

AIDS FOR THE BLIND

1. **REASON FOR ISSUE:** This Veterans Health Administration (VHA) Handbook updates the Department of Veterans Affairs (VA) procedures for providing aids to blind veteran beneficiaries.
2. **SUMMARY OF CHANGES:** This VHA Handbook updates current procedures.
3. **RELATED ISSUES:** VHA Directive 1173, and VHA Handbooks 1173.1 through 1173.15.
4. **RESPONSIBLE OFFICE:** The Chief Consultant, Prosthetic and Sensory Aids Service Strategic Healthcare Group (113), is responsible for the contents of this VHA Handbook. Questions may be referred to 202-273-8515.
5. **RESCISSIONS:** VHA Manual M-2, Part IX, Chapter 5 is rescinded.
6. **RECERTIFICATION:** This document is scheduled for recertification on or before the last working day of July 2005.

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AIDS FOR THE BLIND

1. PURPOSE

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

2. ELIGIBILITY

a. Mechanical aids for the blind, and repairs to these aids, will be furnished to eligible blinded veterans to overcome the physical and economic impairment associated with blindness when the veteran is:

(1) Service connected for blindness, or

(2) Entitled to disability compensation from the Department of Veterans Affairs (VA) for any service connection.

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

3. DEFINITIONS

a. **An Aid for the Blind.** Any prosthetic device or item of equipment, or animal, used in assisting a blind or legally blind beneficiary in overcoming the impairments associated with blindness, including, but not limited to the following:

(1) Devices or items specially designed for use by persons who are blind, e.g., long canes, writing guides, braille writers, braille and/or low vision talking watches, signature guides, talking calculators, etc.

(2) Devices usually used by sighted persons, but which have been approved for use by blind beneficiaries for the specific purpose of assisting them in overcoming blindness, in addition to ensuring safety, e.g., typewriters, recording devices, Brett guards, large print playing cards, etc.

(3) Dog guides specially trained to assist blind persons.

(4) Special mechanical or electronic devices requiring evaluation and/or training by blind rehabilitation professionals.

b. **Blind Rehabilitation Centers (BRC).** A special organizational unit established at select VA medical centers to provide comprehensive rehabilitation of veterans who are blind, including but not limited to, training in orientation and mobility, communication skills, activities of daily living, manual skills, low vision and computer access training. BRCs have been established at the following VA medical centers: Hines, IL; Palo Alto, CA; Augusta, GA; West Palm Beach,

FL; West Haven, CT; Birmingham, AL; Tucson, AZ; American Lake, WA; San Juan, PR; and Waco, TX.

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

d. **Optical Low Vision Devices.** Any device that alters the image focus, size (magnification), contrast, brightness, color or directionality of an object through the use of lenses or other technology. Such devices include but are not limited to: eyeglasses (with or without tint), microscopic spectacles, hand-held magnifiers, stand magnifiers, telescopes (monocular or binocular), head-borne lenses, minifiers, prisms, and CCTVs.

e. **Visual Impairment Services Team (VIST).** A VIST is a team comprised of health care and allied health care professionals charged with the responsibility for determining the comprehensive services required by a visually impaired veteran. Representatives may include but are not limited to: ophthalmology, optometry, medicine, audiology and speech pathology, prosthetics, social work, nursing, administration, vocational rehabilitation, adjudication and veterans benefits. The VIST may include a representative from the local Blinded Veterans Association as well as a representative from a local agency for the blind.

f. **Blind Rehabilitation Outpatient Specialist (BROS):** BROS are multi-skilled and experienced blind rehabilitation instructors who have advanced technical knowledge and competencies in at least two of the following disciplines at the journeyman level: orientation and mobility; living skills; manual skills; and visual skills. They have been cross-trained to acquire broad-based knowledge in each of the BRC disciplines plus computer access training.

4. INSTRUCTIONS FOR ISSUING AIDS FOR THE BLIND

NOTE: The procedures outlined in Handbooks 1173.1 and 1173.2 are generally applicable to furnishing aids to veterans who are blind.

a. The initial use of aids for persons who are blind which are routinely used in activities of daily living, and may be issued at the local level, as special training is not required, will be furnished when prescribed as part of medical treatment, or as aids to overcome the physical impairment of blindness when requested by the veteran or the appropriate VIST clinician, if the veteran is eligible under the provisions of paragraph 2, e.g., signature guides, low vision watches, etc.

b. The initial issue of special mechanical or electronic devices (e.g., CCTV, optical character recognition system, night vision device, etc.) which require evaluation and/or training of the veteran by blind rehabilitation specialists will generally require referral and training at a VA BRC. These devices may also be issued by the BROS, or appropriate VIST clinician with the concurrence of the BRC, if local training expertise is available.

c. Candidates must demonstrate the ability to utilize the equipment for the stated needs and/or goals as set forth by the BRC of jurisdiction. The guidelines for issuance will follow the same

evaluation and training practices used by Blind Rehabilitation Specialists at the BRC of jurisdiction and will include written justification of need, training provided, and the capability of the veteran to utilize the equipment.

(1) Whenever eligible beneficiaries are referred to a VA BRC, all aids for the blind and special equipment recommended by that center for issuance to the veteran upon completion of training will be furnished by the prosthetic activity at the VA medical center where the BRC is located. The Chief, Blind Rehabilitation Service, will be the approving official. Copies of all procurement documents, VA Form 10-2421, Prosthetic Authorization for Items or Services, or issue documents, VA Form 10-2529-3, Request and Receipt for Prosthetic Appliances or Services, (issues from stock), will be sent to the veteran's primary service facility. If a particular item is not indicated or furnished by the BRC, the VIST should seek the concurrence of that Center before consideration of issuance is given once the veteran has been discharged. In addition, VIST should refrain from issuing prosthetic items normally provided by the BRC once a veteran has been approved for admission to the BRC.

(2) In unusual circumstances where training at a VA BRC is not possible for low vision training, the VA's Visual Impairment Center to Optimize Remaining Sight (VICTORS) Program or an approved non-VA agency (state or private) may be used as a resource for the evaluation and/or training of a veteran. The results and recommendations made following the referral to a non-VA agency will be reviewed by the local VIST with the written concurrence from the BRC of that jurisdiction, and if necessary, referred for approval utilizing a VA Form 10-2641 in accordance with established procedures. CCTVs provided by the VICTORS are exempt from the requirement to submit a VA Form 10-2641, Authority for Issuance of Special and/or Experimental Appliances.

(3) The policy and procedures for furnishing "Special and/or Experimental" devices as outlined in Handbooks 1173.1 and 1173.2 are applicable to all aids furnished by VA field facilities with the exception of the prosthetic activities where a BRC is located. These activities may furnish special mechanical or electronic devices for use by a eligible veteran when recommended by the Chief, BRC, without the submission of a VA Form 10-2641.

c. The Denver Distribution Center (DDC) provides centralized distribution of select aids for beneficiaries who are blind. It is the primary source of procurement for these items; however, local procurement may be authorized in select cases if it is in the best interest of the veteran. Authorizing officials should be aware of the items and services available from the DDC. Orders are generated through the Remote Order Entry System (ROES).

(1) DDC stocks low vision aids, braille watches, braille alarm clocks, braille writers, braille paper, radios, canes (folding and non-folding).

(2) No repairs are provided for low vision aids at DDC. Braille writers are available for issuance. Reconditioned units will be in use for replacement.

d. Personal computers and certain add-on(s) electronic sensory equipment such as: synthesizers, speech recognition systems, software, optical character recognition systems, etc., will be issued when medical and/or rehabilitative need is determined and established.

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

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

(3) **Request Procedure**

(a) Veterans will submit their requests for specialized electronic equipment through their VIST Coordinator. The prosthetic activity will be responsible for eligibility determinations. If the veteran is eligible, the VIST will review the request and conduct a clinical assessment regarding the veteran's diagnosis, prognosis, need for equipment, etc., to determine the veteran's potential to successfully learn to use the equipment.

(b) Upon the recommendation of the VIST, the application will be forwarded to the BRC in the appropriate catchment area and will include:

1. A cover letter from the veteran stating reasons for needing the equipment and current level of knowledge in the use of such equipment.

2. VIST assessment and psychological and/or social summary to include documentation of the veteran's need for the equipment, potential to learn to use the equipment, as well as more conventional devices or methods which have been considered.

3. HINQ report or VA Regional Office rating sheet.

4. A statement regarding to what extent the training needs of the blinded veteran have or have not been met.

(4) **Criteria for Issuance.** The veteran must demonstrate a certain level of proficiency to use the requested equipment, and will be asked to demonstrate the following:

(a) A thorough working knowledge of the operating procedures of the device.

(b) A functional comprehension of the output of the device.

(c) Proficiency in using the device to perform the tasks for which the equipment is being requested.

(d) The ability to "load or unload" software as well as to assemble and disassemble equipment for use and/or shipping purposes.

(e) Willingness to cooperate in subsequent follow-up studies pertaining to the effectiveness of the equipment.

NOTE: Issuance of applicable software will be limited to that which was utilized as part of the veteran's training at a VA BRC and/or local training facility. Application software associated

with the veteran's operational environment will be limited to that required to overcome the handicap of blindness.

(5) **Training.** Upon completion of the initial screening, VA staff and the veteran will determine if training should be initiated. Training should be conducted at one of the VA BRCs because they are staffed and equipped for such training. This would not rule out local training, if appropriate; however, it would be the responsibility of the local VA facility to underwrite the cost of the training and the prosthetic device. In addition, prior approval by the BRC of that jurisdiction must be obtained in order to justify the need for the local training and the appropriateness of the local agency providing the training. Training materials developed by the manufacturer will be utilized by the training centers with appropriate additions, deletions, and/or modifications of training aids to meet special needs of the veterans.

(a) If the respective BRC determines that the veteran will require training on the requested equipment, the following additional information will be requested:

1. Computer-generated and signed VA Form 10-10, Application for Medical Benefits.
2. If the veteran has residual sight, a recent eye examination (within 6 months).
3. Recent medical evaluation (within 6 months).
4. Audiometric evaluation which is not older than 1 year.
5. Local resources recommended to conduct training, if applicable.

(b) The BRC will further review the request and take the following actions:

1. Schedule veteran for admission.
2. Applications approved for local training will be returned to the facility.

NOTE: *Requests that do not meet the criteria will be annotated and returned to the facility for additional information or appropriate action.*

5. REPLACEMENT APPLIANCES

a. Aids for the blind may be replaced after it is determined that they are no longer serviceable due to fair wear and tear. Such determination will be made by the Chief of the Prosthetic Activity at the facility with outpatient jurisdiction for the veteran's treatment in accordance with Handbook 1173.2.

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

6. DUPLICATE ISSUANCE OF APPLIANCES

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

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

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

b. Spare devices will not normally be authorized to veterans who have been furnished aids for the blind as part of medical and/or rehabilitative services, (paragraph 2). Unusual cases may be referred to VHA Headquarters for consideration by submitting VA Form 10-2641 (ADP), in the normal manner.

7. REPAIRS

a. Repairs for aids for the blind will be obtained by use of VA Form 10-2501, Prosthetic Service Card (PCS), or VA Form 10-2421 (ADP), whichever is most appropriate. PSCs will have a price limitation of \$100.00. PSCs will only be issued by the outpatient clinic with jurisdiction for providing the veteran's prosthetic service. The policy for issuance of PSCs is contained in Handbooks 1173.1 and 1173.2.

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

8. DOG GUIDES

a. Dog guides may be authorized for issuance to eligible veterans who are entitled to compensation or to those veterans eligible to receive aids for the blind as part of medical and/or rehabilitative services.

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

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

d. If the veteran becomes adjusted to a dog guide, it will be explained that the dog is the veteran's property and that the veteran is responsible to procure and pay for license tags if required, food, and for liability of any damages inflicted by the dog on others.

e. Veterinary treatment and harness repairs may be authorized as repair services under the authority of a PSC or VA Form 10-2421 (ADP).

9. TALKING BOOK MACHINES

Talking book equipment, record players and cassette players are available through regional (state) lending agencies for the blind at no cost from the Library of Congress, National Library Service for the Blind and Physically Handicapped. If a veteran who is blind desires talking book equipment, an application for services must be completed by the VIST Coordinator and submitted to the appropriate community library.

10. STOCK ITEMS

a. A limited supply of aids for the blind used in the activities of daily living including, but not limited to, signature guides, canes, watches, etc., should be maintained at VA field facilities for immediate issuance to eligible beneficiaries.

b. Prosthetic activities which are located at facilities having BRCs will maintain a comprehensive stock of aids for the blind for the immediate issuance to veterans trained at the BRC. Since the items that are prescribed for the veterans during their comprehensive training program are essential to their ability to function independently, it is imperative that there is no lag time between training and the receipt of the equipment.