# PART C, CHAPTER 5.2.i: LOW VISION SERVICES

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| **Policy Number** | **Authority** | **Scope**  | **Effective Date** |
| Part C, Chapter 5.2.i | 34 CFR [§361.5(c)(39)](https://www.ecfr.gov/current/title-34/part-361#p-361.5(c)(39)), [§361.48(b)(5)](https://www.ecfr.gov/current/title-34/part-361#p-361.48(b)(5)), and TWC Rule [§856.43](https://texreg.sos.state.tx.us/public/readtac%24ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=40&pt=20&ch=856&rl=43) | All TWC-VR staff | 9/3/2024 |

## PURPOSE

In accordance with the authority (Federal and State) listed above, this policy is issued by the Texas Workforce Commission Vocational Rehabilitation Division (TWC-VR). Adherence to these rules and regulations issued under the Rehabilitation Act of 1973, as amended by Title IV of the Workforce Innovation and Opportunity Act (WIOA), supports Texans with disabilities in gaining, maintaining, and advancing in competitive integrated employment (CIE).

Specifically, the purpose of this policy and these procedures is to ensure adherence to the provision of low vision services to customers who are visually impaired.

## DEFINITIONS

Informed Choice: The means by which a customer chooses their rehabilitation path, from options based on their needs and circumstances and the VR program's rules, as it relates to choosing low vision services and the providers of those services.

## POLICY

### General Overview

A candidate for low-vision services is a customer whose vision cannot be corrected by conventional prescription glasses or contacts.

The primary objective of both Low-Vision Specialists and TWC-VR is to optimize visual functioning for customers' vocational, educational, and independent living goals. Given that funding comes from tax revenue, TWC-VR is required to procure the least expensive optical low-vision devices that adequately meet the customer's vocational needs. However, in certain cases, a more expensive device may be necessary to meet those needs.

Visual acuity must be assessed using the best corrected distance acuity, achieved through simple refraction with glasses or contact lenses, not with low-vision aids such as telescopic devices. An ophthalmologist or optometrist must—

* Measure visual acuity using the distance Snellen chart; or
* Measure and convert the result in writing to the distance Snellen equivalent.

### Additional Policy Considerations

* Comparable Services and Benefits: TWC-VR must not expend funds on low-vision services unless the VR counselor and the customer have made maximum efforts to secure comparable services and benefits from other sources to pay for services.
* Customer Participation in the Cost of Services: A customer's eligibility for TWC-VR services does not depend on the customer's income or liquid assets; however, if the customer's net income or liquid assets exceed the Basic Living Requirements (BLR), the customer must participate in the cost of services unless an exception is granted.
* Recipients of Social Security Disability Benefits: Recipients of Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI), due to the customer’s disability, are exempt from the requirement to participate in the cost of TWC-VR services regardless of income.
* Exceptions to Policy: When necessary to meet the VR needs of a customer, TWC-VR staff members may request exceptions to policies and procedures through their chain of management up to the Deputy Division Director of Field Services Delivery, or designee. However, exceptions to policies and procedures based on Federal and State laws, statutes, and rules or regulations are not allowable.

## PROCEDURES

### Determining the Need for Low Vision Services

The VR Counselor and customer work together to determine if low vision services are necessary in order to achieve their employment goals. Once agreed upon, the VR Counselor includes the specific low vision services in the Individualized Plan for Employment (IPE).

While no licensure or certification for Low-Vision Specialists exists, there is a growing network of service providers who provide excellent services. Some ophthalmological practices have a Low-Vision Specialist on staff, but most Low-Vision Specialists are licensed optometrists. Many are active members of the low-vision section of the [Texas Optometric Association](https://texas.aoa.org/?sso=y) and have collaborated with TWC-VR via the State Optometric Consultant in the development of these guidelines.

To expand the network of Low-Vision Specialists statewide, TWC-VR staff must inform the State Office Program Specialist For Physical Restoration Services if they identify a new potential service provider. Additionally, VR Counselors may ask for guidance on purchasing low-vision services.

* The Low-Vision Evaluation: The VR Counselor provides customer information to the low-vision provider before scheduling a low-vision evaluation.

Once the referral information has been provided and the customer's visual needs have been communicated, an initial low-vision evaluation is scheduled for the customer.

The evaluation is a combination of—

* + A diagnostic and medical component that must include a comprehensive medical history and eye examination with automated visual fields measurements; and
	+ A low-vision refraction and magnification assessment with an individualized evaluation of the customer's functional use of residual vision in relation to the rehabilitation goal.

Because VR pays for low-vision refraction and magnification assessment, the information must be detailed in the provider's written report.

The costs for the medical services component of the evaluation are often covered by comparable benefits resources such as health insurance policies and Medicare. However, the functional component is rarely a covered service by any comparable benefits resource, and TWC-VR is the only financial participant to assist the customer with the costs. Comparable benefits for evaluations, if available, can be considered after the IPE is written.

From the evaluation, the low-vision clinician provides answers to the following questions about the customer's visual functioning:

* + Is the current diagnosis consistent with the clinical findings?
	+ Can vision be improved with conventional corrective lenses?
		- If so, what is the best corrected distance acuity in both eyes, with conventional lenses?
	+ What is the customer's near acuity, both single-letter identification and reading?
	+ Is this customer monocular or binocular?
	+ Does this customer have a problem with contrast sensitivity, and if so, how does this affect visual functioning and reaching rehabilitation and/or habilitation goals?
	+ Are there significant peripheral or central visual field losses?
		- If so, how do these affect visual functioning and reaching rehabilitation and/or habilitation goals?
	+ Can distance vision be improved with telescopes, and if so, is a telescopic correction practical for this customer's vocational and/or daily living goals?
* Subsequent Low-Vision Evaluation: Low-vision revisits may be indicated to determine further the types of nonprescription and/or prescription optical devices that could help the customer perform desired tasks and activities. The level of service required depends on the amount of time needed to accomplish subsequent evaluations.

It is important that the customer demonstrate the ability to use recommended optical devices at an acceptable level of efficiency. Unless the customer finds using the optics to be more efficient than not using them, it is unlikely that the devices will be used.

* Specific Referral Information for the Low-Vision Specialist: The VR Counselor can maximize the effectiveness of services by providing the low-vision clinician with information about the customer's—
	+ Level of visual functioning for specific tasks and activities;
	+ Specific visual problem areas as experienced in school, independent living, and/or on a job; and
	+ Goals for greater independence in these areas.

Specificity of information is critical for the Low-Vision Specialist to be able to direct the examination in terms of activities related to the customer's IPE goals. General referral information typically results in only general recommendations; specific referral information can produce pertinent recommendations related to the customer's IPE goals. It is recommended that a customer bring samples of materials that they want to access visually to their meeting with the specialist.

### MAPS Codes for Reimbursement for Optical Devices and Professional Services

Reimbursement to the Low-Vision Specialist for prescribing, dispensing, and training for an optical low-vision device is based on the wholesale supplier's price apart from the specialist's professional service with the customer. A minimum processing fee (calculated as a designated percentage of the device's base cost) is added to the cost of the device to cover the Low-Vision Specialist's costs, such as handling the prescription-ordering, verifying, shipping, and stocking.

TWC-VR reimburses the provider for professional time spent with the customer in designing a system of optical devices and in training the customer to use the system.

### Categories of Optical Devices and Price Ranges

The Low-Vision Packet for Eye Glasses and Low-Vision Recommendations is available by request from the State Office Program Specialist for Physical Restoration Services at vr.rhw.maps@twc.texas.gov. The electronic version is in a printable format that may be shared with low-vision providers that recommend specific eyeglasses prescriptions and low-vision aids to ensure that both TWC-VR staff members and providers are sharing a common terminology and fee structure.

### Devices

* Eyeglasses and Contact Lenses: To purchase single vision, bifocal, or trifocal glasses or contact lenses, the VR Counselor must obtain a prescription from an ophthalmologist or optometrist.

Frames must be the least expensive serviceable type available. The customer may supplement the additional cost for frames if their cost exceeds the MAPS maximum.

Lenses may have tint and/or be impact-resistant only when specified in the prescription.

Glasses may be purchased if needed to complete diagnostic studies.

Before purchasing contact lenses, the VR Counselor must—

* + Compare the cost of contact lenses with the cost of glasses; and
	+ Apply best-value principles.

Irlen lenses are not an approved purchase at this time.

* Optical and Nonoptical Low-Vision Devices:A wide range of services and items are available for people with low vision, from low-tech and low-cost approaches (e.g., modifications in lighting, magnification, and contrast) to high-tech optical devices with higher costs (e.g., single and compound optical systems). Only the optical devices are purchased through MAPS.

Other nonoptical items, such as independent living aids, magnifiers, closed-circuit televisions (CCTV), and adaptive computer hardware and software are acquired and/or purchased as a non-MAPS specification in RHW (i.e., warehouse supply, commercial requisitions, or contract purchases). The VR Counselor must contact Customer Procurement and Client Services Contracting (CPCSC) to determine which purchasing mechanism to use.

* Handheld, Stand, and Other Stock Nonspectacle-Mounted Optical Devices: Handheld, stand, and other nonspectacle-mounted optical devices, known as V2600 devices, are nonprescription devices that can be purchased directly from a supplier as non-MAPS rehabilitation supplies or as a MAPS purchase through a Low-Vision Specialist at the wholesale supplier's price plus 25% to the Low-Vision Specialist.

These items are readily available and can be purchased over the counter by the public. TWC-VR staff may purchase these directly from a wholesale supplier as the least costly option. When purchased through a Low-Vision Specialist, an additional 25% processing fee is paid on all stock items (including handheld magnifiers, handheld telescopes, stand magnifiers, and fit over filters for glare control and contrast enhancement). The base price is the cost that appears in the price list of a national supplier. Local VR offices have supplier price lists that can be used to verify that the service provider's charges do not exceed the MAPS maximum allowable payment.

A minimum of professional time is needed to train a customer to use these devices. For each classification of devices in the V2600 category, one DBS05 fitting fee can be authorized. For example, if the VR Counselor approves one magnifier and one illuminated magnifier on the same date for the same customer, the VR Counselor may authorize a total of two DBS05 fees (one for the non-illuminated magnifier and one for the illuminated magnifier).

* Single Lens, Spectacle-Mounted Low-Vision Devices:V2610 devices are prescribed and include all spectacle microscopes, microscopic bifocals (+5 diopters and over), doublet and triplet microscopes, Unilens, and prismatic half eyes. These devices are reimbursed at the supplier's price plus a 30% prescriptive service fee. Additionally, the Low-Vision Specialist is reimbursed for a 92354 fitting fee for each single element low-vision device to cover the design, evaluation, and training costs involved. The VR Counselor does not authorize an exam or evaluation, because the fitting fee covers the office visit and training. An additional exam may be provided and billed only if there is an additional goal that is being pursued and another prescription that is being considered.
* Spherical and Cylindrical Bifocal Microscopes: The low-vision clinician often must design and special order a prescription for the customer in bifocal or trifocal form, which includes cylinder, prism, and other special optics parameters. The reimbursement for these devices is per the V-codes as listed in MAPS.
* Telescopic and Other Compound Lens Systems:The more sophisticated and complex low-vision prescriptions are the bioptic, telemicroscopic, and reversed telescopic optical systems. These are spectacle mounted, include the customer's prescription, and often must include the use of filters. Advanced clinical skills and extended time are required for correct fitting. Extensive training is required for effective and efficient use of these prescriptive optical devices. Prisms for field awareness are also included in this category.

A fitting fee (92355) plus a 40% prescription service fee above the supplier's price are allowed for this category of devices. The VR Counselor does not authorize an exam, because the fitting fee covers the office visit and training.

* Prism Awareness Systems: Custom prism awareness systems are unique ophthalmic prism designs. The Low-Vision Specialist must provide the invoice from the lab that created the optics.

One example of this coding is an invoice for $400 for the prism, a $160 (40%) processing fee, $100 for the deluxe frame, and a $240 fitting fee. This allows for a maximum reimbursement of $900 for this system.

For prism (visual fields) awareness systems using Fresnel prisms, V-codes are used for the distance correction.

## APPROVALS & CONSULTATIONS

There are no approvals or consultations for this policy and these procedures.

**REVIEW**

The Policy Planning and Statewide Initiatives Team, or designee, is responsible for reviewing this policy and these procedures and will update the Document History log if necessary.

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| **Date** | **Type** | **Change Description** |
| 9/3/2024 | New | VRSM Policy and Procedure Rewrite |