment by the Technology Teacher/Low Vision Program Specialist. The Technology Teacher or Low Vision Program Specialist will complete assessment reports and the Equipment/Service Request form if a device is recommended.

Assessments for Monoculars

Field-based assessments for monoculars will be conducted by Orientation & Mobility staff who can also provide training with the monocular for travel purposes. Individuals receiving services at the Low Vision Clinic may be evaluated for monoculars by either the Low Vision Program Specialist or Consulting Low Vision Optometrist. Additional assessment and instruction in monocular use may be provided by RCB or field-based Orientation & Mobility Specialists after this initial assessment.

Bioptics

In July 2013, G.S. 20-7(t) was signed into law. This revised State statute expanded the conditions under which a driver could be allowed to use bioptics for driving in North Carolina.

http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_20/GS_20-7.html.

NC Division of Services for the Blind (NCDSB) has historically sponsored the purchase of bioptics within policy guidelines for non-driving purposes. In April 2023, NCDSB updated its policy to allow the purchase of a bioptic which may be used for driving purposes, if the additional criteria outlined in this policy is met.

Bioptics are prescribed telescopic devices which enable the user to obtain a better visual acuity than can be achieved with standard corrective lenses for spotting objects. The bioptic telescope is mounted on the front of eyeglass lenses and is typically accessed less than 10% of the time while worn. Determining if a bioptic is an appropriate device requires assessments to determine medical suitability, contraindications, training viability, and for the DSB VR program, the individual must need the device to achieve planned vocational goals. The prescription, fitting, and basic training in use of the device must be provided by an optometrist or ophthalmologist.

Prescribing and fitting a bioptic cannot be completed by the Low Vision Clinic staff based at the NCDSB Career and Training Center; however, they may assist with assessments related to the potential for using bioptics. These evaluations may include, but are not limited to: functional vision, visual goals, review of eye condition(s), review of secondary conditions, visual acuities, visual fields, depth perception, contrast sensitivity and color perception. Low Vision Clinic staff may also facilitate individualized discussions concerning the advantages and disadvantages of using bioptics as well as evaluate for other options to achieve educational and vocational goals. A written report of the low vision evaluation is entered into the case management system with findings and recommendations. Requests for this evaluation are submitted to the DSB Career and Training Center via the case management system.

To successfully use bioptics, training in their use must be provided by a qualified practitioner. Depending upon the tasks that are to be performed with the bioptic, as well as the specialized experience of the practitioner, qualified training may be conducted by the prescribing eye doctor (MD or OD), Certified Low Vision Therapist (CLVT), Occupational Therapist (OT) or Certified Orientation and Mobility Specialist (COMS). For driving, the training must be provided by a Certified Driving Rehabilitation Specialist (CDRS).

All of the following conditions must be met to purchase a bioptic for only non-driving purposes:

- The bioptic must be required to meet training or vocational goals on the Individualized Plan for Employment. A case note entitled, "bioptic request client goals", must be entered in the case management system which describes the client goals.
- Task(s) to be accomplished by using the bioptic necessary to achieve a non-driving related goal on the Individualized Plan for Employment.

- Individuals must be in one of the current statuses:

18 Services initiated under an IPE

20 Ready for employment

22 In employment after services were initiated

- A current eye health examination report within the last 12 months is added in the case management system and must include information on the eye condition with details on whether the condition is stable, progressive or varying, visual acuities and, if applicable, visual fields.

- The device must be prescribed by an optometrist or ophthalmologist who has training in the prescription of bioptics.

- The visual acuities obtained using the bioptic must be provided by the prescriber. The distance for the visual acuity test needs to match the distance for the task for which the bioptic would be purchased.

- Another optical or electronic device cannot be determined to be more effective with the educational and vocational goals and/or tasks. Depending on the intended use for the device, assessments for other types of adaptations may be made by the prescribing private practitioner, NCDSB Low Vision Clinic staff, Nursing Eye Care Consultants or Certified Orientation and Mobility Specialists.

- A method of providing the fitting and follow up instruction and training in use of the bioptic device must be available through the prescriber, and the consumer must be willing to participate in all follow up training.

- There is no known contraindication to prescribing the device. Note: some individuals may require additional assessments due to the nature of their vision or other health concerns which may impact use of the device to determine if it is the most suitable adaptation.

- Final approval for bioptic purchases is determined by the NCDSB Low Vision Program Specialist (LVPS) through a comprehensive review of the information provided. The LVPS will enter a case note into the case management system indicating whether the bioptic meets the criteria for purchase by NCDSB.

- Once the purchase is approved by the LVPS, the client will sign the NCDSB Agreement to Purchase Bioptics (dsb-4048b-ia): **Purpose A.**

In cases where a bioptic purchase is allowed, the VR Counselor may authorize for all necessary assessments, the frame, carrier lens and bioptic, as well as fitting and any follow up instruction needed to ensure the individual is able to safely and effectively use the device. Payment for materials will be made at the invoice cost. Practitioner fees will be paid at 75% of the usual and customary fees.

The following conditions must be met to be approved for a bioptic driving evaluation:

- The bioptic must be required to meet training or vocational goals on the Individualized Plan for Employment.
- All requirements above for non-driving purposes must be met including having a use for the bioptics to meet their planned goals other than just driving.
- The individual must meet the visual criteria for driving with a bioptic as detailed in the G.S. 20-7(t). See text at the end of this policy.

http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_20/GS_20-7.html.

- The current eye health examination report must also include visual fields.
- Final approval for a bioptic driving evaluation is determined by the NCDSB Low Vision Program Specialist through a comprehensive review of the information provided.
- Additionally, the below procedures must be followed to determine whether the bioptic driving evaluation may be authorized.

Procedures for determination of eligibility for bioptic driving evaluation

___ The counselor should advise the client that the process of meeting all driving requirements with a bioptic is lengthy and requires a significant amount of follow through on the part of the client – regardless of who pays. Additionally, several documents are required to be within a specified timeframe by the DSB and the DMV. Therefore, many steps will need to be completed in a short timeframe.

___ The counselor writes a description of client goals for which the bioptic is required in order to meet training or vocational goals on the Individualized Plan for Employment in a Case Note entitled, “bioptic request client goals”. Also add any other pertinent information to assist the reviewer.

___ Scan or attach all below documents into the case management system and then notify the Low Vision Program Specialist (LVPS) that a review is needed to determine if a bioptic driving evaluation may be approved.

- Copy of eye doctor’s examination report within the past 12 months (including diagnosis, visual acuities, and visual fields).
- Copy of DMV DL77 form of examination by an eye doctor indicating the individual meets the state driving vision criteria.
- Copy of DMV DL77-BT form of recommendation from eye doctor prescribing bioptic.
- Needed if not already addressed in any of the above documents: a low vision specialist report from the past 6 months to include factors such as eye dominance, contrast sensitivity, color vision, eccentric viewing pattern, need for filters, etc.
- Copy of driver’s license or permit. A permit only requires a written test. No on-the-road test is needed to obtain a driver’s permit.
- Submit DMV Driver’s Record if the individual has experience driving.

___ When all required documents have been reviewed, the LVPS enters a case note in the case management system indicating whether the evaluation for potential bioptic driving is approved.

Procedures for referring to a Certified Driving Rehabilitation Specialist bioptic driving evaluation

___ Counsel the client that approval for the bioptic driving evaluation is not a guarantee of DSB sponsorship of bioptic driver training.

___ Choose the CDRS evaluation vendor and amend the IPE with the service

___ Obtain client release(s) form to share information with vendor.

Authorization to Disclose Vocational Rehabilitation Information dsb-4017-VR

https://policies.ncdhhs.gov/divisional/blind/forms/vr-authorization-to-disclose-vocational-rehabilitation-information/@@display-file/form_file/dsb-4017-VR-ia.pdf

___ Provide the forms below to the CDRS vendor, as well as any additional documentation requested by the vendor to provide effective evaluations and training.

- Driver Evaluation and Training Referral Form (dsb-4048c)
- Driving Evaluation and Training Quote Request Form (dsb-4048d)
- Driving Evaluation and Training Report Content Requirements (dsb-4048-e)
- Standardized Driving Evaluation/Training Report (dsb-4048f).

___ Create the authorization to the CDRS vendor in the case management system.

Procedures for determination of eligibility for bioptic driver training

___ Receive the Standardized Driving Evaluation/Training Report (dsb-4048f) from the CDRS vendor and upload to the case management system.

___ The counselor reviews the dsb-4048f for recommendations from the CDRS on whether bioptic driving training is recommended. If not recommended for bioptic driving training, the client will sign the NCDSB Agreement to Purchase Bioptics (dsb-4048b-ia): **Purpose A**, if it has not already been signed.

___ If recommended for bioptic driving training based on initial CDRS evaluation,

- Client signs the NCDSB Agreement to Purchase Bioptics (dsb-4048b-ia): **Purpose B**
- Verify bioptic fitting and basic training completed with prescriber.
- Authorize vendor for bioptic driver training up to a maximum of 15 hours.

___ After up to 15 hours of training is completed, review the Standardized Driving Evaluation/Training Form and comprehensive typed report from the CDRS vendor and add to the case management system. If additional training is recommended, the counselor may authorize up to an additional 40 hours of instruction.

___ If the CDRS recommends additional hours of instruction in the next report, and after the completion of authorized training hours up to 55 hours, the counselor will add the report to the case management system and notify the Chief of Rehab Programs and Facilities of the request who will determine if additional training hours can be provided, and if so, how many.

___ Once training is satisfactorily completed, the client is responsible for working with the DMV to satisfy all requirements to obtain a driver's license which allows for driving with a bioptic.

§ 20-7 (t) Issuance and renewal of drivers licenses.

http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_20/GS_20-7.html.

Use of Bioptic Telescopic Lenses.

(1) An applicant using bioptic telescopic lenses shall be eligible for a regular Class C drivers license under this section if the applicant meets all of the following:

- a. Demonstrates a visual acuity of at least 20/200 in one or both eyes and a field of 70 degrees horizontal vision with or without corrective carrier lenses, or if the person has vision in one eye only,

the person demonstrates a field of at least 40 degrees temporal and 30 degrees nasal horizontal vision.

b. Demonstrates a visual acuity of at least 20/70 in one or both eyes with the bioptic telescopic lenses and without the use of field expanders.

c. Provides a report of examination by an ophthalmologist or optometrist, on a form prescribed by the Division, for the Division to determine if all field of vision requirements are met or additional testing is needed.

d. Successfully passes a road test administered by the Division. This requirement is waived if the applicant is a new resident of North Carolina who has a valid drivers license issued by another jurisdiction that requires a road test.

e. Meets all other criteria for licensure.

(2) In addition to the requirements listed in subdivision (1) of this subsection, the Division shall require an applicant using bioptic telescopic lenses to successfully complete a behind-the-wheel training and assessment program prescribed by the Division. This requirement is waived if the applicant has successfully completed a behind-the-wheel training and assessment program as a condition of licensure in another jurisdiction.

(3) Applicants using bioptic telescopic lenses shall be eligible for a limited learner's permit or provisional drivers license issued pursuant to G.S. 20-11, provided the requirements of this subsection are met and any other required testing or documentation is completed and submitted with the application.

(4) Applicants issued a regular Class C drivers license, limited learner's permit, or provisional drivers license shall be subject to the following restrictions on the license issued:

a. The license or permit holder shall not be eligible for any endorsements.

b. The license or permit shall permit the operation of motor vehicles only during the period beginning one-half hour after sunrise and ending one-half hour before sunset.

(5) Applicants issued a regular Class C drivers license may drive motor vehicles between the period beginning one-half hour before sunset and ending one-half hour after sunrise if the applicant meets the following requirements:

a. Demonstrates a visual acuity of at least 20/40 in one or both eyes with the bioptic telescopic lenses and without the use of field expanders.