Format updated 5-2021 and 5-2022

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| **Low** **Vision** **Clinic** **Services** **(LVC)**  **Organization will establish a self-study committee to assess and rate the organization on the following:**  *Note: For* *the* *purposes* *of* *this* *section,* *“****low*** ***vision*** ***clinician****”* *is* *defined* *as* *a* *licensed*  *ophthalmologist or* *optometrist* *who* *has* *specialized* *training* *and* *experience* *in* *low* *vision*  *examination* *and* *prescription* *techniques.* *A* *Low* *Vision* *Therapist* *(CLVT)* *is* *a* *professional* *with*  *current* *certification* *credentials* *through* *the* *Academy* *for* *Certification* *of* *Vision* *Rehabilitation and* *Educational* *Professionals* *(ACVREP).* *An* *Occupational* *Therapist* *(OT)* *is* *a* *professional* *with current* *licensure* *credentials* *through* *the* *American* *Occupational* *Therapy* *Association* *(AOTA).* | Supporting Documentation | | Review Committee Decision | | | | |
| Indicate name of file or cite page in documents you provide to show compliance. | | Fully Met | | Partially Met | | Not Met |
| 1. Employees, consultants and volunteers possess education, training, and experience appropriate to their assignments. Assignment areas may include:  * referral and registration, * clinical low vision rehabilitation evaluation leading to individual rehabilitation plan, * functional vision assessment, * instruction and training in use of devices, * referral for additional assessments, * follow-up and ongoing care, * and co-management with other professionals |  | |  | |  | |  |
| 2. Low vision services reflect input from consumers, professional staff, community organizations and funding organizations. |  | |  | |  | |  |
| 3. Low Vision instruction is provided by qualified professionals in natural routines and environments. |  | |  | |  | |  |
| 4. Written eligibility criteria and procedures for referral and admissions are available and provided when services are requested. |  | |  | |  | |  |
| 5. Prior to admission, the individual’s most recent eye report is reviewed. If there is doubt regarding the individual’s ophthalmic condition and ongoing care, prompt referral is made to the individual’s primary eye care or specialty care provider (optometrist/ophthalmologist). |  | |  | |  | |  |
| 6. There is an initial interview which provides the individual with an opportunity to ask questions, as indicated by list specific difficulties related to visual loss and to discuss priorities and chief concerns, which assist in determining the appropriate service. |  | |  | |  | |  |
| 7. A summary of the initial interview is entered into the individual case file for review by the low vision clinician and instructional staff. |  | |  | |  | |  |
| 8**.** Low vision services are clearly organized and described in a manual. |  | |  | |  | |  |
| 9. The facilities and physical space are located and designed to be of optimal use and benefit, as indicated by size of the examining room. The room size must be adequate for the examiner, the requisite equipment, the patient (including those with adaptive equipment), family members and other guests. |  | |  | |  | |  |
| 10. Examination room lighting can be adjusted as needed to accommodate the needs of the individual. |  | |  | |  | |  |
| 11. The examination room includes the necessary equipment to perform a low vision evaluation, as indicated by including basic and specialized low vision equipment and devices with provisions for ongoing infection control, service, maintenance, repair, calibration, replacement and inventory control. |  | |  | |  | |  |
| 12. Instructional materials and low vision devices are available for loan to individuals receiving services. |  | |  | |  | |  |
| 13. Up-to-date reference materials on vision rehabilitation and low vision care are available to staff, consumers, and the general public for educational purposes. |  | |  | |  | |  |
| 14. A comprehensive low vision examination is conducted.  **Indicators:**   * **comprehensive** **case** **history,** * **previous** **optometric/ophthalmologic** **records,** **with** **particular** **attention** **to** **the** **functional** **needs** **and** **priorities** **and** **abilities** **of** **the** **client;** * **measurement** **of** **current** **corrective** **lenses** **and/or** **contact** **lenses** **and** **low** **vision** **devices** **currently** **used** **or** **previously** **abandoned;** * **determination** **of** **presenting** **visual** **acuity** **levels** **(distance** **and** **near** **and** **continuous** **text),** **visual** **fields** **(central** **and** **peripheral),** **and** **contrast** **sensitivity**   **function;**   * **confirmation/determination** **of** **refractive** **error;** * **assessment** **of** **optimum** **eccentric** **viewing** **and/or** **preferred** **retinal** **locus** **(PRL)** **for** **relevant** **seeing** **tasks,** **as** **indicated;** * **measurement** **of** **contrast** **sensitivity** **and** **glare** **sensitivity;** * **measurement** **of** **binocular** **status** **(vergence,** **pursuits,** **saccades,** **comitance,** **and** **ocular** **dominance),** **as** **indicated;** * **assessment** **of** **color perception,** **as** **indicated;** * **systematic** **investigation** **of** **optical** **and** **non-optical** **sight** **enhancement** **device** **options** **specific** **to** **desired** **tasks** (**which** **may** **include** **filters/lens** **tints,** **high** **plus** **adds** **and** **reading** **glasses,** **hand** **and** **stand** **magnifiers,** **microscopes,** **telescopes,** **telemicroscopes,** **CCTVs,** **and** **prisms,** **as** **well** **as** **lighting** **and** **sight** **substitution** **options** **(tactile** **and** **speech** **output** **devices)** |  | |  | |  | |  |
| * **observation/assessment** **of** **cognitive** **status** **and** **adjustment** **to** **vision** **loss;** * **orientation** **to assistive/adaptive** **technology;** * **client** **education** **of** **clinical** **findings,** * **recommendations** **and** **referral** **to** **low** **vision** **rehabilitation,** **as** **indicated;** * **report** **to** **primary** **eye** **care** **provider;** * **prompt** **referral** **to** **the** **primary** **eye** **care** **provider** **if** **a** **change** **in** **the** **individual’s** **ophthalmic** **condition** **is** **suspected** **(co-management).** |  | |  | |  | |  |
| 15. The low vision clinician develops an individualized low vision prescriptive plan with appropriate referrals made to other professionals.  **Indicators:**   * **Diagnosis,** **refractive** **correction(s),** **visual** **acuities,** **pattern** **of** **vision** **loss** **and** **recommended** **optical** **and** **non-optical** **devices** **specific** **to** **desired tasks;** * **prescription** **for** **assessment** **by** **vision** **rehabilitation** t**herapists,** **occupational** **therapists** **and/or** **other** **qualified** **professionals** **including**   + **educational,** **vocational** **and** **avocational** **needs** **and** **interests,**   + **ADL** **needs,**   + **use** **of** **devices** **and** **non-optical** **strategies,**   + **home** **safety** **assessment** **and** **intervention,**   + **medication** **management,** | |  | |  | |  | |  |
| * + **fall** **prevention,** **orientation** **and** **mobility** **assessment,**   + **low** **vision** **devices** **to** **be** **provided** **on** **loan** **during** **rehabilitation** **services** **until** **confirmed** **to** **be** **optimal** **for** **desired** **tasks.** * **Recommendations** **as** **needed** **for counseling,** **social** **service** **intervention** **and/or** **support** **group** **orientation,** **assistive/adaptive** **technology** **assessment, driving** **rehabilitation** **assessment.** * **Copies** **of** **correspondence** **referring** **to** **professionals** **and** **organizations.** | |  | |  | |  | |  |
| 16. The low vision clinician (optometrist/ophthalmologist) supervises implementation and follow-up of the low vision plan. | |  | |  | |  | |  |
| 17. The low vision clinician prescribes low vision devices that meet the individual needs of the client. | |  | |  | |  | |  |
| 18. Low vision services provide individualized comprehensive instruction in the use of low vision to include devices as prescribed.  **Indicators:**   * **Developmental** **visual** **training** **to** **enhance** **visual** **perception,** **visual** **sequencing,** **visual** **closure,** **and** **visual** **motor** **skills.** * **Specific** **training** **in** **the** **following:** **scanning** **and** **tracking** **skills for** **individuals** **with** **severely** **restricted** **visual** **fields** **or** **full** **quadrant** **field** **defects;** **adaptive** **viewing** **skills** **such** **as** **eccentric** **fixation** **training** **and** **location** **of** **null** **point;** **and** **utilization** **of** **environmental** **cues** **such** **as** **hue,** **intensity,** **outline,** **depth,** **size,** **distance,** **and** **direction** **in** **everyday** **activities.** * **Individualized** **training** **in** **the** **use** **of** **optical,** **electro-optical,** **and** **electronic** **devices** **is** **provided.** **Training** **concentrates** **on** **mechanical** **use** **of** **any** **devices** **recommended** **for** **trial** **as** **a** **result** **of** **the** **clinical** **examination.** * **Activities** **that** **increase** **the** **person’s** **ability** **to** **focus,** **localize,** **track,** **scan,** **and** **to** **determine** **focal** **distance** **of** **recommended** **optical** **devices** **are** **provided** **as** **appropriate**. | |  | |  | |  | |  |
| 19. Follow-up is the responsibility of the low vision clinician and will be encouraged by other low vision rehabilitation professionals in the patient’s best interest. | |  | |  | |  | |  |
| Total Standards | |  | | /19 | | /19 | | /19 |
|  | |  | |  | |  | |  |
|  | |  | |  | |  | |  |

Required Documents

Please prepare a folder in Dropbox (or use other means of sharing as mutually agreed with AER) for your organization’s Low Vision Clinic Services Self-Study, with sub-folders labeled for each of the following documents:

* Self-Study (above)
  + Policy and Procedures for Low Vision Services
  + Certifications and Licensure Verifications as Required and Resumes for Other Personnel
  + Written Criteria and Procedures for Admissions and Service Delivery
* Sample of Consumer Eye Reports
* Intake Interview Procedures and Application for New Applicants
* Description of Low Vision Clinic Services Document (examples: pamphlets, manual, booklet, and etc.)
* Inventory of Instructional Materials and Low Vision Devices
* Instructional Material and Devices Loan Program Guidelines and Device Loan & Return Log
* Samples of Reference and Educational Materials Offered via Low Vision Services
* Copy of Exam
* Individualized Low Vision Prescriptive Plan that includes Goals, Objectives and Prescribed Low Vision Devices (at least 2 examples)
* Comprehensive Daily Lesson Plans
* Consumer Progress Reports
* **See** **Section** **I.** **(G)** **Program** **Evaluation** **and** **Improvement** **Required** **Documents** **and** **Submit** **Each** **Item** **for** **Low** **Vision** **Clinic** **Services** **and** **Label** **“I.** **(G)** **Low** **Vision** **Clinic** **Services.”**
  + Narrative to explain any standards you rated as partially met or not met.
  + Any other Narrative Remarks

List of Members of Self-Study Committee:

Date Self-Study Completed:

Date of Board Meeting approving Self-Study: