

2025 VISION REHABILITATION SERVICES PROGRAM DESCRIPTIONS

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Program/Service Structure

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

Individual-Centered Service Planning, Design, and Delivery

Improvement of the quality of an individual's services/supports requires a focus on the person and/or family served and their identified strengths, abilities, needs, and preferences. The organization's services are designed around the identified needs and desires of the persons served, are responsive to their expectations and desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

The person served participates in decision making, directing, and planning that affects the person's life. Efforts to include the person served in the direction or delivery of those services/supports are evident.

Note: *Throughout this section reference is to the person/persons served. Please refer to the Glossary definition of person served for understanding of when this might include other individuals acting on behalf of the primary consumer, such as family members.*

Service Delivery Using Information and Communication Technologies

Depending on the type of program, a variety of terminology may be used to describe the use of information and communication technologies to deliver services; e.g., telepractice, telehealth, telemental health, telerehabilitation, telespeech, etc. Based on the individual plan for the person served, the use of information and communication technologies allows providers to see, hear, and/or interact with persons served, family/support system members, and other providers in or from remote settings (i.e., the person served and provider are not in the same physical location). The provision of services via information and communication technologies may:

- Include services such as assessment, individual planning, monitoring, prevention, intervention, team and family conferencing, transition planning, follow-up, supervision, education, consultation, and counseling.
- Involve a variety of providers such as case managers/service coordinators, social workers, psychologists, speech-language pathologists, occupational therapists, physical therapists, physicians, nurses, dietitians, employment specialists, direct support professionals, peer support specialists, rehabilitation engineers, assistive technologists, teachers, and other personnel providing services and/or supports to persons served.
- Encompass settings such as:
 - Hospitals, clinics, professional offices, and other organization-based settings.

- Schools, work sites, libraries, community centers, and other community settings.
- Congregate living, individual homes, and other residential settings.
- Be provided via fully virtual platforms.

The use of technology for strictly informational purposes, such as having a website that provides information about the programs and services available or the use of self-directed apps, is not considered providing services via the use of information and communication technologies.

Comprehensive Blind Rehabilitation Services (CBRS)

Comprehensive Blind Rehabilitation Services (CBRS) provide a comprehensive rehabilitation program, including skills acquisition, psychosocial adjustment, and community reentry for persons served. This is accomplished through a full care continuum provided by residential and/or community-based blind rehabilitation services. A comprehensive rehabilitation plan is developed to incorporate the person’s expressed goals, identified needs as assessed by professional staff members, and available community resources.

Outpatient Low Vision and Blind Rehabilitation Services for Veterans and Active Duty Service Members (OVRs)

Outpatient low vision and blind rehabilitation services in the VA’s continuum of care for veterans and active duty service members with low vision or blindness provide an individualized rehabilitation program aimed toward achieving skills acquisition, adjustment to their condition, and community integration. This is accomplished through a full-service continuum established in each Veteran Integrated Service Network (VISN) through the Veterans Health Administration (VHA) system, by contract with qualified providers from the private sector, or a combination of both.

Outpatient low vision and blind rehabilitation services begin with a comprehensive evaluation of visual functioning and an evaluation that identifies impediments to activities of daily living, healthcare, home and living activities, educational pursuits, vocational pursuits or volunteerism, and family and community involvement. A comprehensive rehabilitation plan is developed through an interdisciplinary process to incorporate the person’s expressed goals as well as identified needs as assessed by professional staff members and available VISN and local community resources. Persons served are referred to the appropriate level of care based on their evaluation results. See Appendix E for a flowchart for referrals for veterans and active duty service members who have low vision or who are blind.

Veterans and active duty service members who have developed blindness or low vision may also acquire comorbidities that may create additional disability. These disabilities may result from a complex interaction of medical conditions, related morbidities, and environmental factors that affect patients and caregivers. Rehabilitation services are designed to address the complex nature of disabilities and must be interdisciplinary. Their development requires the creative energy of multiple disciplines working in synergistic manner. For example, rehabilitative interventions such as magnifiers that target poor visual acuity may improve visual performance; however, everyday function may not be enhanced if appropriate environmental or access technologies such as good lighting, visual skills training, and

ergonomic support are not available to complement the visual performance improvements. Similarly, improved visual function may not improve overall everyday function and quality of life if veterans also have medical conditions that affect their ability to function. An interdisciplinary approach to developing optimal rehabilitative interventions for this population is critical. Such interventions may include access technologies, environmental modifications, skills training, caregiver education, and various combinations of these strategies.

The following programs are available for accreditation under Outpatient Low-Vision and Blind Rehabilitation Services for Veterans and Active Duty Service Members:

- Intermediate Low Vision Clinics (OVR:IC)
- Advanced Ambulatory Low Vision Clinics (OVR:AC)
- Advanced Hoptel Outpatient Blind Rehabilitation Clinics (Visual Impairment Services Outpatient Rehabilitation {VISOR} Programs) (OVR:AH)

Intermediate Low Vision Clinics (OVR:IC)

This program is focused on training in activities of daily living (ADL), with an emphasis on using vision skills and vision enhancement. A moderate breadth and level of complexity of low vision services are provided. Expected outcomes of services include making use of remaining vision to enhance performance of daily living skills, successful ADL, and increased participation in home and community activities.

The low vision therapist provides training in the use of specific visual motor skills such as the identification and use of preferred retinal locus for fixation, accurate saccades, smooth pursuits, etc. Therapy is provided in the use of vision in both static and dynamic viewing conditions. Low vision therapy includes an assessment of function and appropriate intervention for the impact of changes in vision on instrumental activities of daily living such as preparing meals (survival cooking level, e.g., heating prepared food in microwave, making sandwiches, preparing beverages, using a toaster oven and microwave, organization strategies in kitchen), managing money, and paying bills.

Expected outcomes of services include the ability to:

- Read printed materials such as newspapers, ads, price tags, computer screen, etc.
- Write notes to self and others, write letters, complete forms, etc.
- Prepare simple meals.
- Manage money.
- Shop for groceries and personal items.
- Perform light housekeeping and laundry.
- Use the telephone.
- Improve time management.
- Perform personal grooming and healthcare activities.
- Manage medications.

- Self-examination for wounds or infections.
- Communication skills.
- Use a radio and/or television.
- Participation in hobbies.
- Be involved in volunteer and leisure activities.
- Return to work, as desired.
- Be involved in social and community activities such as attending church, clubs, sporting events, etc.
- Improve confidence.
- Improve psychosocial adjustment.
- Increase use of community resources.

Advanced Ambulatory Low Vision Clinics (OVRs:AC)

This program provides an emphasis on training in the use of vision skills and vision enhancement for performance of activities of daily living (ADL). Emphasis is placed on training in the use of access technology to enhance a person's travel and mobility-related activities, with a strong emphasis on safe traveling.

Services include an emphasis on development of visual as well as other sensory and tactile compensatory strategies, communication modalities (such as basic Braille for labeling), and ergonomic considerations. Core components include enhanced use of access technology and skills training for ADL; instruction in orientation and mobility; and service agreements with audiology, physical medicine and rehabilitation, social work, and other social or psychosocial services as appropriate.

Veterans and active duty service members who are referred to advanced ambulatory low vision clinics are identified as having needs that could not be met in an intermediate low vision clinic setting and are assessed to need advanced training on travel and mobility-related activities and skills, resulting in safe travel. As compared to the services provided in an intermediate low vision clinic, this program emphasizes use of enhanced specialty devices and provides more in-depth training to achieve the desired goals and outcomes. This requires greater planning and interdisciplinary team effort to assess and teach compensatory strategies, use of alternative techniques, and/or utilization of other senses. Alternate modalities such as auditory and tactile techniques are explored when they may be more safe or efficient. This program provides enhanced services and supports for ergonomics and environmental modifications.

Advanced Hoptel Outpatient Blind Rehabilitation Clinics (VISOR Programs) (OVRs:AH)

The mission of this service is to assist persons who require intensive training in vision and/or blindness rehabilitation. As compared to Intermediate and Advanced Ambulatory Low Vision Clinics, these programs provide a greater amount of time and training that is devoted to all

aspects of rehabilitation. There is an increased focus on the assessment, training, and use of access technology, and an increased emphasis on acquisition of advanced travel, mobility, and blindness techniques.

Blindness techniques training may be provided for a longer duration, often with specialty devices. Such training includes long cane instruction, more emphasis on daily task training, greater emphasis on compensatory strategies, alternative techniques, and communication modalities such as basic Braille and tactile training.

Core components include enhanced use of access technology and skills training for ADL, instruction in orientation and mobility with a strong focus on safety, service referral relationships with audiology and other supports, as well as computer access training (CAT) to enhance communication and participation in daily world events.

Comprehensive Vision Rehabilitation Services (CVRS)

Comprehensive vision rehabilitation services provide a comprehensive rehabilitation program, including skills acquisition, psychosocial adjustment, and community integration for persons served. This is accomplished through a full-service continuum provided by residential and/or community-based blind or deaf/blind rehabilitation services. A comprehensive rehabilitation plan is developed to incorporate the person's expressed goals, identified needs as assessed by professional staff members, and available community resources.

Orientation and Mobility Services (OM)

Orientation and mobility instruction is a sequential process in which persons with low vision and blindness are taught to use their remaining senses to determine their position within their environment and to negotiate safe movement from one place to another.

Vision Rehabilitation Therapy (VRT)

Vision rehabilitation therapy includes instructing persons with low vision and blindness in the use of compensatory skills and assistive technology that will enable them to live safe, productive, and interdependent lives. Vision rehabilitation therapy includes work in areas that enhance vocational opportunities, independent living, and the educational development of persons with low vision and blindness, and may include working in center based or itinerant settings.

Low-Vision Therapy (LVT)

Low vision therapy includes conducting an assessment of visual abilities for everyday tasks that are important to the individual with low vision. Everyday visual tasks might include reading, writing, moving through space, grooming, watching television, cooking, cleaning, household repair, finding lost objects, or other educational, vocational, or recreational pursuits. Low vision therapy includes instruction in the use of visual abilities for daily tasks; use of low vision devices prescribed by the eye care specialist; use of visual environmental cues; and modification of the visual environment to enhance the use of vision.