I. Policy Statement

This policy provides the guidelines regarding the provision of eye exams and clinical low vision assessments for applicants/clients whose existing documentation is insufficient for determining eligibility, functional limitations, or scope of VR services.

II. Authority

Authority for policies contained in this document includes the following:

- State Vocational Rehabilitation Services Program, 34 C.F.R. §§:
  - Scope of vocational rehabilitation services for individuals with disabilities 361.48 (b)(1-2)
  - Comparable services and benefits 361.53 (b)(1)
  - Participation of individuals in cost of services based on financial need 361.54 (b)(3)(i)(A-B)
- A.R.S. §§ 23-502 and 503
- Arizona Administrative Code, Title 6, Chapter 4:
  - General considerations R6-4-201 (A)(1)(a)
  - Diagnostic Study R6-4-203
  - Service and provider standards, service authorizations equipment purchasing, Workers’ Compensation R6-4-402 (A)(1)(d)
  - Economic need and similar benefits R6-4-403 (A)(1)(b)(i-ii); and (B)(2)(b)(iv)

III. Applicability
This applies to circumstances when eye exams and clinical low vision assessments are requested due to vision conditions that prevent participation in the VR program.

IV. Standards

A. The VR Counselor must provide the service provider with the following referral information:
   1. Pertinent background information regarding the applicant/client’s disability and vocational objectives, and
   2. A specific list of questions regarding the implications of the applicant/client’s disability in terms of employment.

B. Economic need does not apply.

C. Comparable benefits do not apply.

D. VR must refer clients for the following types of exams/evaluations in order to determine the applicant/client’s visual impairment and obtain recommendations for treatment:
   1. Regular eye exam,
   2. Clinical low vision evaluation, and
   3. Functional low vision evaluation.

E. Referrals and attendance to regular eye exams must be completed to obtain prescriptive lenses and/or for clinical low vision evaluations.

F. A regular eye exam includes examination of the eye and ocular function.

G. Clinical low vision evaluations must be utilized to assess the applicant/client’s residual vision with emphasis on addressing functional problems of daily living and recommendation for low vision aids and adapted devices.

H. A clinical low vision evaluation is utilized for applicants/clients whose vision:
   1. Is best corrected vision to 20/60 or worse but no worse than 20/800,
   2. Has extensive field loss that interferes with tasks of daily living such as travel,
   3. Has double vision, vertigo, or glare sufficient to interfere with tasks of daily living such as reading or traveling.

I. The clinical low vision evaluation must address the applicant/client's:
   1. Exterior eye function,
   2. Interior eye function,
   3. Visual acuities including refraction with contrast or glare,
4. Eye coordination and muscle function,
5. Contrast sensitivity and color vision,
6. Test for glaucoma,
7. Functional history,
8. Reading and near vision,
9. Intermediate activities,
10. A visual needs assessment and task analysis including activities of daily living such as use of computer, cell phones and PDAs, recreation, mobility, driving, educational and vocational needs.

J. The clinical low vision evaluation or must provide recommendations for:
   1. Vision aids and training in the use of the recommended aids including head mounted optical devices and systems.
   2. Non-prescriptive aids and devices, computer software, task lightening, glare control and recommendations for additional training.

K. Functional low vision evaluations are provided to clients with best-corrected vision of 20/60 or worse but not worse than 20/800.

L. Clinical and functional low vision evaluations must at a minimum include:
   1. Review of clinical information accompanying the referral,
   2. Client interview,
   3. Clinical evaluation to assess current visual function and the potential need for adaptive devices.

M. Only one assessment is allowed per case.

N. Refer to Section 9.3 Treatments-Vision regarding corresponding treatment services.

V. Procedure
   A. Refer to IV.A (1) and (2) above.
   B. Refer to Standard Work, if available.
   C. Refer to the RSA Allowable Services Spreadsheet, contracts, and provider requirements.
   D. The VR Counselor must complete the agency Referral for Services form for vision assessment service(s).
   E. The VR Counselor must task the Purchasing Technician to create RSA Purchase Authorization(s) for the service(s) listed in V. D.
F. The Purchasing Technician must submit the RSA Purchase Authorization for each service listed in V. D along with the referral information to the provider(s).

G. Upon receipt of the provider’s assessment report, the VR Counselor must review the report for completeness, approve the provider’s invoice and process for payment after confirming that the reporting documentation is complete.

VI. Documentation Requirements

The client’s electronic case file must include the following:

A. Referral information,

B. RSA Purchase Authorization(s),

C. Prescription for eyeglasses or low vision evaluation report.